



INSPECTING AND MONITORING

**HMP YOI Polmont
Full Inspection – 29 October-9 November 2018**

Evidence Report

Contents

Introduction and Background

Standard 1	Lawful and transparent use of custody
Standard 2	Decency
Standard 3	Personal safety
Standard 4	Effective, courteous and humane exercise of authority
Standard 5	Respect, autonomy and protection against mistreatment
Standard 6	Purposeful activity
Standard 7	Transitions from custody to life in the community
Standard 8	Organisational effectiveness
Standard 9	Health and well being
Annex A	Summary of recommendations
Annex B	Summary of good practice
Annex C	Summary of ratings
Annex D	Prison population profile on 6 August 2018
Annex E	Inspection Team
Annex F	Acronyms

INTRODUCTION AND BACKGROUND

This report provides the commentary and overall ratings for each of the quality indicators. A summary of the inspection findings, the overviews for each of the standards and the overall rating against each of the nine standards area can be found in the 'Summary Report'.

STANDARDS AND COMMENTARY

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.

Quality Indicators

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

Rating: Good performance

As the national facility for young males, HMP YOI Polmont deals with prisoners arriving from all Scottish courts; it also receives women and girls from HMP Cornton Vale. The reception could be a busy area, but the staff were experienced and managed new arrivals through the admissions process timeously. The establishment had a range of comprehensive Standard Operating Procedures (SOPs) for the admission process, which were reviewed annually and tested by the reception First Line Managers (FLMs). Staff communicated in a positive manner with those arriving at the establishment, creating a relaxed professional atmosphere. On arrival, prisoners were assessed as to their level of understanding and reading English and staff ensured the person understood the information they were being given. Where English was not the person's first language, the translation service was accessed to assist the admission process; this was also true of the Talk to Me (TTM) assessment. Interviews took place in a separate room to ensure confidentiality and encourage disclosure.

During the inspection, only English speaking prisoners were observed going through the admissions process. Therefore, inspectors undertook a number of interviews with foreign national prisoners, all of whom confirmed they had been treated well and where they had difficulty understanding the process and regime, the translation service was utilised. Staff spoken to in all areas of the establishment were able to explain how to access the translation line. Although there was evidence of using internet translation services and other prisoners to translate, this was for basic questions such as to offer a choice of sandwich or the use of the toilet, not for the disclosure of personal information.

The reception area had a range of foreign language information booklets with basic information that they handed out to those that required it.

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: Satisfactory performance

Reception staff provided basic information on prison rules. Peer mentors were available in reception to explain, in more detail, life in HMP YOI Polmont from a prisoner's perspective. Prisoners spoken with all appreciated this service as it gave them an insight into HMP YOI Polmont, and helped reduced their fears and anxieties. Information on the basic regime was also available in reception.

The waiting areas appeared austere with very little available to keep people occupied. In part, this may have been due to the rooms having anti-graffiti walls. There were papers and magazines held out with the waiting areas for those who requested them. The environment of the waiting rooms could be enhanced by the introduction of televisions. This would provide an opportunity for new admissions to learn more about HMP YOI Polmont via an information loop, and benefit those who have difficulty reading and prevent anxiety and boredom. Whilst accepting that televisions could be damaged, HMIPS recommend that HMP YOI Polmont consider introducing televisions fitted within the fabric of the wall of each room to minimise the risk of damage.

Recommendation: HMP YOI Polmont consider introducing secure televisions with information loops into the waiting areas.

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

Rating: Good performance

During observation, the admission process was carried out in a professional manner. The identification and registration of prisoners was undertaken by trained staff, with comprehensive SOPs to support them. The process for identifying a legal warrant was carried out as per guidelines and the outcomes from the court were fully explained to the prisoner. The main office was responsible for confirming the warrants the following day, unless it was a Friday where reception staff would confirm the warrant as part of their duties on a Saturday, providing a level of assurance by ensuring that it was not the same officer who carried out both processes.

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

Rating: Good performance

A comprehensive suite of SOPs supported the classification and recording of prisoners on PR2. Staff took great care to ensure this was carried out correctly and inspectors saw no evidence of prisoners being wrongly classified. Each prisoner was dealt with in turn, in a concise and controlled manner. Where staff and nurses carried out interviews, it was done so in a confidential manner away from other prisoners. For those that lacked an understanding of English, there was evidence of the translation service being utilised.

