



**HMIPS**

HM Inspectorate of Prisons for Scotland  
INSPECTING AND MONITORING

**HMP & YOI Cornton Vale**

**Review Inspection**

**11-13 October 2016**

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Inspecting and Monitoring

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## **Report by Her Majesty's Chief Inspector of Prisons for Scotland**

### **1. Background**

1.1 The Cabinet Secretary for Justice, Michael Matheson MSP, announced on 11 February 2016 that HMP & YOI Cornton Vale would partially close in order that all women held there had independent access to toilet facilities.

1.2 This decision resulted in approximately 110 women from HMP & YOI Cornton Vale being transferred to HMYOI Polmont in August 2016.

1.3 HM Chief Inspector of Prisons for Scotland (HMCIPS), David Strang, announced on 16 February 2016, at the launch of the HMP & YOI Cornton Vale inspection report, that as a result of that announcement he would undertake a series of inspections in HMYOI Polmont and HMP & YOI Cornton Vale.

1.4 Consequently, a review inspection was undertaken at HMP & YOI Cornton Vale during the autumn of 2016, to assess any impact on the regime available to the women that remain there, once the transfer to HMYOI Polmont had been completed.

### **2. Overview**

2.1 A small inspection team consisting of the core staff of Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) and supported by colleagues from Healthcare Improvement Scotland (HIS) spent three days in HMP & YOI Cornton Vale from 11-13 October 2016.

2.2 The inspection primarily focused on the impact or benefits that the reduction in population had had on the women within HMP & YOI Cornton Vale. Additionally, HMIPS sought to gain an insight into the plans for the future shape and form of the women's prison estate.

### **3. One year on**

3.1 One year on after our last inspection, HMP & YOI Cornton Vale is a significantly different establishment. In that time, over 100 women have been moved to HMYOI Polmont, over 100 staff have been transferred to other establishments and all the key partners have had to realign their provision to account for these significant changes.

3.2 The Governor-in-Charge, her Deputy, the management, the staff and the partner agencies should be commended for delivering these wide-ranging changes, with the minimal possible impact on the women held in HMP & YOI Cornton Vale.

3.3 In terms of residential accommodation, HMP & YOI Cornton Vale now consists of only two main house blocks, Peebles House and Ross House; these are complemented by Dumyat the Separation and Reintegration Unit, and the Independent Living Units located outside the establishment. Despite the reduction in population, HMP & YOI Cornton Vale still holds the same range of women and continues to receive admissions from the same number of courts as before.

3.4 The scale of the changes has inevitably required some compromise by all parties. Additionally, having to operate within the existing physical structure of the establishment has resulted in some less than optimal solutions, such as the location of the first night in custody facility within Ross House. Whilst staffing levels in Ross House have increased since our last visit, it remains a complex and challenging environment for the staff and women alike. Indeed, it is now more complex as it contains the first night in custody unit, placing additional pressures on the staff in this area both in terms of the complexity of the population and the regime configuration.

3.5 It was clear to all those involved in the inspection that everyone in HMP & YOI Cornton Vale had worked diligently, with purpose and focus to achieve the best possible outcome. The collaborative approach that had been adopted had allowed for a number of small process and routine issues that had arisen since the population had reduced, to have been jointly resolved. Most notable of these was the work between the Scottish Prison Service (SPS) and New College Lanarkshire on resolving the timetabling issues.

#### **4. Findings**

4.1 Since the announcement in February 2016 that HMP & YOI Cornton Vale would reduce in size, there had been some investment in the fabric of the buildings that were remaining in use. Peebles House had benefitted from a light refurbishment and was fresher and brighter than previously. HMIPS was encouraged to see that there were plans in place to upgrade the cellular accommodation in Ross House. We would encourage the SPS to ensure that HMP & YOI Cornton Vale management have the resources required to ensure that the refurbishment programme is completed as soon as possible. Given that this work is to be undertaken whilst the unit remains in daily use, the appropriate resources need to be deployed to ensure that the work can be completed in a reasonable timeframe. There were plans to improve the environment within Dumyat too.

