

# HMP Perth

Full Inspection  
22-26 May 2023



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## Introduction and Background

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This report is part of the programme of inspections of prisons carried out by His Majesty's Inspectorate of Prisons for Scotland (HMIPS). These inspections contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies known as the National Preventive Mechanism (NPM); which monitor the treatment of and conditions for detention. HMIPS is one of 21 bodies making up the NPM in the UK.

His Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a pre-defined set of Standards. These Standards are set out in the document 'Standards for Inspecting and Monitoring Prisons in Scotland', published in May 2018 which can be found at <https://www.prisoninspectorscotland.gov.uk/standards>.

The Standards reflect the independence of the inspection of prisons in Scotland and are designed to provide information to prisoners, prison staff and the wider community on the main areas that are examined during the course of an inspection. They also provide assurance to Ministers and the public that inspections are conducted in line with a framework that is consistent and that assessments are made against appropriate criteria. While the basis for these Standards is rooted in International Human Rights treaties, conventions and in Prison Rules, they are the Standards of HMIPS. This report and the separate 'Evidence Report' are set out to reflect the performance against these standards and quality indicators.







HMIPS assimilates information resulting in evidence-based findings utilising a number of different techniques. These include:

- Asking the Governor or Director in Charge for a self-evaluation – summary of their progress against previous recommendations, the challenges they face and the successes they have achieved.
- Obtaining information and documents from the SPS and the prison inspected.
- Shadowing and observing SPS and other specialist staff as they perform their duties within the prison.
- Interviewing prisoners and staff on a one-to-one basis.
- Conducting focus groups with prisoners and staff.
- Observing the range of services delivered within the prison at the point of delivery.
- Inspecting a wide range of facilities impacting on both prisoners and staff.
- Attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners such as Case Conferences.
- Reviewing policies, procedures and performance reports produced both locally and by SPS Headquarters (SPS HQ) specialists.
- Conducting a pre-inspection survey with prisoners prior to the inspection.
- Reviewing the IPM reports and a focus group with IPMs.

HMIPS is supported in our work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, the Scottish Human Rights Commission (SHRC), the Care Inspectorate, and guest inspectors from the SPS.

The information gathered facilitates the compilation of a complete analysis of the prison against the standards used. This ensures that assessments are fair, balanced and accurate. In relation to each standard and quality indicator, inspectors record their evaluation in two forms:

1. A colour coded assessment marker.

Rating	Definition
 <b>Good performance</b>	Indicates <b>good performance</b> which may constitute good practice.
 <b>Satisfactory performance</b>	Indicates overall <b>satisfactory performance</b> .
 <b>Generally acceptable performance</b>	Indicates <b>generally acceptable performance</b> though some improvements are required.
 <b>Poor performance</b>	Indicates <b>poor performance</b> and will be accompanied by a statement of what requires <b>to be addressed</b> .
 <b>Unacceptable performance</b>	Indicates <b>unacceptable performance</b> that requires immediate attention.
 <b>Not applicable</b>	Quality indicator is <b>not applicable</b> .

2. A written record of the evidence gathered is produced by the inspector allocated each individual standard. It is important to recognise that although standards are assigned to inspectors within the team, all inspectors have the opportunity to comment on findings at a deliberation session prior to final assessments being reached. This emphasises the fairness aspect of the process ensuring an unbiased decision is reached prior to completion of the final report.

This report provides a summary of the inspection findings and an overall rating against each of the nine standards. The full inspection findings and overall rating for each of the quality indicators can be found in the 'Evidence Report' that will sit alongside this report on our website. The results of the pre-inspection survey will be published at the same time.

## Key Facts

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### Location

HMP Perth was located approximately one mile south of Perth City Centre on Edinburgh Road.

### Role

HMP Perth holds adult short and long-term convicted male prisoners and those on remand from the courts of Angus, City of Dundee, Perth and Kinross and Fife.

### Brief History

Perth Prison was built between 1810 and 1812 by Napoleonic prisoners of war. During that time it was used as a depot for some 7,000 prisoners from the war. In 1842, the building began service as a civilian prison and is currently Scotland's oldest occupied prison. A and B halls were refurbished and opened in 1997/98. In recent years C Hall was constructed and was formally opened in 2008.

### Accommodation

There were three accommodation blocks – A Hall, B Hall and C Hall – comprising both single and double cells. There was also a 14 cell Separation and Reintegration Unit.

### Design capacity

The prison's agreed capacity was 660 and on the first day of the inspection the population was 647.

### Date of last inspection:

May 2018

### Healthcare provider:

NHS Tayside

### Learning provider:

Fife College

## Overview by HMCIPS

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In relation to the nine Standards for Inspecting and Monitoring Prisons in Scotland used to inspect HMP Perth, seven were assessed as satisfactory and two as generally acceptable. With strong management and a committed staff group both in the SPS and NHS, this is a sound and encouraging inspection report.

HMP Perth is unusual within the Scottish prison estate, in that parts of the establishment date back to the 19th century whilst others were rebuilt more recently. Whilst the buildings were well maintained, the fabric of the older buildings reflected their age, and in some cases did not provide fit-for-purpose facilities. There were two areas where the age and design of the building raised deep concerns; the small cells in A and B Hall that housed two prisoners in cramped conditions, a concern initially raised in 2014 and again in 2018, when HMIPS last inspected the establishment.

The Council of Europe Committee for the Prevention of Torture (CPT) prescribes a minimum cell size (excluding sanitation) of 6m<sup>2</sup> of personal space for one person in a single cell and a minimum cell size of 8m<sup>2</sup> for a double cell with two people. It is to be borne in mind that these cell sizes exclude sanitary areas which must be provided in addition to the required space. This is the internationally recognised minimum standard to ensure that the conditions of detention themselves do not constitute a form of ill treatment. The space available to each individual must be viewed alongside time spent in cell, provision of out-of-cell eating spaces, and other contextual factors.

By this standard, shared cells for example on B Hall were well below the minimum standard of space. Inspectors measured the double cells as 7.56m<sup>2</sup> in B Hall having only 6.74m<sup>2</sup> of space after the deduction of 0.82m<sup>2</sup> for the toilet area, barely meeting the requirements of a single cell. The remaining floor space was 3.6m x 80cm. This is an urgent issue that must be addressed despite the rise in population.

The population complexity had changed since the last inspection and HMP Perth had an unusually high level of remand prisoners. Managing a regime for this population is challenging.

The pre-inspection survey had some worrying results which did not wholly chime with the findings of the inspection, and this perception gap needs to be addressed by the prison. However, one concern stood out where management, staff and prisoners reported to inspectors their concerns and anxieties in relation to prisoner use of illicit substances. The recent introduction of drone technology to deliver large quantities of contraband was a step change and clearly reversing the positive effect felt with the introduction of photocopying mail.

We were particularly pleased to see the proactive approach taken by the Governor and Health and Social Care Partnership to robustly address both the supply and demand elements of substance misuse. Seen as good practice, HMP Perth has been a pilot site for implementing the Medication Assisted Treatment Standards to ensure safe, accessible, and high-quality treatment.

The recovery hub was a welcome initiative and had a number of groups and resources that prisoners could access, delivered in partnership with agencies led by individuals with a lived experience of substance use. It included peer support workers, groups on relapse management, SUT helpline and a harm reduction pack. In addition, we were impressed by the data correlation between violence and those being managed or considered at risk of substance misuse, supported by the daily 'Person of Concern' meetings that involved multi-stakeholders in managing vulnerable prisoners.

As we have mentioned in the majority of our inspections, equality and diversity (E&D) was not often given the priority it deserved and in HMP Perth was somewhat nuanced. There was an enthusiastic E&D Co-ordination Team, who managed an array of useful information on SharePoint, and the routine sampling of Orderly Room adjudication decisions for any potential bias was particularly commendable. However, we noted that front line staff lack of knowledge of entitlements for foreign prisoners was compounded by the lack of information available in different languages.

We were encouraged by the two new employment initiatives, offering real life training, accreditation, and the possibility of employment on release and look forward to hearing updates on its success. We were interested to hear of the staff engagement initiatives, including a pilot where officers led groups of prisoners in evening activities. This was designed to increase interaction and was still in its infancy. The Librarian deserves mention as enthusiastic, knowledgeable and responded well to prisoner feedback. However, since the pandemic, the library had remained closed. HMIPS would like to see access to the library re-established.

The Governor-in-Charge (GIC) and Senior Management Team (SMT) had a very positive approach to engagement with community justice and other local partner organisations, seeking opportunities to explain about the work of the prison and consider ways in which the prison could support community initiatives and promote a successful reintegration back into community. The family-centred approach to visits and positive working relationship with the Visitor Centre was also welcomed.

The willingness to have those with lived experience of prisons work in the prison and support those with addictions was impressive. However, the lack of accredited programmes and scope to improve the capacity for bespoke interventions that would support a prisoner's transition was of concern.

In conclusion, despite the issues mentioned, HMP Perth was an establishment that did many things to a high standard. Relationships throughout the prison were largely positive and respectful and contributed the sense of safety and good order that was evident during the inspection.

## Next Steps

This report identifies a number of areas of good performance that are worthy of sharing and which I hope will be taken up by other prisons in Scotland. It also highlights where improvements can be made. I look forward to seeing these improvements introduced through the prison's future plans.

We made 73 recommendations in total, but we would encourage a focus on the following seven key recommendations:

**Recommendation 9:** SPS HQ should reconfigure the small double cells in B Hall so it can only be occupied by one person.

**Recommendation 20:** HMP Perth should ensure the Think Twice Policy and the Talk to Me Strategy is adhered to, and that training is given to all staff so they can support those in their care.

**Recommendation 43:** HMP Perth should prioritise implementation of their work allocation policies and procedures to ensure there is fair and transparent work party allocation.

**Recommendation 45:** HMP Perth should identify ways in which they can expand provision and extend access to physical and health educational activities.

**Recommendation 61:** Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the mental health caseload.

**Recommendation 62:** Perth and Kinross HSCP must ensure that standardised individual risk assessments are used and updated regularly for all patients on the mental health caseload.

**Recommendation 64:** Perth and Kinross HSCP must ensure that all patients with a long-term condition have person-centred and outcome-focussed care plans in place, which have been agreed with the patient and documented accurately in Vision.



## Human Rights Based Approach Overview

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### Background

HMIPS is a Human Rights organisation. As such, we ground all of our inspections in Human Rights principles. Our nine standards are written with the international human rights framework as a close reference point, and our inspectors apply these standards through a human rights-based approach.

Amongst many others, our standards are heavily influenced by CPT Standards; UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules); European Prison Rules; UN rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules); Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power; Various Council of Europe Recommendations; UK Domestic Legislation including the Human Rights Act and Scotland Act; European Convention on Human Rights; UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules); International Jurisprudence and best practice; and UN Convention Against Torture.

The human rights-based overview of the inspection of HMP Perth follows the PANEL headings, illustrating how human rights are applied to the inspection as a whole. This overview is not exhaustive of all human rights observed and engaged but is intended as a brief synopsis of the implementation of a human rights-based approach in HMP Perth.

HMIPS' human rights-based approach to inspection is a critical element of ensuring both that the human dignity of the prisoner is upheld and that prisons are places of productive, positive and useful education, work and interaction, leading to better outcomes in reducing recidivism and keeping our communities safer.

### Overview

HMP Perth was an establishment which demonstrated basic respect for basic Human Rights standards, with one notable exception. As discussed in the Chief Inspectors introduction and in Standard 2, the size of the double cells in B Hall fell below the standard we expect.

The internationally recognised minimum cell size standards ensure that the conditions of detention themselves do not constitute a form of ill treatment.

It is worth noting the impact these small cells have on individuals who occupy them. They will be in this cell for hours on end, often sharing with somebody they do not know; they have no privacy to go to the bathroom; they must eat either on their bed, or on a small desk; the cells have poor ventilation and offer very little privacy or dignity. The conditions of accommodation, therefore, have a considerable impact on the experience of deprivation of liberty.

We continue to highlight that outdated establishments are not fit for purpose for a modern, rehabilitative and rights-respecting penal system. The SPS must take urgent action to examine population distribution so these exceptionally small cells can be reduced to single cell occupancy.

The senior management of the prison were innovative and creative, exploring new opportunities to enhance the experience of prisoners at HMP Perth to rehabilitate and engage. Many of those projects were in there in infancy, but inspectors were pleased to note this trend which took a considerable step towards a rights-respecting agenda.

It is also worth noting the disconnect between the perception of prisoners regarding their treatment, both in our pre-inspection survey and our on-site meetings, and those of the prison. Indeed, our own inspection broadly found a prison with satisfactory outcomes. That said, this disparity still matters. The inspectorate encourages HMP Perth to try new methods to engage the population and understand the route of their discontent. While we do not assert all of their issues can and should be remedied, the level of disparity is greater than we find in other establishments and should be explored by senior management.

Not uncommon to other establishments, HMP Perth did not have an embedded human rights culture or E&D processes. The prison is led by a strong Governor and has a staff group who are caring, supportive and experienced. A more clearly defined strategy would support staff in helping ensure all prisoners are able to access fair treatment, ultimately improving outcomes for all. The prison has recently established an E&D Team, but it was early days. The inspectorate would encourage HMP Perth to embed the culture within staff of all levels and establishing a firmer grip of human rights and equality throughout their processes. This will help to ensure nobody falls under the radar and those most vulnerable are afforded opportunities of equal to those of their peers.

## PANEL

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### Participation – Prisoners should be meaningfully involved in decisions that affect their lives

While HMP Perth had some elements of a good participation model, prisoners did not feel sufficiently engaged or confident in many of the processes.

PIACs are a good opportunity to meaningfully involve prisoners in decisions that affect the prison. While it does not involve cumbersome work, a good PIAC model can greatly influence the participatory success of an establishment and help make prisoners feel heard and engaged. Although these had been utilised by the establishment, their effectiveness was mixed.

The PIAC model did not have representation from all halls and prisoner category, which can lead to an unbalanced representation model. While some prisoners on the PIAC reported an effective system, this was inconsistent and not replicated within the wider population. Inspectors were pleased to see the innovative approach of playing a recording of the PIAC meeting on the prison radio to communicate the discussion, this should not replace formal minutes as a record of the meeting. Minutes were not routinely available, which did not give prisoners the opportunity to refer to.

It was pleasing to see prisoner representation on the E&D Committee who was able to contribute to E&D issues in the prison provided with action points following the meeting.

We would encourage HMP Perth to do more to demonstrate to the prison population where prisoner's voice had made meaningful differences. We would also encourage HMP Perth to try new methods to help readjust the power imbalance at PIACs, for example by allowing a prisoner to chair proceedings.

Inspectors were pleased to note good opportunities for prisoners to be involved in their own case management and were able to feed into decisions made about them in adjudications or for those on TTM, for example. Inspectors noted a particularly good approach in the SRU, where prisoners were encouraged to participate in their case conferences and staff were actively seeking to involve those who were refusing to return to mainstream population.

The principle of participation must give special attention to issues of accessibility, and HMIPS would expect any barriers to participation to be actively identified and prisoners assisted to overcome them in order to meaningfully participate.

Inspectors would hope to see a model of participation develop within the prison that is evidenced, places prisoners at the centre of decision making and sees engagement with all prisoners. The prison has a good foundation to reach this goal, and we recommend they go further to ensure prisoners feel heard.

### **Accountability – There should be monitoring of how prisoner’s rights are affected as well as remedies when things go wrong**

There was a framework of administrative accountability in the prison. However, effective accountability based on human rights standards were not consistent at the time of the inspection. This is not to say that human rights were readily ignored; however reference to standards, rules and human rights-based criteria were minimal.

In common with other inspection findings, the complaints system did not have the confidence of the prison population. The establishment should take more steps to recognise the disconnect between prisoners and the complaints system. Prisoners need to be assured that their voice is listened to and that authorities are accountable when things go wrong. Despite the process appearing robust when complaints were received, more effort should be taken to provide prisoners with confidence in the process.

While the policy of HMP Perth, to register written complaints and provide a photocopy to the prisoner, was good, this was not being followed in practice. Inspectors also found that FLMs would often attempt to informally resolve a complaint when it is submitted, rather than process it. While informal resolution should not be discouraged, the outcome of the discussion and the prisoner’s views must be recorded. This will allow for a true reflection of issues to be identified and analysed by prison management, improving outcomes for prisoners and staff. The inspectorate recognise it is a difficult line to walk between overly formalising a system that works well and having appropriate mechanisms for audit and review. In our judgement the prison should look at this process again.

Inspectors found the way in which E&D complaints were handled to be deeply flawed. While HMIPS has a longstanding view that the equality and diversity form (EDF) complaints system is lacking across the SPS estate, it was particularly poorly applied at HMP Perth. An EDF acts as an addendum to a PCF complaint where the complainer believes the issue to concern an E&D matter. Where such a form is attached, the complaint is sent to the E&D Manager to investigate and report back separately. These complaints should be reviewed to identify and address any systemic issues. The process of dealing with an EDF complaint does not appear to differ in any clear way, in either process or outcome, from a standard PCF complaint, rendering it without value. The E&D Manager had no specific training on dealing with E&D complaints. When inspectors attempted to sample EDF complaints we were first told none had been made within the sample window. It then became apparent several had but had not been recorded properly on the system and we relied on anecdotal memory to trace copies. This demonstrated there had not been any attempt to review EDF complaints for systemic prison-wide issues or consider themes. HMIPS recommends prison management address this issue to better assure themselves EDFs are being properly recorded and reviewed.

While inspectors were pleased to hear of the SPS initiative to have complaint forms translated into different languages, this did not appear to be available at HMP Perth. While inspectors were told they could be printed off from SharePoint, it was unclear how somebody with limited understanding of English would know how to access this.

More widely, HMIPS have concerns about the extent to which the SPS complaints system matches the best practice model articulated by the Scottish Public Services Ombudsman.

**Non-Discrimination – All forms of discrimination must be prohibited, prevented and eliminated. The needs of prisoners who face the biggest barriers to realising their rights should be prioritised.**

Non-Discrimination requires the duty bearer to go further than not actively discriminating, it is not a passive duty but an active one, to make deliberate efforts to prevent discrimination from occurring in all forms.

Inspectors noted mixed treatment of foreign nationals regarding access to translation services. The translation service was not used as frequently as we would expect for the population. Inspectors had concerns that reception in particular has a low usage of the translation line, a particularly important moment to ensure new arrivals understand where they are and their entitlements. Foreign nationals' access to phone calls or diplomatic support appeared inconsistent and staff knowledge was lacking, which directly impacted on the foreign national population of the prison. While different parts of the prison operated differently with these individuals, a coherent strategy was required to prevent individuals with limited English feeling isolated and unable to communicate.

Inspectors were pleased to see a dedicated FLM had been taken offline to focus on E&D and TTM. There were plans in place for this individual to assess the needs of all new arrivals to the prison and ensure their needs are met. This is in its infancy, but it is hoped will provide direct accountability on this.

**Empowerment – Everyone should understand their rights and be fully supported to take part in developing policy and practices which affect their lives.**

Much of the discussion above around participation and accountability also applies to empowerment. Prisoners cannot be empowered if they do not have opportunities to participate or do not have recourse to hold authority to account. We would expect prisoners to understand their rights and be fully supported in utilising them.

HMP Perth had acceptable performance of providing relevant information to prisoners to allow them to make informed decisions. Notice boards should be better utilised, and consideration should be given to ensuring that information is provided in the most accessible form to reach all prisoners.

### **Legality – Approaches should be grounded in the legal rights that are set out in domestic and international laws**

A human rights-based approach requires the recognition of rights as legally enforceable entitlements and is linked to national and international human rights law. It is important that all categories of prisoners enjoy the full range of human rights, and that staff are adequately supported. Inspectors have identified areas where they believe further action is required, in particular to ensure that more marginalised prisoners do not fall through the gap.

The realisation of human rights is facilitated in practice by both the provision of information and the need for proactive action to be taken to ensure prisoners are accessing their rights in practice. A human rights-based framework is concerned with anticipating areas of prison life where problems are likely to arise, responding to prisoners needs as they are raised and building in monitoring mechanisms to ensure systems are improved through experience. This is the sort of human rights infrastructure which could always be developed further. That said, inspectors found a model based on good foundations of strong relationships which, with some investment, will resolve the concerns raised.

## Summary of Inspection Findings

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**Standard 1 Lawful and Transparent Custody**  
Satisfactory

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**Standard 2 Decency**  
Generally Acceptable

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**Standard 3 Personal Safety**  
Satisfactory

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**Standard 4 Effective, Courteous and Humane Exercise of Authority**  
Satisfactory

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**Standard 5 Respect, Autonomy and Protection against Mistreatment**  
Generally Acceptable

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**Standard 6 Purposeful Activity**  
Generally Acceptable

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**Standard 7 Transitions from Custody to Life in the Community**  
Satisfactory

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**Standard 8 Organisational Effectiveness**  
Satisfactory

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**Standard 9 Health and Wellbeing**  
Generally Acceptable

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## Standards, Commentary and Quality Indicators

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### HMIPS Standard 1 - Lawful and Transparent Custody

The prison complies with administrative and procedural requirements of the law, ensuring that all prisoners are legally detained and provides each prisoner with information required to adapt to prison life.

The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. Information is provided to all prisoners regarding various aspects of the prison regime, their rights and their entitlements. The release process is carried out appropriately and positively to assist prisoners in their transition back into the community.

#### Inspection Findings

#### Overall Rating: Satisfactory

In this standard, six quality indicators were rated as satisfactory and three rated as generally acceptable performance, giving an overall rating of satisfactory. There were six recommendations for improvement.

According to the HMIPS pre-inspection survey, 52% of prisoners said they were treated well in reception on arrival with a further 35% reporting being treated neither well nor badly. There was a Standard Operating Procedure (SOP) covering the admissions process and staff were knowledgeable about the process. Prisoners were taken into a private room to assess their ability to understand and allow them an opportunity to engage in the admissions process, via the Reception Risk Assessment (RRA) form. Interviews were completed in a caring and supportive manner. It was also good to see prisoners being offered a phone call to family/friends within the reception area, rather than waiting until they were on a hall. Reception staff were aware of the availability of translation services, but usage for the establishment during the last year was low, with it only being used on 18 occasions. HMP Perth should encourage staff to use translation services where required to ensure prisoners fully understand the admissions process.

New admissions were initially sent to the admissions hall and provided with a booklet that contained lots of helpful information. There was also an Admissions Pack that contained more information, including the induction programme and the regime for the hall. They were available in two other languages and would benefit from being translated into the most common languages. There was no information displayed in other languages within the reception area except for the language identification charts. The Link Centre were responsible for carrying out core screen paperwork and it was completed within the 72-hour time limit. Staff spoken to were not knowledgeable about the entitlements for foreign national prisoners when they arrived in custody which needs to be looked at. Prisoners spoken to were content with the information provided to them during admission.



## HMIPS Standard 1

### Lawful and Transparent Custody – Continued

Cell Sharing Risk Assessments (CSRAs) were being completed as per the SOP process and staff were knowledgeable about the checks required. A suitable audit and secondary assurance process was in place. The narratives tended to be well written but often did not meet the required standard, so were rejected and returned to the hall for the same reasons. Guidance had been issued to residential staff on more than one occasion. To prevent potential challenges should an incident occur, HMP Perth need to take action to improve narratives to meet the required standard.

There was an SOP available on processing warrants and staff were observed to follow the guidance. A suitable assurance process was in place and prisoners were notified of their critical dates the day after admission.

In the HMIPS pre-inspection survey, 55% of prisoners reported that they were not offered an induction on arrival at the prison. Induction was not offered to prisoners if they had been in HMP Perth within the last six months, and it was also not compulsory for anyone to attend. In January this year the Head of Offender Outcomes introduced a new induction process, modelled on the HMP Castle Huntly induction programme that had been very successful. The Perth version was a five-day induction process where staff from other areas of the prison arranged for the prisoner to be brought to them for an information session, and it included national induction at the Link Centre. However, the process was being hindered by the admissions hall being overpopulated and some prisoners having to move on before the induction was completed, making it more difficult to co-ordinate and track. The admission hall held a large number of protection prisoners and overspill from the Separation and Re-integration Unit (SRU), which did not leave much space for new arrivals. To improve the success and further improve attendance rates for induction, HMP Perth should review the population held in the admissions area to allow prisoners to complete the induction programme before being moved to another area of the prison. Some of the national induction slides require to be updated as they contain out-of-date information and are missing information about Prison Information Action Committees (PIAC).

Staff within the Criminal Desk and Reception were able to clearly explain the liberation processes, and there were SOPs available to guide them through it.

In terms of the PANEL principles for this Standard:

**Participation:** Prisoners were invited to engage in the admissions process via the RRA form, which was completed in a private setting. HMP Perth should make more use of translation services to ensure prisoners of all nationalities are able to participate in the admissions and induction process. The admission booklets informed prisoners how they could contribute to improving prison life via PIACs and the complaints process.

## HMIPS Standard 1 Lawful and Transparent Custody – Continued

**Accountability:** There were efficient processes in place for admission to and liberation from HMP Perth. On arrival at the admissions hall prisoners were provided with information about their entitlements but there was a lack of knowledge about entitlements for foreign national prisoners that needs to be addressed. The liberation process took account of onward travel arrangements and appointments in the community.

**Non-discrimination and equality:** New prisoners were initially allocated to the admissions hall for a seven-day period to complete their induction, but not all prisoners were able to stay that long due to the hall being overpopulated with prisoners who were no longer new admissions. This needs to be looked at to provide equity of treatment for all. The under-use of translation services also needs to be looked at.

**Empowerment:** Prisoners were provided with lots of helpful information on arrival at the admissions hall. There was sufficient information provided to enable the prisoner to know their rights in advance of starting their induction week, which provided further valuable information. A peer mentor was available for those that required support with recovery. The RRA enabled staff to identify prisoners with additional needs.

**Legality:** Staff followed the lawful procedures and completed them in a professional manner.

### **Encouraging observations:**

- Staff offered new admissions a telephone call to their family whilst still in the reception area.

### **Areas of concerns:**

- The low usage of translation services during the admissions and induction process.
- The admission information was available in a very limited number of languages.
- There was a lack of knowledge amongst staff of foreign national prisoner's entitlements on arrival.
- There were repeated errors in CSRA narratives that meant they did not meet the required standard.
- The population mix in the admissions hall meant new admissions could not remain there for seven days to complete the induction process.
- The national induction slides are not up-to-date and do not cover the PIAC process.

## Standard 2 – Decency

The prison supplies the basic requirements of decent life to the prisoners.

The prison provides to all prisoners the basic physical requirements for a decent life. All buildings, rooms, outdoor spaces and activity areas are of adequate size, well maintained, appropriately furnished, clean and hygienic. Each prisoner has a bed, bedding and suitable clothing, has good access to toilets and washing facilities, is provided with necessary toiletries and cleaning materials and is properly fed. These needs are met in ways that promote each prisoner's sense of personal and cultural identity and self-respect.

### Inspection findings:

#### Overall Rating: Generally Acceptable

In this standard, three quality indicators were rated as satisfactory, two were rated as generally acceptable and one was rated as poor, giving an overall rating of generally acceptable. There were no examples of good practice and 12 recommendations for improvement.

HMP Perth was built in 1810 to house prisoners from the Napoleonic war, in 1842 it became a civilian prison and as such is now Scotland's oldest occupied prison. A and B Hall were refurbished in 1997 and C Hall was constructed in 2008. The prison also has a separate SRU. At the time of the inspection the prison's capacity was 660.

Almost all cells in the prison required to be painted. The Estates Team did not have an ongoing or scheduled painting programme to address this. With the exception of B Hall, Inspectors could not find evidence of an established VT painting team, or an organised implementation of hall pass men throughout the prison tasked with carrying out painting duties.

In B Hall the cells that were used for double occupancy were very small and cramped. It is the view of HMIPS that the space available in these cells was unacceptable and therefore inadequate for two people to live comfortably side by side. The average double occupancy cell was found to measure 3.60m x 2.10m and with beds, desks and toilets in place it left a useable floor space for two occupants of just 3.60m x 80cm. (See photograph.)

The prison was found to have good general levels of cleanliness and had processes in place for the prevention and control of infection. The Industrial Cleaning Party (ICP) consisted of 14 pass men, and it was impressive to find that their training records and that of the 85 pass men with cleaning responsibilities on the halls were found to be accurate and in order. Staff worked hard to ensure that relevant training records were kept by the prison including biohazard and Scottish Vocational Qualifications (SVQs). It should be noted that from November 2022 and May 2023 one prisoner achieved a SVQ group award and eight prisoners obtained individual SVQ qualifications.

## HMIPS Standard 2 Decency – Continued

There was an adequate stock of bedding, towels and clothing, however, communication between the halls and the stores was poor and often resulted in a lack of stock being requested and held in the halls. The laundry process worked well with the staff being fully trained and confident in their work. It was noted that if any prison clothes or bedding that passed through the laundry was damaged or in poor condition it was replaced.

HMP Perth had a fit-for-purpose kitchen with sufficient storage and preparation space. It was identified however that its location within the prison estate was not conducive to servicing the residential halls. Issues with the trollies used to transport food to the halls and the lack of basic induction training for many of the pass men working in the kitchen were identified along with the lack of recording of daily cleaning schedules. Pantries were found to have issues with cross contamination and a lack of trays for prisoners to carry their meals was also a problem identified by inspectors.