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: Good performance

Staff took great care to ensure prisoners were allocated to a location based on their need and sentence. Information was taken from a number of sources including PR2, reports from other prisons and the Personal Escort Record (PER). Markers were recorded on PR2 as appropriate and reception staff ensured that prisoners understood where they were being located and why.

If there was no available space in the protection area, those prisoners were placed on a waiting list. HMP YOI Polmont experienced similar issues to other local prisons in that they are not always aware of who would arrive. When a new admission requested non-offence protection, they were placed on the prisoner protection process to allow the establishment to assess the most appropriate area to place the individual. If prisoners highlight issues with enemies this information was checked via PR2 so that they were kept separate. These issues were then referred to the Community Safety Unit (CSU) who endeavoured to resolve the situation. Considerable effort is made to ensure safety.

Those admitted to the prison, transferred or returning from the court were taken through a Reception Risk Assessment (RRA). Those that present as being at risk of suicide were placed on the TTM Strategy. Inspectors observed reception staff managing a transgender prisoner in line with SPS guidelines, allowing the young person to be fully supported and appropriately located.

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

Rating: Good performance

HMP YOI Polmont operated a single cell occupation so did not generally allow prisoners to share a cell. Therefore, reception staff did not carry out the Cell Sharing Risk Assessment (CSRA) process. Blair house where women were located used cell sharing more often as a support mechanism. There was a robust SOP to support staff who did not regularly carry out CSRAs. During the inspection, the CSRA process was tested on three occasions and found to be appropriate, taking into consideration all risks and conditions. When there were instances of cell sharing the duty manager carried out a weekly check for assurance purposes.

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

Rating: Satisfactory performance

The warrants were placed on PR2 by reception staff, as HMP YOI Polmont did not have a warrants administrator. There was an SOP to support staff processing warrants. However, the staff were experienced and only those who had undergone training input the information onto PR2. There was also an SOP for more complex warrants that aimed to clarify the processes. Dates were manually calculated, with the main office being responsible for confirming the warrants the following day. On a Friday or at the weekend, reception staff followed a robust process to ensure warrants were confirmed before lock up.

Prisoners were not automatically informed of their release dates before leaving the reception unless they were straightforward to calculate. Prisoners were informed that their Earliest Date of Liberation (EDL) would be available on PR2 within 24 hours, and to ask staff on the hall for this information. During the inspection process, a number of prisoners from different categories did not know or had not asked for their EDL. Some reported they had forgotten it, some were not bothered and some reported that they did not want to ask as they felt they were being a nuisance.

Recommendation: HMP YOI Polmont should ensure that the process identified in the SOP to inform convicted prisoners of their EDL within 24 hours of admission should be adhered to at all times.

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: Satisfactory performance

The HMP YOI Polmont induction team dealt with multiple groups of prisoners throughout the week. They carried out core screens for all of those admitted to the establishment within 24 hours if admitted Monday to Thursday, or the following Monday if admitted on a Friday and relevant information was recorded on PR2.

New arrivals received induction the following week. However, the cut-off point was a Thursday. Those who arrived on a Friday did not start their induction until the Monday after next, 10 days after admission. Therefore, they were not receiving induction information within seven days of admission. This allowed safety and security checks to be completed prior to induction.

It should be noted that induction is not compulsory and therefore many choose not to attend. Refusals generally came from those that had attended in the past. Statistics revealed that over a six-month period, 54% of convicted young men attended induction, and just under 50% of women. It is important to note that some women may have received induction in another establishment. Induction staff stated that most first offenders attended induction. Those that did not wish to attend were seen

by an induction officer in the residential area, who would then update any issues identified on PR2. Remand prisoners were offered induction on a Friday but attendance was low. If non-attendance was due to enemies, their names were referred to the CSU.

Induction booklets were given to all participants, including those that chose not to attend. The booklet was comprehensive and available in the most common languages that enter the establishment. Staff ensured that prisoners could read prior to handing them out. If they could not, the induction officer would go through the information with them. Induction staff also used the translator services for languages not covered by the booklets or for foreign prisoners who had difficulty reading. There was also a section in the induction week for those where English was not their first language. Although it was not as comprehensive as the national induction programme, it covered the most important information and importantly gave face-to-face information allowing staff to observe any indicators of stress.

The induction programme lasted a week; it was extensive and covered all the national induction slides. Most sessions only last 20 minutes in recognition of young people's ability to focus only for short periods. Attending induction provided opportunities for prisoners to get a haircut and to have contact with peer mentors, who gave talks on the work they did and included information on oral hygiene.