4.2 One issue reported to us by a number of women was a sense of feeling downgraded as many of them no longer benefitted from being in single cell. They now had to share toilets and showers with other women. On further questioning, most did, however, acknowledge that they would rather stay in HMP & YOI Cornton Vale than be transferred to another establishment, especially those that were in the National Top End within Peebles House or those who were looking to access the Independent Living Unit located outside the establishment.

4.3 One of the most marked and positive findings was that staff from all parts of the establishment stated that they felt they were able to deliver a more professional, person-centred and supportive service. Whilst evident across the establishment, this sentiment was most noticeable and powerfully articulated by healthcare staff. One person stated that they now felt they were able to deal fully with individual issues and concerns in a professional and caring manner, whereas previously they felt they could not always spend the time they deemed necessary with each patient due to the numbers requiring their support.

4.4 The number of women who have complex needs in HMP & YOI Cornton Vale appears to have remained constant in recent years, despite the significant reduction in the numbers held there. These women require careful and compassionate care and the staff in Ross House, where these individuals are located, should be recognised and commended for the work that they do in a complex and challenging environment. It was encouraging to find that a second dedicated nurse has been allocated to work solely in Ross House and these nurses informed us that they are no longer routinely required to support healthcare delivery in other areas of the prison. Nursing and SPS staff took pride in their work, and were encouraged from seeing women's mental and physical health improving as a result of the care and support they could now provide in Ross House. It was also noted that, without exception, they had a clear desire to better understand how they could deliver a more complete and professional range of supports and interventions.

4.5 Whilst HMIPS is aware that there are plans in place for specific training to be rolled out in the coming months, we would encourage the SPS to ensure that the appropriate resources are made available to the Governor-in-Charge to facilitate the development and delivery of the appropriate training and development of these key staff.

4.6 The plans for five days in November 2016 to be dedicated to training and awareness sessions for staff and women on the effects and signs of trauma on offending are impressive and are to be applauded.

4.7 Whilst the plans for the new HMP & YOI Cornton Vale are not finalised, it was clear that a detailed communication plan was in place and over the weeks following our visit staff involvement was a central focus for management. Quite rightly the Governor-in-Charge wanted to allow a period of stability after the major changes before providing detailed and specific information.

4.8 One area of concern, universally raised by prison staff, healthcare staff and women themselves was the location of some pregnant women within Ross House. Given the nature of those held there and the potential volatility of a small number of the vulnerable women, HMIPS and our colleagues from HIS are of the view that pregnant women should not routinely be located in Ross House. However, it was evident that management and staff were endeavouring to make Ross House as safe an environment as possible for all those located there. We would encourage the SPS to look at alternative arrangements for those pregnant women who cannot be located in Peebles House.

4.9 It was encouraging to see that the way that women engaged in purposeful activity had changed. The working week was split into 16 sessions and supported by a timetabling system. Whilst there were some early teething problems with the new system, close collaborative working between SPS and New College Lanarkshire had produced a process based on a relational database that appeared to work well. One example which highlights the benefits of this approach is the laundry party. In the first session of the day in the laundry the women load the machines and set up the wash cycles. They then move to, for instance, education for the second session of the day returning to the laundry at the end of the morning to unload the washing machines. This maximises the utilisation of the time available by serving the needs

of the prison as well as that of the women. This is an approach that we would hope would be adopted by other prisons.

4.10 In line with comments made in the previous report, inspectors were highly impressed by the staff in Reception: they are a credit to the establishment. At all times they demonstrated a caring, compassionate and humane approach to the women they worked with. The staff knew many of the individuals and any specific factors that may affect the way they engage with them. They were strongly of the view that the new scanner offered them an opportunity to provide appropriate and adequate security for the establishment, whilst at the same time removing a potential 'trigger' for many of the women. Whilst unable to comment on the technical aspects or effectiveness of the equipment it is certainly HMIPS's view that this is a significant step forward in relation to not only the decency of the process but an improvement in the working environment for the staff.