It was good to see that there was a halal and vegan menu available for prisoners and they were rotated every three weeks. It was noted however that the winter and summer menus started quite late into the seasons. The menu appeared to be well-balanced and offered healthy options but did not clearly display nutritional information or allergens for prisoners to make an informed and safe choice.

In relation not PANEL for this standard:

**Participation:** Staff and prisoners were aware of how to raise issues such as maintenance requests, but communication between the halls and stores requires to be improved to ensure that the replacement of clothing or bedding is dealt with promptly. Towels and toiletries were available and in good supply. Food theme nights and cultural events were returning post COVID-19 and a food focus group had been held prior to the inspection to engage with prisoners about the menu.

**Accountability:** The laundry provided an excellent service for prisoners where staff monitored prisoners clothing, towels and bedding and replaced any that were found to be worn or damaged, even when the prisoner had not requested it. There was a good maintenance and prevention programme in place through the "Agility" platform to ensure issues were prioritised and dealt with efficiently.

**Non-discrimination and equality:** Inspectors did not witness any direct discrimination in respect of this standard. The menu catered well for those who were following cultural, religious or medical dietary requirements, and there was a good process in place to meet their needs.

## HMIPS Standard 2 Decency – Continued

**Empowerment:** Prisoners had access to the basic requirements for a decent life and were provided with the necessary facilities to maintain good levels of personal hygiene. They understood the process for raising maintenance issues and obtaining essential hygiene items and clothing.

**Legality:** Inspectors did not find anything during the inspection of this standard that compromised any domestic or international laws.

### Encouraging observations:

- Between November 2022 and May 2023 one prisoner achieved a SVQ group award and eight prisoners obtained individual SVQ qualifications in respect of hygiene and infection control.

### Areas of concern:

- The unacceptably small double cells in B Hall.
- The cosmetic conditions in most of the cells, that will only deteriorate further.
- Lack of working in-cell lockable storage.
- The lack of basic induction training for prisoners working in the kitchen.
- The risk of for cross-contamination in the pantries.



Small double cell in B Hall.

### Standard 3 – Personal Safety

The prison takes all reasonable steps to ensure the safety of all prisoners.

All appropriate steps are taken to minimise the levels of harm to which prisoners are exposed. Appropriate steps are taken to protect prisoners from harm from others or themselves. Where violence or accidents do occur, the circumstances are thoroughly investigated and appropriate management action taken.

#### Inspection Findings

**Overall Rating: Satisfactory**

#### Overview

In this standard, one quality indicator was rated as good, four were rated as satisfactory and two were rated as poor performance, giving an overall rating of satisfactory performance. There were three examples of good practice and two recommendations for improvement.

Talk to Me (TTM) was managed well, with a robust audit process in place led by the Health and Wellbeing Manager. This was a new post recently introduced into six prisons in Scotland. The Wellbeing Manager oversees TTM and ensures that each case is compliant with policy. They were appointed in March 2023 and there appeared to be some improvement in the standard of case files, but there was still some work to do. A recommendation has been made around identifying who is responsible on a daily basis for the care of individuals on TTM.

The pre-inspection survey highlighted that 61% of prisoners felt safe most or all of the time, with 20% reporting feeling unsafe some of the time. The survey also highlighted some concerns around staff behaviours. However during the inspection, inspectors concluded that it was a reasonably safe place to live and work.

Disappointingly the SPS Anti-bullying Policy – Think Twice (TT) was underused and inspectors struggled to identify those that had been subject to the policy. Although there appeared to be some anecdotal evidence that staff dealt with bullying or intimidation when observed, there was no evidence of the TT process being followed. Most staff reported bullying via an intelligence report, which should be commended, as it keeps the IMU up-to-date with information. However, HMP Perth must seek to utilise the TT policy in a more formal way and a recommendation has been made in this respect.

With regards to operational readiness, HMP Perth was in a positive place. SOPs were available to deal with a multitude of incidents. Testing of the command room was a regular occurrence with tactical decision-making being used to also test operational readiness. One issue highlighted was that the personal alarms would soon come to the end of life and would be replaced this summer.

### HMIPS Standard 3 Personal Safety – Continued

Some of the Health and Safety (H&S) processes in the prison were good practice. The H&S co-ordinator was very knowledgeable and organised. Policy and guidance were accessible to staff through the local H&S SharePoint site. This site also contained a raft of Safe Systems of Work (SSOW) and Risk Assessments. H&S meetings were held quarterly and there were good examples of audits being carried out by managers from another area. Inspectors also saw some recent SSOWs on newly introduced work areas such as the life skills area and the Construction Academy. There were some nice examples of reports from the GIC and their deputy following their H&S visits to the residential halls, highlighting issues that needed to be addressed.

In terms of the PANEL principles for this Standard:

**Participation:** Inspectors saw good participation with those on TTM. Inspectors spoke to individuals on TTM who reported that they had felt part of the process. During file reviews it was observed that prisoners were asked if family members should be invited. In all cases it was noted as not required by the prisoner which was confirmed by those prisoners' inspectors spoke to. Inspectors saw very little evidence of a formalised process of participation with regards to bullying and intimidating behaviour. HMP Perth should endeavour to use the policies available to them to include both victims and perpetrators in this type of behaviour. There was anecdotal evidence on mediation being used but again this had not been recorded.

**Accountability:** Violence was taken seriously by HMP Perth and was looked at closely by the Tactical Tasking & Co-ordination Group. There was no evidence of accountability within QI 3.4 and 3.5 with regards to the TT policy, as there was no formal process, and it was difficult to understand how bullying or intimidation was monitored and evaluated. However within H&S, accountability was a very good level.

**Non-discrimination and equality:** The most vulnerable prisoners arriving at the prison were treated well and there was no evidence of unequal treatment. Prisoners spoken to on TTM felt safe and supported, and in general those separated from mainstream prisoners reported they felt safe. However protection prisoners reported that at times they found themselves meeting mainstream prisoners when being escorted. This was not good but was down to poor communication regarding movement of prisoners rather than being intentional.

### HMIPS Standard 3 Personal Safety – Continued

**Empowerment:** Those on TTM confirmed that they had received the required support. Narratives in the case files confirmed that each case was dealt with in a person-centred approach. There were examples of staff looking at alternative methods of dealing with those that required privacy during showering as showers were communal. Although TT was delivered in an ad hoc way there were various posters and leaflets in the prison informing prisoners that bullying would not be tolerated and who to go to for help. However this must go hand-in-hand with a formal process.

**Legality:** There was no evidence of any illegal activity, or any breaches of prison rules or breaches of ECHR Article 2 or 3 of the European Convention on Human Rights. It was pleasing to see that personal information on prisoners was kept confidential, TTM books were closed and kept away from sight of others. H&S legislation was adhered to due to robust SSOW; RAs and audits being carried out within the prison.

**Areas of concern:**

- Think Twice was not widely used and no monitoring or evaluation was taking place in any formal way.



#### Standard 4 – Effective, Courteous and Humane Exercise of Authority

The prison performs the duties both to protect the public by detaining prisoners in custody and to respect the individual circumstances of each prisoner by maintaining order effectively, with courtesy and humanity.

The prison ensures that the thorough implementation of security and supervisory duties is balanced by courteous and humane treatment of prisoners and visitors to the prison. Procedures relating to perimeter, entry and exit security, and the personal safety, searching, supervision and escorting of prisoners are implemented effectively. The level of security and supervision is not excessive.

#### Inspection Findings

#### Overall Rating: Satisfactory

#### Overview

In this standard, two quality indicators were rated as good performance, five were rated as satisfactory performance and three rated as generally acceptable, giving an overall rating of satisfactory. There were four examples of good practice and ten recommendations for improvement.

HMP Perth had good practices in place to support the safety and security of those who worked and lived there. The Intelligence Management Unit (IMU) had a good understanding and were well-equipped to share appropriate and relevant information at the Violence Reduction Strategy Meeting and the Tactical Tasking Meeting. Each incident of violence was investigated using the VIRS form and relevant information was recorded on PR2.

The management of Rule 95s was good, with prisoners given the opportunity to have a voice. Inspectors were advised by the SRU FLM that a new template had been devised to inform each prisoner of their Management Plan. This had been tested on one prisoner and was due to be introduced for all those held on Rule 95. The adjudication process was observed, and each orderly room had a person-centred approach. Adjudicators allowed prisoners time, by suspending punishments, to improve behaviours and engage with partners to support their difficulties.

Prisoners had access to their property and personal cash. Reception processes were robust, and all property was recorded on the prisoner's property card. The establishment had an article allowed in use policy which informed prisoners of their entitlements. Access to cash was available to all prisoners through canteen and sundry purchases on a weekly basis.

HMP Perth did not have a dedicated staff group to complete Mandatory Drug Testing (MDT). Testing took place in each residential area, but the majority of testing was carried out for progression cases only.

## HMIPS Standard 4

### Effective, Courteous and Humane Exercise of Authority – Continued

In terms of the PANEL principles for this Standard:

**Participation:** Prisoners being managed under Rule 95 conditions were able to access education and the main gymnasium as an opportunity to support their transition from SRU to mainstream. Prisoners held within the SRU attended their Rule 95 case conferences and were able to have a voice and discuss their management plans.

**Accountability:** Unit Managers were responsible for carrying out the orderly room process. They ensured all paperwork was completed covering all aspects of the process. The orderly rooms had a person-centred approach ensuring each prisoner was given an opportunity to be heard. Senior management audited the process.

**Non-discrimination and equality:** Decisions made by senior management for those located within the SRU and at orderly rooms were non-discriminatory and they treated each case on an equal basis.

**Empowerment:** Each prisoner whether attending their Rule 95 case conference, the orderly room, being subject to a search or issued with property, was provided with the appropriate support and information to understand the process. Each prisoner was informed of their right of appeal through the orderly room.

**Legality:** HMP Perth approach to this was balanced and appropriate. Each case where use of force was applied was documented and fully explained, identifying the appropriate use of force used. All evidence checked confirmed that de-escalation was the favoured option at HMP Perth.

#### **Encouraging observations:**

- Good processing and auditing of Use of Force Forms, with the IMU uploading intelligence information to PR2.
- Monthly Violence Reduction Meeting discussing cases of violence with actions to improve safety and security.
- The Orderly Room process was person-centred approach, offering support, guidance and opportunities to change, and allowing them time to achieve this through suspending punishments.
- Robust processes were in place to ensure safe monitoring of CCTV and written documentation to support the safe keeping of those on SSMs.
- Sending clothing received to the laundry and footwear to security office was good practice to keep the establishment safe.

## HMIPS Standard 4

### Effective, Courteous and Humane Exercise of Authority – Continued

#### Area of concerns:

- Staff were not encouraged to use rigid cuffs during removals as a safer option.
- There was not always a member of NHS staff at Rule 95 in attendance at case conferences within the SRU.
- Full management plans were not always discussed and considered at each Rule 95 case conference.
- HMP Perth should put in place the Management Plan documentation for those being managed on Rule 95.
- Staff carrying out searching within the vehicle lock did not ensure all driver areas were searched.
- Families/friends were not permitted to hand in property at the vestibule to reduce costs.
- There were gaps in the MDT process that required address.
- Legal and recorded/registered mail was not always signed for by the prisoner.

## Standard 5 – Respect, Autonomy and Protection Against Mistreatment

A climate of mutual respect exists between staff and prisoners. Prisoners are encouraged to take responsibility for themselves and their future. Their rights to statutory protections and complaints processes are respected.

Throughout the prison, staff and prisoners have a mutual understanding and respect for each other and their responsibilities. They engage with each other positively and constructively. Prisoners are kept well informed about matters which affect them and are treated humanely and with understanding. If they have problems or feel threatened, they are offered effective support. Prisoners are encouraged to participate in decision making about their own lives. The prison co-operates positively with agencies which exercise statutory powers of complaints, investigation, or supervision.

### Inspection Findings

**Overall Rating: Generally Acceptable**

#### Overview

In this standard, four quality indicators were rated as satisfactory and four were rated as generally acceptable performance, giving an overall rating of generally acceptable. There were no examples of good practice and 11 recommendations for improvement.

The prison had well-established relationships between prisoners and staff, with all areas having recently had the opportunity to comment on the regime and matters that affect them.

An innovative replacement of the previous 'evening recreation period' had been introduced, requiring officers to lead group of prisoners in activities. Although this encouraged positive interaction and engagement with staff it was still in development and some prisoners were unhappy with access. Unfortunately, in C Hall the decision to keep the grille gates closed throughout the day and evening had eroded some previously very positive relationships.

The complaints process was robust, although some attention was required to accurately record the initial stage of a PCF1. There were also some improvements needed in communication with foreign nationals as the translation services appeared to be underutilised. There was ample access to agents visits throughout weekdays, with flexibility offered out with these time in exceptional circumstances.

Overall HMP Perth offered an effective regime, with innovation and good practice seen in areas of prisoner management, for example in identifying persons of concern. There are areas for improvement in prisoner complaints and further developing staff/prisoner relationships.

## HMIPS Standard 5

### Respect, Autonomy and Protection Against Mistreatment – Continued

**Participation:** The establishment had introduced officer-led activities to replace the open recreation period in the evenings. This was still in development and some prisoners were unhappy with access. There was evidence of group meetings with prisoners and staff taking place and it was encouraging to see the level of detail contained in the most recent minutes and that these were posted on hall notice boards. The involvement with prisoner families in Integrated Case Management (ICM) remains relatively low despite encouragement from officers. Prisoner Complaint Forms (PCFs) were readily available through the accommodation halls. There were procedural issues in relation to PCF1s in that some were not recorded or processed which was disappointing.

**Accountability:** Treat as Official Correspondence (TOC) were handled efficiently, with a robust data collection that was shown to meet the timescales required. Like other establishments HMP Perth tested incoming mail for illicit drugs and photocopy items if required. There were enough appointment spaces for the current demand for legal representatives, which allowed booking in advance as well as more immediate responses. In most cases prisoners were issued with mobile phones quickly after they arrived. During the inspection we found that there were five complaints raised in the last six months, which indicated not all prisoners received them quickly.

**Non-discrimination and equality:** There was an SOP for allowing foreign nationals to access additional phone credits however this was only after they served four weeks and staff spoken to were not aware of this. Translation services were available but underused. There was no consistent method that ensured equality of access for recreation activities.

**Empowerment:** The officer-led activities were poorly advertised, neither was there an accepted method of choosing who could attend. There was evidence of regular PIAC meetings in some areas. Independent Prison Monitor (IPM) posters were visible throughout the accommodation areas. Recent IPM reports indicated prisoners were using this service, but prisoner knowledge and uptake could be improved.

The process for PCF1s was not managed effectively and not widely respected amongst the prisoner population, with a significant number of complaints being submitted as PCF2s. The process for managing ICC was well-established and managed by a single FLM. This provided continuity in the high standards witnessed when inspectors attended the ICC. This approach ensured prisoners felt their complaint was taken seriously and gave action points to follow. The process for recording complaints to the Ombudsman was robust.

## HMIPS Standard 5

### Respect, Autonomy and Protection Against Mistreatment – Continued

Legality: TOC correspondence was handled well, timescales were met, and was a well embedded process. Recorded delivery letters were not regularly signed for by the prisoner which gave cause for concern. Access to legal agents was adequate and there was capacity to meet current demand. Virtual court was well-managed and had capacity with the exception of Tuesdays as this was their most requested court day. Prisons Rules were observed in all residential areas, but not available in an otherwise well-stocked prison library.

#### **Areas of concern:**

- Complaint SOP is not followed.
- Grille gates, particularly in C Hall remaining closed that discourages staff/prisoner relationships.
- Lack of engagement with the translator service.

### Standard 6 – Purposeful Activity

All prisoners are encouraged to use their time in prison constructively. Positive family and community relationships are maintained. Prisoners are consulted in planning the activities offered.

The prison assists prisoners to use their time purposefully and constructively and provides a broad range of activities, opportunities and services based on the profile of needs of the prisoner population. Prisoners are supported to maintain positive relationships with family and friends in the community. Prisoners have the opportunity to participate in recreational, sporting, religious and cultural activities. Prisoners' sentences are managed appropriately to prepare them for returning to their community.

#### Inspection Findings

##### Overall Rating: Generally acceptable

In this standard, seven quality indicators were rated as satisfactory performance, six were rated as generally acceptable performance, two were rated as poor performance, giving an overall rating of generally acceptable. There were six examples of good practice and twelve recommendations for improvement.

The employment and training opportunities offered to prisoners were primarily in work parties that supported essential prison services. The number of purposeful activity opportunities was sufficient for all prisoners who wanted to engage. However, the range of employability options could be expanded, which includes addressing the low number of vocational training and accreditation opportunities. The recently established 12-week construction academy, in partnership with a local business had potential to provide prisoners with vocational training and accreditation. The Link Centre facilities were of a good standard. However, staff could collaborate more effectively with the Learning Centre to plan and deliver vocational training and accreditation.

The prisoner five-day induction programme provided prisoners with an effective and practical introduction and promotion of all the purposeful activity that was available. Prison attendance at induction was tracked, which showed trends in attendance. Within the employability options on offer, most prisoners indicated that their work party allocation reflected their interest and ability. A few work parties were available to protection prisoners only, which restricted access to the wider population. The Employment Opportunities Board was not yet fully operational. As a result, the process for applying and being allocated employment was too informal.

## HMIPS Standard 6 Purposeful Activity – Continued

There were sufficient learning opportunities to meet the demand of the prison population; however, prisoner attendance could be improved. Prisoners had been consulted about the range of opportunities. The learning offer had a focus on developing literacy, numeracy and information and computing technology skills. A few partnerships enhanced the learning offer, such as programmes delivered by the University of Edinburgh. A range of e-learning options were available which link to employability skills.

The physical education department (PED) offered access to a range of physical exercise equipment and indoor and outdoor activities for the whole prison population. However, many choose not to participate. Many of the programmes and activities that ran prior to the pandemic had not been re-established. A few mainstream prisoners who met a criteria had increased access to the gym. A few prisoners who do not meet the criteria felt disadvantaged. All prisoners completed a gym induction. However, the quality assurance of the induction processes required improvement to ensure consistency. Where barriers to participation had been identified, there were a few examples of where they had been addressed. Overall, there was not a sufficient range of activities to motivate and encourage participation across the whole prison population.

The library had a good range of appropriate material and readership across the prison population had increased. A prisoner-led book club, with support from the librarian, also ran in a residential hall. Self-help and other reading resources in other languages were also available. The librarian was enthusiastic, knowledgeable and responded well to prisoner feedback. However, since the pandemic, the library room had remained closed, which negatively impacted on prisoners' reading choice. Prisoners reported that they would like access to the library re-established. A successful bid to the European Cultural Fund had resulted in increased resources.

A few prisoners benefited positively from engaging in the group work sessions in the recovery hub. A peer mentor and listener service were in place, however, a few prisoners highlighted that they did not engage with provision or were not aware of how to access this provision. A programme of evening recreational activities had been established. However, not all prisoners had access or were engaged in these activities. The Chaplaincy offered a quiet and calm space for prisoners and staff. The prison regularly recognised and celebrated key events. Prisoners' artworks were submitted for Koestler Awards and achieved a high number of awards.



## HMIPS Standard 6

### Purposeful Activity – Continued

All prisoners were offered 60 minutes of fresh air; however, access to this was impacted by other elements of the regime, and there was insufficient and unsuitable clothing for poor weather conditions.

Prisoners were assisted in their religious observances, and there was good evidence of Chaplaincy engagement across the operation to meet pastoral needs of the prison population.

The Family Centre run by Cross Reach was a good example of a welcoming and supportive environment for visitors, and there was good evidence of collaborative working between Cross Reach and HMP Perth. An emphasis was placed on ensuring visits were family friendly and a range of positive engagement sessions were on offer. The quality of the virtual visit system should be improved to maximise availability.

There were limited opportunities for prisoners to engage in accredited programmes, but there was a robust case management system and recent improvements had been made to the personnel officer system.

The Recovery Café offered a range of therapeutic courses and there were good examples of collaborative working with external agencies and organisations.

In terms of the PANEL principles for this Standard:

**Participation:** Prisoners were able to identify a particular interest in employment through discussion with prison officers allowing them to work in their preferred work party including those on remand. However, this process lacked transparency and fairness, mainly due to the Employment Opportunities Board not being fully operational with prisoners relying on staff to facilitate their preferred choice of employment. Disappointingly the development of a prisoner plan or goal setting and reviews to measure success were not carried out by PTIs unless specifically asked for by prisoners. Although prisoners had access to the gym there was not a sufficient range of physical and health educational activities to motivate and encourage participation by the whole prison population. The prison offered a range of appropriate cultural and recreational activities, but attendance was low. This could be improved, through prisoner consultation to ensure programmes meet the prisoner's interest. There was evidence of communication and engagement with prisoners regarding case management and visits, and prisoners were supported in participating in religious services.

## HMIPS Standard 6 Purposeful Activity – Continued

**Accountability:** The Fife College profiling tool and the personal development plans helped identify learning needs and interests with a review every six months. It was pleasing to report that the prison had had secured resources from the European Cultural Fund to support the work sheds, such as bike maintenance materials and a dedicated book corner with relevant materials for gardening and beekeeping in the work party area. Monitoring the usage and update of the resources were however required. To support several work sheds including relevant materials for the bike shed, the book corner, gardening and beekeeping. However the monitoring of the usage and update of the resources was required. Particular focus had been on improving the personal officer system. Whilst there was evidence of an increase in PR2 reports, quality assurance of these engagements will be required. There were two reviews taking place looking at improvements to visits, taking into consideration prisoner and visitor feedback.

**Non-discrimination and equality:** Prisoners with health issues were well supported and any necessary adjustments were put in place. Disappointedly there was no current one-to-one learning support in the residential halls. The timetable for gym access showed that the whole prison population had access to health and fitness opportunities of some kind. Some prisoners who tested negative for substance misuse and who were in a work party had increased access by an extra hour each weekday, and reported their improved mental health, wellbeing and overall fitness levels. However those without a job or unable to get an MDT to prove they were drug-free and so unable to meet the criteria felt disadvantaged. Some prisoners reported being unable to access fresh air for an hour each day due to conflicts within the regime. Particular attention needs to be paid to ensuring those at work are afforded this opportunity.

**Empowerment:** A few work parties were available for protection prisoners only, with no rotation of work parties some prisoners reported that they had not been able to access a chosen work party. Long-term prisoners reported that they would like more variety in the learning programme to support their time in prison. However some prisoners were consulted about the range of educational opportunities resulting in a weekly individual timetable. A few prisoners benefited positively from engaging in the group work sessions in the recovery hub which included dramatherapy, yoga and mindfulness. Peer mentors and listener services were in place but generally most prisoners who were asked about these services were not aware of the services or how to access provision. Prisoners received a dossier of information prior to case management case conferences. Information was clear and accessible.

**Legality:** Critical dates were monitored, and systems were in place to effectively manage prisoners' sentences and case management.

## HMIPS Standard 6

### Purposeful Activity – Continued

#### Encouraging observations:

- There were 50-150 activity packs distributed weekly to prisoners in their residential hall from education.
- There were approximately 195 active readers, and 97 prisoners recently participated in a reading challenge.
- Work has been done to improve one of the exercise areas and HMP Perth should look at replicating it in other exercise areas.
- A family-centred approach to visits and positive working relationship with the Visitor Centre was observed.
- There was good evidence of collaborative and partnership working with external agencies and organisations around therapeutic and recovery courses.

#### Areas of concern:

- A few work parties were no longer available due to shortage of prison staff, or the staff skillset required. Of the 274 work party spaces available only 187 prisoners were registered to attend.
- There were limited vocational training opportunities.
- The library has been closed since the pandemic.
- Not all prisoners reported being able to have access to 60 minutes of fresh air a day and there was insufficient and unsuitable clothing for poor weather.

## Standard 7 – Transitions from custody to life in the community

Prisoners are prepared for their successful return to the community.

The prison is active in supporting prisoners for returning successfully to their community at the conclusion of their sentence. The prison works with agencies in the community to ensure that resettlement plans are prepared, including specific plans for employment, training, education, healthcare, housing and financial management.

### Inspection Findings

**Overall Rating: Satisfactory**

#### Overview

In this standard four quality indicators were rated as satisfactory performance and one was rated as generally acceptable performance, giving an overall rating of satisfactory. There were two examples of good practice and one recommendation for improvement.

Sentence planning for long-term prisoners in HMP Perth was working well. For most short-term prisoners there was an emphasis on the role of the Link Centre staff in helping them to make plans. Link Centre staff were consistently meeting with prisoners prior to release and developing community integration plans based on these discussions.

HMP Perth was effectively collaborating with agencies involved in helping prisoners to make plans for their transition to the community. They had a good awareness of community-based agencies supporting prisoners on release. Many agencies had not returned to pre-pandemic attendance at the prison and plans for an increased presence were unclear.

HMP Perth staff work closely with prison-based social work and psychology services to ensure that case management was informed by competent assessments. They were making good efforts to ensure all staff were clear about the important part they could play in case management.

HMP Perth had a well-developed commitment to supporting recovery for prisoners with an experience of problematic drug use. A full programme of groups and activity-based sessions were being delivered in partnership with agencies led by individuals with a lived experience of substance use. National issues relating to waiting lists and staff retraining for accredited programmes were impacting negatively on prisoners at HMP Perth.

The prison did not offer any services to prisoners after their release. They had established good links with services offering support in the community and short-term prisoners had a good awareness of voluntary throughcare from community-based social work teams.

## HMIPS Standard 7

### Transitions from custody to life in the community – Continued

In terms of the PANEL principles for this Standard:

**Participation:** Prisoners were routinely involved in the ICM process and actively took part in case conferences. Prisoners were not routinely involved in Risk Management Team (RMT). Link Centre staff encouraged prisoners due for release to engage with key agencies.

**Accountability:** HMP Perth had committed to meeting the needs of prisoners with problematic drug use. Recovery groups are well-embedded and delivered with support from local and national organisations. The prison was gathering feedback from prisoners on delivery of interventions and using this to plan further development.

**Non-discrimination and equality:** Vulnerable prisoners were being identified through the admission process and this allowed services to develop plans for support during their time in the prison. This was evidenced in ICM processes and in the Person of Concern Group where concerns were identified, and plans made to support individual prisoners.

**Empowerment:** Prisoners were aware of the plans made for their release and had been encouraged by key staff to take part in meetings and engage with external agencies. Awareness raising sessions for all staff to make them aware of their role in case management were also helping staff recognise the part they play in empowering prisoners.

**Legality:** Relationships between prison-based staff and prisoners were consistently positive. Prisoners had consistent opportunities to engage with planning for release in line with relevant standards, legislation, policy, and guidance.

#### **Encouraging observations:**

- Link Centre staff were effectively consulting with short-term prisoners, developing and co-ordinating plans, and working closely with relevant agencies. This collaboration, based on strong relationships with key staff in external agencies, was benefitting prisoners in the transition to the community.
- The delivery of a full timetable of groups and activities supporting recovery for prisoners with an experience of problematic drug misuse. This included a strong partnership with community-based, lived-experience-led organisations. This was supporting community integration.

#### **Areas of concern:**

- There was a lack of accredited programmes and scope to improve the capacity for bespoke interventions that would support a prisoner's transition back to the community.

## Standard 8 – Organisational Effectiveness

The prison's priorities are consistent with the achievement of these Standards and are clearly communicated to all staff. There is a shared commitment by all people working in the prison to co-operate constructively to deliver these priorities.

Staff understand how their work contributes directly to the achievement of the prison's priorities. The prison management team shows leadership in deploying its resources effectively to achieve improved performance. It ensures that staff have the skills necessary to perform their roles well. All staff work well with others in the prison and with agencies which provide services to prisoners. The prison works collaboratively and professionally with other prisons and other criminal justice organisations.

### Inspection Findings

#### Overall Rating: Satisfactory

#### Overview

In this standard, three quality indicators were rated as good performance, three were rated as satisfactory performance and two were rated as generally acceptable performance, giving an overall rating of satisfactory.

There were three examples of good practice and two recommendation for improvement.

The GIC and Senior Management Team (SMT) had a very positive approach to engagement with community justice and other local partner organisations, seeking opportunities to explain about the work of the prison and consider ways in which the prison could support community initiatives and promote a successful reintegration back into community for those in its care. The willingness to have those with lived experience of prisons work in the prison and support those with addictions was impressive.

The prison had provided an effective bank of evidence for inspectors against each of the HMIPS standards and on what they had done in response to previous reports and recommendations. The statistical evidence provided for the monthly business meetings was of a particularly high standard and it was encouraging to see that significant efforts were made to involve FLMs and cascade information arising from these meetings. If a communication gap existed it was potentially in the flow down from FLMs to front line staff. However, most staff said the GIC and SMT were receptive to suggestions, and there was a tangible sense of an enthusiastic SMT wanting not just to recover from the pandemic but try new ways of engaging prisoners in different activities and promoting a rehabilitative agenda.

## Organisational Effectiveness – Continued

A collaborative and supportive culture existed within the prison, with significant improvements in the relationship between SPS and NHS staff, although residential staff did still feel that they were left to deal with the frustrations of prisoners when other services such as the canteen were unable to meet the expectations of prisoners.

The picture on Equality and Diversity (E&D) was also somewhat nuanced. Again there was an enthusiastic E&D Co-ordination Team, who managed an array of useful information on SharePoint, and the routine sampling of Orderly Room adjudication decisions for any potential bias was particularly commendable. However the newly appointed E&D Champions were not always sure of their role and would clearly benefit from further training and support, and there was a need for more robust recording and monitoring of E&D complaints, which the prison took steps to address as soon as this was brought to their attention.