The protection population received their induction on a Friday in the hall, but it was not the full induction. HMIPS urge HMP YOI Polmont to address this.

First Night in Custody (FNIC) areas could be found in both Monro and Iona halls for young adult males. Those held in the FNIC areas were given a comprehensive admission interview where a member of staff explained the routine. These interviews were held in an interview room to ensure confidentiality and encourage disclosure of concerns. Prisoners were supplied with a comprehensive information sheet, however it was noted that there was no information sheets in foreign languages.

Although the women's residential area, Blair House, was not a standard FNIC area and some pre-planning had to take place due to controlled transfers, prisoners still received local inductions with staff. The peer mentors assisted in this process and inspectors were impressed with the role they undertook, which enhanced the positive peer mentoring system within HMP YOI Polmont and demonstrably provided assurance to the women and girls located in Polmont.

Recommendation: We recommend that induction attendance is actively promoted or considered compulsory for all young people, women and girls entering the establishment unless there are compelling reasons otherwise.

Recommendation: HMP YOI Polmont should ensure that protection prisoners receive a full induction.

Recommendation: HMP YOI Polmont should ensure comprehensive information sheets are available in the most common languages.

Good practice: Inspectors were impressed with the interactive induction and in particular with the role peer mentors had in the induction process.

Good practice: The First Night in Custody (FNIC) worked well and the use of peer mentors contributed to the process.

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

Rating: Good performance

Inspectors observed the liberation process, which was carried out in a professional and organised manner. Staff were courteous, helpful and supportive including ensuring that each person being liberated knew how they were getting home.

All liberations were discussed at the Case Management Board (CMB) who looked at outstanding issues regarding re-integration into the community. Of the four observed there were no outstanding issues. One person was being supported by community-based social work on release and they had organised accommodation, the other three were returning to their family home. One was travelling on public transport and had the appropriate travel warrant; two were being picked up by their family and one by social work.

During the liberation process, security officers undertook exit interviews. These interviews focussed on the safety and good order of the prison, and any relevant information acquired was passed onto the intelligence management unit (IMU) for analysis.

Everyone was offered holdalls to carry their belongs in and were released through the front of house, following the recognised checks by operations staff. Although no women were liberated at the time of observation, the inspector was shown the bags women received, which were handbags containing various hygiene products.

It was concerning to inspectors that those liberated under the age of 18 did not receive a discharge grant. Although they may be given a small amount of cash from the establishment, normally £2, this was for any onward journey having used their travel warrant. This was deeply concerning to HMIPS that national policy did not allow any financial support for those being liberated at this age.

Escalated Recommendation: The Scottish Government should look to remove the discriminatory practice and introduce automatic and appropriate financial support to under 18s on release from prison.

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.

Quality Indicators

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

Rating: Generally Acceptable Performance

Cell accommodation was fit for purpose with in-cell sanitation, and those located in Blair House had in-cell shower facilities. Each cell was fitted with standard furnishings as well as standard lighting and ventilation systems. Cells were also fitted with a call-button that was operated by staff located at the desk on each landing, and staff were observed responding to these within appropriate timescales. Evidence of cell certification processes was provided and appropriate checks were taking place. HMP YOI Polmont operated a single-cell policy due to the lower numbers within the establishment. Blair House had two 'Buddy Cells' which could be utilised to offer extra support if required. This was done so on a risk assessment basis.

HMP YOI Polmont was a relatively modern prison with good facilities both within the accommodation blocks and activities areas. Agility reports to the Estates Department were actioned within the required timescales, depending on the nature of the request. It was evident due to cold weather during the inspection that winter protocols were in place and working well, with an external contractor responsible for the areas out with the establishment and the garden work party for the areas within.

Damage to floor coverings was observed within some of the remand cells on level one in Iona Hall. This had been reported and logged with Estates, although this work was conducted by an external contractor with a seven-day response time.

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: Generally Acceptable Performance

The prison was very clean and each area was observed being cleaned on a daily basis. The cells within the residential areas were clean, although there was a significant difference between the remand wings of Iona Hall and other areas, where a number of cells were observed to have considerable amounts of graffiti on the walls, toilet screens and bed frames. Management and staff in the hall reported they had a young person employed as a cell painter and this went some way to address the issue. Inspectors were concerned that damage is only addressed once the cell is vacated, rather than pro-actively managing and challenging individuals who caused the damage. It was also observed that prisoners were not using the poster boards and were being allowed to place posters around the walls of their cells using toothpaste, which then left unsightly marks on the wall.