4.11 Management and staff told us that many of the women sent to HMP & YOI Cornton Vale arrive in a poor physical condition and this can certainly be witnessed by anyone spending even a short time in Reception. Whilst the establishment has been allocated a slightly higher daily allowance for food, aligned with that available for young offenders, we would strongly recommend that the SPS undertakes some urgent research to establish if the funds allocated to the provision of food in HMP & YOI Cornton Vale is sufficient to provide for the particular nutritional needs of the women that they hold.

4.12 It was encouraging to talk to the women who were participating in the cookery class. They clearly enjoyed this activity and spoke very highly of the lecturer who took the lesson.

4.13 It was noted that at the point of reception most women arrive with little or no information for the staff to work with, especially in relation to their background and circumstances, other than their warrant. The staff in Reception do an excellent job in making the women feel safe and comfortable whilst at the same time trying to extract key and critical information from them. Their effectiveness would be greatly improved if the women who are arriving from court were accompanied by a file containing the information held on them by social work, the police or the court. This would allow the prison the opportunity of ensuring that the women have the care and support they require immediately after arrival, rather than Reception staff having to establish it or indeed critical information not being immediately forthcoming.

## **5. Healthcare**

### Communication and planning of the transfer of women

5.1 Healthcare managers told inspectors that despite being involved in regular meetings with SPS they felt that communication could have been improved between healthcare staff and SPS, especially during the transfer of the women to other establishments. The healthcare team were, however, confident about the future as they and the SPS were working in partnership to shape the future healthcare needs of women.

## Future and current workforce planning

5.2 Although the majority of the women had moved over to HMYOI Polmont the healthcare staffing levels in HMP & YOI Cornton Vale had remained fairly static. This afforded the healthcare team an opportunity to invest time and resources to redesign healthcare provision across the three estates (HMP & YOI Cornton Vale, HMYOI Polmont and HMP Glenochil). The healthcare manager and some specialist staff now work across all three prison estates within NHS Forth Valley. This provides the healthcare manager the flexibility to move staff in response to service requirements.

5.3 NHS Forth Valley stated that they are committed to continue delivering high quality healthcare to their patients by reviewing their existing workforce requirements. The clinical team leads were undertaking the 'advanced clinical examination' course and a full-time advanced nurse practitioner was due to take up post in November 2016 to provide direct support to the GP. It was anticipated that the advanced nurse practitioner would take over the running of some of the GP-led clinics such as the pain and addictions clinics. The strategic view was that these new initiatives would lead to better continuity of care for the women and ensure that resource was targeted efficiently. **This is practice worth sharing.**

## Regime and environment

5.4 The SPS had introduced personalised timetables for prisoners without detailed consultation with NHS colleagues, resulting in conflicts between the needs of the individual and the operation of the prison regime. We would encourage both parties to meet to find solutions to address any conflicts of interest.

5.5 We were informed by healthcare staff that the environment within Ross House could be volatile given the vulnerability of some of the women now housed there and the complexity of the regime. These include all first night in custody prisoners, pregnant women not on low supervision, and vulnerable patients with complex health needs who have been placed on ACT 2 Care. Healthcare staff, SPS staff, and women who were pregnant had voiced concern over the potential stress and anxiety this type of environment could place on pregnant mothers.

## Clinical IT

5.6 There continued to be issues around the electronic referral system. GPs still relied on submitting paper referrals which created delays in appointments, and meant referrals often went missing. This continued to be raised at NHS Forth Valley governance meetings but no resolution had so far been found. **This continues to be a concern.**

## Mental health

5.7 The women continued to have good access to the psychiatrist and the mental health nursing team. The mental health team lead had introduced a number of new initiatives since the previous inspection in 2015. Nursing staff now meet weekly to discuss existing patients and new referrals. Peer clinical supervision was now fully embedded into clinical practice and mental health nursing staff had regular one-to-one meetings with the mental health team lead for line management supervision. **This is practice worth sharing.**

5.8 New patients referred to the mental health team were still not assessed using a standardised mental health assessment. **This continues to be a concern.** The healthcare manager was aware of this and planned to introduce a standardised assessment process and documentation for new referrals. Access to advocacy support for prisoners had also improved since the inspection in 2015 but funding for several clinical psychology posts across the three estates was due to end in February 2017 with no succession planning in place. **This is a concern.**