There was an established training programme, and it was encouraging to hear that a staff mentoring scheme was in the process of being established. However, at the time of our inspection the prison was well behind where it would have wished to be in terms of core competency training. HMP Perth is far from unique in that regard, as a result of a backlog arising from the pandemic, and was aware of the need to give greater priority to C&R and other core competency training to recover the position as swiftly as possible.

The prison was effective in encouraging good performance, tackling misconduct and dealing with absence management. Sick absence levels were reducing at the time of our inspection, but as we have seen in many other prisons the record on completing staff appraisals timeously has improved from the previous year.

In terms of the PANEL principles for this Standard:

**Participation:** Prisoners were consulted about food and other things through PIACs with feedback from PIACs communicated via the prison radio, which was a positive development. More might be done to consult prisoners about their experience of staff relationships and contribute to the recognition of good performance by staff.

**Accountability:** Staff training in relation to core competencies needed to be pushed further, but communication with staff was generally positive and staff felt that the SMT were open to their suggestions and ideas. There was good evidence of the prison responding positively to previous issues and concerns raised by external scrutiny.

## Organisational Effectiveness – Continued

**Non-discrimination and equality:** Prisoners who were vulnerable, marginalised or had a protected characteristic were identified and generally well supported, with recent positive initiatives in relation to supporting foreign nationals on arrival at the prison. The vast majority of staff were up-to-date with online EID refresher training.

**Empowerment:** It was difficult to assess the extent to which most prisoners felt that their voice influenced policy making, but some prisoners who were on PIACs told inspectors they did feel listened to and were able to affect change.

**Legality:** Approaches observed by inspectors were grounded in the legal rights that are set out in domestic and international laws. Further support for the newly appointed E&D Champions will help cultivate an environment where diversity and difference are understood, and the rights of all groups protected.

### **Encouraging observations:**

- The strong commitment to working with community justice partners and other external agencies and work to promote the image of the prison with local communities.
- Willingness to involve people with lived experience of prisons to help those in their care with addiction issues.
- Routine sampling of Orderly Room adjudications for any potential bias in relation to particular prisoner groups.
- Effective processes for monitoring progress with the annual delivery plan and communicating progress and follow-up action with the FLMs.

### **Areas of concern:**

- E&D champions were in need of further training and support.
- E&D complaints not being recorded and monitored effectively.
- The number of staff with out-of-date core competencies.
- Staff appraisal completion rates.



## Standard 9 – Health and Wellbeing

The prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.

All prisoners receive care and treatment which takes account of all relevant NHS standards, guidelines and evidence-based treatments. Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and wellbeing of all prisoners.

### Inspection Findings

#### Overall rating: Generally Acceptable

In this standard, no quality indicators were rated as good, five were rated as satisfactory, nine were rated as generally acceptable and two were rated as poor. There were five examples of good practice and 17 recommendations for improvement.

Prison Healthcare is hosted by Perth and Kinross Health and Social Care Partnership (HSCP) and is managed through the Justice Healthcare Manager.

#### Primary Care

All admissions and transfers to HMP Perth are offered initial health screening on arrival. Systems and processes were in place to ensure that all necessary information about the healthcare needs of patients identified at the screening assessment were clearly documented in Vision and shared with appropriate healthcare teams. All patients identified with healthcare needs were promptly referred to the appropriate teams to meet their healthcare needs.

Medicines reconciliation was completed by either the GP or Pharmacist following the initial screening. Patients arriving out-of-hours would have this completed the following day.

There were systems and processes in place in the event that new arrivals were not fit for detention. The Healthcare Team had established links with Ninewells Hospital Emergency Department through a consultant connect mechanism (for staff to seek advice from hospital consultants) and the GP Out of Hours service.

#### Mental Health

The Mental Health Team at HMP Perth was functioning with a high number of vacancies. This was reflected in the crisis management provision that was available at the time of inspection. Some vacancies had been recruited to and staff were due to start in post within the coming months. It was expected that a wider provision, including the delivery of low intensity psychological interventions in nurse clinics and groups, would become available and waiting times would improve as the staff team increased.

## HMIPS Standard 9 Health and Wellbeing – Continued

A robust referral triage and allocation process was taking place to ensure regular screening of new mental health referrals. Referrals were triaged through risk assessment and patients were offered urgent or routine appointments accordingly.

A validated assessment tool was used to assess the mental health needs of people referred to or referring themselves to mental health services. Patient care records evidenced that some patients had detailed care plans reviewed regularly; however, not all patients on the mental health caseload had this in place.

Although inspectors saw that risks were assessed and recorded in detail at the initial assessment, this was inconsistently recorded within patient care records following nurse clinic appointments. In addition, no standardised risk assessments were being used in practice, this is a concern.

Psychiatry was available in the format of three psychiatry clinics a week, with the capability to respond to an emergency or urgent care request. The psychology provision had improved since the last inspection with a clinical psychologist, forensic psychologist and assistant psychologist in post.

Inspectors were told that systems and processes were in place to ensure that any patient requiring inpatient mental health care was assessed and transferred promptly to the hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003.

### Substance Use

Patients requiring support with drug and/or alcohol dependence were identified at health screening on transfer to the prison or as part of their health assessment using a validated screening tool.

Systems and processes were in place to confirm the prescriptions of patients transferred to or out of prison through a copy of the Kardex being shared for patients prescribed OST. For new admissions to the prison, confirmation of any OST was part of the admissions process.

HMP Perth has been a pilot site for implementing the Medication Assisted Treatment (MAT) Standards to ensure safe, accessible and high-quality treatment, which has involved working closely with the MAT Implementation Support Team (MIST) to identify any gaps in provision. There was evidence of promoting patient choice for OST in line with the standards at the time of the inspection.

The recovery hub had a number of groups and resources that patients could access, aside from support offered by the SUT. This included access to peer support workers and groups on relapse management led by external facilitators and SPS colleagues.

## HMIPS Standard 9 Health and Wellbeing – Continued

A harm reduction pack was available to distribute to patients with useful resources including information on Naloxone and self-help materials. Patients could contact the SUT helpline Monday to Friday if they needed to speak to someone outside scheduled appointments.

Medical clinics ran twice a week for patients on the SUT caseload or new referrals requiring a medical review.

During the inspection, inspectors met with the health improvement practitioner. The health improvement practitioner provided advice and support on subjects such as Naloxone, smoking cessation, and relapse prevention.

### **Long-term conditions, palliative and end of life care**

Patients with long-term conditions were identified as part of the admission health screening. There have been no specific long-term conditions clinics operating in HMP Perth for patients. Patients could self-refer to see a member of the healthcare team if they had a long-term condition. However, this was a concern as without structured planned review, patients might miss annual follow up reviews for long-term conditions.

During the inspection inspectors saw evidence that the Healthcare Team had retrospectively reviewed prisoner Vision records and drug Kardexes to identify those with long-term conditions. The service also used read codes when entering information on the Vision system that would allow them to easily identify those with long-term conditions. Healthcare staff had been identified as link nurses and had received training with a view to commencing regular structured condition-specific clinics.

Care plans were not in place for all those identified with long-term conditions, and care plans viewed were not person-centred and outcome-focused. As the care plans were electronic, they were not seen to be signed off, to indicate that the patients had agreed to them.

There were no patients requiring anticipatory care plans at the time of the inspection.

Inspectors were told that patients with diabetes attended a yearly secondary care appointment where health checks were completed. Inspectors were told that information, self-help leaflets from British Heart Foundation and Diabetes UK was given to patients relating to their long-term conditions to help them self-manage their health.

The GIC told inspectors that there were plans to have a fully accessible cell that could accommodate hoists for moving and handling and other assistive equipment. Inspectors will follow this up at future inspections.

At the time of the inspection, no patients were receiving palliative care. Patients entering HMP Perth requiring palliative care would be listed for the GP the following day and allocated a named nurse.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Infection, Prevention and Control

The health centre in HMP Perth was in a good state of repair and could be effectively cleaned. All near patient equipment was in a good state of repair and clean and ready for use. Mask wearing guidance had changed at the time of inspection, and staff were no longer required to wear masks. Adequate supplies of PPE were still in place. Healthcare staff reported that the provision of cleaning was acceptable.

Inspectors were shown rooms within residential areas where medications would be administered and were concerned that patient confidentiality would not be maintained, and that adequate infection control and prevention measures could not be used. One of these areas was particularly concerning. Inspectors discussed this with HMIPS and asked them to escalate our concerns to SPS as they have responsibility for maintenance of the environment within the residential areas.

HMP Perth has allocated a link nurse for infection control; this role includes the responsibility for regular auditing. This was undertaken by using NHS Tayside's tool and incorporated compliance with all standard infection prevention and control precautions.

Healthcare staff were compliant with the national uniform policy at the time of inspection.

### Encouraging observations:

- Patients with immediate complex needs, found under the influence or where the reception nurse raised a concern, would be discussed at the multidisciplinary/multi-agency Person of Concern Group (POCG) the following morning (Monday to Friday).
- The OT service provided a wide range of support for patients across many services. It works closely with patients to improve access to services, supporting transitions to and from HMP Perth. There was clear multidisciplinary engagement with the wider healthcare team and SPS.
- Patients could be referred to the Pharmacy Team to discuss medication by another member of the Multidisciplinary Team or patients could self-refer.
- Inspectors observed evidence of good relationships between healthcare staff and SPS.
- Inspectors observed survey results from patients who had engaged with the Substance Use Team and received treatment from psychology which included a number of positive comments about the treatment they received.
- Some healthcare teams had individual processes for seeking feedback from patients following treatment to help influence improvements to individuals' practice.

## HMIPS Standard 9

### Health and Wellbeing – Continued

#### Areas of concern:

- The HSCP must provide referral forms in alternative languages and formats that are accessible for patients in residential areas.
- The HSCP must develop a process to record missed appointments to the health centre and the impact of this.
- The HSCP should consider reviewing the delivery of health improvement, prevention and promotion activities in HMP Perth cover all the healthcare needs of the prison population.
- The HSCP should facilitate the introduction of nasal Naloxone to HMP Perth and ensure that all prisoners are offered this on liberation.
- The HSCP must ensure that personalised care plans are in place for all patients on the mental health caseload.
- The HSCP must ensure that standardised risk assessments are used and updated regularly for all patients on the mental health caseload.
- The HSCP must ensure that links between the prison healthcare team with specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment in NHS Tayside are formalised, to ensure that staff are aware of the correct referral pathways to follow for patients.
- The HSCP must ensure that all patients with a long-term condition have person-centred and outcome-focussed care plans in place, which have been agreed with the patient.
- The HSCP must ensure that patients with long-term conditions have access to review of their conditions equitable with community provision. All reviews must be accurately documented into the care records in the Vision care system.
- The HSCP must ensure that personalised care plans are in place for all patients on the Substance Use Team caseload.
- The HSCP and SPS must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.
- The HSCP must ensure that controlled drugs are administered in line with best practice of controlled drugs.
- The HSCP must ensure that accurate dental waiting times are kept for patients in HMP Perth.
- The HSCP should consider the introduction of healthcare support workers to deliver oral health promotion and support to patients in HMP Perth.
- The HSCP and SPS must ensure dental treatment for those patients who were on remand beyond six months was provided and equitable to those who are convicted.
- The HSCP must be able to evidence the provision of specific training on how to manage complaints to support staff in this role.
- In the hall identified, SPS must provide a suitable area for staff to administer medication, the room must be fit-for-purpose and meet infection control standards.

## Annex A

### Summary of Recommendations

REC NO.	QI NO.	RECOMMENDATION
<b>Standard 1 – Lawful and Transparent Custody</b>		
1	1.1	HMP Perth should encourage staff to use translation services where necessary, to ensure prisoners fully understand the admissions process.
2	1.2	HMP Perth should ensure that staff are aware of foreign national prisoner's entitlements on arrival.
3	1.2	The admission booklet and pack should be available in the most common languages.
4	1.6	HMP Perth should take action to ensure CSRA entries on PR2 meet the required standard.
5	1.8	HMP Perth should review the population in the admissions hall to allow new admissions to remain there for seven days to complete the induction process.
6	1.8	SPS HQ should review the national induction slides to ensure they are up-to-date in relation to the smoking policy in Scottish prisons and add information on the PIAC process so that prisoners know how to contribute their views on life in the prison.
<b>Standard 2 – Decency</b>		
7	2.1	HMP Perth should undertake a painting programme as most of the cells require refurbishment.
8	2.1	HMP Perth should carry out a review of the in-cell lockable safes to ensure all prisoners have secure storage for valuable items.
9	2.1	SPS HQ should reconfigure the small double cells in B Hall so it can only be occupied by one person.
10	2.2	HMP Perth should ensure that the steel cabinets housing the "Quattro" cleaning stations are fitted with a hatch to allow access to the chemical selector switch.
11	2.4	HMP Perth should ensure that the shower for the use of people with disabilities located in the gym is fitted with a curtain to provide privacy.
12	2.5	HMP Perth staff should be reminded of the process to request additional clothing and bedding.
13	2.6	HMP Perth catering department should keep records to show that cleaning schedules have been adhered to.
14	2.6	HMP Perth should ensure that the seals and joints of the kitchen floor are repaired.

- 15 2.6 HMP Perth should ensure that all prisoners working in the kitchen are provided with basic induction training as a matter of urgency.
- 16 2.6 SPS HQ should allocate resources to maintain and administer the "Saffron" catering management software, to allow it to hold a central menu of varied meals created and approved by nutritionists and dietitians for all SPS prisons to populate local menus.
- 17 2.6 HMP Perth should ensure that all prisoners working in the pantries use the utensils provided to prevent cross-contamination and heat probes should be used at all times.
- 18 2.6 HMP Perth should ensure that there are trays provided at each pantry for prisoners to use to carry their food.

### Standard 3 – Personal Safety

- 19 3.1 HMP Perth should ensure that within the care plan report a staff members name and role is identified and not noted as 'all staff'.
- 20 3.4 HMP Perth should ensure the Think Twice Policy is adhered to and that training is given to all staff so they can support those affected by bullying and intimidation.

### Standard 4 – Effective, Courteous and Humane Exercise of Authority

- 21 4.1 HMP Perth should encourage staff to use rigid Cuffs during removals as a safer option.
- 22 4.2 HMP Perth should ensure that there is the correct cover for SRU staff during lunch to ensure staff compliment is maintained.
- 23 4.2 Perth and Kinross HSCP should ensure that there is a representative from NHS at every Rule 95 case conference.
- 24 4.2 HMP Perth should ensure that management plans are discussed and considered at each case conference.
- 25 4.2 HMP Perth should put in place the Management Plan documentation for those being managed on Rule 95.
- 26 4.6 Families/friends should be permitted to hand in property at the vestibule to save on postage costs.
- 27 4.8 HMP Perth should train more staff in MDT and ensure the training is consistent. It should also address the gaps in the existing testing regime.
- 28 4.9 HMP Perth should ensure that the cameras are checked daily.
- 29 4.10 HMP Perth staff carrying out searching within the vehicle lock should ensure all driver areas are searched.
- 30 4.10 HMP Perth should ensure that all prisoners sign for legal and recorded/registered mail.

### Standard 5 – Respect, Autonomy and Protection against Mistreatment

- 31 5.1 HMP Perth should ensure all staff understand the SOP Death (or serious illness) of a relative and the action required.
- 32 5.1 HMP Perth should review the location of the establishments main telephone line.
- 33 5.2 HMP Perth should review the grille gates being closed for lengthy periods, particularly in C Hall.
- 34 5.2 HMP Perth should ensure all staff wear name badges.
- 35 5.3 HMP Perth should ensure that the most up-to-date data protection information is available for prisoners, and where possible in a language they understand.
- 36 5.5 HMP Perth need to put in place a process to ensure prisoners have advance notice of activities and events and ensure equity of access.
- 37 5.5 HMP Perth should ensure the minutes of PIAC meetings are available on the notice boards and develop action plans to review progress.
- 38 5.7 HMP Perth put a process in place to ensure complaints resolved by staff on the halls are logged and PCF1s are not shredded.
- 39 5.7 HMP Perth should ensure complaints forms are readily available in the different languages.
- 40 5.7 HMP Perth should ensure that those who cannot read or speak English are supported in a more formal way to complete complaints paperwork through the use of translators.
- 41 5.8 HMP Perth and the Prison Monitoring Co-ordinator should work together to raise awareness of the IPM role with the staff and prisoners.

### Standard 6 – Purposeful Activity

- 42 6.1 HMP Perth should prioritise improvements to the employment and vocational training and accreditation opportunities. These opportunities should be in line with the labour market and better meet the interests and aspirations of the prison population.
- 43 6.2 HMP Perth should prioritise implementation of their work allocation policies and procedures to ensure there is fair and transparent work party allocation.
- 44 6.3 HMP Perth and Fife College should review the range of courses and learning pathways available, to ensure it meets prisoners needs, encourages more attendance and progression, particularly for longer-term prisoners.
- 45 6.4 HMP Perth should identify ways in which they can expand provision and extend access to physical and health educational activities.



- 46 6.4 Prison Managers and PTIs should improve approaches to the quality assurance of induction and prison goal setting processes to help tackle inconsistency.
- 47 6.5 HMP Perth should review library provision and reopen the library area to improve access to reading material and enable prisoner choice.
- 48 6.6 HMP Perth would benefit from a review of the evening recreational activities to ensure it is accessible and better meets the needs of the prison population. Similarly, consultation with prisoners may help to establish and address low uptake in events, programmes or activities, this includes improvement to the ways in which these are promoted.
- 49 6.7 HMP Perth should ensure prisoners attending work parties are offered fresh air out with working hours.
- 50 6.7 HMP Perth should ensure waterproof jackets are available when needed.
- 51 6.7 HMP Perth should consider alternating the time in fresh air, to allow both mornings and afternoon sessions during the week.
- 52 6.10 HMP Perth should establish a Children and Family Strategy Group.
- 53 6.11 HMP Perth should increase access to and the quality of virtual visits.

### **Standard 7 – Transitions from Custody to life in the Community**

- 54 7.3 HMP Perth should review and refresh the delivery of accredited programmes and improve the capacity for bespoke interventions for prisoners where this will support their successful transition back to the community.

### **Standard 8 – Organisational Effectiveness**

- 55 8.1 HMP Perth should ensure that their E&D champions are appropriately trained and supported and that all E&D complaints are robustly recorded and monitored in future.
- 56 8.4 HMP Perth should ensure that core competency training reaches an acceptable level as soon as possible.

### **Standard 9 – Health and Wellbeing**

- 57 9.2 Perth and Kinross HSCP must provide referral forms in alternative languages and formats that are accessible for patients in residential areas.
- 58 9.2 Perth and Kinross HSCP must develop a process to record missed appointments to the health centre and the impact of this.
- 59 9.3 Perth and Kinross HSCP should consider reviewing the delivery of health improvement, prevention and promotion activities in HMP Perth to cover all the healthcare needs of the prison population.

- 60 9.3 Perth and Kinross HSCP should facilitate the introduction of nasal Naloxone to HMP Perth and ensure that all prisoners are offered this on liberation.
- 61 9.5 Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the mental health caseload.
- 62 9.5 Perth and Kinross HSCP must ensure that standardised individual risk assessments are used and updated regularly for all patients on the mental health caseload.
- 63 9.5 Perth and Kinross HSCP must ensure that links between the prison healthcare team with specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment in NHS Tayside is formalised, to ensure that staff are aware of the correct referral pathways to follow for patients.
- 64 9.6 Perth and Kinross HSCP must ensure that all patients with a long-term condition have person-centred and outcome-focussed care plans in place, which have been agreed with the patient.
- 65 9.6 Perth and Kinross HSCP must ensure that patients with long-term conditions have access to a review of their conditions equitable with community provision. All reviews and patient interventions must be accurately documented into the care records in the Vision care system.
- 66 9.7 Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the Substance Use Team caseload.
- 67 9.8 Perth and Kinross HSCP and SPS must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.
- 68 9.8 Perth and Kinross HSCP must ensure that controlled drugs are administered in line with best practice of controlled drugs.
- 69 9.9 Perth and Kinross HSCP must ensure that accurate dental waiting times are kept for patients in HMP Perth.
- 70 9.9 Perth and Kinross HSCP should consider the introduction of oral health promotion and support to patients in HMP Perth.
- 71 9.9 SPS must ensure dental treatment for those patients who were on remand beyond six months was provided and equitable to those who are convicted.
- 72 9.13 Perth and Kinross HSCP must be able to evidence the provision of specific training on how to manage complaints to support staff in this role.
- 73 9.15 In the hall identified, SPS must provide a suitable area for staff to administer medication, the room must be fit-for-purpose and meet infection control standards.

## Annex B

### Summary of Good Practice

REC NO.	QI NO.	GOOD PRACTICE
<b>Standard 2 - Personal Safety</b>		
1	3.1	Checklists ensuring core actions when dealing with those on TTM were visible either in the office or in the case file folder.
2	3.7	The H&S Co-ordinator ensures that the auditing of H&S and Fire Safety within the prison is carried out more regularly than required.
3	3.7	Audits are undertaken by managers from another area.
<b>Standard 4 - Effective, Courteous and Humane Exercise of Authority</b>		
4	4.1	Good processing and auditing of UoF Forms with IMU uploading intelligence information to PR2.
5	4.1	Monthly Violence reduction Meeting discussing cases of violence with actions to improve safety and security from incidents of violence.
6	4.3	Inspectors observed Adjudicators conduct the orderly room process, making it a person-centred approach, offering support, guidance, and opportunities to change, and allowing them time to achieve this by suspending punishments.
7	4.4	Robust processes in place to ensure safe monitoring of CCTV and written documentation to support the safe keeping of those on SSMs.
<b>Standard 6 - Purposeful Activity</b>		
8	6.7	The exercise equipment in the exercise area.
9	6.8	The weekly Chaplaincy induction.
10	6.9	The children's birthday parties arranged by the FCOs and Cross Reach.
11	6.9	The Dundee Rep project.
12	6.10	Visitor Centre training SPS recruits.
13	6.11	The EDA tracker on SharePoint.

### Standard 7 – Transitions from Custody to Life in the Community

- 14 7.3 The delivery of a full timetable of groups and activities supporting recovery for prisoners with an experience of problematic drug misuse. This included a strong partnership with community-based, lived-experience-led organisations. This was supporting successful community integration.
- 15 7.4 Link Centre staff were effectively consulting with short-term prisoners, developing and co-ordinating plans, and working closely with relevant agencies. This collaboration, based on strong relationships with key staff in external agencies was benefitting prisoners in the transition to the community.

### Standard 8 – Organisational Effectiveness

- 16 8.1 The routine sampling of Orderly Room adjudication decisions for any potential bias in relation to particular prisoner groups is commendable and worthy of replication across the prison estate.
- 17 8.3 The statistical information collated by the Business Improvement Manager for the monthly Business Meetings and Quarterly Business Review meetings was of a high standard.
- 18 8.7 The commitment to proactive partnership working with councils and others, and willingness to overcome the challenges involved in employing workers with lived experience of prisons to support those with addictions, was highly commendable.

### Standard 9 – Health and Wellbeing

- 19 9.1 Patients with immediate complex needs, found under the influence or where the reception nurse raised a concern, would be discussed at the multidisciplinary/multi-agency Person of Concern Group (POCG) the following morning (Monday to Friday).
- 20 9.2 The OT service provided a wide range of support for patients across many services. It works closely with patients to improve access to services, supporting transitions to and from HMP Perth. There was clear multidisciplinary engagement with the wider healthcare team and SPS.
- 21 9.8 Patients could be referred to the Pharmacy Team to discuss medication by another member of the Multidisciplinary Team or patients could self-refer.
- 22 9.14 Inspectors saw evidence of good relationships between healthcare staff and SPS.
- 23 9.17 Some healthcare teams had individual processes for seeking feedback from patients following treatment to help influence improvements to individuals' practice.

## Annex C

### Summary of Ratings

Standard/QI	Standard rating/QI rating
<b>Standard 1 – Lawful and Transparent Custody</b>	<b>Satisfactory</b>
QI 1.1	Satisfactory
QI 1.2	Generally Acceptable
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Generally Acceptable
QI 1.7	Satisfactory
QI 1.8	Generally Acceptable
QI 1.9	Satisfactory
<b>Standard 2 – Decency</b>	<b>Generally Acceptable</b>
QI 2.1	Poor
QI 2.2	Satisfactory
QI 2.3	Satisfactory
QI 2.4	Satisfactory
QI 2.5	Generally Acceptable
QI 2.6	Generally Acceptable
<b>Standard 3 – Personal Safety</b>	<b>Satisfactory</b>
QI 3.1	Satisfactory
QI 3.2	Satisfactory
QI 3.3	Satisfactory
QI 3.4	Poor
QI 3.5	Poor
QI 3.6	Satisfactory
QI 3.7	Good

<b>Standard 4 – Effective, Courteous and Humane Exercise of Authority</b>	<b>Satisfactory</b>
QI 4.1	Satisfactory
QI 4.2	Generally Acceptable
QI 4.3	Good
QI 4.4	Good
QI 4.5	Satisfactory
QI 4.6	Satisfactory
QI 4.7	Satisfactory
QI 4.8	Generally Acceptable
QI 4.9	Satisfactory
QI 4.10	Generally Acceptable
<b>Standard 5 – Respect, Autonomy and Protection Against Mistreatment</b>	<b>Generally Acceptable</b>
QI 5.1	Generally Acceptable
QI 5.2	Generally Acceptable
QI 5.3	Satisfactory
QI 5.4	Satisfactory
QI 5.5	Generally Acceptable
QI 5.6	Satisfactory
QI 5.7	Generally Acceptable
QI 5.8	Satisfactory
<b>Standard 6 – Purposeful Activity</b>	<b>Generally Acceptable</b>
QI 6.1	Generally Acceptable
QI 6.2	Poor
QI 6.3	Generally Acceptable
QI 6.4	Poor
QI 6.5	Generally Acceptable
QI 6.6	Generally Acceptable
QI 6.7	Generally Acceptable
QI 6.8	Satisfactory
QI 6.9	Satisfactory
QI 6.10	Satisfactory
QI 6.11	Generally Acceptable
QI 6.12	Satisfactory
QI 6.13	Satisfactory
QI 6.14	Satisfactory
QI 6.15	Satisfactory

<b>Standard 7 – Transitions from Custody to Life in the Community</b>	<b>Satisfactory</b>
QI 7.1	Satisfactory
QI 7.2	Satisfactory
QI 7.3	Generally Acceptable
QI 7.4	Satisfactory
QI 7.5	Satisfactory
<b>Standard 8 – Organisational Effectiveness</b>	<b>Satisfactory</b>
QI 8.1	Generally Acceptable
QI 8.2	Satisfactory
QI 8.3	Good
QI 8.4	Generally Acceptable
QI 8.5	Satisfactory
QI 8.6	Satisfactory
QI 8.7	Good
QI 8.8	Good
<b>Standard 9 – Health and Wellbeing</b>	<b>Generally Acceptable</b>
QI 9.1	Satisfactory
QI 9.2	Generally Acceptable
QI 9.3	Generally Acceptable
QI 9.4	Satisfactory
QI 9.5	Poor
QI 9.6	Poor
QI 9.7	Generally Acceptable
QI 9.8	Generally Acceptable
QI 9.9	Generally Acceptable
QI 9.10	N/A
QI 9.11	Generally Acceptable
QI 9.12	Generally Acceptable
QI 9.13	Generally Acceptable
QI 9.14	Satisfactory
QI 9.15	Generally Acceptable
QI 9.16	Satisfactory
QI 9.17	Satisfactory

## Annex D

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### Inspection Team

**Wendy Sinclair-Gieben**, HMIPS

**Kerry Love**, HMIPS, Standard 1

**Graeme Neill**, HMIPS, Standard 2

**Calum McCarthy**, HMIPS, Standard 3

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**Ann Kivlin**, Education Scotland, Standard 6

**Andrea Macmillan**, Education Scotland, Standard 6

**Jemima Estabrook**, SPS, Standard 6

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**Lindsay Macphee**, Healthcare Improvement Scotland, Standard 9

**Jamie Thomson**, Healthcare Improvement Scotland, Standard 9

**Sam Gluckstein**, Head of NPM, Human Rights Overview



## Annex E

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### Acronyms used in this Report

<b>AAW</b>	Accidents at Work
<b>A&amp;E</b>	Accident and Emergency
<b>BIM</b>	Business Improvement Manager
<b>CCTV</b>	Closed Circuit Television
<b>C&amp;R</b>	Control and Restraint
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CSRA</b>	Cell Sharing Risk Assessment
<b>E&amp;D</b>	Equality and Diversity
<b>ECHR</b>	European Convention on Human Rights
<b>ECR</b>	Electronic Control Room
<b>EDA</b>	Escorted Day Absence
<b>FAN</b>	Fire Action Notice
<b>FCO</b>	Family Contact Officer
<b>FLM</b>	First Line Manager
<b>GIC</b>	Governor-in-Charge
<b>H&amp;S</b>	Health and Safety
<b>HMCIPS</b>	His Majesty's Chief Inspector of Prisons for Scotland
<b>HMIPS</b>	His Majesty's Inspectorate of Prisons for Scotland
<b>HMP</b>	His Majesty's Prison
<b>HQ</b>	Headquarters
<b>ICT</b>	
<b>ICM</b>	Integrated Case Management
<b>ICP</b>	Industrial Cleaning Party
<b>IMU</b>	Intelligence Management Unit
<b>IPM</b>	Independent Prison Monitor
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>MBS</b>	Must be kept separate
<b>MDT</b>	Mandatory Drug Testing
<b>MORS</b>	Management of Offender at Risk due to Substance
<b>NPM</b>	National Preventive Mechanism

<b>OLR</b>	Order for Lifelong Restriction
<b>PANEL</b>	Participation, Accountability, Non-discrimination and Equality, Empowerment, and Legality
<b>PCF</b>	Prisoner Complaint Form
<b>PEEP</b>	Personal Emergency Evacuation Plan
<b>PED</b>	Physical Education Department
<b>PER</b>	Prisoner Escort Record
<b>PIAC</b>	Prison Information Action Committee
<b>PR2</b>	Prisoner Records Version 2
<b>PTI</b>	Physical Training Instructor
<b>OPCAT</b>	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
<b>QI</b>	Quality Indicator
<b>RA</b>	Risk Assessment
<b>RMT</b>	Risk Management Team
<b>RRA</b>	Reception Risk Assessment
<b>SOP</b>	Standard Operating Procedure
<b>SPS</b>	Scottish Prison Service
<b>SPSC</b>	Scottish Prison Service College
<b>SRU</b>	Separation and Reintegration Unit
<b>SSM</b>	Special Security Measures
<b>SSOW</b>	Safe Systems of Work
<b>SVQ</b>	Scottish Vocational Qualification
<b>TDU</b>	Tactical Dog Unit
<b>TOC</b>	Treat as official correspondence
<b>TT</b>	Think Twice
<b>TTM</b>	Talk to Me
<b>UoF</b>	Use of Force

# Evidence Report

## Quality Indicators

### **1.1 Upon arrival all prisoners are assessed regarding their ability to understand and engage with the admission process.**

Rating: Satisfactory

According to the HMIPS pre-inspection survey 52% of prisoners said they were treated well in reception on arrival, with a further 35% reporting being treated neither well nor badly.

The reception at HMP Perth received prisoners directly from local courts in Angus, City of Dundee, Perth and Kinross and the northern part of Fife, as well as from other prison establishments. New admissions tended to arrive once court business had concluded for the day, therefore after 4 pm. This was due to GEOAmev not being resourced to undertake more than one journey per day.

Reception staff were able to talk knowledgably about the admissions process and inspectors were able to observe admissions and returns from court. There was a Standard Operating Procedure (SOP) covering the admissions process and inspectors observed staff following the correct procedures, with PR2 being updated appropriately. All staff were trained in warrant checking and Talk to Me (TTM).

On arrival, prisoners were brought off the GEOAmev van and placed in one of two holding cells, one was used for mainstream and the other for protection prisoners. Once initial checks and searching was completed, the prisoner was taken into a private room to assess their ability to understand and allow them an opportunity to engage in the admissions process, via the Reception Risk Assessment (RRA) form. The officer completed the interviews in a very caring and supportive manner, providing reassurance where necessary, for example when they could expect to receive medication. Inspectors observed some very anxious prisoners visibly start to relax during the interview. All prisoners covered by the RRA were seen by a nurse who was based in reception. Inspectors were pleased to hear that the nurse also saw prisoners that had attended a virtual court, whether or not there had been a change in circumstances. It was also good to see prisoners being offered a phone call to family/friends within the reception area, rather than waiting until they arrived on a hall. Prisoners arriving over mealtime were provided with a sandwich or noodles, not a meal from the kitchen as detailed in the SOP. Inspectors were informed that a food trolley was no longer brought to reception.

Most admissions were processed within the 60-minute timeframe. There were occasional delays in prisoners seeing the reception nurse due to her also providing medications to the Separation and Re-integration Unit and acting as cover for A Hall. However, reception staff reported good relationships and communications were in place to help ensure delays were avoided.

All staff were observed to be friendly, engaging and professional when interacting with prisoners. Inspectors spoke to prisoners who had recently been admitted, which included some foreign nationals, and they were positive about the experience

and the staff working in reception. Inspectors sampled some RRAs and were content they met the required standard.

Reception staff were aware of the availability of translation services, but usage throughout the establishment during the last year was low, with it only being used on 18 occasions. HMP Perth should encourage staff to use translation services where required. A new E&D Co-ordinator had recently taken up post and was meeting with foreign nationals within a day or so of them arriving to offer support. HMIPS were delighted to hear this and hope that translation service usage will improve as a result. Inspectors could not find any information in foreign languages within the reception area, or the descriptive cards or pictograms referred to within the reception SOP.

**Recommendation 1:** HMP Perth should encourage staff to use translation services where necessary, to ensure prisoners fully understand the admissions process.

## **1.2 On admission, all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that enables the prisoner to understand.**

Rating: Generally Acceptable

HMIPS pre-inspection focus groups with a small representation of prisoners heard that there was limited information available on admission to HMP Perth. However, inspectors found that all new admissions were sent to the admissions hall, C2 North, and were provided with a 43-page admissions booklet entitled 'Information for People Living in HMP Perth'. It contained lots of helpful information and inspectors were pleased to see it included how to make a complaint and access the IPM service, and an explanation of the Prisoner Information Action Committees (PIACs) process. There was also a C2 Admissions Pack that contained more information, including the induction programme and the hall regime. They were available in English, Polish and Romanian but would benefit from being translated into more languages. Again, as reported in QI 1.1, staff were aware of translation services, but usage was low and this needs to be addressed. If a prisoner had literacy issues or learning difficulties, staff took them through the information and checked their understanding.

The reception noticeboards contained up-to-date information but would benefit from being reviewed to make them consistent, and the holding cell noticeboards were fairly sparse and could hold more information. There was no information displayed in other languages.

The Link Centre were responsible for carrying out core screen paperwork and it was completed within the 72-hour time limit, either when they attended the Link Centre for national induction, or an officer visited them on the hall. They had recently used translation services for core screen and the national induction and reported it worked well. There was a framework in place to seek British Sign Language assistance if necessary.

There was a peer mentor located in the admissions hall who provided support with recovery, which was excellent. HMP Perth may wish to consider appointing a second peer mentor to support the admission and induction process.

Staff spoken to were not knowledgeable about entitlements for foreign national prisoners when they arrived in custody, for example a phone call to their family and Diplomatic Services. Inspectors were unable to establish who was responsible for ensuring this was offered. Inspectors were advised that the new E&D Co-ordinator may take this on, but she confirmed she did not currently ensure this happened. During feedback to the Governor on this matter, the Governor responded the following day to say that all foreign nationals would now have £10 placed in their account following admission, and monthly thereafter.

Prisoners spoken with were content with the information provided to them during admission.

**Recommendation 2:** HMP Perth should ensure that staff are aware of foreign national prisoner's entitlements on arrival.

**Recommendation 3:** The admission booklet and pack should be available in the most common languages.

### **1.3 Statutory procedures for identification and registration of prisoners are fully complied with.**

Rating: Satisfactory

The Reception Admission SOP covered the identification and registration of prisoners, and reception staff were observed to complete this process as instructed. This included checking the Prisoner Escort Record (PER) and querying any issues/concerns with the escorting staff, completing the seven-point warrant check and confirming the prisoner's identity using the warrant for reference.

The PER should identify any special needs, including risk factors and the RRA provided a further opportunity for this. PR2 was updated as appropriate, and the warrant was passed to the Criminal Desk. See QI 1.7 for more about this process.

As stated previously, staff were aware of translation services, but they had not been used by reception staff in the 12 months prior to the inspection. Staff must be encouraged to use this service when necessary.

### **1.4 All prisoners are classified and this is recorded on the prisoner's electronic record.**

Rating: Satisfactory

All new admissions to the prison were automatically given a high supervision level, and this was reviewed by the hall manager within the first 30 days in custody. The Business Improvement Manager (BIM) produced reports to ensure supervision levels were reviewed at six-monthly intervals.

A Prisoner Supervision System assessment (PSS) should be to be carried out within 72 hours of admission. Within six months the PSS should be reviewed for those serving over 12 months.

**1.5 All prisoners are allocated to a prison or to a location within a prison dependent on their classification, gender, vulnerability, security risk or personal medical condition.**

Rating: Satisfactory

As reported in QI 1.2, all prisoners were initially allocated to the admissions hall, C2 North. There were three accessible cells and inspectors were told this was sufficient.

The intention was that prisoners would stay there for seven days to complete their induction. This was not always the case as reported in QI 1.8. When they were moved on, officers in C2, A1 and B1 were responsible for allocating them to the most appropriate area for their status.

Prisoners had the facility to communicate any needs or concerns during the RRA process.

**1.6 A cell sharing risk assessment is carried out prior to a prisoner's allocation to cellular accommodation.**

Rating: Generally Acceptable

The Reception Team recorded relevant information on PR2 during the admissions process. There were often delays with healthcare markers being recorded by NHS staff due to requirement for it to be approved by a GP. The admissions hall accommodated prisoners with their stated need until the marker was confirmed, but this could be looked at to make the process run smoother.

Cell Sharing Risk Assessments (CSRAs) were being completed as per the SOP process and staff were knowledgeable about the checks required. They were audited by the BIM on a weekly basis and secondary assurance was completed by the Deputy Governor at weekends. The BIM ran a weekly report from business objectives and checked that the CSRAs met the required standard. Any errors were returned to the Hall Manager, copied to Unit Managers and the Deputy Governor and a review date was set. Daily, the BIM chased those that had not been reviewed timeously. The narratives tended to be well written but often did not meet the required standard, so were rejected and returned to the hall for the same reasons. CSRA Desktop Instructions were available, and guidance had been issued to residential staff on more than one occasion. To prevent potential challenges should an incident occur, HMP Perth need to take action to improve narratives to meet the required standard and ensure highlighted issues are actioned timeously.

**Recommendation 4:** HMP Perth should take action to ensure CSRA entries on PR2 meet the required standard.

**1.7 Release and conditional release eligibility dates are calculated correctly and communicated to the prisoner without delay.**

Rating: Satisfactory

There was an SOP available on processing warrants and staff were observed to follow the guidance.

The Control Clerk based in reception entered the warrants onto PR2 every evening and they were taken over to the Criminal Desk by hand the following day and signed for. The Control Clerk calculated the critical dates for convicted warrants that were received on a Friday evening or if the prisoner was close to their liberation date. Otherwise the calculation was done by the Criminal Desk. This was slightly different to the process described in the SOP therefore it needs to be updated.

At the Criminal Desk, one member of staff did the calculation, it was double-checked by a second member of the team and then the team manager completed an assurance check. There were good relationships with the clerks at the relevant courts should staff need to query something. All staff involved were trained in Intermediate Warrant and Sentencing Calculation. However staff reported they could do with more people trained to provide cover for absences. Most warrants did not arrive at the establishment until after 4 pm due to GEOAmey's inability to escort admissions/returning prisoners throughout the day, and virtual courts could also run late. The Criminal Desk staff tended to finish at 4 pm leaving few people to answer warrant related queries.

Prisoners were notified of their critical dates via a slip of paper that was placed in an envelope and sent to the Hall Manager via the internal mail. This was done daily so prisoners were notified of their dates the day after admission.

All paperwork was held securely and there was a retention policy in place.

**1.8 All prisoners attend an induction session as soon as practicable, but no later than one week after arrival, which provides a thorough explanation of how the prison operates and what the prisoners can expect, including their rights and obligations.**

Rating: Generally Acceptable

In the HMIPS pre-inspection survey, 55% of prisoners reported that they were not offered an induction on arrival at the prison, and the small representation of prisoners that attended focus groups reported not being offered any local induction.

Induction was not offered to prisoners if they had been in HMP Perth within the last six months and it was also not compulsory for anyone to attend.

As reported in QI 1.2, every admission was initially placed in the admissions hall where they were provided with an admissions booklet and pack that provided them with the information they needed to understand how the prison was run, their daily routine and entitlements.



In January this year the prison introduced a new induction process. It was introduced by the Head of Offender Outcomes who modelled it on the HMP Castle Huntly induction programme, which inspectors found to be a very good process when HMP Castle Huntly was inspected this time last year. The Perth version was a five-day induction process where staff from other areas of the prison including Family Contact Officers (FCOs), Chaplaincy, Gym and Education arranged for the prisoner to be brought to them for an information session, and it included national induction at the Link Centre. The intention was that prisoners would complete it whilst on the admissions hall during their first seven days in custody. However, the process was being hindered by the admissions hall being overpopulated and some prisoners having to move on before the induction was completed, making it more difficult to co-ordinate and track. The admission hall held a large number of protection prisoners and overspill from the SRU. When you take account of passmen on the hall, this did not leave much space for new arrivals. The hall had 31 cells plus two safer cells, and on the Tuesday of the inspection it held 14 offence protection, three non-offence and 14 mainstream prisoners, three of which were on a rule but could not be accommodated in the SRU.

The Head of Offender Outcomes continued to oversee the process to try to ensure prisoners that moved to another hall before induction was completed were not missed, but she was reliant on staff delivering the induction requesting to see prisoners and hall staff releasing them. She used a spreadsheet to track completion and it was shared between herself and those responsible for delivering the induction sessions.

There was a payment incentive to encourage prisoners to participate and it was recorded in SharePoint if they refused. To improve the success and further improve attendance rates for induction, HMP Perth should review the population held in the admissions area to allow prisoners to complete the induction programme before being moved to another area of the prison.

The prison had a very helpful family induction pack that was issued with prisoner consent. It provided information on how to stay in contact with your relative in prison and useful contact information.

The national induction programme requires to be updated. The information on smoking in prisons is out-of-date and information about PIACs requires to be added.

**Recommendation 5:** HMP Perth should review the population in the admissions hall to allow new admissions to remain there for seven days to complete the induction process.

**Recommendation 6:** SPS HQ should review the national induction slides to ensure they are up-to-date in relation to the smoking policy in Scottish prisons and add information on the PIAC process so that prisoners know how to contribute their views on life in the prison.

**1.9 The procedures for the release of prisoners are implemented effectively with provision for assistance and basic practical arrangements in place.**

Rating: Satisfactory

Staff within the Criminal Desk and Reception were able to clearly explain the liberation processes, and there were SOPs available to guide them through it.

The Criminal Desk prepared and collated all paperwork and monies, and a travel warrant was prepared for every liberation. Liberations were also notified to relevant external agencies. All liberation dates were entered into a liberations book once the date was calculated following admission to the establishment. A liberation scroll was printed off a day in advance of a liberation taking place and checked against the liberation book, the warrant and PR2. The liberation scroll was double checked and signed off by the team manager. If she was on leave there were three Unit Managers able to sign it off.

The Control Clerk collected all completed documentation and money from the Criminal Desk the day before the liberation was due to take place and stored it in a safe in the reception area. They also retrieved any property from the storeroom within reception.

Inspectors observed one liberation during the inspection. The prisoner was searched and asked to confirm everything was in order in relation to his property and then signed the property card to confirm this. He was handed an envelope that contained the conditions of his release. He was then escorted to the front of house where his identification was checked prior to him being permitted to leave the establishment. The prisoner was treated well by reception staff who checked he had everything he needed. PR2 was updated as required.

The prisoner left with his property in two large see through bags. Small green bags made by the tailoring work party were available, but too small for the amount of property being taken out. HMP Perth should look at what they can provide to offer more privacy for prisoner's belongings, particularly if they are using public transport.

There had been one liberation in error within the last 12 months at HMP Perth. The error was explained to inspectors and steps had been put in place to prevent it from happening again.

**2.1 The prison buildings, accommodation and facilities are fit-for-purpose and maintained to an appropriate standard.**

Rating: Poor

HMP Perth was built in 1810 to house prisoners from the Napoleonic war. In 1842 it became a civilian prison and as such is now Scotland's oldest occupied prison. A and B Halls were refurbished in 1997 and C Hall was constructed in 2008. The prison also has a separate Separation and Re-integration Unit. At the time of the inspection the prisons capacity was 660.

There were three main residential areas; A, B and C Hall and each held male prisoners on four levels.

The communal areas in each hall were tidy, clean, well maintained and in a good state of repair. Staff and prisoners reported that they knew how to raise concerns and any faults reported were dealt with quickly by the maintenance staff. Requests were logged by operational staff via the "Agility" maintenance system that graded the requests dependent on urgency. The maintenance programme was viewed and at the time of inspection it was found that year to date (YTD) there had been 2,410 job requests and 282 were outstanding. Of those 282 the inspectors found the oldest to be 16 months old, this was for a non-essential painting job of the link corridor to C Hall.

A number of scheduled maintenance jobs were ongoing or pending including the replacement of the main entrance door, officer alarm system upgrade, and an upgrade to the windows and fire suppressant system in C Hall.

Almost every cell in the prison required to be painted and the Estates Team did not have an ongoing or scheduled painting programme to address this. Inspectors could not find evidence of an established VT painting team or implementation throughout the prison of hall pass men tasked to carry out painting. It was noted however that a pass man on B Hall was doing some painting on the hall landing.

#### A and B Halls

The majority of cells were in a poor state of repair cosmetically. Most required to be painted and some had graffiti damage and staining on the walls. The heating system in the cells consisted of a large diameter heat pipe that ran the width of the cell that could not be individually controlled by occupants. This made living conditions uncomfortable for a large part of the year. The majority of cells in use lacked sufficient natural light and ventilation for fresh air, operational intercoms were working but almost all had no working safes for valuables to be stored.

Cells in both these halls had steel framed beds bolted to the floor, toilets and a sink. The furniture was adequate but tired and the toilets were also showing signs of wear and tear.

In A Hall the cells used for double occupancy varied slightly in size, but all were found to be adequate. The hall had good facilities for the dispersal of medication and for private meetings. There was one safer cell and one accessible cell that was found to be spacious, with wheelchair access and grab rails positioned to provide adequate showering and toileting facilities, but it reflected the remainder of the hall in that it was tired and in need of refurbishment.

In B Hall the cells that were used for double occupancy were very small and cramped. It is HMIPS view that the space available in these cells were unacceptable, therefore inadequate for two people to live comfortably side by side. The average double occupancy cell measured 3.60m x 2.10m, with beds, desks and toilets in place it left a useable floor space for two occupants of 3.60m x 80cm. (See photograph)

There were four safer cells and one accessible cell that was spacious, with wheelchair access and grab rails positioned to provide adequate showering and toileting facilities. As with A Hall the accessible cell reflected the remainder of the hall in that it was tired and in need of refurbishment. The hall had facilities for the dispersal of medication but had no rooms for private meetings.

## C Hall

This hall differed considerably from the other halls as it was much more modern and spacious. It had two safer cells and three accessible cells. The accessible cells were of sufficient size and access to accommodate those of limited mobility, however only one of the cells had grab handles fitted and had a shower. The cells used for double occupancy were found to be of adequate size.

**Recommendation 7:** HMP Perth should undertake a painting programme as most of the cells require refurbishment.

**Recommendation 8:** HMP Perth should carry out a review of the in-cell lockable safes to ensure all prisoners have secure storage for valuable items.

**Recommendation 9:** SPS HQ should reconfigure the small double cells in B Hall so it can only be occupied by one person.

## **2.2 Good levels of cleanliness and hygiene are observed throughout the prison and procedures for the prevention and control of infection are followed. Cleaning materials and adequate time are available to all prisoners to maintain their personal living area to a clean and hygienic standard.**

Rating: Satisfactory

The communal areas of HMP Perth were clean and well maintained. The age of the building, in parts, had signs of wear and tear but this was to be expected and did not impede the running of the prison.

The Industrial Cleaning Party (ICP) was managed by one full-time and two part-time members of staff and had 14 prisoners. They had responsibility for delivering the daily and weekly cleaning programme, responding to all biohazard incidents and deep cleaning requests. Ten members of the ICP were qualified to deal with biohazard incidents and there were sufficient biohazard response kits distributed throughout the prison.

There were 85 pass men with responsibility for cleaning the residential areas. There was sufficient cleaning equipment and materials throughout the prison for all to operate effectively. Prisoners were encouraged to keep their cells tidy and those that were unable were assisted by hall pass men.

It was impressive to find that training records for the 14 ICP prisoners and 85 pass men with cleaning responsibilities produced to inspector were found to be accurate and in order. Staff worked hard to ensure that relevant training records were kept by the prison including biohazard and SVQ qualifications. It should be noted that from November 2022 to May 2023 one prisoner achieved a SVQ group

award and eight prisoners obtained individual SVQs. Both ICP members and pass men spoken to by inspectors confirmed that they had received their training and were confident and knowledgeable when carrying out their work.

The cleaning cupboards on each landing contained a “Quattro” dilution control station used for dispensing concentrated cleaning chemicals simultaneously at the appropriate volume. A lockable steel cabinet had been built to encase the machine for health and safety reasons. The ICP and hall pass men reported that this often prevented them from using the machine properly as they could not use the right chemical mix for the appropriate surface being cleaned. All those spoken to advised that a hatch was required in the door of the cabinet to allow the chemical selector switch to be used.

**Recommendation 10:** HMP Perth should ensure that the steel cabinets housing the “Quattro” cleaning stations are fitted with a hatch to allow access to the chemical selector switch.

**2.3 All prisoners have a bed, mattress and pillow which are in good condition, as well as sufficient bedding issued by the prison or supplied by the prisoner. The bedding is also in good condition, clean and laundered frequently.**

Rating: Satisfactory

The single and bunk beds in all halls were of heavy steel construction and most in A and B hall were in need of a coat of paint. Mattresses were adequate and similar to those found in Scottish prisons, with some prisoners having more than one to aid comfort. There was a good supply held by the prison and the process for replacements seemed effective and understood by all.

No prisoners were seen by inspectors to have their own personal bedding. All towels and bedding, including duvets and pillows, were found to be in good order and in plentiful supply. See Recommendation under QI 2.5 regarding supply. The prison laundry had a very effective process in place that automatically replaced any towels or bedding that were worn or damaged when it passed through the laundry.

**2.4 A range of toiletries and personal hygiene materials are available to all prisoners to allow them to maintain their sense of personal identity and self-respect. All prisoners also have access to washing and toileting facilities that are either freely available to them or readily available on request.**

Rating: Satisfactory

The prisoner survey found that half of respondents said that they get all the toiletries they need from the canteen, while seven percent said that everything they needed is provided by the prison. Just over one in ten (12%) said they cannot access all the toiletries that they need.

In contrast to the survey findings, inspectors found there to be a plentiful supply of toothpaste, toothbrushes, shampoo, soap and shaving equipment held on each hall

for use by prisoners. If one landing was short on any item staff knew to obtain more from another hall.

The shower in the gymnasium for use by people with disabilities had not been available for use for some time due to the privacy shower curtain being missing.

On all the halls prisoners shared showers and these shared facilities were found to be plentiful, in good condition and clean throughout the prison. Whilst shared showering facilities are not desirable, it is understood that HMP Perth were not in a position to address this at the time of the inspection.

Towels were laundered regularly, and whilst it was challenging to restrict the numbers retained by prisoners plenty were found to be in stock.

**Recommendation 11:** HMP Perth should ensure that the shower for the use of people with disabilities located in the gym is fitted with a curtain to provide privacy.

**2.5 All prisoners have supplied to them or are able to obtain for themselves a range of clothing suitable for the activities they undertake. The clothes available to them are in good condition and allow them to maintain a sense of personal identity and self-respect. Clothing can be regularly laundered.**

Rating: Generally Acceptable

The prison did not provide any form of waterproof clothing with an orange fleece issued as the only form of outdoor clothing.

It was found that generally there was an uneven distribution of towels, clothing and bedding between the halls. Inspectors found that there was a breakdown in communication between some of the halls and the laundry store due to some hall staff being unsure who had responsibility for requests. It was found that the main store held a plentiful supply of most items that were not on the halls as they had not been requested.

The prison laundry system worked well and appeared very efficient. Laundry services operated weekdays with uplifts in the residential areas arranged by pass men in the morning and returned by late afternoon. The laundry bags were tagged with an individual number placed against the prisoner's name, each residential area with its own coloured tag and there was no evidence that laundry regularly went missing.

Bedding was changed once a week and towels were exchanged twice a week. Work wear and personal items could be sent for cleaning at any time. Biohazard items were placed in a coloured laundry bag to advise staff and ensure an individual wash cycle, this was used for soiled items and conditions such as scabies, ringworm and other infectious diseases.

The laundry itself was found to be spacious clean and well equipped. Staff informed inspectors that the washing and drying machines had been recently serviced and as

they were approaching 10 years old were possibly due for replacement. At the time of inspection there were 26 prisoners employed in the laundry and it was good to find that all the training records were in place and up-to-date. There were 12 laundry pass men working on the halls, they too had been trained and accurate records kept. All prisoners involved in the laundry process spoken to by inspectors reported that they were confident and well supported in their role.

The prisoner survey reflected the inspection findings, with most respondents (95%) saying they were able to have their clothes washed at least once a week.

**Recommendation 12:** HMP Perth staff should be reminded of the process to request additional clothing and bedding.

**2.6 The meals served to prisoners are nutritionally sufficient, well balanced, varied, served at the appropriate temperature and well presented. Meals also conform to their dietary needs, cultural or religious norms.**

Rating: Generally Acceptable

The prisoner survey found that overall, respondents were relatively negative about the quality of food available, with 74% rating its quality as quite bad or very bad. Only 33% of respondents reported always or usually getting enough to eat at mealtimes, while 36% reported rarely or never getting enough to eat.

The kitchen at HMP Perth was built in 2006 and was fit-for-purpose with sufficient storage, preparation and servery space. It was identified however that its location within the prison estate was not conducive to servicing the residential halls. The journey for the 13 heated trolleys moving from the kitchen to the hall pantries was lengthy and challenging. The trollies appeared to be constructed for use on smooth internal floor surfaces and were not suitable for use on the uneven, rough concrete floors of the walkways between the halls. Inspectors witnessed the doors opening and items falling from the top of the trollies due to excessive vibration. Staff and prisoners reported that this vibration caused spillages inside the trollies and damage to the internal heating elements.

All foodstuffs used in the preparation of prisoner's meals were found to be stored in proper conditions and at the correct temperature. All ingredients were found to be in date and of good quality. All meat purchased by the prison was Halal with the exception of sliced sausage which was prepared in a separate area of the kitchen to prevent cross contamination. Overall cleanliness of the kitchen and storage areas were good but when the weekly and daily kitchen cleaning schedules were viewed there was no evidence that a record was kept of when these were done and by who.

The flooring of the kitchen was a resin type construction and was badly stained and very dirty in appearance. It was reported that many types of cleaning agents had been used but nothing improved its appearance. It was noted that the rubber sealant on the floor joins and edges had started to fail in places.

At the time of inspection there were 19 prisoners working in the kitchen. Training records were examined, and it was found that only eight had received basic

induction covering hygiene and kitchen orientation. All staff were seen to be wearing PPE during the preparation of meals.

The catering staff had to provide food for 17 prisoners who were following cultural, religious or medical dietary requirements, and there was a good process in place to meet their needs. Prisoners with health concerns that demanded a more substantial menu adjustment required to be the subject of a referral by the NHS.

Inspectors were informed that during the weeks approaching Ramadan staff froze freshly made food such as curries and chilli to provide a variety of meals over the period for those who observe it. A flask was made available allowing prisoners to manage their own daily food intake at a time of their choosing.

Meals at HMP Perth were rotated every three weeks and it was good to see there were separate vegan and halal menus. There was a winter and summer menu option, however in late May the winter menu was still in use and was not due to be changed until June, and the winter menu had been introduced in December. Inspectors deemed this to be quite late. Kosher meals were supplied daily from an external source.

There was no process in place to inform prisoners of allergy ingredients and calorific or nutritional values of their food. An allergy information sheet was held by the kitchen but was not seen to be effectively shared with the prisoners to allow them to make an informed safe choice for their meals.

Inspectors examined the daily menu choices and found it to be in line with other prisons. Generally breakfast provided around 300 kcals, lunch around 400/600 kcals and dinner 700/800 kcals, with additional canteen options also available on each hall. The recommended daily intake for an adult of around 2000 kcals a day could be easily met. It was seen that through choice; a prisoner could exceed their daily kcal intake by making poor and unhealthy meal choices but could also meet this intake through healthier options. In the absence of any legislative or national guidance on what food prisoners must be provided with, this was deemed to be satisfactory.

The prison had access to the “Saffron” catering management software and used it to upload and manage their menu choices. It did not however document the calorific, nutritional or allergen information for communicating to the prisoners. Menu choices were decided locally by the kitchen staff and not based on any input by a professional nutritionist to provide evidence-based information and guidance on the impact of meals on the health and wellbeing of prisoners.

The Scottish Government’s [Diet and Healthy Weight Delivery Plan](#) sets out how to work with partners in the public and private sector, to help people make healthier choices about food and significantly reduce diet-related health inequalities.

As the “Saffron system” has a range of functionality and is available to all SPS prisons, the SPS should consider using nutritionists and dietitians to create a wide-ranging and varied menu and populate the system centrally. This would ensure



the nutritional care of all prisoners is considered and can be easily evidenced, this would promote health and help to prevent nutrition related diseases.

Once uploaded, each prison would be able to choose from this list on Saffron to populate their own local menus, safe in the knowledge that each meal was created centrally displaying clear calorific, nutritional and allergen information, created and approved by nutritionists and dietitians. Further investigation by the inspectors found that the SPS did not have resources in place for maintenance or routine administration of the Saffron system and may therefore struggle implementing this recommendation.