5.9 Two dedicated mental health nurses had been allocated to Ross House. The women could now access a wider range of support including regular group work; one-to-one support; low level psychological therapy; and behavioural activation therapy. **This was a significant and positive development.**

## Addictions

5.10 The provision of addiction and intervention care continued to be of a high standard with some areas exceeding what would be offered in the community. A multidisciplinary approach to care meant the enhanced addictions casework team and the addictions nursing team worked closely together to develop a person-centred plan of care for the women within the first few days of admission.

5.11 Women with addiction-related issues were offered vaccinations for Hepatitis A & B. Several women had also accessed the new treatments for Hepatitis C.

5.12 The health centre and well women clinic carried out dry blood spot testing for blood borne viruses which was seen as good practice.

5.13 There was an uncertainty over methadone prescribing and opioid detoxification. Due to current NHS Forth Valley guidelines and policies in place in HMP & YOI Cornton Vale patient's commencement onto Opioid Replacement Therapy (ORT) therapy took longer than in the community. In the community opiate dependent patients would be assessed, substitute medication commenced quickly with a short period of stabilisation, followed by either a withdrawal regimen or by maintenance, (in some cases within 24 hours). In HMP & YOI Cornton Vale, women on remand would be prepared for ORT provision but would not be commenced on the treatment unless they were convicted. A convicted woman had to receive a sentence for 6 months to be considered for commencement of ORT therapy. NHS Forth Valley stated that this was to allow enough time for titration, stabilisation, and

pre prescription work to be undertaken prior to discharge into the community. We would hope that this situation would be reviewed as a matter of urgency.

5.14 The throughcare team worked in collaboration with the health centre and addictions case workers to ensure that throughcare arrangements, including finding a community prescriber, met the specific needs of the women when they were released from prison.

5.15 As many of the women admitted to HMP & YOI Cornton Vale have a history of injecting drugs it is likely that a number will return to injecting on liberation. The provision of injecting equipment on liberation should be consistent with that provided in the community. This situation should be reviewed. **The provision of Naloxone on release and supporting training was excellent.**

### Primary Care

5.16 We found that the women remaining in HMP & YOI Cornton Vale were not disadvantaged in accessing primary care services such as the GP, nurse-led clinics and specialist general health clinics such as sexual health clinics.

5.17 Robust support systems continued to be in place for women during and after pregnancy. To reflect normal routine, once a pregnancy had been confirmed, the women residing in the Independent Living Unit were seen at the local baby clinic and could attend external appointments if required. The routine location of pregnant women in Ross House should be reviewed as a matter of urgency.

5.18 The women were fully involved in their care and developed their own individual birth plans which all relevant staff were aware of. Mother and baby meetings and pre-birth case conferences meant all agencies involved discussed any issues or concerns, including child protection issues; this ensured that the support and care needs of the women were addressed in a co-ordinated way.

### Patients feedback

5.19 The women we met with were generally happy with access to healthcare they received in HMP & YOI Cornton Vale. They spoke positively of the mental health nurses in Ross House and described having good relationships with healthcare staff. Issues with not receiving prescribed drugs of choice for pain management remained at times a concern for some women. NHS Forth Valley were in the process of producing guidance for clinical staff in the management of neuropathic pain in prisons for the three estates and healthcare managers told us that each patient would be reviewed on an individual basis and a clinical decision would be made as to whether to continue to prescribe certain drugs.

### Health overview

5.20 Overall, the inspection team concluded that the women remaining in HMP & YOI Cornton Vale continued to have good access to healthcare provision and for some specialist services such as mental health nursing care this had improved.