At the time of the inspection the prison had started to provide food for theme nights and cultural events after a suspension during the COVID-19 restrictions. A food focus group had been held prior to the inspection to allow prisoner engagement on menu choices and for their opinions to be considered.

A number of the hall pantries were observed and the majority, but not all, used heat probes to confirm the temperature of food before serving. All pantry men were seen to be wearing whites and gloves whilst serving food and were supervised by a member of staff to help ensure the control of portion sizes. It was noted however in the majority of cases that cross-contamination was evident with pantry men using their hands instead of utensils to handle different types of food.

It was also noted that there were no trays available for prisoners to carry their food from the pantry. Many were seen to be struggling to hold bread rolls under their arms and balance a plate of food and a bowl of hot soup whilst negotiating a flight of stairs.

**Recommendation 13:** HMP Perth catering department should keep records to show that cleaning schedules have been adhered to.

**Recommendation 14:** HMP Perth should ensure that the seals and joints of the kitchen floor are repaired.

**Recommendation 15:** HMP Perth should ensure that all prisoners working in the kitchen are provided with basic induction training as a matter of urgency.

**Recommendation 16:** SPS HQ should allocate resources to maintain and administer the “Saffron” catering management software, to allow it to hold a central menu of varied meals created and approved by nutritionists and dietitians for all SPS prisons to populate local menus.

**Recommendation 17:** HMP Perth should ensure that all prisoners working in the pantries use the utensils provided to prevent cross-contamination and heat probes should be used at all times.

**Recommendation 18:** HMP Perth should ensure that there are trays provided at each pantry for prisoners to use to carry their food.

### **3.1 The prison implements thorough and compassionate practices to identify and care for those at risk of suicide or self-harm.**

Rating: Satisfactory

Throughout the prison, staff evidenced a very good understanding of the Talk to Me (TTM) Policy.

A Reception Risk Assessment (RRA) was carried out as per the policy, including for those returning from parole interviews and child hearings, which was an improvement from our findings in 2018. The Reception First Line Manager (FLM) carried out the correct assurance process.

As reported in Standard 1, new admissions were interviewed in an office which offered privacy. Those returning from court were initially asked if they had any issues that day in court at the reception desk, and although not in an office was out of hearing of other prisoners. Where there were issues identified prisoners would be spoken to in more depth in an office. During observations and feedback it was clear that staff treated people sensitively and appropriately with consideration to their individuality. During the file reviews it was observed that a number of prisoners had been placed on TTM from reception.

On the day this QI was inspected there were 11 prisoners on TTM. Seven live files were sampled, and three prisoners spoken to. In general the files were very good. Staff were knowledgeable about the prisoners under their care which was reiterated by good narratives in the care plans inspectors looked at.

All files were kept in a confidential manner in keeping with information security. The only issue observed was that where the paperwork asked to identify the responsible person and role all files had 'all staff.' The care plan report should identify the person and their role as per the Care Plan Report Guidance in the TTM case file booklet.

Prisoners spoken to reported that they had been well treated and felt that they had a say in their management. Where families had not been invited, inspectors confirmed with the prisoner that they had been asked.

Checklists ensuring core actions when dealing with those on TTM were visible either in the office or in the case file folder. This was an example of good practice.

Due to the numbers on TTM, no closed files were sampled but inspectors analysed the audit process. A new role 'Health and Wellbeing' had been introduced to ensure compliance with the TTM policy. There was a good audit process in place, with all closed files being audited and a spread sheet recording the reasons for incomplete files and the actions taken to rectify the issues. There was some improvement since the new role was introduced but there was still some work to be done in ensure complete compliance.

Seventy-nine percent of staff were trained in TTM. This was not at the compliant level, but the prison was dealing with the back log due to COVID-19.

Posters advertising the Samaritans were evident at specific areas of the establishment, for example, next to hall phones.

Safer cells were clean and well-maintained and there appeared to be good access to appropriate safer clothing.

**Recommendation 19:** HMP Perth should ensure that within the care plan report a staff members name and role is identified and not noted as 'all staff'.

**Good practice 1:** Checklists ensuring core actions when dealing with those on TTM were visible either in the office or in the case file folder.

### **3.2 The prison takes particular care of prisoners whose appearance, behaviour, background or circumstances leave them at a heightened risk of harm or abuse from others.**

Rating: Satisfactory

Inspectors observed good evidence of a robust admission process that ensured, as best as possible, that those entering the prison were kept safe. Staff showed a good level of understanding on the importance of identifying and dealing with those that appeared vulnerable, either through circumstance, sentence or personal issues from within or out with of the prison. Warrants and PERs were checked for any evidence that suggested additional support was required. Protection prisoners were held in a separate holding room on admission.

Those that had enemies could request protection at any time and there was a process in place to ensure their safety. Inspectors spoke to this prisoner group and in general they felt safe, although some prisoners gave examples where they had met mainstream prisoners and altercations had taken place. However this was down to poor communication between staff rather than intentional.

To take care of those with vulnerabilities, it is vital that staff engage at an early stage. Staff were visible in the halls, although in some areas the grill gates were shut which reduced staff/prisoner engagement. When questioned staff were able to articulate what to watch out for when someone was at risk and were able to explain the process they would follow to keep that person safe. There were some good examples of staff assisting those requiring more individual care, particularly those with medical conditions.

HMP Perth had a high number of prisoners on Management of Offender at Risk due to Substance (MORS). Staff evidenced a good understanding of the policy, and it was managed well.

There were live examples where prisoners were dealt with on an individual basis where they required privacy to deal with their medical needs.

**3.3 Potential risk factors are analysed, understood and acted upon to minimise situations that are known to increase the risk of subversive, aggressive or violent behaviour. Additionally, staff are proactive in lowering such risks through their behaviours, attitudes and actions.**

Rating: Satisfactory

HMP Perth analysed potential risks of subversive, aggressive or violent behaviour through a number of meetings. The Intelligence Management Unit (IMU) reported that they received a high number of intel reports which staff should be commended for. This generated large amounts of information that the prison was able to act upon.

The Tactical Tasking and Co-ordination Group met regularly and looked at the trend analysis developed by the IMU regarding violence and subversive behaviour. Plans were put in place to reduce the risk to the prison and those they looked after. An example of this was the work carried out to correlate the incidents of MORS and acts of violence, to put in place action plans to minimise violence where large incidents of MORS took place. HMP Perth was experiencing large numbers of prisoners being placed on MORS, with February 2023 being the highest recorded in the last 12 months. This indicates that the prison had problems with the introduction of illicit substances, but they are utilising a number of strategies to counter this.

The Violence Reduction Strategy met monthly. It was chaired by the Head of Operations with the aim of creating a safe environment for those in HMP Perth. They had a standing agenda that looked at all aspects of subversive and violent incidents.

Prisoners identified as Must be Kept Separate (MBS) and enemies were highlighted to all staff via PR2, which enabled them to minimise contact between those requiring to be separated at all times.

**3.4 Any allegation or incident of bullying, intimidation or harassment is taken seriously and investigated. Any person found to be responsible for an incident of bullying, intimidation or harassment is appropriately reprimanded and supported in changing their behaviour.**

Rating: Poor

In 2018 the full inspection report commented that “it remains uncertain how the new SPS anti-bullying approach ‘Think Twice’ will be implemented .... local management should ensure that staff training and prisoner awareness in relation to think twice is instigated as soon as possible”.

It was disappointing to note that only 31 staff had been trained since 2021 with the majority trained as recently as March 2023. Therefore staff awareness and the use of ‘Think Twice’ (TT) was limited. Although most staff had knowledge of TT they were unable to explain the process. There was an SOP on TT, but it did not appear to be widely used. There was very little evidence of a formal process being followed and a more ad hoc approach was being used.

There was no evidence of any recognised reporting method, which is submission of Subject of Bullying Reports, with most staff using the intelligence reporting process. There were no records of those that had been challenged for bullying behaviour or for victims. The only place this could be found was on PR2 under risk and conditions. Therefore it was not easy to identify anyone that could be interviewed who had been challenged or supported in this process.

When analysing bullying within the prison, it would be helpful if there was a recording system that was easily accessible to all staff to allow them to quickly identify anyone on the policy and the actions required.

Staff had a good awareness of risk factors that could lead to this type of behaviour. Staff explained what they would do if they recognised bullying had taken place. In most cases they would challenge the bully while being aware not to highlight the victim. Mostly, but not always, FLMs stated that they would move the bully rather than the victim. In order to investigate any such behaviour, the person would be placed on Rule 95. Under the TT policy, Rule 95 should only be used where the behaviour was defined as an assault, or at the final stage when the reasons for the bullying have been explored following the persons showing bullying behaviour flow chart. By following the TT policy this could be avoided and the bullying behaviour dealt with at a lower level. FLMs also cited that mediation would be used in some circumstances but there was no evidence to triangulate this.

It was pleasing however that TT posters and leaflets were available, but this must go hand in hand with following the policy.

**Recommendation 20:** HMP Perth should ensure the Think Twice Policy is adhered to and that training is given to all staff so they can support those affected by bullying and intimidation.

### **3.5 The victims of bullying or harassment are offered support and assistance.**

Rating: Poor

As stated in QI 3.4 it was difficult to establish where the victims of bullying or harassment had been offered support. With no formal tracking process and the limited use of TT, a conclusion was difficult.

In discussion with the IMU, Head of Operations and staff and FLMs, there did seem to be strategies in place when this type of behaviour was identified, particularly through intelligence reports. But again, on most occasions, dealing with this type of behaviour was adhoc.

The HMIPS pre-inspection survey highlighted that 61% of prisoners felt safe most or all of the time, with 20% reporting feeling unsafe some of the time. The survey highlighted concerns around staff behaviours, mostly verbal abuse at 23%. This was reinforced by some prisoners attending the focus groups where they reported that a minority of staff used derogatory language towards them. However, overall the focus groups reported that generally staff and prisoner relationships were positive. This

was also the view of the inspectors who considered the prison to be a safe environment with staff and prisoners getting on well.

Although not tested FLMs reported that in most cases, if bullying was reported, they would support the victim by firstly looking at mediation and move the perpetrator or place them on Rule 95 if appropriate, but this was not always the case. It appeared that placing a victim on protection or to another area of the prison was a common approach, which is not in line with the TT policy.

For those experiencing some type of bullying or harassment, the pre-inspection survey indicated that 29% had experience some form of physical abuse. Seventy-eight percent said they would not report it to staff which suggested prisoners were not confident in staff dealing with this type of behaviour.

There is a need to have a more formal approach to victimisation and the recommendation in QI 3.4 addresses this.

**3.6 Systems are in place throughout the prison to ensure that a proportionate and rapid response can be made to any emergency threat to safety or life. This includes emergency means of communication and alarms, which are regularly tested, and a set of plans for managing emergencies and unpredictable events. Staff are adequately trained in the roles they must adopt according to these plans and protocols.**

Rating: Satisfactory

HMP Perth had a suite of SOPs and contingency plans to respond to a variety of threats to safety or life, and they were available on SharePoint. SOPs range from ambulance access and egress to staff alarm response. The prison undertakes training to ensure staff are competent in a variety of measures to keep people safe, including response to code blue/red, the use of crash packs and fire response.

There were a suite of contingencies plans in place to cover most eventualities. They were tested throughout the year, through tactical decision-making exercises, games or local incident management training.

The command room was regularly tested to ensure operational readiness and staff were invited up to see what it would look like.

Staff were knowledgeable about how to respond when a personal alarm was activated, and the alarms and radios were tested weekly. Radio and Alarm training was delivered by Access/Egress Manager to all Ops/Non ops staff. With the records kept on SharePoint. It was reported that the alarms had come to the end of their life cycle and new alarms will be in place by the end of the summer. Where an incident had taken place and an alarm had failed to activate, it was investigated immediately.

All incidents were reviewed by the head of operations. Both good practice and areas of improvement were fed back to the staff involved with a view to improving practices.

The Learning and Development Manager confirmed that the establishment was in a good position for operational readiness in the event of an incident. The roles to deal with a high-level incident were adequately covered.

### **3.7 The requirements of Health and Safety legislation are observed throughout the prison.**

Rating: Good

HMP Perth had an impressive approach to Health and Safety (H&S) and took it extremely seriously. The prison's intent and commitment to keeping those that live and work in the prison safe is evidenced through the prisons H&S policy, which is reviewed annually. This document outlined all aspects of H&S including information on areas of responsibly, accident reporting, emergency procedures and guidance for staff.

The H&S Co-ordinator was extremely knowledgeable and in full control of all aspects of H&S within the prison. H&S meetings were held quarterly and included a presentation from the H&S Co-ordinator covering all aspects of H&S. There was also a tracker in place to record progress of actions. Minutes of the meeting could be found on SharePoint. This is an improvement from our findings in 2018.

A comprehensive audit timetable was in place with monthly FLM H&S inspections (normally carried out by a FLM from another area), quarterly Senior Manager H&S inspections and joint GIC/H&S rep inspections. The prison audited more than what was required by the SPS which was good practice. All findings were recorded on the HMP Perth H&S SharePoint Site. Reports and actions were notified to the appropriate areas with a return to the H&S Co-ordinator. Any outstanding actions were escalated to the SMT. The H&S Co-ordinator kept all staff updated with any changes through e-mails and meeting minutes.

An area highlighted by the GIC in January 2023 was the lack of Fire Action Notices (FAN) in each cell. Inspectors sampled some cells in all areas and found that most had FANs, although some were damaged. For those that do not read English, FANs were held in Reception and given out where appropriate.

An example of good working practices was a recent First Aid Needs Assessment completed in a multi-disciplinary approach. This was a comprehensive assessment that highlighted the level of first aid cover and accident history first aid equipment, including locations of the defibrillators. The report highlighted training requirements for first aid, etc. One observation was that not all operations staff were competent in emergency first aid and the prison is therefore not compliant with GMA 020a/19. Importantly all night shift staff were trained.

The H&S Co-ordinator held a comprehensive suite of Safe Systems of Work (SSOW) and Risk Assessments (RAs). All protocols and guidance for H&S and fire safety could not be accessed by staff on the HMP Perth H&S site.

A good example of how the H&S Co-ordinator can contribute to improvement was a recent SSOW carried out in new life skills and construction academy. The

H&S Co-ordinator met with the Life Skills Officer to ensure that all H&S requirements were met, and work practices were within the scope of H&S and fire regulations. In setting up the construction academy in partnership with a local construction company, the H&S Co-ordinator liaised with the company to ensure best practice and adherence to H&S regulations were in place prior to opening.

Where there were Accidents at Work (AAW), paperwork and guidance were sent to the appropriate FLM with a return date, and the H&S Co-ordinator followed up with advice where required. It was interesting to note that the minutes from the H&S meeting in March 2023 reported that there had been a 53% decrease in AAW from the previous year, compared to the previous year 2021-22.

For those with mobility issues the Personal Emergency Evacuation Plans (PEEPs) register could be found in the relevant areas and on SharePoint so that staff could assist them during evacuation.

**Good Practice 2:** The H&S Co-ordinator ensures that the auditing of H&S and Fire Safety within the prison is carried out more regularly than required.

**Good Practice 3:** Audits are undertaken by managers from another area.

#### **4.1 Force or physical restraints are only used when necessary and strictly in accordance with the law.**

Rating: Satisfactory

Use of Force (UoF) was undertaken within HMP Perth was in line with SPS Rule 91 of the Prisons and Young Offenders Institution (Scotland) Rule 2011 and Standard Operation Procedures Use of Force.

Use of force was not observed during the inspection. All UoF forms were checked and signed by the Head of Operations or the Operations Unit Manager and located within the IMU. Narratives and explanations of removal were of a good quality and level of detail.

All instances of UoF were stored within the IMU and recorded on the IMU database. IMU follow the guidelines for retention purposes. A random sample of UoF forms were checked. All indicated the appropriate level of force was used and there was good evidence of removals being carried out using 'come along holds' by de-escalation. There was a lack of evidence where a planned removal took place, it was recorded. There was no evidence of rigid cuffs being used. Staff had received the appropriate training but chose not to use them. This being a safer option for removals. There was good evidence of the Head of Operations requesting an update to the forms from staff if the information did not meet the requirement and the IMU noting information from the form on PR2.

The Security Unit stored all camera evidence and productions relating to incidents. There was good evidence of storage and destruction of evidence within the Unit.

There was good evidence of all instances of violence being reviewed and monitored through a Violence Reduction monthly meeting. The meeting was attended by the



Head of Operation, Governor, Deputy Governor, Unit Managers and IMU staff. All violent incidents were reviewed by the FLM and Duty Manager, documentation was prepared and submitted to the IMU for the meeting. There was good evidence on the completion of this paperwork, out of fifteen incidents five were reviewed and the evidence and investigation were completed to a good standard.

C&R training compliance at the time of the inspection was 76% with PPT at 63%. The prison had a training plan that included C&R and PPT. C&R was scheduled on a weekly basis which should increase competency levels.

There was evidence of areas of good practice within the observation of this QI, such as good processes and auditing. However the lack of use of cameras during removals and use of rigid cuffs lowered the rating.

**Good Practice 4:** Good processing and auditing of UoF Forms with IMU uploading intelligence information to PR2.

**Good Practice 5:** Monthly Violence reduction Meeting discussing cases of violence with actions to improve safety and security from incidents of violence.

**Recommendation 21:** HMP Perth should encourage staff to use rigid Cuffs during removals as a safer option.

**4.2 Powers to confine prisoners to their cell, to segregate them or limit their opportunities to associate with others are exercised appropriately, and their management is affected, with humanity and in accordance with the law. The focus is on reintegration as well as the continuing need for access to regime and social contact.**

Rating: Generally Acceptable

HMP Perth SRU had 16 cells, 14 cells were used regularly, one was used as a safer cell and the other was used to provide accommodation for those who were managed on 24 hours observation. At the time of the inspection there were thirteen prisoners held in the SRU. Ten were held under Rule 95 conditions, two held under RRC conditions and one being held under Rule 41 conditions.

The area had recently been painted, it was clean and professionally managed.

Staffing within the SRU was three plus an FLM working a dayshift. SRU staff covered their own lunch patrol and evening patrol was covered by the operations group.

All case files were noted on PR2 with no hard copies available within the SRU. The files held self-representations made by prisoners, case conference minutes and appropriate approval of the rule. Each case had activities identified for the prisoners within the area. Inspectors were informed that prisoners they were trying to reintegrate had access to the education department, visits in the main visit room and the main gymnasium.

Inspector observed a Rule 95(11) case conference being held chaired by a Unit Manager. The discussion focused on the reason the prisoners was located within

the SRU. There was no reference to his management plan, access to activities or his next location. Nobody from the NHS was in attendance.

Each prisoner was visited on a weekly basis by a GP, which was seen as good practice. They were also visited by their personal officer on a fortnightly basis, with checks in place to ensure this took place. PR2 was updated by the personal officer following the discussion. Prisoners had copies of their case conference minutes.

There was good evidence of each prisoner having a local Risk Assessment conducted within 24 hours of entering the SRU, and each prisoner was issued with an information pack. The SRU FLM provided evidence of a Management Plan Document which was of good standard.

The Deputy Governor and Head of Residential attended the monthly Prisoner Monitoring and Assurance Group meetings, where those serving three months or more within an SRU were discussed. The purpose was to support the movement of prisoners who were less able to be re-integrated into mainstream circulation within HMP Perth.

There was a full detailed handover in place from shift-to-shift covering all aspects of the SRU including staffing, visits, transfers in and out and detail of activities undertaken by individuals, time in fresh air, access to gymnasium and telephone use.

There were cases of prisoners being held on Rule 95 within the residential function and each had authority to be held on Rule 95.

**Recommendation 22:** HMP Perth should ensure that there is the correct cover for SRU staff during lunch to ensure staff compliment is maintained.

**Recommendation 23:** Perth and Kinross HSCP should ensure that there is a representative from NHS at every Rule 95 case conference.

**Recommendation 24:** HMP Perth should ensure that management plans are discussed and considered at each case conference.

**Recommendation 25:** HMP Perth should put in place the Management Plan documentation for those being managed on Rule 95.

#### **4.3 The prison disciplinary system is used appropriately and in accordance with the law.**

Rating: Good

Disciplinary hearings were held in the FLM office in each residential area and the SRU. During this inspection they were observed on A, B and C Hall.

The rooms were adequately sized to hold the orderly rooms and had two attending officers. The Unit Manager completed the scribing. All orderly rooms were decided by a Unit Manager who gave assurance and a clear overview to the prisoner of the process, confirming their understanding. The Unit Manager fully understood the process and was given the paperwork at the start of each orderly room.

There was a misconduct report sheet available in each area and an audit of the orderly room paperwork was completed. There was good, detailed information within each section of the paperwork. Paperwork was stored securely within the prisoners warrant file.

Unit Managers were mindful of the individual, ensuring the process was individualised and person centred. The Unit Manager ensured the prisoner understood the charge and their rights and gave them an opportunity to enter any mitigation. Where a punishment was the outcome, the Unit Manager considered behaviours and mitigation. Four out of six orderly room were suspended punishments. Unit Managers were supportive in their outcomes and ensured further referrals to other resources were made.

A copy of the Orderly Room guidance was available in each hall for prisoners and staff to read if required. The appeal process was explained at the time of the orderly room outcome.

**Good Practice 6:** Inspectors observed Adjudicators conduct the orderly room process, making it a person-centred approach, offering support, guidance, and opportunities to change, and allowing them time to achieve this by suspending punishments.

#### **4.4 Powers to impose enhanced security measures on a prisoner are exercised appropriately and in accordance with the law.**

Rating: Good

At the time of the inspection there was one prisoner on Special Security Measures (SSM) within the establishment. The Head of Operations had a good knowledge and understanding of the process and the prisoner.

All documentation and the escaper booked was inspected. The escaper book was carried by a member of staff allocated to that role at the start of each shift. They were responsible for signing, completing and conducting observations.

Staff evidenced an understanding of SSM and had been emailed a copy of the relevant paperwork. However a member of staff spoken did not have a hard copy on the hall to reference. The ECR had evidence of the movement of the prisoner and could explain the stopping of movements and radio contact between areas when the prisoner had been located. Other areas in which the prisoner moved to were aware of the measures and actions to be taken. Overnight CCTV coverage of the cell in which individual was located is available.

The prisoner confirmed they understood the SSM in force and had been given the opportunity to read, sign and write a self-representation.

A daily security assurance check sheet was completed by FLMs in each area and a Movement Log completed on each movement by ECR staff. The Duty Manager signed them daily.

**Good Practice 7:** Robust processes in place to ensure safe monitoring of CCTV and written documentation to support the safe keeping of those on SSMs.

#### **4.5 The law concerning the searching of prisoners and their property is implemented thoroughly.**

Rating: Satisfactory

HMP Perth had several types of SOPs to support different types of searching including cell, rubdown, body vehicle and area. These SOPs were detailed and supported staff in carrying out the appropriate search.

Inspectors observed a cell search, and reception searches on admission, transfers, and liberation. Each search was carried out by two staff in accordance with searching guidance. Forty-three percent of those surveyed reported never being given an explanation of why they were searched, and we would urge the prison that all prisoners are informed prior to a search taking place.

The establishment had a process in place to ensure compliance with searching. This was managed through the Security FLM who had responsibility for searches being undertaken within the quarterly period.

PR2 confirmed searches were carried as per SOP OPS 302, the SOP contained good instructions to support staff in both rubdown and body searching. There were fully equipped search boxes within the establishment that could be moved between areas to resource a search being carried out.

On checking PR2 and paperwork some searches were not logged within the period.

There was evidence of regular use of the Tactical Dog Unit (TDU) within HMP Perth to support staff, cell, and area searches. During the inspection, the TDU carried all of these searches.

On admission to reception all prisoners were searched and asked to walk past the cell sense. Reception also had a handheld metal detector available if required.

Route movement was observed and all prisoners moving from one area to another were rubdown searched and instructed to walk between the cell sense. It was noted that the walk-through metal detector in the activities area was not working, as a part had been removed and placed in another detector. However, cell sense was in place alongside an FLM using a handheld metal detector.

**4.6 Prisoners' personal property and cash are recorded and, where appropriate, stored. The systems for regulating prisoners' access to their own money and property allow for the exercise of personal choice.**

Rating: Satisfactory

Inspectors followed the process for receiving, recording and storage of prisoners personal and valuable property and cash.

On admission to HMP Perth, prisoners had their property checked and it was then logged onto their own individual property cards. Valuables were logged and placed into a sealed bag. The seal number was then logged on the property card and valuables were stored in a locked cabinet within the Reception FLMs office. Keys to this cabinet were stored in a safe within the FLM office. Prisoner checked the property card and signed for all items. There was detailed information available listing items that were allowed in use, on their rack or in a sealed bag in storage.

Prisoners were permitted personal clothing and valuables as per the articles in use list. They had the opportunity to place a request to have items posted in. The process was that they complete a request pro-forma and are issued with a specific number. The proforma and number was then sent to the family who posted in the parcel. If the parcel did not have the specific number on it, the prisoner was informed they could not receive the parcel and it was posted back to the sender. In some cases, the parcel would be opened and issued at the unit manager authority. No parcels were permitted to be handed in at the vestibule during a visit or any other time of the day which was impacting on cost for families.

At the time of the inspection, HMP Perth not allowing families or friends to hand in property reflected the practices of approximately one third of Scotland's prisons. SPS HQ should ensure consistent practice nationally, by instructing all prisons to allow the handing in of property, as was the process pre COVID-19.

All clothing posted in went through the vestibule area. It was checked on the database to ensure it had the correct allocated number and was x-rayed. It was then taken to the mail room where it was x-rayed again and then processed by reception. When the inspector looked at this process, the property had been in the mail room since the previous day and had not been picked up by the reception staff for processing.

All clothing received was sent laundered and footwear was sent to the security office to be swabbed for illicit substances prior to issuing.

The pre-inspection survey advised that 53% of respondents felt that accessing personal property in HMP Perth worked badly. However, during the inspection it was observed that prisoners were being taken to reception to exchange, uplift or return property. HMP Perth may wish to look into why prisoners have formed this opinion. Property not in use was stored on racks or in boxes split over three storerooms. There was a large quantity of excess property that prisoners could swap other items for. Property left behind was kept for three months before destroying.

Prisoners had access to personal cash at various times of the week depending on the area they were located. Convicted prisoners once per week and untried twice per week.

**Recommendation 26:** Families/friends should be permitted to hand in property at the vestibule to save on postage costs.

**4.7 The risk assessment procedure for any prisoner leaving the prison under escort is thorough and implemented appropriately. Any restraint imposed upon the prisoner is the minimum required for the risk presented.**

Rating: Satisfactory

Inspectors observed prisoners leaving and returning to reception under escort. The escort provider GEOAmev escorted the majority of the prisoners.

The Control FLM was responsible for overseeing the prisoner escort process. They checked all Prisoner Escort Forms and ensured the appropriate authority was in place to allow the prisoner to go out on escort, then assured the assessment of risk cross referencing with PR2. Inspectors observed the staff briefing prior to a funeral escort taking place. The Control FLM fully explained the strength of escort, make-up, and risk factors. Police Scotland were informed of the escort. Staff were issued with handcuffs, closet chain, mobile phone and an escort approval certificate. Handcuffs were applied as stated on the PER and checked by the Control FLM as per the escort procedures.

HMP Perth had the following SOPs in place, OPS 014 - Emergency Escort Procedures and OPS 017 - Emergency escorts – staffing principles to support this type of escorting leaving the establishment.

Historical PERs and escorting paperwork was stored in the property store.

HMP Perth were equipped with two vehicles, one was located out with the establishment and the other was at the entrance to reception to allow quick access.

**4.8 The law concerning the testing of prisoners for alcohol and controlled drugs is implemented thoroughly.**

Rating: Generally Acceptable

HMP Perth did not conduct any alcohol testing.

HMP Perth had designated units within each hall for Mandatory Drug Testing (MDT). C Hall being the most equipped and best suited as a testing area.

There was no designated staff group to conduct testing. FLMs were unable to inform inspectors who could carry out the testing and how many staff were suitably trained. Staff trained were from the residential staffing group and completed tests during their normal residential shift. This depleted the staffing levels on the halls.

Staff training in this area was not consistent. Some staff were trained by an external organisation ten years previously, some were trained by other staff and others trained by the SPS College (SPSC). SPSC no longer deliver MDT training.

Testing within HMP Perth were recorded as progression cases. None were recorded as suspicion or risk within the OLR prisoner group.

**Recommendation 27:** HMP Perth should train more staff in MDT and ensure the training is consistent. It should also address the gaps in the existing testing regime.

#### **4.9 The systems and procedures for monitoring, supervising, and tracking the movements and activities of prisoners inside the prison are implemented effectively and thoroughly.**

Rating: Satisfactory

HMP Perth CCTV and movements of prisoners was staffed and managed through the ECR. The quality of the camera footage was good with all individuals clearly identified. Camera checks required to be carried out daily but there was evidence of checks being missed. This often happened when staff were relocated to other areas due to shortages. Faults were reported to estates and noted within the ECR.

Gates had CCTV and intercom systems requiring staff to identify themselves before allowing access or egress. Cameras were viewed prior to any prisoner movement request taking place. Inspectors observed the movement of prisoners attending areas used for fresh air and it was carried out in a controlled fashion. Staff were in attendance to ensure controlled and safe movement.