5.21 It was clear that the healthcare team were embracing this time of change, and were using it as an opportunity to explore how they could improve healthcare across all three estates within NHS Forth Valley, rather than focusing solely on HMP & YOI Cornton Vale. **Although there were challenges in adapting to the new environment in HMP & YOI Cornton Vale, the healthcare team was confident that both they and the SPS were working in partnership to shape the future healthcare needs of women.**

## 6. Women in transit

6.1 During the inspection in 2015, it was noted that women returning to the establishment by G4S transport were spending long periods of time in the vehicles and were being transported around the country, often visiting numerous courts or prisons en route back to HMP & YOI Cornton Vale. The chart at Annex A details what Monday, 10 October 2016, entailed for the 10 women who had attended court and had either been sent or returned to HMP & YOI Cornton Vale.

6.2 Ten women arrived from court that day, nine of whom had been held in police custody prior to attending court.

6.2.1 None of the women travelled directly from the court they attended to HMP & YOI Cornton Vale; all had at least one stop en route, with half passing through at least two other transit points.

6.2.2 Four of the women were under escort by G4S for in excess of 12 hours.

6.2.3 Four of the women were in transit from the court to HMP & YOI Cornton Vale for over three hours.

6.2.4 As nine of the 10 women had previously been in police custody prior to attending court, the majority of them would have spent less than 20 minutes in front of a Sheriff.

6.2.5 Most concerning is that six of the 10 women were returned to HMP & YOI Cornton Vale at 21:02, which is less than 30 minutes prior to the normal time the establishment is locked up for the night.

6.3 The situation detailed above, regarding the six who arrived after 21:00, was mitigated by the dedication and professionalism of the staff in HMP & YOI Cornton Vale, in particular the Reception, Ross House and healthcare staff who worked beyond their normal finishing time to ensure that all the new arrivals were appropriately assessed and safely located, before leaving the establishment almost two hours later than their contracted finishing time.

6.4 Whilst this is a one day snapshot it is similar to the cases investigated last year by HMIPS. Information provided by the staff is that long journey times involving numerous stops at other courts and prisons and late arrival are a regular occurrence.

6.5 It is unacceptable that women are subjected to long, multi-stop, journeys in cellular vehicles they have to share with male prisoners, especially when more direct transportation would allow for earlier arrival at HMP & YOI Cornton Vale.

6.6 HMIPS sought SPS's view in relation to this issue and were informed that the contract specifications were being met in the cases highlighted. Whilst this may be the situation HMIPS would be of the view that after 12 years of operation the contract would have been adapted to reflect the specific needs of certain categories of prisoners. For instance, is it acceptable that 'women 6 & 7' did not arrive in Cornton Vale until 3 hours and 40 minutes after leaving court and arriving 20 minutes before the normal lock up time of the establishment?

6.7 HMIPS would expect that any new contract for escorting prisoners contained specific requirements for the movement of women and other vulnerable individuals.

## **7. The future**

7.1 The information currently available to HMIPS indicates that the women's estate is intended to comprise 80 spaces in HMP & YOI Cornton Vale, 50 spaces in HMP & YOI Grampian, and 100 spaces in five Community Custody Units, giving a total capacity of 230 places. Given that the number of women in custody on the Friday immediately prior to this inspection was 369, much work is required in the next four years to ensure that the number of women in custody is significantly reduced.

7.2 At the beginning of the inspection the population held in HMP & YOI Cornton Vale was 93, significantly above the intended population of the new establishment of 80. It was noted during the inspection that considerable resources were deployed in managing and maintaining the population at the desired level. This process resulted in the need for women arriving from court to be processed and evaluated in the first night in custody facility prior to being transferred to an establishment that had space to accommodate them. This in turn could result in a further transfer at a later date to a location nearer to the women's home. Without a significant reduction in the number of women remanded or sentenced, it will be difficult for HMP & YOI Cornton Vale to operate as effectively as possible or desired.

7.3 The SPS alone cannot address this challenge. The wider criminal justice system, health and social care providers, the benefits system, local authorities and Third Sector organisations need to work in concert to make this a reality.

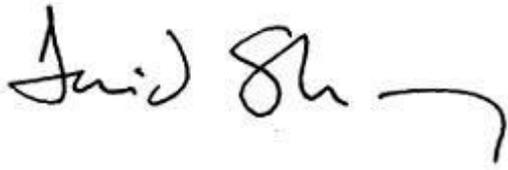
7.4 Successful reintegration after release requires the following key issues to be addressed:

7.4.1 availability of suitable accommodation upon release;

7.4.2 appropriate support for addictions, mental and physical health issues need to be available at the point of release; and

7.4.3 access to appropriate benefits and financial supports at the point of release.