Movement between the activities and residential areas took place four times per day, Monday to Friday. The movement was supervised by Residential and Activities FLMS. There was staff stationed at various locations along the route. Those leaving the residential area were rub down searched and instructed to walk past the cell sense. On reaching the activities building they were required to walk past another cell sense.

Numbers checks were carried four times per day. Reception and the ECR were cross referenced and checked on PR2. They both had number boards recording unlock and lock up numbers.

CCTV viewing was available within three areas of the establishment. Staff could view incidents on the authority of the Head of Operations within the Security Office, Command Room and ECR. Staff within the ECR evidenced they had the ability and sound knowledge to navigate CCTV systems.

**Recommendation 28:** HMP Perth should ensure that the cameras are checked daily.

#### **4.10 The procedures for monitoring the prison perimeter, activity through the vehicle gate and for searching of buildings and grounds are effective.**

Rating: Generally Acceptable

Vehicle searches were observed during the inspection. Vehicles entered the vehicle lock. Staff used a torch to check the external area of the vehicle, completed all paperwork and instructed drivers to place mobile phones within the lockers and checked their identity. On two occasions the driver's area of the vehicle was not searched.

All records were up to date regarding vehicles entering and leaving the prison. Vehicles did not move from the locked area until the staff checking the vehicles notified ECR staff their checks were complete. SOP OPS 223 provided detailed guidance on the searching of vehicles.

Delivery of small packages were direct to the vehicle lock area. There was a cage where they were secured until uplift from procurement. All deliveries were recorded on a log sheet.

There was evidence of regular attendance from the TDU who supported the establishment with various searching exercises. They were welcomed by staff and seen as positive support. TDU was used to search vehicles, and this had proven to be positive and supportive to the safety and security of the prison.

All mail received at the prison was processed by the mail administrator. SOP OPS 102 fully explained the process relating to the incoming and outgoing of mail. There was evidence that staff were not ensuring prisoners signed for legal and recorded/register mail.

External and internal perimeter checks of the establishment were observed. They were conducted by early/late and night duty staff. At the time of the inspection there was an extra member of staff assigned to this duty due to ongoing security issues. The documentation was assessed and all information relating to illicit items found was processed as per the guidance.

**Recommendation 29:** HMP Perth staff carrying out searching within the vehicle lock should ensure all driver areas are searched.

**Recommendation 30:** HMP Perth should ensure that all prisoners sign for legal and recorded/registered mail.

#### **5.1 The prison reliably passes critical information between prisoners and their families.**

Rating: Generally Acceptable

HMP Perth had an SOP 'Death (or serious illness) of a relative' in place. Of the nine residential staff asked only one was aware of the SOP and could provide an understanding of the procedures. Residential staff said they would defer this to the FLM on duty. They also said they do not receive any direct phone calls from



members of the public. During the inspection, a prisoner attended his father's funeral. The prisoner was complimentary about staff care towards him but noted there was a five-hour delay in him receiving this information.

The main telephone line to the establishment was in the ECR and was switched to the Agents phone line during staff breaks. When inspected, the staff member in in the ECR who handled external calls was also the radio operator, and staff advised they have missed radio messages when answering an external call.

The FCOs had produced a detailed leaflet that requested concerns or enquires be directed to the FCO number, and it had an answering service if staff were unavailable. FLMS stated that due to absences there was limited continuity in the role which resulted in delays in service delivery.

The email a prisoner service was managed through the FCO role. There were approximately 40 emails per day to be printed, placed in envelopes and sent the halls. Unfortunately, due to limited staff cover for the role, emails were delayed by an average of three to four days. This was confirmed by staff and prisoners in the halls.

HMP Perth were due to receive in-cell telephony, but until implementation prisoners were issued with a mobile phone on admission. The complaint process identified five PCF1 complaints in the last six months regarding delays in receiving mobile phones. Those who have had them confiscated due to tampering had access to the hard-wired flat telephone, albeit with a limited availability.

Reception had a process for identifying next of kin, this information was recorded on a form and remained in the prisoners file in reception.

TOC were dealt with by the Governor's PA and processes were accurate and adequately described with comprehensive record keeping.

**Recommendation 31:** HMP Perth should ensure all staff understand the SOP Death (or serious illness) of a relative and the action required.

**Recommendation 32:** HMP Perth should review the location of the establishments main telephone line.

## **5.2 Relationships between staff and prisoners are respectful. Staff challenge prisoners' unacceptable behaviour or attitudes and disrespectful language or behaviour is not tolerated.**

Rating: Generally Acceptable

Sixty-two percent of respondents to the pre-inspection survey reported being treated respectfully most if not all of the time by staff, with 13% reporting never being treated with respect. During the inspection it was noted that, in general, interactions between staff and prisoners appeared calm and respectful.

When speaking to inspectors, prisoners in both A and B Hall spoke freely and without concern that comments could be overheard. Prisoners in the SRU stated they were treated respectfully, and SRU staff commented that staffing levels were more consistent than in the halls and this added to continuity of approach. In C Hall, inspectors noted that the grille gates on each level remained closed throughout the day and evening. Staff and FLMs gave a number of explanations for this 'I've been instructed to keep them closed,' 'It allows us to get on with other work', 'Instructed by Senior Management'. Several FLMs also stated it was 'with prisoner consent.' Inspectors found there were no positive responses from prisoners regarding the closing of the gates in relation to building good staff prisoner relationships. Comments included 'because staff don't want to speak with us so we can't ask them for anything,' 'They are not interested.' Although in some areas the grille gates were used to separate different cohorts, that is mainstream and protection prisoners, there was scope to open one set of grille gates at a time to allow for better engagement between staff and prisoners.

There were examples of positive relationships, particularly where staff and prisoners spent more time together such as during visits, escorting around the establishment and during structure activities.

The impact of illicit drugs had an effect on safety of prisoners and staff. The recent policy of photocopying of mail had reduced the risk of trafficking of drugs in this manner. Disciplinary proceedings for prisoners under the influence were a regular occurrence but adjudicators offered support services without significant punitive awards.

Inspectors observed staff using first names in most interactions with prisoners. Staff name badges were only worn by about 50% of staff. This is an important aspect of accountability and transparency, and improvement will have a positive impact on relationships and needs to be encouraged.

**Recommendation 33:** HMP Perth should review the grille gates being closed for lengthy periods, particularly in C Hall.

**Recommendation 34:** HMP Perth should ensure all staff wear name badges.

### **5.3 Prisoners' rights to confidentiality and privacy are respected by staff in their interactions.**

Rating: Satisfactory

Both A and B Hall had a limited number of accessible rooms to discuss sensitive issues, but these were close to the FLMs office and not on the main cell area. The majority of discussions took place in cells or within the staff offices. Inspectors noted that staff were discussing issues with prisoners at their cell door, which was not conducive to carrying out a confidential conversation. C Hall had at least one interview room available per landing, but they were regularly in use by other agencies during the day.

The staff office and desk areas were clear of personal prisoner information, indicating that staff were aware of the rights of prisoners and the need to keep prisoners' information secure.

Staff were asked about privileged and legal correspondence and were able to explain the recognised process. On testing the issuing of recorded delivery letters, there was evidence that not all recorded delivery letters were signed for by the prisoner.

There were cell safes in all cells inspected but it was commented that these were only adequate for a small number of documents or personal items. Also, as reported in Standard 1, they were not all in working order. Staff were clear on how to replace keys or padlocks and the consensus among staff was this took approximately three to four days.

Prisoner notice boards were clean and orderly in all residential halls. There was information on data protection on all notice boards, but there was no evidence of this information in other languages.

**Recommendation 35:** HMP Perth should ensure that the most up to date data protection information is available for prisoners, and where possible in a language they understand.

#### **5.4 The environment in the prison is orderly and predictable with staff exercising authority in a legitimate manner.**

Rating: Satisfactory

HMP Perth had an orderly and predictable day. The population consisted of adult males, short-term, long-term, non-offence, offence protection and remand, and an average population that had seen an increase from 634 in 22/23 to 641 in 2023. The prison also had a high proportion of remand prisoners; 40%.

The establishment reported that staff attendance had led to issues with continuity in some areas, but they were active and addressing this problem through a number of initiatives including staff recognition events, governor staff meetings, etc. The pre-inspection focus group heard that prisoners had a lack of opportunities stemming from staffing shortages. This lack of continuity was not evidenced during the inspection, neither did this feature in the 104 PCF1 complaints over the previous six months.

The impact of illicit drugs within the establishment remained significant and several measures had been put in place to reduce the impact this has on the regime and safety of all.

The cell call system was operative and used as the main means for prisoners to contact staff.

The inspection team considered that HMP Perth staff exercised their authority appropriately, the requests made to prisoners were acceptable and the manner and tone of those engagements were professional and respectful.

**5.5 Prisoners are consulted and kept well informed about the range of recreational activities and the range of products in the prison canteen as well as the prison procedures, services they may access and events taking place. The systems for accessing such activities are equitable and allow for an element of personal choice.**

Rating: Generally Acceptable

The evenings no longer provided open recreation. This had been replaced with structured staff-led activities. They were led by volunteer officers who had an interest and willingness to arrange. This was a new and innovative way of positive engagement. Prisoners had the option of participating or remaining locked in their cell. However, there was no provision to include all the prisoners at present. There was no published list of activities and events, neither was there a rota nor lists in place to ensure equity of access.

Inspectors were given copies of comprehensive minutes from the most recent PIACs, which were also displayed on every notice board in each flat. The pre-inspection survey and focus group consensus was that these meetings did not take place regularly, neither did prisoners see things improving. Twenty-one percent of respondents reported that they attended but nothing changed, while 53% of respondents said that they were never consulted. Inspectors were provided with copies of a recent prisoner/staff meeting from B Hall which had been in place since January 2022. They were also given minutes of a food forum, unfortunately the minutes of any previous meetings were not made available.

Inspectors attended a PIAC meeting in C Hall during the inspection. This was well-attended, cordial and gave prisoners the opportunity to question and discuss matters with the FLM. Prisoners had prepared a very comprehensive list of complaints for the meeting.

**Recommendation 36:** HMP Perth need to put in place a process to ensure prisoners have advance notice of activities and events and ensure equity of access.

**Recommendation 37:** HMP Perth should ensure the minutes of PIAC meetings are available on the notice boards and develop action plans to review progress.

**5.6 Prisoners have access to information necessary to safeguard themselves against mistreatment. This includes unimpeded access to statutory bodies, legal advice, the courts, state representatives and members of national or international parliaments.**

Rating: Satisfactory

HMP Perth had one virtual court and one agent visit room set aside to allow pre-court virtual agent visits. Tuesdays were the most popular day for virtual courts and this provision coped with the present demand for appointments.

The establishment also provided 125 agent visit spaces of 45 minutes each, utilising five agent visit rooms which could be booked a maximum of five working days ahead. The establishment had the capability of meeting additional exceptional requests for lawyers to meet their clients.

During the inspection one agent was asked to comment on this provision. He stated 'it had improved' but requested that he be able to book further ahead than the present five-day limit. He also commented that staff regularly waited until the agent arrived before collecting the prisoner, and this could cause a considerable delay. There was no clear rationale for the five-day advanced booking, and delays in bringing prisoners to the area was possibly due to a reduction in staffing, from five officers to three in recent months.

There was a process for foreign nationals to access additional phone credit that would give them a 10-minute phone call to their home country. The establishment offered this at the end of the first month. Although this met the procedural standards it is recommended foreign national prisoners get this at the beginning of their first four weeks, not at the end. During inspection feedback the GIC and Deputy GIC agreed and said they would introduce a payment on admission and monthly thereafter. Also, as reported in Standard 1, staff were not aware of this process.

As reported in Standard 1, translation services appeared to be under-used in the establishment.

## **5.7 The prison complaints system works well.**

Rating: Generally Acceptable

The relevant SOP was not being followed. It stated all written complaints would be registered and a photocopy given to the prisoner. In reality, FLMs met with prisoners who had submitted a written complaint to determine if it could be dealt with at this level. Although this follows policy the FLMs confirmed they did not record every complaint and, in some cases, and with the prisoner's permission, they shredded written complaints if both parties agreed it had been resolved.

The pre-inspection survey and subsequent focus groups reported that prisoners had little faith in the system. The majority of respondents (86%) thought that the complaints system worked badly, including almost half (49%) who reported that it worked very badly.

It is worth noting that there was a high number of PCF2s which bypassed the FLMs by going directly to the GIC.

The establishment provided a comprehensive breakdown of complaints from 1 July 2022 to 30 April 2023. There were 681 complaints raised, with PCF2 accounting for 76% of the total. Of the 156 PCF1s, 97% met response timescales, 54 were escalated to ICC of these 89% met timescales. Of the 515 PCF2s, 99% met response timescales.

This establishment report recommended that the subject of the highest number of complaints should be included in local PIAC meetings. Although this would be good practice, due to the process not being followed, there was limited confidence that the information would be accurate.

Inspector witnessed an ICC meeting that fully met the standards required. The ICC process in HMP Perth was managed by one FLM which provided continuity and high standards.

It was noted that the SPS provide prisoner compliant forms in Arabic, Albanian, Romanian, Polish, Lithuanian and Vietnamese. Unfortunately these were not on prisoner notice boards or available in the halls.

**Recommendation 38:** HMP Perth put a process in place to ensure complaints resolved by staff on the halls are logged and PCF1s are not shredded.

**Recommendation 39:** HMP Perth should ensure complaints forms are readily available in the different languages.

**Recommendation 40:** HMP Perth should ensure that those who cannot read or speak English are supported in a more formal way to complete complaints paperwork through the use of translators.

## **5.8 The system for allowing prisoners to see an Independent Prison Monitor works well.**

Rating: Satisfactory

There were eight IPMs and they had access to all areas of the prison.

IPM posters were visible throughout the establishment and leaflets were available in the document folders within the halls. Staff spoken to knew about the IPMs and how to contact them.

IPM request boxes were removed from the halls to allow IPMs more time to meet with prisoners rather than emptying the boxes, and the IPMs saw this as a positive improvement. The role of IPMs was included in the admissions and induction material to help raise their profile.

The HMIPS pre-inspection survey found that 45% of prisoners knew of the role of the IPMs, but only 31% knew how to contact them. The figure was significantly higher amongst the long-term population. Forty-seven percent of respondents had contacted IPMs, and 16% stated they found it helpful. Although encouraging in some respects, further work in communicating the service is required.

IPMs reported no difficulties with accessing areas or working with SPS staff at all levels and commented positively on the visibility of the Governor and the Deputy Governor in the establishment. IPMs were aware of the difficulties around NHS mental health staffing and the impact of the current problems with prisoner escorts. The March IPM monthly report indicated there had been five visits in March 2023 with three new requests and three ongoing.

**Recommendation 41:** HMP Perth and the Prison Monitoring Co-ordinator should work together to raise awareness of the IPM role with the staff and prisoners.

**6.1 There is an appropriate and sufficient range of good quality employment and training opportunities available to prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Generally Acceptable

The employment and training opportunities offered to prisoners were primarily in work parties that supported essential prison services. The employment activities available to prisoners were catering, hairdressing, laundry, industrial cleaning, construction academy, textiles, wood assembly and wood machine, bicycle repair, life skills, crisp blanket project, radio station, environmental and grounds/gardens. A few work parties were no longer available due to shortage of prison staff, or the staff skillset required, such as for a painting and decorating. There were 274 work party spaces and 187 registered to attend. A few work parties were not well attended. The number of purposeful activities was insufficient for the rising prisoner population. The recently established 12-week construction academy in partnership with a local business had potential to provide prisoners with vocational training and accreditation that may meet local employment market.

Prisoners indicated interest in employment through discussion with prison officers, who helped to facilitate access to their preferred work party. This includes those prisoners on remand. However, this process lacked transparency and fairness, mainly due to the Employment Opportunities Board not being fully operational. Most prisoners were satisfied with the employment opportunities. However, many prisoners, including those not accessing a work party would like access to a wider range of employment and vocational training opportunities.

There were limited vocational training opportunities. However, plans were in place to increase the number of prison staff who could assess and accredit vocational training. Prison staff welcomed this opportunity, they were enthusiastic and had ideas on how to improve the employability and vocational training offer. This was a positive step and would help to increase the employability and vocational training offer, including accreditation opportunities. This approach should also assist in realising the aspirations set out in the recently developed HMP Perth Employability Pipeline. However, these plans now required increased acceleration.

The Link Centre facilities were of a good standard. There were a few examples of Learning Centre staff working in partnership with prison staff, such as the delivery of aspects of the life skills. However, they could collaborate more effectively to plan and deliver vocational training and accreditation. For example, vocational training qualifications for those prisoners working in catering.

**Recommendation 42:** HMP Perth should prioritise improvements to the employment and vocational training and accreditation opportunities. These opportunities should be in line with the labour market and better meet the interests and aspirations of the prison population.

**6.2 Prisoners participate in the system by which paid work is applied for and allocated. The system reflects the individual needs of the prisoner and matches the systems used in the employment market, where possible.**

Rating: Poor

The prisoner admission five-day induction programme provided prisoners with an effective and practical introduction and promotion of all the purposeful activity that was available. This included a Link Centre and gym induction and information on employability and life skills opportunities. Prisoner attendance at induction was tracked and showed upward trends in attendance. However, extending tracking to include uptake in purposeful activity would enhance this process. Within the residential halls, prison officers also encourage participation in employability.

Within the employability options on offer, most prisoners indicated that their work party allocation reflected their interest and ability. A few of the employability options matched the employment market, for example, construction, catering and hairdressers. Prisoners with health issues were well supported and any necessary adjustments were put in place. A few work parties were available to protection prisoners only, which restricted access to the wider population. With no rota of work parties some prisoners reported that they had not been able to access a chosen work party. They questioned the process for matching prisoners to a work party. In a few work party areas, there were waiting lists such as in the hairdressers. Improvements were required to the employment allocation processes as currently they were too informal. This could be addressed by applying the guidance set out by the Employment Opportunities Board.

Overall, the process to gain access to the employability options require improvement. The range of employability options could be expanded, and better use made of the resources, including equipment and space available. There were too few vocational training and accreditation opportunities. A focus on improving the vocational training opportunities would help to enhance the offer and provide opportunities for prisoners to develop the knowledge and skills required to gain employment on liberation.

**Recommendation 43:** HMP Perth should prioritise implementation of their work allocation policies and procedures to ensure there is fair and transparent work party allocation.

**6.3 There is an appropriate and sufficient range of good quality educational activities available to the prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Generally Acceptable

The Learning Centre offered sufficient learning opportunities to meet the demand of the prison population. The Learning Centre offered nine sessions per week. One-third of these were for protection prisoners and two-thirds were available for mainstream prisoners and those on remand. There were 50-150 activity packs distributed weekly to prisoners in their residential hall. Disappointingly there was no



current one-to-one learning support in the residential halls. Learning Centre staff were supporting five prisoners with self-led learning.

The annual learning plan agreed between Fife College and the prison had a focus on literacy, numeracy and information and computing technology skills. This programme also included employability, life skills and creative arts. Fife College have a few partnerships in place which helped to enhance the learning offer, such as a creative arts project with the University of Edinburgh. However, the impact of partnership working was not recorded on the prisoner's learning plan. A range of e-learning options were available which linked to employability skills. For example, all prisoners were encouraged to complete the manual handling online course, which helped facilitate access to work parties. Learning programme activities also linked well with the recovery hub activities. The majority of the accredited courses were at Scottish Credit and Qualifications Framework level three or four, which met the needs of the majority of prisoners. However, the learning offer was not yet meeting the needs of the prisoners who wished to access vocational qualifications. Similarly, pathways for prisoners who wished to access or progress to further or higher education were too few and processes could be clearer. Long-term prisoners reported that they would like more variety in the learning programme to support their time in prison. Overall, improvements are required in developing and promoting clearer learning pathways and progression routes.

The Learning Centre staff regularly visited the residential halls to promote the learning offer. New prisoner induction included a specific Learning Centre programme. There were also posters in the residential halls and regular input to the radio station. Learning Centre staff had delivered information sessions to prison staff on how they could encourage prisoner participation in learning.

Prisoners were consulted about the range of educational opportunities. Since January 2023 prisoners had been issued with a weekly individual timetable, which took account of their attendance at work parties. Informal feedback showed that this was helpful in reminding new prisoners of the education induction. However, it was too early to fully evaluate the impact of this process. The Fife College profiling tool and the personal development plans helped identify learning needs and interests. Most plans were reviewed every six months. Learning Centre staff supported prisoners to achieve their aspirations through a focus on preparation for progression to a college course. However, staff did not track the impact of this approach. In addition to the annual learning plan, the learning team could improve its strategic approach with an overview of the full learning offer.

The Prison Manager and Fife College regularly reviewed the Learning Centre programme and prisoner attendance data. This showed that attendance could be improved. For example, 132 individuals attended in April 2023, which was low compared to the prison population. Non-attendance was followed-up with prisoners. However, the review of the annual learning plan now needs to take account of partners contributions to better the reflect the learning offer and its impact.

**Recommendation 44:** HMP Perth and Fife College should review the range of courses and learning pathways available, to ensure it meets prisoners needs,

encourages more attendance and progression, particularly for longer-term prisoners.

**6.4 There is an appropriate and sufficient range of physical and health educational activities available to the prisoners and they are afforded access to participate in sporting or fitness activities relevant to a wide range of interests, needs and abilities. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.**

Rating: Poor

The Physical Education Department (PED) offered access to a range of cardiovascular and free weights equipment, indoor and outdoor activities such as badminton, table tennis and football. At the time of the inspection, prisoners reported that a few pieces of equipment had not been working for some time. The timetable for gym access showed that the whole prison population had access to health and fitness opportunities. Mainstream prisoners who tested negative for substance misuse and who were in a work party had increased access. These prisoners could access physical education for an extra hour each weekday, and report positively about their improved mental health, wellbeing and overall fitness levels. However, a few prisoners who do not meet the criteria felt disadvantaged. The Physical Training Instructors (PTIs) support a few activities, such as circuit training, football tournaments, fitness challenges and have delivered Community Sports Leaders awards. However, prisoners do not have sufficient opportunities to utilise the skills and knowledge gained through achievement of awards. Almost all prisoners need to be self-motivated and self-directed when engaging in physical exercise. PTIs could do more to engage with and support prisoners with their personal fitness aspirations.

All prisoners completed a gym induction delivered by PTIs before accessing the PED or the satellite gyms in the residential halls. The induction included how to use the gym equipment safely. Where barriers to participation had been identified, there were a few examples of where these had been addressed. Although not mandatory, the induction process could include health and fitness testing, such as recording height, weight and body mass index. However, from the sample of records reviewed this type of recording was not consistent. The development of a prisoner plan or goal setting and reviews to measure success were not carried out by PTIs unless specifically asked for by prisoners. The quality assurance of induction processes would help to identify where improvements were required. PTIs did not support the satellite gyms. PTIs could be more proactive in supporting prisoners during physical activities. In addition, many of the programmes and activities that ran prior to the pandemic had not been re-established.

Moving forward, it will be important to take the findings from a recent survey into consideration. This includes extending access to the gym and what it can offer. There was scope to extend the role of the PTIs to support satellite gyms, either directly or indirectly through the training and development of residential hall staff or prisoners offering peer support. Overall, there was not a sufficient range of physical and health educational activities to motivate and encourage participation by the whole prison population.

**Recommendation 45:** HMP Perth should identify ways in which they can expand provision and extend access to physical and health educational activities.

**Recommendation 46:** Prison Managers and PTIs should improve approaches to the quality assurance of induction and prison goal setting processes to help tackle inconsistency.

### **6.5 Prisoners are afforded access to a library which is well stocked with materials that take account of the cultural and religious backgrounds of the prisoner population.**

Rating: Generally Acceptable

The library had a good range of appropriate material and readership across the prison population had increased. There were approximately 195 active readers, and 97 prisoners recently participated in a reading challenge. Since the pandemic, the library room had remained closed. As an alternative, the librarian operated a request system and delivered books to the residential halls. A prisoner-led book club, with support from the librarian, also ran in a residential hall.

Up to 55 bags with reading materials were delivered weekly by the librarian to the mainstream and protection prison population. Remand prisoners could also access books. While this distribution method had contributed to an increase in the readership, prisoners reported that they would like access to the library re-established as its closure negatively impacts on prisoner reading choice.

The librarian is enthusiastic, knowledgeable and responded well to prisoner feedback. This helped ensure appropriate and relevant materials were available. A successful bid to the European Cultural Fund had resulted in an award of 10,000 euros. This had secured resources to support the work sheds, such as bike maintenance materials and a dedicated book corner with relevant materials for gardening and beekeeping in the work party area. Monitoring the usage and update of the resources was required. Reading material was also available in other languages. Appropriate self-help reading resources had also been made available in the recovery hub.

**Recommendation 47:** HMP Perth should review library provision and reopen the library area to improve access to reading material and enable prisoner choice.

### **6.6 Prisoners have access to a variety of cultural, recreational, self-help or peer support activities that are relevant to a wide range of interests and abilities. Prisoners are consulted on the range of activities and their participation is encouraged.**

Rating: Generally Acceptable

The prison offered a sufficient range of appropriate cultural and recreational activities. However, attendance was low and could be improved, through further prisoner consultation to ensure programmes meet prisoner's interest. The library

had a variety of cultural, recreational, self-help materials, including reading material for foreign national prisoners. A few prisoners benefited positively from engaging in the group work sessions in the recovery hub. This included dramatherapy with Dundee Rep theatre project, yoga and mindfulness. Peer mentors and listener services were in place. However, a few prisoners who were asked about these services, had not engaged with, or were not aware of how to access provision. A review of the provision would help inform improvements to ensure services better meet prisoner needs.

In response to feedback from prisoners, a programme of evening recreational activities had been established. This was delivered by enthusiastic and committed prison staff who shared their skills and knowledge. For example art and craft and music were popular activities. However, those prisoners who chose not to engage with activity programmes or did not have access remained in their cell. Prisoners advised that activities did not always run as advertised, which was often due to staffing shortages. There was scope for Learning Centre staff to work more closely with prison staff to help develop and deliver activities that could help to strengthen links with the learning offer. Similarly, consultation with prisoners would help ensure the activities matched abilities and interests.

The Chaplaincy offered a quiet and calm space for prisoners and staff. They had a regular programme of services and provide one to one support in the residential halls, as required.

The prison regularly recognised and celebrated key events such as recovery weeks by holding a recovery walk and Black history month. Often this included visits or inputs from guest speakers on the prison radio. However, engagement was low and could be improved. The prison management were looking at how they could improve engagement in this area.

Prisoners' artworks were submitted for Koestler Awards. Recently, six artists' work were selected to have their work on public display for the first time. Of the 106 entries submitted, 48 awards were achieved. The prisoners were rightly proud of their artwork and their achievements.

**Recommendation 48:** HMP Perth would benefit from a review of the evening recreational activities to ensure it is accessible and better meets the needs of the prison population. Similarly, consultation with prisoners may help to establish and address low uptake in events, programmes or activities, this includes improvement to the ways in which these are promoted.

**6.7 All prisoners have the opportunity to take exercise for at least one hour in the open air every day. All reasonable steps are taken to ensure provision is made during inclement weather.**

Rating: Generally Acceptable

HMP Perth had three concrete exercise areas, not including the three in the SRU. Of these exercise areas, one had fixed exercise equipment. During the inspection, these areas were seen to be used. The residential areas had an hour's fresh air

exercise timetabled into their regime. However, not all prisoners reported being able to access this due to being at work, and there being no provision of exercise for them at another point in the day. There was no variety in the timings of fresh air, and no provision of waterproof jackets for inclement weather.

**Recommendation 49:** HMP Perth should ensure prisoners attending work parties are offered fresh air out with working hours.

**Recommendation 50:** HMP Perth should ensure waterproof jackets are available when needed.

**Recommendation 51:** HMP Perth should consider alternating the time in fresh air, to allow both mornings and afternoon sessions during the week.

**Good practice 8:** The exercise equipment in the exercise area.

## 6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory

The Chaplaincy Team was made up of five chaplains: one full-time and four part-time of varying hours, with four representing Christian faith denominations and one Muslim Imam.

All prisoners and staff spoken to during the inspection had a good understanding of how to access the Chaplaincy Team, and how to attend religious services if required.

There was a Chaplaincy representative at operational meetings, such as the Persons of Concern Group and TTM meetings. The Chaplains were also available to provide bereavement support to prisoners and families of those affected.

Separate weekly religious services were held for protection and mainstream Muslim and Christian prisoners. Evidence was provided of prison fellowship and bible study groups.

New admissions received a Chaplaincy induction on Thursdays.

**Good Practice 9:** The weekly Chaplaincy induction.

## 6.9 The prison maximises the opportunities for prisoners to meet and interact with their families and friends. Additionally, opportunities for prisoners to interact with family members in a variety of parental and other roles are provided. The prison facilitates a free flow of communication between prisoners and their families to sustain ties.

Rating: Satisfactory

Prisoners were provided with a pack upon admission containing information regarding visits, support available, and the role of the Family Contact Officers (FCO).

A review was taking place to identify if there were improvements that could be made to the timetable to increase access and time to family visits. At the time of the inspection, visit sessions were 45 minutes long, with five sessions offered throughout

the week per prisoner group. There were complaints from prisoners that they did not always receive their full visit time, being taken down late and not getting time added on at the end. Visitors and prisoners expressed a wish to have longer visit sessions.

Family sessions were held on Monday, Wednesday and Friday, 4.45pm to 5.30pm. Food was provided at these sessions by Cross Reach, who ran the Visitor Centre.

Evidence was provided of family events held throughout the year, including Mother's Day, Easter, Eid, Christmas, and Halloween. Additionally, Cross Reach and the FCO Team identified children's birthdays and arranged for birthday gifts and cakes. HMP Perth had also partnered with Dundee Rep, facilitating a project for fathers and children to perform theatre together.

**Good Practice 10:** The children's birthday parties arranged by the FCOs and Cross Reach.

**Good Practice 11:** The Dundee Rep project.

**6.10 Arrangements for admitting family members and friends into the prison are welcoming and offer appropriate support. The atmosphere in the Visit Room is friendly, and while effective measures are adopted to maintain security, supervision is unobtrusive.**

Rating: Satisfactory

The Visitor Centre was based outside of the main building and was managed by Cross Reach. It was staffed by a small team of passionate, enthusiastic and knowledgeable individuals. The Centre was clean, bright, welcoming, and held accessible information on the support they could provide or signpost visitors to.

An individual from Mindspace counselling service was available for the drop-in sessions held Wednesday's 1pm to 3pm.

There was evidence of good collaborative working between the SPS and Cross Reach, including Cross Reach conducting training to new SPS recruits on the emotional and practical support they provide.

Whilst there was evidence of SPS operational staff meeting to discuss how visits could be improved, there was no Children and Family Strategy Group enabling key stakeholders to meet regularly.

The process for admitting visitors through to the Visits Room was observed to be welcoming and efficient. There were ample lockers for visitors to use, and a clean waiting area with a water fountain. When being taken through to the Visits Room, there was an IONSCAN in use to swab visitors' hands; if this detected illicit substances, the visitor would then be offered a closed visit. This process was witnessed during the inspection, and the officers dealt with it discreetly and clearly communicated to the individual what was happening.

**Good Practice 12:** Visitor Centre training SPS recruits.

**Recommendation 52:** HMP Perth should establish a Children and Family Strategy Group.

**6.11 Where it is not possible for families to use the normal arrangements for visits, the prison is proactive in taking alternative steps to assist prisoners in sustaining family relationships.**

Rating: Generally Acceptable

Prisoners had access to hall telephones as well as SPS issued mobile phones. The Email a Prisoner Scheme was also well advertised, with FCOs responsible for the process.

Of the six virtual visits terminals, only four were operational at the time of the inspection, with the other two damaged and out of use. Both prisoners and staff complained that the quality of the virtual visits was negatively impacted when more than four of the terminals were in session.

The morning visits sessions were ringfenced for supervised visits with community-based social workers and FCOs.

There was a well-established and understood Escorted Day Absence (EDA) process, with a tracker held on SharePoint.

**Recommendation 53:** HMP Perth should increase access to and the quality of virtual visits.

**Good practice 13:** The EDA tracker on SharePoint.

**6.12 Any restrictions placed on the conditions under which prisoners may meet with their families or friends take account of the importance placed on the maintenance of good family and social relationships throughout their sentence.**

Rating: Satisfactory

The closed visits process was well documented and managed. There was evidence of the Closed Visits Review Board which met monthly, and copies of decision letters were also kept. A tracker on SharePoint gave quick access to those on closed visits, and their review dates.

During the inspection week, a closed visit was offered to a visitor upon a positive indication on the IONSCAN.

**6.13 There is an appropriate and sufficient range of therapeutic treatment and cognitive development opportunities as well as an appropriate and sufficient range of social and relational skills training activities available to prisoners.**

Rating: Satisfactory

There was good evidence of work having taken place to improve the personal officer system. Officers were aware of who they were responsible for, and the Senior Management Team (SMT) were tracking the PR2 monthly inputs. However, few prisoners were able to identify their personnel officers, and a review of the monthly updates suggested that most were being made on a generic monthly input of how the prisoner had behaved for that month, rather than monthly engagements.

At the time of the inspection, the Programmes Team was delivering Pathways to five prisoners. The plan was to complete this course and then look to deliver the Self Change Programme later in the year. Out of a compliment of six, there were only four programmes' staff in post at the time of the inspection. This, combined with lack of staff training opportunities at the SPS College, meant that they were restricted in what they could deliver, which was in turn having a negative impact on availability for prisoners to access programmes.

There was a range of therapeutic courses available for prisoners to access through the Recovery Café, including art therapy, mindfulness, and yoga. There were multiple groups for prisoners to engage with regarding harm reduction, recovery coaching, and self-management and recovery training.

There was also good evidence of the positive work HMP Perth had been conducting with external agencies, including pet therapy with Canine Concern, listener training with the Samaritans and partnering with Hillcrest Futures to address addictions recovery services.

**6.14 The prison operates an individualised approach to effective prisoner case management, which takes account of critical dates for progression and release on parole or licence. Prisoners participate in decision making and procedures provide for family involvement where appropriate.**

Rating: Satisfactory

HMP Perth maintained a spreadsheet to track critical dates, with individuals identified for discussion at case conferences and risk management accordingly. Prisoners were encouraged to attend and participate in these meetings, with dossiers issued to prisoners prior to attendance. Family attendance was encouraged but had remained around 14%.

There was good evidence of HMP Perth's core screen process enabling prisoners to communicate specific needs, and for staff to make the necessary referrals.



There was a well-established process for getting prisoners transferred to other establishments when required to attend programmes, although this was being negatively impacted on by cancellations from GEOAmev.

At the time of the inspection, there was one outstanding core screen.

### **6.15 Systems and procedures used to identify prisoners for release or periods of leave are implemented fairly and effectively, observing the implementation of risk management measures such as Orders for Lifelong Restriction and Multi-Agency Public Protection Arrangements.**

Rating: Satisfactory

There was a weekly RMT held to hear cases within timescales, and there was evidence of good collaborative working across teams, with a multi-agency approach towards discussing risk and management plans.

Psychology reported positive interactions with staff and key personnel within the establishment when discussing OLR prisoners and their management, with personnel officer attendance at case conferences. A database was maintained to track personnel officer involvement and prisoner engagement.

### **7.1 Government agencies, private and third sector services are facilitated to work together to prepare a jointly agreed release plan and ensure continuity of support to meet the community integration needs of each prisoner.**

Rating: Satisfactory

HMP Perth was effectively collaborating with agencies involved in helping prisoners to make plans for their transition to the community. HMP Perth were also active participants in local planning partnerships, including Community Justice Partnerships. This engagement helped them to have a good awareness of community-based agencies supporting prisoners on release.

Where agencies were not currently visiting the prison, Link Centre staff had developed relationships with key contacts and were liaising directly with them. The social hub provided another space and opportunity for prisoners to engage with community-based services, and agencies reported a positive experience of using this resource. Some agencies, including housing staff, had not returned to pre-pandemic attendance at the prison and plans for an increased presence were unclear. Prisoners were not then benefitting from the development of relationships through in-person meetings prior to release.

Link Centre staff were proactive where prisoners were reluctant or ambivalent about support and advice. This was effective in ensuring that some of these prisoners still had access to important advice and support. Although the involvement of personal officers was inconsistent, Link Centre staff were also supported by the efforts of some personal officers to encourage prisoners to meet with external agencies.

**7.2 Where there is a statutory duty on any agency to supervise a prisoner after release, all reasonable steps are taken to ensure this happens in accordance with relevant legislation and guidance.**

Rating: Satisfactory

Enhanced ICMs at HMP Perth for statutory prisoners were co-ordinated by experienced staff with a good knowledge of the process and a focus on making prisoners central to case management. Attendance of prison-based and community-based social workers was good. ICM co-ordinators arranged pre-meeting discussions with prisoners and staff to ensure that all understand the process and purpose of meetings, this helped to ensure that documentation was of an acceptable standard. This also helped to involve personal officers in the process. Standard ICMs were not in place for most short-term prisoners.

HMP Perth staff were working closely with prison-based social work and psychology services to ensure that case management was informed by competent professional assessments. There was good opportunity for appropriate challenge across teams. This helped to develop a shared understanding of each other's roles. Awareness raising sessions with personal officers were taking place to help them be clear about the important part they can play in case management.

For prisoners subject to statutory supervision upon release, all key agencies had the opportunity to contribute to release planning through the ICM process. Attendance of prisoners at ICM meetings was routine and they played a full part in these meetings. Prior to the meeting, effort was made to engage and prepare prisoners and to explore the involvement of family where appropriate.

**7.3 Where prisoners have been engaged in development or treatment programmes during their sentence, the prison takes appropriate action to enable them to continue or reinforce the programme on their return to the community.**

Rating: Generally Acceptable

HMP Perth had a well-developed commitment to supporting recovery for prisoners with an experience of problematic drug use. There was a full programme of groups and activity-based sessions delivered in the recovery hub. The work of this hub was delivered in partnership with agencies led by individuals with a lived experience of substance use. For prisoners due for release this was allowing them to engage with supports which were subsequently available to them in the community. For some prisoners there were more intensive opportunities for moving to rehabilitation services on release.

There was an identified need to refresh the provision of accredited programmes and interventions. Some programmes were running in HMP Perth but the delivery of them and any capacity to provide bespoke interventions was inhibited partially by the availability of trained staff. Challenges and changes to programme delivery across the prison estate were also affecting access to programmes for prisoners. Timescales for the completion of Generic Programme Assessments (GPAs), national

waiting lists and the impact of these on access to progression were a source of frustration for prisoners.

The ICM process was effectively involving prisoners and community-based social work staff. Through the annual and pre-liberation ICM meetings, the supports and interventions which the prisoner had experienced in custody were discussed and plans made, where appropriate, to access similar opportunities in the community. This was ensuring that there was an ongoing opportunity to meet treatment needs.

**Good Practice 14:** The delivery of a full timetable of groups and activities supporting recovery for prisoners with an experience of problematic drug misuse. This included a strong partnership with community-based, lived-experience led organisations. This was supporting successful community integration.

**Recommendation 54:** HMP Perth should review and refresh the delivery of accredited programmes and improve the capacity for bespoke interventions for prisoners where this will support their successful transition back to the community.

#### **7.4 All prisoners have the opportunity to contribute to a co-ordinated plan which prepares them for release and addresses their specific community integration needs and requirements.**

Rating: Satisfactory

Sentence planning for statutory prisoners was working well. Assessments were being completed timeously and were helping to identify relevant interventions. Although some individuals were frustrated about the lack of progression, the Risk Management Team (RMT) process was well-embedded and key agencies were involved. Prisoners were not routinely involved in RMT meetings although this was considered on a case-by-case basis.

For developing integration plans for short-term prisoners, there was an emphasis on the role of Link Centre staff, who were meeting with prisoners eight weeks prior to release. From these discussions they were agreeing community integration plans with related actions. For some prisoners, the proactive engagement of Link Centre staff was the key reason they were directly involved in making plans.

The efforts of Link Centre staff were also supported by the work of community-based social work and third sector agencies who engaged with prisoners up to six months prior to release, to help them make plans for the transition back to the community.

For those prisoners with housing needs there was a limited experience of making clear plans, with few being aware of where they would be staying when they left the prison. Another area of anxiety was the impact on family of their return, with some prisoners not being aware of potential supports for this latter issue.

The involvement of personal officers and the key role they could play in empowering prisoners to take part in planning was mixed. There was an effort to promote

consistent practice through the delivery of awareness sessions. HMP Perth also had a handbook for staff and another for prisoners to be clear about the roles staff had.

The prison had initiated a 'person of concern groups' to consider the needs of the most vulnerable prisoners and these were ensuring that all agencies were aware of the plans being made to support them, including those prisoners who were due for liberation.

**Good practice 15:** Link Centre staff were effectively consulting with short-term prisoners, developing and co-ordinating plans, and working closely with relevant agencies. This collaboration, based on strong relationships with key staff in external agencies was benefitting prisoners in the transition to the community.

#### **7.5 Where the prison offers any services to prisoners after their release, those services are well planned and effectively supervised.**

Rating: Satisfactory

The prison was not directly delivering any service to prisoners once liberated. There were ongoing concerns that the ending of the Throughcare Support Officer role was still keenly felt, and services were unable to replicate the intensive support previously provided by SPS staff in these roles.

There was a consistent effort to offer voluntary throughcare from community-based social work teams to short-term prisoners. The take up of this was mixed but there was a good awareness among prisoners of this offer and the role that third sector agencies could play in supporting them after release.

#### **8.1 The prison's Equality and Diversity (E&D) Strategy meets the legal requirements of all groups of prisoners, including those with protected characteristics. Staff understand and play an active role in implementing the Strategy.**

Rating: Generally Acceptable

The prison had an enthusiastic Equality and Diversity (E&D) Lead, who had been released from her normal duties to support E&D activity. An E&D committee had been established along with the appointment of E&D champions within the staff group. However the E&D champions had only recently been appointed at the time of our inspection. Some were still unsure of their precise role and would benefit from some further training. The E&D Team managed a dedicated SharePoint site, which was outcome-focussed and included a calendar of inclusion themed events as well as information on translation services, guidance for supporting foreign nationals including access to international phone credit, and meetings of ED, etc.

Inspectors found evidence that E&D complaints were not being effectively recorded and monitored, as the number of E&D complaints provided to inspectors by the prison did not tally with those shown to them by prisoners. To the prison's credit,

they immediately took steps to introduce a new recording system when this was drawn to their attention.

A more positive finding was that the Deputy Governor routinely sampled a percentage of Orderly Room adjudication decisions to check for any statistical variation and potential bias in relation to particular prisoner groups. We commend this as good practice not always seen elsewhere.

**Recommendation 55:** HMP Perth should ensure that their E&D champions are appropriately trained and supported and that all E&D complaints are robustly recorded and monitored in future.

**Good Practice 16:** The routine sampling of Orderly Room adjudication decisions for any potential bias in relation to particular prisoner groups is commendable and worthy of replication across the prison estate.

## **8.2 Appropriate action has been taken in response to recommendations of oversight and scrutiny authorities that have reported on the performance of the prison.**

Rating: Satisfactory

The prison was able to provide a very helpful list of the action taken in response to previous HMIPS inspection visits, demonstrating that action had been taken on issues under each of the HMIPS standards. The prison also provided a more generic narrative of action taken since our last inspection, during the pandemic, and progress following the pandemic.

The prison had an effective system for tracking progress against issues raised by scrutiny and oversight organisations such as PRL audits.

Collectively these reports gave inspectors confidence that the prison was committed to appropriate action in response to issues brought to its attention by internal and external scrutiny.

## **8.3 The prison successfully implements plans to improve performance against these Standards, and the management team make regular and effective use of information to do so. Management give clear leadership and communicate the prison's priorities effectively.**

Rating: Good

The prison held regular monthly business meetings, which were informed by an impressive set of statistical information about the performance of the prison, often accompanied by comparator data for the previous year or reporting period. The statistical dataset was one of the most comprehensive seen by inspectors and included analysis of complaints, work attendance, personal officer engagement, evening engagement, training competencies, banked hours and budget monitoring. The monthly Business Meeting tracked progress with the Annual Delivery Plan, the PRL action tracker and other related activities, and Key Performance Indicators. Inspectors were shown the prison's risk register, which reassuringly had already

identified some of the issues raised by inspectors, such as the need for more warrant trained staff.

Significant efforts were being made to cascade information about the Annual Delivery Plan and the results of these Business Meetings. The Annual Delivery Plan was communicated by email to all staff. Two FLMs attended the Business Meeting, and a meeting was then held with all FLMs after the Business Meeting, providing feedback on the outcome of the meeting and the follow-up action required by different FLMs. Not surprisingly therefore, FLMs consulted by inspectors felt well-informed about developments and issues in the prison; unfortunately not all front-line officers felt so well informed, suggesting further efforts by FLMs to cascade information to their own staff would be useful.

**Good Practice 17:** The statistical information collated by the Business Improvement Manager for the monthly Business Meetings and Quarterly Business Review meetings was of a high standard.

**8.4 Staff are clear about the contribution they are expected to make to the priorities of the prison, and are trained to fulfil the requirements of their role. Succession and development training plans are in place.**

Rating: Generally Acceptable

There was an established training programme for new recruits and staff transferring from other prisons to help them understand their role and the outcomes expected of them.

The staff training manager ensured training opportunities were available to improve knowledge, skills and capabilities. There was a dedicated training day every Wednesday along with a training variable to facilitate attendance. However at the time of our inspection the number of staff out of core competency was still high, with 47% out of competence for H&S managers and senior managers, and over 30% out of competence for Emergency Response. Twenty-four percent were out of C&R competency, however this included those on long term absence, maternity leave and at the SPSC. Similarly, C&R Supervising Officer was 78%. Out of the eight not competent four were long-term absent or non-prisoner contact. PPT was currently sitting at 65%, Safe Working at 61% and Mentally Healthy Workplace for Managers at 39%. The training manager has plans in place to increase competency levels but no predicted date where all staff will be at the acceptable level.

The prison held workforce planning meetings to ensure succession planning was in place and that staffing levels remained close to complement. It developed a succession planning and support model to help staff prepare for promotion and progression within the SPS.

A local training committee prioritised and allocated funding for enhanced training, and in collaboration with the NHS the prison was providing trauma care training for staff.

A staff mentoring scheme was in the process of being established, after looking at the Graduate Development Scheme introduced at HMP YOI Grampian, which is intended to support staff with the development of softer skills, increased knowledge of key policies and procedures, and preparation for taking on new roles in the prison.

**Recommendation 56:** HMP Perth should ensure that core competency training reaches an acceptable level as soon as possible.

### **8.5 Staff at all levels and in each functional staff group understand and respect the value of work undertaken by others.**

Rating: Satisfactory

In general a collaborative and supportive culture existed within the prison. Although some residential staff felt that other teams and functions within the prison did not always recognise the impact of their decisions on them, and that residential staff were left to deal with prisoner frustrations around perceived inflexibility with the canteen ordering system. However, relationships between SPS and NHS staff appeared to have improved significantly since the last inspection.

The GIC held regular coffee cup meetings with staff, which provided an opportunity to hear what different teams were feeling about the challenges facing them and the wider prison. The staff had been encouraged to contribute their views on the prison's Organisational Review and to make representations about staff rotas and a staff rotation system. Most staff spoken to felt that the GIC was open to new ideas and willing to constructively challenge and support suggestions they made. Moving forward, the Governor was keen to introduce more of a project-based approach to service delivery and improvement, which would also help bring together people from different functions.

### **8.6 Good performance at work is recognised by the prison in ways that are valued by staff. Effective steps are taken to remedy inappropriate behaviour or poor performance.**

Rating: Satisfactory

The prison recognised good performance through nominations for a number of meritorious awards such as the Butler Trust, Chief Executive's Certificate and Governor's Recommendation.

Along with the rest of the prison estate the prison had introduced a new Performance Feedback Portfolio System which promoted regular dialogue between line managers and staff and the recording of successes and achievements, and constructive evidence-based feedback, for the end of year reporting. Stats for completion of appraisals for 2021-22 and 2022-23 showed an improvement from the previous year.

Anyone not performing to an acceptable level was managed under the SPS Performance Improvement Policy, this was in practice rarely needed. The prison focused instead on a 'lessons learned' approach through teams reviewing incidents and considering collectively how they could be handled better next time. However

inspectors were informed that a number of serious misconduct issues had been addressed through the more appropriate disciplinary code of conduct where necessary, with the involvement of SPS HQ.

Absence management procedures were implemented robustly across the prison, with an absence management meeting every Wednesday and those on sick leave contacted every week by their line manager. The GIC followed this up with supportive but honest conversations with those whose sick record was causing most concern. The GIC had funding allocated to roll-out training on 'courageous conversations' which he was confident would provide staff with improved confidence to handle difficult issues such as absence management more effectively.

**8.7 The prison is effective in fostering supportive working relationships with other parts of the prison service and the wider justice system, including organisations working in partnership to support prisoners and provide services during custody or on release.**

Rating: Good

The prison was an active partner in a very wide range of community justice and alcohol and drug partnerships, as well as contributing to MAPPA strategic and operational groups.

The GIC had taken the initiative in inviting senior leaders from Dundee and Perth and Kinross Council to visit the prison, who now had a much better appreciation of the complexities of the prison population, but also the services and activities on offer. The GIC was confident this would lead to closer collaboration in future. It had already led to the prison supporting various community charitable initiatives, such as supporting the West Bank Project by refurbishment of garden benches and other items. Also, supporting local community projects such as the Goodlyburn Primary School with their horticultural area. The prison and the councils also saw scope for the prison to assist in future with the refurbishment of bikes for use with a planned new cycle path.

In a similar collaborative venture A&E consultants from the local hospital had visited the prison and now had a far clearer understanding of the challenges for prison staff in observing prisoners overnight through a cell hatch compared with observing patients in a hospital ward. It was anticipated this would lead to improvements in the care of patients and plans for discharge back to prison for those requiring continued observations.

The prison was active with other Public Health colleagues in harm reduction awareness raising initiatives, and in a pan-Tayside Recovery Hub connecting with addiction teams in local communities. The prison worked with two workers from Hillcrest Futures who had lived experience of prison themselves to run courses and support prisoners away from their addictions, often using art to express the impact of their addictions. Another initiative with Perth and Kinross Council, involving weekly meetings with APEX Scotland and New Routes, Churches Action for Homeless and Justice Social Work, seeks a more co-ordinated approach to throughcare through



targeted floating housing support services and earlier action to provide sustainable tenancies on release.

The prison was working with Police Scotland to tackle the use of drone technology in the supply of illegal drugs.

**Good Practice 18:** The commitment to proactive partnership working with councils and others, and willingness to overcome the challenges involved in employing workers with lived experience of prisons to support those with addictions, was highly commendable.

## **8.8 The prison is effective in communicating its work to the public and in maintaining constructive relationships with local and national media.**

Rating: Good

The Senior Management Team had conducted a number of speaking events about the work of the prison to local Rotary Clubs, Women's Guild and other community groups. The GIC and Management Team had also supported and co-operated with the writing of national media articles drawing attention to the Recovery Hub and related initiatives, such as the lego building group, with the aim of promoting HMP Perth's recovery and rehabilitation agenda and activities.

The prison welcomed school groups into the prison to see the rehabilitative work being facilitated by the prison and had staff go out to schools to promote that agenda and share their experiences. A staff/public exchange with a Mosque in Dundee helped all parties learn more about each other, and the prison worked with local charities such as the Walled Garden at Murray Royal Hospital to exchange skills and encourage positive impressions about the work of the prison. Similarly, a Recovery Walk was held every year within the prison, with community partners and the family of prisoners invited to attend, participate, and witness the opportunities being facilitated and undertaken by those in the care of the prison.

## **9.1 An assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning.**

Rating: Satisfactory

All admissions and transfers to HMP Perth are offered initial health screening on arrival. All staff responsible for the provision of health screening had been trained in the process and used a validated health screening tool. The clinical record of this screening was kept in the healthcare electronic system. Paper copies were only used in the event of any system failure. The room used for the initial screening was spacious and all equipment was clean and ready to use. Staff indicated how they would decontaminate equipment after use with recommended products that met the standards for infection prevention and control.

Systems and processes were in place to ensure that all necessary information about the healthcare needs of patients identified at the screening assessment were clearly documented in Vision and shared with appropriate healthcare teams.

All patients identified with healthcare needs were promptly referred to the appropriate teams to meet their healthcare needs.

Medicines reconciliation was completed by either the GP or Pharmacist following the initial screening. Patients arriving out-of-hours would have this completed the following day.

There were systems and processes in place in the event that new arrivals were not fit for detention. The Healthcare Team had established links with Ninewells Hospital Emergency Department through a consultant connect mechanism (for staff to seek advice from hospital consultants) and the GP Out of Hours service.

Inspectors observed daily meetings with healthcare staff and SPS staff. Patients with immediate complex needs; found under the influence of illicit substances or where there was a health concern raised by either healthcare or SPS staff, would be discussed at the multidisciplinary/multi-agency Person of Concern Group (POCG) the following morning (Monday – Friday). This is good practice.

**Good Practice 19:** Patients with immediate complex needs, found under the influence or where the reception nurse raised a concern, would be discussed at the multidisciplinary/multi-agency Person of Concern Group (POCG) the following morning (Monday to Friday).

## **9.2 The individual's healthcare needs are assessed and addressed throughout the individual's stay in prison.**

Rating: Generally Acceptable

Patients with long-term conditions were identified at the initial screening on arrival at HMP Perth. This was documented in the Vision records. Both the initial screening and subsequent reviews by healthcare staff and the GP would identify patients with complex needs. Patients were provided with information at the initial assessment when entering HMP Perth on how to self-refer to clinics led by nurses. See QI 9.6 for long-term conditions review.

Referral forms were available in the residential areas for people to self-refer to healthcare; however these were not available in other languages or formats, this is a concern. Senior staff told inspectors a review had taken place of the current most common languages spoken in HMP Perth, and plans were in place to provide alternative languages and formats. Patients who could not access referral forms in their own language were being supported by other prisoners and SPS officers. Although this was helpful, it did not support patient confidentiality.

The health centre had specific SPS officers assigned to escort patients to and from appointments. However, healthcare staff reported that this could be unreliable at times, resulting in missed appointments. There was no mechanism to formally record the missed appointments. However staff reported they shared the issue at regular NHS governance meetings and with SPS at the monthly NHS / SPS Operational meetings. Unresolved issues were escalated to the GIC via the monthly Service Manager / GIC meetings.

The ongoing national issue of patients missing their secondary care appointments (such as hospital and nurse specialists) due to fluctuations in the performance of the prisoner transport provider, GEOAmev, continues. This has been escalated by HMIPS to the Cabinet Secretary for Justice and Home Affairs. HMP Perth continues to collate and present this data at the national prisoner healthcare network and support patients who have missed appointments. Administrative staff in HMP Perth liaise directly with outpatient departments to reappoint patients where this has happened.

All healthcare staff were trained in responding to emergencies and all emergency equipment was ready for use, in date, and accessible. Healthcare staff were responsible for the maintenance of all defibrillators in the prison. Systems and processes were in place to support patients who were not fit to be detained. Inspectors saw an algorithm in place to guide staff to the correct procedure. This was supported by the Scottish Ambulance Service, and staff reported timely responses for patients to be transferred.

Information on available health services was given to patients at the time of arrival into prison.

Alongside 'consultant connect' Healthcare staff had access to an out-of-hours GP. Staff described how they would utilise this service if patients required urgent prescriptions. Staff were able to describe this process and there was an algorithm in place for staff to follow if required.

SPS provided social care through an agency. All staff could refer into this service for patients, including SPS, healthcare including and Occupational Therapy (OT). There was a mechanism for carers to provide feedback to healthcare staff through care plan evaluation forms and a communication diary which inspectors reviewed on site.

HMP Perth benefits greatly from an on-site OT service. Inspectors met with the OT team during the inspection and observed their service. The OT service provided a wide range of support for patients across many services. It works closely with patients to improve access to services, supporting transitions to and from HMP Perth. There was clear multidisciplinary engagement with the wider healthcare team and SPS, this is good practice.

**Recommendation 57:** Perth and Kinross HSCP must provide referral forms in alternative languages and formats that are accessible for patients in residential areas.

**Recommendation 58:** Perth and Kinross HSCP must develop a process to record missed appointments to the health centre and the impact of this.

**Good Practice 20:** The OT service provided a wide range of support for patients across many services. It works closely with patients to improve access to services, supporting transitions to and from HMP Perth. There was clear multidisciplinary engagement with the wider healthcare team and SPS.

### **9.3 Health improvement, health prevention and health promotion information and activities are available for everyone.**

Rating: Generally Acceptable

Blood Borne Virus (BBV) testing was provided as an opt-out option on admission. Patients were given further opportunities for testing if they did not take this up on admission. A nurse attended HMP Perth weekly and held a sexual health clinic that included BBV management.

Access to national screening programmes continued as per community provision. Eligible patients were sent screening letters. Healthcare staff would encourage patients to attend screening when invited, as part of a health promotion approach.

Condoms were accessible to people in prison on request by using the self-referral form.

HMP Perth healthcare staff delivered COVID-19 and flu vaccination programmes and all eligible patients had received their spring COVID-19 booster.

Healthcare staff told inspectors about the planned reintroduction of a Hepatitis A and B vaccination programme that will be delivered by healthcare staff in HMP Perth. This will be a positive addition to the services offered by the Healthcare Team at HMP Perth due to high rates of transmission in the population.

During the inspection, inspectors met with the health improvement practitioner. They were supported by two healthcare support workers from the Substance Use Team (SUT) to deliver health promotion activities. The health improvement practitioner provided advice and support on subjects such as:

- Naloxone
- smoking cessation
- relapse prevention

Inspectors were told by healthcare staff that three new healthcare support and recovery workers were being employed who would support health improvement, prevention, and promotion.

HMP Perth had a recovery hub which was a dedicated area where health promotion and improvement activities were delivered. There were a number of groups and resources that patients could access. This included access to peer support worker groups to support wellbeing and relapse management led by external facilitators and SPS colleagues. It also enabled a group of people with lived experience to come together to support each other in a group setting.

Inspectors observed that the focus of health improvement, prevention, and promotion in HMP Perth related to recovery from substance use. Inspectors observed that there were limited general health and wellbeing activities.