7.5 At present it can be several days or weeks after liberation that the issues detailed above are resolved and the appropriate support is in place. Such a delay is highly likely to have a negative impact on an individual enjoying a successful reintegration to their community.

A handwritten signature in black ink, appearing to read 'David Strang', with a long horizontal flourish extending to the right.

David Strang  
**HM Chief Inspector of Prisons for Scotland**  
January 2017

## Timeline for journey to court – Monday, 10 October 2016

	Women 1	Women 2	Women 3	Women 4	Women 5	Women 6	Women 7	Women 8	Women 9	Women 10
Police or Prison Custody	Police	Police	Prison	Police						
Court	Dundee	Dundee	Kilmarnock	Glasgow	Glasgow	Edinburgh	Edinburgh	Glasgow	Glasgow	Paisley
Time leaving establishment/ Police station	08:16:00	08:16:00	07:58:00	07:05:00	07:05:00	11:02:00	09:25:00	07:34:00	07:03:00	07:40:00
Time arriving at court building	08:28:00	08:20:00	09:30:00	08:27:00	08:27:00	11:30:00	09:40:00	07:45:00	07:34:00	07:52:00
Time leaving court building	13:55:00	15:22:00	15:30:00	20:02:00	20:02:00	17:22:00	17:22:00	20:02:00	20:02:00	16:19:00
Time arriving at Cornton Vale	15:50:00	18:45:00	18:45:00	21:02:00	21:02:00	21:02:00	21:02:00	21:02:00	21:02:00	18:45:00
Number of stops on journey	1	3	3	1	1	3	3	1	1	2
Time in court building	05:27:00	07:02:00	06:00:00	11:35:00	11:35:00	05:52:00	07:42:00	12:17:00	12:28:00	08:27:00
Total time in G4S custody	7:34:00	10:29:00	10:47:00	13:57:00	13:57:00	10:00:00	11:37:00	13:28:00	13:59:00	11:05:00
Time in transit at the end of the day	01:55:00	03:23:00	03:15:00	01:00:00	01:00:00	03:40:00	03:40:00	01:00:00	01:00:00	02:26:00

## Prison population profile on 11 October 2016

Status	Number of women offenders
Untried Female Adults (including CAS)	17
Untried Female Young Offenders	1
Sentenced Female Adults (including Lifers)	66
Sentence Female Young Offenders	0
Recalled Life Women offenders	2
Convicted Women offenders Awaiting Sentencing	7
Women offenders Awaiting Deportation	1
Under 16s	0
Civil Prisoners	0
Home Detention Curfew	14

Sentence	Number of women offenders
Untried/ Remand (17 adults + 1 YO)	18
0 – 1 month	0
1 – 2 months	0
2 – 3 months	1
3 – 4 months	2
4 – 5 months	3
5 – 6 months	5
6 months to less than 12 months	3
12 months to less than 2 years	11
2 years to less than 4 years	12
4 years to less than 10 years	11
10 years and over (not life)	4
Life (including recalls)	12
Order for Lifelong Restriction	0

Age	Number of women offenders
<b>Minimum age: 18 Years</b>	
Under 21 years	1
21 years to 29 years	24
30 years to 39 years	28
40 years to 49 years	24
50 years to 59 years	19
60 years to 69 years	0
70 years plus	1
<b>Maximum age: 74 years</b>	

Total number of women offenders Lock up on 10/10/2016	93
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Data provided by SPS

**Inspection Team**

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## Acronyms

ACT 2 Care	The SPS suicide prevention strategy
GP	General Practitioner
HIS	Healthcare Improvement Scotland
HM	Her Majesty's
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HMYOI	Her Majesty's Young Offender Institution
NHS	National Health Service
ORT	Opioid replacement therapy
SPS	Scottish Prison Service
YOI	Young Offender Institution



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