The uptake of Naloxone at HMP Perth was low at the time of inspection. Staff felt this was due to only injectable Naloxone being available, and it was only made

available to patients on Opiate Substitution Therapy (OST). Plans were in place to introduce nasal Naloxone to the wider population on liberation and have peer support workers delivering training, which would increase uptake. This will be followed up at future inspections.

**Recommendation 59:** Perth and Kinross HSCP should consider reviewing the delivery of health improvement, prevention and promotion activities in HMP Perth to cover all the healthcare needs of the prison population.

**Recommendation 60:** Perth and Kinross HSCP should facilitate the introduction of nasal Naloxone to HMP Perth and ensure that all prisoners are offered this on liberation.

#### **9.4 All stakeholders demonstrate commitment to addressing the health inequalities of prisoners.**

Rating: Satisfactory

Healthcare staff understood health inequalities and knew about the potential barriers patients faced when accessing healthcare. Staff demonstrated a respectful and professional approach to all patients. Interactions with patients were observed to be supportive and explanations of care were given while gaining consent.

Mandatory training modules on equality, diversity, and human rights were available online. However, inspectors saw variable compliance rates across the healthcare teams with the completion of the training.

Inspectors saw evidence of additional support in place to ensure that health and wellbeing needs of patients were being met and there was good collaborative working between SPS and healthcare staff to facilitate patients attending for supervised medication administration.

Healthcare staff informed inspectors that they facilitated any requirement to utilise interpreting services to ensure there were no language barriers for patients to access care. On admission all patients were offered an information booklet on how to access healthcare, which was available in different languages.

Inspectors found from research that a significant number of prisoners may have experienced traumatic events during childhood or adolescence known as Adverse Child Experiences (ACEs). Having a workforce that is trained in trauma-informed care can benefit both the person experiencing trauma and staff providing care. It was positive to see that online trauma-informed care training was available to all healthcare staff and that the majority of staff had completed this training. The Psychology Team had plans to deliver training around trauma-informed practice to both healthcare and SPS staff.

**9.5 Everyone with a mental health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Poor

The Mental Health Team at HMP Perth was functioning with a high number of vacancies. This was reflected in the crisis management provision that was available at the time of inspection. Some vacancies had been recruited to and staff were due to start in post within the coming months. It was expected that a wider provision, including the delivery of low intensity psychological interventions in nurse clinics and groups, would become available and waiting times would improve as the staff team increased.

A robust referral triage and allocation process to ensure regular screening of new mental health referrals was taking place. Referrals were triaged through risk assessment and patients were offered urgent or routine appointments accordingly. Inspectors were reassured that a system was in place to see urgent referrals within 72 hours. Patients were sent letters to notify them of the outcome of their referral. The letter included detail on the expected waiting time; signposting to other areas of the healthcare team where their needs may be met more appropriately; and self-help resources. At the time of inspection, the longest wait for a routine appointment with a mental health nurse was 30 weeks, this is a concern. However, the weekly team meeting, POCG, and onward referrals provided ways for the risks to be regularly reviewed and for patients to be offered appointments sooner if required. Whilst the wait for a routine appointment with a mental health nurse was long inspectors were assured that systems and processes were in place to ensure this did not impact on the wait to commence treatment in psychiatry or psychology clinics.

As referenced in QI 9.1 inspectors consider the POCG to be good practice. The group involves healthcare professionals and SPS colleagues, including Unit Managers and Chaplaincy, who meet daily to discuss and review any patients that have raised concerns to professionals. Inspectors had the opportunity to shadow the meeting and saw it was an effective way of communicating and updating colleagues on concerns and formulating plans to support patients. Outcomes for patients included being referred to healthcare teams and professionals being aware of their additional support needs.

A validated assessment tool was used to assess the mental health needs of people referred to or referring themselves to mental health services. This included an assessment of the patient's mental state, gathering their history, psychosocial factors, identification of risks, formulation of presenting problem and an appropriate plan of care. Vision records showed that patients were involved in their assessment and had the opportunity to discuss the purpose and outcome of the assessment. A person-centred care plan template was available. Patient care records evidenced that some patients had detailed care plans which were reviewed regularly; however, this practice was inconsistent in that not all patients on the mental health caseload had this in place.

A weekly multidisciplinary team meeting was in place, providing a forum to discuss complex patients, referrals, and required interventions for patients. Inspectors had the opportunity to attend the meeting which was observed to be an effective way of sharing information about patients and a supportive culture was evident between professionals.

Psychiatry was available in the format of three psychiatry clinics a week, with the capability to respond to any emergency or urgent care requests. Effective processes were in place for patients to be seen quickly in psychiatry clinic, with no patients waiting longer than two weeks.

The psychology provision had improved since the last inspection with a clinical psychologist, forensic psychologist and assistant psychologist in post. Regular clinics were available with a range of interventions including cognitive behaviour therapy (CBT), schema therapy, eye movement and desensitisation and reprocessing therapy (EMDR). Most patients were being seen within the nationally set waiting time target. Computerised CBT was being piloted at the time of inspection and had a good uptake allowing patients to engage in guided self-help electronically. A health needs analysis was being carried out to understand what interventions patients would benefit most from in the future, alongside a training needs analysis to identify any gaps within the healthcare team to support any future interventions offered.

The nursing team had access to training in the delivery of low intensity psychological interventions and had previously been able to offer a range of interventions including anxiety management groups, safety and stabilisation, psychoeducation and relapse prevention. However, due to staff vacancies there was limited capacity to deliver these interventions. Subsequently, waiting lists were in place for anxiety management and safety and stabilisation groups.

Although inspectors saw that risks were assessed and recorded in detail at the initial assessment, this was inconsistently recorded within patient care records following nurse clinic appointments. In addition, no standardised risk assessments were being used in practice, this is a concern. Inspectors were advised by senior leadership that the team had plans to look at available tools and work towards implementing this for all patients on the mental health caseload.

Inspectors were told that there was not an established pathway for patients to access specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment.

Inspectors were told that systems and processes were in place to ensure that any patient requiring inpatient mental health care was assessed and transferred promptly to the hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003. At the time of the inspection there were no patients awaiting transfer; however, inspectors were told that there were occasions when identifying available beds was challenging.

Systems and processes were in place to ensure patients due for liberation were referred on to Community Mental Health Teams and community professionals provided patients with relevant information regarding their care whilst at HMP Perth.

**Recommendation 61:** Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the mental health caseload.

**Recommendation 62:** Perth and Kinross HSCP must ensure that standardised individual risk assessments are used and updated regularly for all patients on the mental health caseload.

**Recommendation 63:** Perth and Kinross HSCP must ensure that links between the prison healthcare team with specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment in NHS Tayside is formalised, to ensure that staff are aware of the correct referral pathways to follow for patients.

### **9.6 Everyone with a long-term health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Poor

Patients with long-term conditions were identified as part of the admission health screening. There have been no specific long-term conditions clinics operating in HMP Perth for patients. Patients could self-refer to see a member of the healthcare team if they had a long-term condition. However, this was a concern as without structured planned review, patients might miss annual follow-up reviews for long-term conditions.

During the inspection inspectors saw evidence that the Healthcare Team had retrospectively reviewed prisoner Vision records and drug Kardexes to identify those with long-term conditions. The service also used read codes when entering information on the Vision system that would allow them to easily identify those with long-term conditions. Healthcare staff had been identified as link nurses and had received training with a view to commencing regular structured condition-specific clinics.

Inspectors reviewed the electronic notes on Vision and saw these to be variable in their content. Care plans were not in place for all those identified with long-term conditions, and care plans viewed were not person-centred and outcome-focused. As the care plans were electronic, they were not seen to be signed by the patient, to indicate that they had agreed to them. Inspectors saw wound charts for three patients who required them, these were well completed.

There were no patients requiring anticipatory care plans at the time of the inspection.

Inspectors were told that patients with diabetes attended a yearly appointment in HMP Perth where health checks were completed. Patients attend secondary care for eye screening and foot checks are carried out by the visiting podiatrist. Inspectors were told that information, self-help leaflets from British Heart Foundation and



Diabetes UK was given to patients relating to their long-term conditions to help them self-manage their health.

The SPS system PR2 was used to record limited information about long-term conditions or specific medical conditions and treatments that SPS should be alerted to. However, inspectors were told that sometimes there could be a delay in these markers being added to the system. Healthcare staff told inspectors that this could happen when a GP had been asked to confirm the medical marker.

The GIC told inspectors that there were plans to have a fully accessible cell that could accommodate hoists for moving and handling and other assistive equipment. Inspectors will follow this up at future inspections.

**Recommendation 64:** Perth and Kinross HSCP must ensure that all patients with a long-term condition have person-centred and outcome-focussed care plans in place, which have been agreed with the patient.

**Recommendation 65:** Perth and Kinross HSCP must ensure that patients with long-term conditions have access to a review of their conditions equitable with community provision. All reviews and patient interventions must be accurately documented into the care records in the Vision care system.

### **9.7 Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Generally Acceptable

The SUT had a number of vacancies at the time of inspection. HMP Perth was experiencing high numbers of illicit substances being used by prisoners, which impacted on the service that the team could offer at HMP Perth. The SUT were limited in the delivery of pharmacological, harm reduction and psychological interventions due to the requirement for nurses to respond to MORS. The MORS policy indicates, that, it is the nurses' responsibility to undertake a wellbeing assessment and follow-up reviews for individuals that are suspected to be under the influence of substances.

Patients requiring support with drug and/or alcohol dependence were identified at health screening on transfer to the prison or as part of their health assessment using a validated screening tool. The outcome was documented within the Vision records, and patients were also sent a letter with the outcome of their referral.

Systems and processes were in place to confirm the prescriptions of patients transferred to or out of prison through a copy of the Kardex being shared for patients prescribed OST. For new admissions to the prison, confirmation of any OST was part of the admissions process.

Individual support needs for patients referred to addiction services were identified through an assessment process. An individual person-centred and outcome-focused care plan template was in place, which reflected the required support needs; however, not all patients on the caseload had care plans at the time of inspection due to prioritisation of workload whilst working with a number of vacancies. For the

care plans in place, there was evidence of patient involvement in writing their care plans which were regularly reviewed, monitored and updated by the patient and their nurse.

HMP Perth has been a pilot site for implementing the Medication Assisted Treatment (MAT) Standards to ensure safe, accessible and high-quality treatment, which has involved working closely with the MAT Implementation Support Team (MIST) to identify any gaps in provision. There was evidence of promoting patient choice for OST in line with the standards at the time of the inspection. The administrative staff were responsible for ensuring all patients on OST or with alcohol dependence were logged on the National Drug and Alcohol Information System (DAISY). The system triggers a 12-week, 26-week and annual review, which maintains community links as triggers for action by the professional involved with the patient's care at the relevant timeframes, including if transferred to other prisons or when liberated.

Due to the number of vacancies, the SUT was limited to delivering a range of evidence-based pharmacological, harm reduction and psychological interventions for patients on the SUT caseload, this was a concern. However, the team lead had awareness of this and plans to reintroduce this when staffing capacity improved. The recovery hub had a number of groups and resources that patients could access, aside from support offered by the SUT. This included access to peer support workers and groups on relapse management led by external facilitators and SPS colleagues.

A harm reduction pack was available to distribute to patients with useful resources including information on Naloxone and self-help materials. Patients could contact the SUT helpline Monday to Friday if they needed to speak to someone outside scheduled appointments.

A standardised discharge planning tool was in place. It ensured that patients referred to community services had information passed to these services for continuity of care upon liberation. This included the early identification of community prescribers and pharmacies.

Medical clinics ran twice a week for patients on the SUT caseload or new referrals requiring a medical review. Inspectors saw evidence that patients were generally waiting no longer than one week to see a medical clinician. The majority of patients referred to the SUT had appointments booked with nurses within three weeks for initial assessment.

Written systems, protocols and procedures were in place to describe the joint working with mental health and primary care services for patients with co-morbidities.

**Recommendation 66:** Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the Substance Use Team caseload.

## 9.8 There is a comprehensive medical and pharmacy service delivered by the service.

Rating: Generally Acceptable

The pharmacy service at HMP Perth consisted of a clinical pharmacist, pharmacy technician and a pharmacy support worker. They worked as part of a multidisciplinary team providing support and advice to patients and colleagues in line with local and national guidelines. They were also responsible for medicines reconciliation within HMP Perth.

Systems and processes were in place to ensure robust patient medicine reconciliation was carried out in line with NHS Tayside Medicines Policy. GPs undertook all prescribing within HMP Perth and compliance with prescribing was monitored through drug Kardex audits. The service could consider developing this approach so that it provides assurance that prescribing is audited in line with local and national guidance.

Most patients received their prescribed medication within 24 hours of admission to HMP Perth. However, some patients could wait up to 72 hours for medication if it was deemed non-urgent and if stock was not held within the prison pharmacy. This is a concern. Provision was in place for urgent medication to be administered within that time if clinically required. Lloyd's Pharmacy held the national prison contract and provided clinical checks on prescriptions when dispensed.

Patients could be referred to the Pharmacy Team to discuss medication by another member of the Multidisciplinary Team or patients could self-refer. This is good practice. The clinical pharmacist and pharmacy technician also undertook Kardex review and would discuss with patients any concerns with their medication if required. Pharmacy staff could discuss patient care on an ad hoc basis with other members of the multidisciplinary team; however, did not take part in any formal weekly multidisciplinary team meetings. The service should review this and consider the benefits and capacity for the Clinical Pharmacy Team to contribute to multidisciplinary team meetings and the impact this would have on patient care.

Inspectors observed that safes were available in cells for patients to safely store in-possession medication. Healthcare staff told inspectors that the in-possession medication contract prisoners signed on admission to HMP Perth highlighted that it was the patient's responsibility to report broken safes to SPS officers. Systems and processes were in place to carry out spot checks on compliance with in-possession medications. A multidisciplinary team approach was taken to discuss any issues with compliance.

Systems and processes were in place to ensure all medicines were handled safely and stored securely in line with national and professional guidance and legislation. Inspectors saw where medications were stored within the health centre. A home office license was in place for the storage of controlled drugs.

Medication was administered on a twice-daily basis. The last medicine was administered late afternoon, which meant some medications were administered out

with therapeutic times. Inspectors were told that the service wants to move towards morning and evening administration; however, changes to the SPS regime and staffing challenges made it difficult to support this.

A member of the inspection team observed a medication administration round. This was carried out in a calm and organised manner. The appropriate patient identification checks were seen to be completed before medications were administered. The inspector observed a supportive and professional relationship between healthcare staff and patients, as well as collaboration between healthcare staff and SPS staff to ensure the medication round was completed efficiently. Patient confidentiality was maintained, and appropriate infection control and prevention measures were used. Inspectors saw that drug administration charts and controlled drugs registers were generally well completed, with no overwriting. Inspectors were told by healthcare staff that there were processes in place to ensure that patients received their supervised medication, including OST, prior to attending court. Healthcare staff also told inspectors that at times due to staffing constraints, the afternoon administration round may be carried out by one nurse only. This could include the administration of certain schedule two controlled drugs, where best practice would be for two nurses to administer.

Inspectors were shown rooms within residential areas where medications would be administered and were concerned that patient confidentiality would not be maintained, and that adequate infection control and prevention measures could not be used. One of these areas was particularly concerning. Inspectors discussed this with HMIPS and asked them to escalate our concerns to SPS as they have responsibility for maintenance of the environment within the residential areas.

The Clinical Pharmacist managed all planned liberations and supported the GP with prescribing. Patients were issued a prescription for 28 days of their medication that could be dispensed in a community pharmacy. No process was in place for those who were liberated from court. The service should work to develop systems and processes to support prisoners who are liberated directly from court to access continuing supplies of their prescribed medication.

**Recommendation 67:** Perth and Kinross HSCP and SPS must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.

**Recommendation 68:** Perth and Kinross HSCP must ensure that controlled drugs are administered in line with best practice of controlled drugs.

**Good Practice 21:** Patients could be referred to the Pharmacy Team to discuss medication by another member of the Multidisciplinary Team or patients could self-refer.

### **9.9 Support and advice is provided to maintain and maximise individuals' oral health.**

Rating: Generally Acceptable

The dental surgery environment and all equipment was compliant with national guidelines. An external dental inspection had been carried out in June 2022. The environment and patient equipment, such as the dental chair, were intact and clean.

Systems and processes were in place to ensure that all sterile instruments were appropriately stored before use and were safely transported off-site to a local decontamination unit to be reprocessed after use.

Patients could access dental services through self-referral forms which were triaged by the dental team. The dental team told inspectors that waiting times for routine appointments were between two and three months. However there was no clear system in place to verify this timescale that inspectors could review.

Urgent dental appointments were accommodated in a timely manner. Patients could also be seen by primary care staff who could facilitate the prescription of analgesia or antibiotics, if required out with the dental clinics. A process was in place to manage dental emergencies out-of-hours.

Health promotion and support for dental care were delivered by the dental team only rather than also provided by healthcare support workers.

Access to dental services for remand patients was still limited to emergency care despite remand prisoners having long waiting times in this category. Discussions with the dentist indicated that they had no influence over this and would require agreement from SPS to provide prisoners on remand with the full range of dental services. This is a concern as prisoners can be on remand for more than six months. This was raised with HMIPS during the inspection.

**Recommendation 69:** Perth and Kinross HSCP must ensure that accurate dental waiting times are kept for patients in HMP Perth.

**Recommendation 70:** Perth and Kinross HSCP should consider the introduction of oral health promotion and support to patients in HMP Perth.

**Recommendation 71:** SPS must ensure dental treatment for those patients who were on remand beyond six months was provided and equitable to those who are convicted.

### **9.10 All pregnant women, and those caring for babies and young children, receive care and support equitable to that available in the community, and are supported with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Not applicable

There were no pregnant people in HMP Perth at the time of the inspection.

**9.11 Everyone with palliative care or end of life care needs can access treatment and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release.**

Rating: Generally Acceptable

At the time of the inspection, no patients were receiving palliative care. HMP Perth has an established palliative care link nurse and a clear process described in a palliative care standard operating procedure. Patients entering HMP Perth requiring palliative care would be listed for the GP the following day and allocated a named nurse.

Inspectors were shown evidence of the palliative care toolkit in place. This included nationally recognised palliative care tools, the referral pathway and OT. The Senior Charge Nurse (SCN) for primary care is part of the national Macmillan palliative care in custodial settings community of practice group. This group aims to provide bespoke tools for the prison environment.

There were good links with community services at Macmillan Hospice and evidence within the toolkit of a person-centred approach to planning. This would include the use of anticipatory care plans. Multidisciplinary team meetings take place when required; these were represented by NHS, SPS, Chaplaincy, social work and any other relevant agency to ensure patients were managed holistically. The link nurse described how families or caregivers would be included in the care planning with consent from the patient.

**9.12 Everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment, and support with their wellbeing throughout their stay in prison, on transfer and on release.**

Rating: Generally Acceptable

On arrival or transfer to the prison, every patient at risk of self-harm or suicide was assessed using a standardised health screening tool as part of the screening process. Patients identified at risk were placed on the SPS Prevention of Suicide in Prison Strategy Talk to Me (TTM). Patients being managed on the TTM strategy have their suicide and self-harm risk assessed at every case conference to inform their ongoing risk management.

The TTM strategy could be initiated at any stage when there were concerns for an individual. All patient facing healthcare staff have undertaken the SPS TTM core training. NHS and prison staff work collaboratively to identify, support and review those at risk of self-harm or suicide. At the time of the inspection, there were 10 patients at HMP Perth on TTM. Inspectors observed the allocation process in place where a nurse from the healthcare team was allocated daily to attend TTM case conferences, including the updating of associated documentation. When possible, this would be a mental health nurse or a nurse who knew the patient; however due to the high number of case conferences and vacancies within the Mental Health Team, it was not always possible for a mental health nurse to attend.

In addition to urgent referrals to the Mental Health Team, the Person of Concern Group highlighted in QI 9.5 provided a forum for professionals to discuss any concerns about patients within HMP Perth.

As referenced in QI 9.5, it was a concern that no standardised risk assessments were in place for patients receiving care from the Mental Health Team, out with the TTM process.

**9.13 All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner.**

Rating: Generally Acceptable

All complaints were managed in line with the local NHS Tayside complaints and feedback policy. The Administration Team had an appointed patient relations administrator who was responsible for logging all complaints on the recognised Datix system.

Inspectors reviewed the most recent complaints received in the health centre to ascertain common themes. All complaints were answered within the time period allocated to both Stage 1 and Stage 2 complaints. Staff that inspectors spoke with described how they would attempt to resolve issues face-to-face with patients in the first instance.

A senior member of staff reviewed all complaints. The NHS Tayside template for Stage 2 responses included a paragraph detailing that the patient had the right to contact that Scottish Public Services Ombudsman (SPSO) should they remain dissatisfied with the response provided. They were given contact details for the SPSO. All complainants received a written response. Complaints forms were available in the residential areas with a confidential box to post. However, these were not available in alternative formats and languages as described in QI 9.2, referenced in Recommendation A.

The management of complaints and associated themes were discussed at bi-monthly Business and Governance meetings. Perth and Kinross HSCP kept a log of learning from all Stage 2 complaints, which was shared and monitored through the Safety, Clinical Governance and Risk Group.

Learning from Stage 1 complaints was managed locally by individual teams. Staff indicated that discussion about complaints and learning from them would be discussed at one-to-one meetings and in daily safety briefs. If complaints received were specific to matters relating to SPS, healthcare staff would redirect them to SPS, and patients would be informed that the complaint had been redirected. All complaint responses are reviewed by the service manager who has received formal complaints response training, though all senior staff responding to complaints do not have formal training; this did not feature in the statutory and mandatory aspect of NHS Tayside's training plan. Staff answering complaints should be provided with regular specific training.

**Recommendation 72:** Perth and Kinross HSCP must be able to evidence the provision of specific training on how to manage complaints to support staff in this role.

**9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting.**

Rating: Satisfactory

Staff had a clear understanding of their roles and responsibilities in reporting any situations which could result in physical or psychological harm to those in prison.

Systems were in place to ensure the safe storage of patients' electronically recorded and hard copy health information. All hard copy patient records and health information were securely held in locked rooms.

All staff inspectors spoke with indicated that the relationship between healthcare staff and SPS staff was cohesive and supportive. This was also observed in practice by inspectors.

Healthcare staff described their responsibilities to assess, record, and report any medical evidence of mistreatment of people in prison and to offer treatment as required. Staff described the SPS process used to report concerns. All healthcare staff had personal secure access to the electronic system Vision.

Adverse events were recorded onto the electronic system Datix. These were reviewed at the Business & Governance and Medicines Management meetings, and any learning from adverse events was shared with the teams and at one-to-one meetings. There was ongoing Continuing Professional Development (CPD) training in HMP Perth.

**Good Practice 22:** Inspectors saw evidence of good relationships between healthcare staff and SPS.

**9.15 The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.**

Rating: Generally Acceptable

The health centre in HMP Perth is in a good state of repair and can be effectively cleaned. All near patient equipment was in a good state of repair and clean and ready for use. Mask wearing guidance had changed at the time of inspection, and staff were no longer required to wear masks. Adequate supplies of PPE were still in place. The standard of cleanliness in the health centre was good and inspectors saw cleaners regularly within the health centre. Healthcare staff reported that the provision of cleaning was acceptable.

HMP Perth has allocated a link nurse for infection control; this role includes the responsibility for regular auditing. This was undertaken by using NHS Tayside's tool



and incorporated compliance with all standard infection prevention and control precautions. This was scored and reported to senior management monthly and presented at Perth and Kinross HSCP governance groups. Non-compliances were monitored and fed back to staff. Inspectors observed that the audit scoring was satisfactory. NHS Tayside's Infection Prevention and Control Team externally audit HMP Perth health centre annually. Inspectors saw evidence of daily and weekly cleaning schedules in clinical areas, these were generally well completed.

Infection control updates were shared from NHS Tayside and were sent directly to staff. Any updates to guidance were discussed amongst staff at safety briefs. Healthcare staff were compliant with the national uniform policy at the time of inspection.

Medicine administration rounds took place in the residential areas. Inspectors reviewed the areas used for this. In one hall, the room used for administration is no longer fit for purpose. There was damage and chipping to the paint and worktops; this could not be effectively cleaned.

Healthcare staff were extremely limited for space in this area. Staff reported that the area was extremely hot and uncomfortable. Inspectors were made aware that medication administration could take in excess of two hours. The sink in this area was non-compliant with infection control standards. Pass men are prisoners with assigned job roles that include environmental cleaning. Healthcare staff reported that pass men who were biohazard trained were responsible for cleaning the area for administration of medicines. Inspectors observed debris and dust on floors in all dispensaries, and staff had previously raised concerns. Inspectors shared their findings with colleagues in HMIPS and this was escalated to the GIC.

Staff observed compliant with standard infection prevention control precautions and were knowledgeable.

**Recommendation 73:** In the hall identified, SPS must provide a suitable area for staff to administer medication, the room must be fit-for-purpose and meet infection control standards.

### **9.16 The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care.**

Rating: Satisfactory

The Prison Healthcare Leadership Team regularly reviewed staff competency, training needs and staff skill-mix to ensure the delivery of safe, effective and person-centred care.

An induction programme was in place for all new staff to ensure all training requirements were completed by staff. Team specific inductions were also in place, which inspectors observed all new staff had completed.

A dashboard system was used to monitor compliance with mandatory training courses and role specific training. Inspectors observed good compliance at the time of inspection.

Training and learning needs were identified during one-to-one meetings, and through completion of appraisals and personal development plans (PDPs). Staff told inspectors that training, and staff development was encouraged and supported. The majority of staff had an appraisal undertaken in the last year. Supervision was offered on a one-to-one basis but not all compliance records were available to review at the time of inspection. Inspectors were told it could be challenging for staff to consistently engage in supervision due to competing demands and vacancies across the teams. Group supervision was available, facilitated by the clinical psychologist. However, the uptake had been variable which also appeared to be a reflection of competing demands and vacancies. Staff told inspectors they felt supported and knew how to access support; however opportunities were somewhat limited given clinical demands.

There were a number of vacancies at the time of inspection particularly across the Mental Health and Substance Use Team, despite proactive recruitment strategies in place. The teams were working with regular bank and agency staff where the regular team could not cover shifts. A workforce review had been undertaken and as an outcome, plans were in place to recruit advance nurse practitioners (ANPs), which would likely enhance the current provision at HMP Perth.

Inspectors observed good communication systems between healthcare teams in the format of twice daily handovers. Patients causing concern or with complex needs were shared on a 'night' report with healthcare and SPS staff. Patients with significant complex needs may additionally be raised on the daily exceptions report to alert wider parties within health and social care.

As referenced in QI 9.5 the POCG also provided a multidisciplinary forum for patients to be discussed across all teams involved including SPS colleagues and evidenced good collaborative team working. These patients would be discussed at a twice-daily clinical handover.

**9.17 There is a commitment from the NHS Board to the delivery of safe, effective and person-centred care which ensures a culture of continuous improvement.**

Rating: Satisfactory

Prisoner healthcare is delegated to the Perth and Kinross Integration Joint Board via the Integration Scheme agreed by NHS Tayside and Perth and Kinross Council. The Chief Officer for Perth & Kinross HSCP has responsibility for healthcare in HMP Perth as lead partner. Prison Healthcare report through the partnership governance structures which then provide assurance to NHS Tayside Care Governance committee. A recent review of the leadership structure reflected a robust management team made up of a service manager, senior nurses, health centre co-ordinator and team lead for each discipline within the Healthcare Team. The leadership team had clear management and governance reporting structures in

place. Inspectors saw evidence of regular meetings between senior management for business and governance, medicines management and a leadership huddle.

The Datix system was used to report and review all incidents, adverse events and risks. Inspectors reviewed the dashboard and saw evidence of incidents being reviewed appropriately and mostly within set timescales. Inspectors were told that feedback was shared individually through team leads and, in some instances, at team meetings. Minutes for team meetings were reviewed and had a structured agenda with wide attendance from the Healthcare Teams. This provided opportunity to share updates from governance meetings and discuss any current issues faced by the healthcare team. However, due to staff vacancies and competing demands, staff meetings were not taking place as regularly as planned. Management staff were aware of this and were hoping to improve the regularity of staff meetings.

Feedback from patients was gathered using complaint or feedback forms, or through face-to-face interactions with patients. Inspectors were told that a new approach to gathering patient feedback through attending SPS Prisoner Information and Advice Council meetings was planned to help improve engagement and provide a different forum for patients to seek feedback. Inspectors will look forward to seeing how this has been embedded at future inspections. In addition, some healthcare teams had individual processes for seeking feedback from patients following treatment to help influence improvements to individuals' practice. Inspectors saw survey results from patients who had engaged with the SUT and received treatment from psychology which included a number of positive comments about the treatment they received. This is good practice.

Staff told inspectors they were aware of the NHS Tayside whistleblowing policy and had forums to raise any safety or risk concerns in daily handovers or to individual team leads.

Inspectors reviewed minutes of regular meetings between healthcare and SPS staff. Inspectors observed and received feedback from staff that there was a good relationship between the two staff groups with evidence of joint working.

NHS Tayside podiatry deliver regular sessions within HMP Perth; optometry is delivered in the Health Centre. The healthcare team at HMP Perth also developed connections with secondary care specialist nurses.

**Good Practice 23:** Some healthcare teams had individual processes for seeking feedback from patients following treatment to help influence improvements to individuals' practice.





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