Time was allocated throughout the day to allow prisoners to keep their cells clean, and staff spoke about encouraging those that did not clean it to the required standard. There were sufficient materials stored within each residential area to allow prisoners to keep their cells clean.

Inspectors noted the training and support given with regular Health & Safety training by the Industrial Cleaning staff, Food Hygiene training by a dedicated trainer from the Kitchen staff aligned to staff awareness sessions. Guidance booklets were also provided by the Industrial Cleaners to each area as a follow-up guide, together with a daily cleaning schedule. Within most areas, the schedules were laminated and displayed as a reminder for the general operatives of duties to be conducted. Hall assurance activities were lacking - when staff and managers were questioned about the completion of the cleaning schedule checks, it was apparent that they were not completed on a daily basis and Inspectors could not be provided with the evidence of regular checks.

However, inspectors noted that staff from the Industrial Cleaners and Kitchen conducted a structured inspection programme throughout the establishment and reported to the establishment health and safety meetings. Evidence was provided within all areas of temperature checks being completed for both the hot plates and food prior to the serving of meals.

There were a number of prisoners within HMP YOI Polmont trained in Biohazard control standards by the Industrial Cleaning staff. The prisoners operated on a call-out rota to deal with any such circumstances and this rota was maintained and managed by the Industrial Cleaning staff and published on SharePoint.

Recommendation: HMP YOI Polmont should encourage staff to address cell damage proactively, via the cell certification process, by immediately challenging individuals who damage/vandalise cells.

Recommendation: HMP YOI Polmont should encourage prisoners to only place posters on the poster boards within their cells.

Recommendation: HMP YOI Polmont should ensure that daily cleaning schedules are completed on a daily basis and signed by staff to evidence that daily assurance checks are being conducted.

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 Performance

Mattresses and pillows viewed were in good condition and met the required standard. Staff and prisoners spoke positively about the mattresses and confirmed that there was a process in place for exchanging any that had become worn or damaged. Sufficient stock of bedding was available for use and was of an acceptable standard. There was a process to ensure that bedding was replaced for new occupants. However, in a few cells that were viewed, some items were not in place, but there was items available within the stock rooms on each landing. The laundry process was observed whereby prisoners could place their items to be laundered into a net bag, which was then sealed, and the serial number from the seal was then recorded against that cell number to ensure anonymity. All laundry was transported to the laundry for washing and returned the same day. The laundry officer advised that due to the lower numbers within the establishment at the time of the inspection, prisoners were given daily access to the laundry.

Good practice: Due to the lower numbers within the establishment at the time of the inspection, prisoners were given daily access to 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: Generally Acceptable Performance

Reception staff issued toiletries to all admissions and items were available upon request within the residential halls. Within Blair House, sanitary products were placed within cells awaiting occupancy. The canteen offered a range of personal hygiene materials to suit both young men and women. The range available to women had been extended following consultation with the women. .

Canteen sheets were issued to halls on a Monday and on a Thursday for remand prisoners. Thereafter items were issued via a structured programme throughout the week. Canteen staff packed items in a clear bag, which was then sealed and double-checked by a second staff member. The bags were then placed in transit boxes, which were then sealed and delivered to the halls. Two members of residential staff then opened each box, checked the bags against the canteen credit sheet then issued to each prisoner who checked and signed the sheet. It was of concern that the canteen credit sheet with a list of each individual's personal finance information was displayed openly; the sheet was handed to prisoners to sign without anything to anonymise other prisoners' financial information. Inspectors noted that the signed canteen sheets were not routinely returned to the canteen staff for storage.

Every cell had in-cell sanitation. The hall regimes allowed prisoners' time to access shower facilities on a daily basis. However, in some locations this request required to be made at 07.00 when breakfast was being served. Prisoners should be allowed to request access to shower facilities out with this time. Staff gave examples of situations where they had actively encouraged some prisoners to keep themselves clean, and where someone required assistance and they had provided it. Towels were provided and could be cleaned regularly and exchanged upon request.

Recommendation: HMP YOI Polmont should revise their canteen system to eliminate the opportunity for prisoners to observe each other's financial information.

Recommendation: HMP YOI Polmont should ensure signed sheets are returned to the canteen and securely stored for audit purposes.

Recommendation: HMP YOI Polmont should ensure that prisoners are able to request access to shower facilities out with 07:00.

Good Practice: Within Blair House, sanitary products were placed within cells that were awaiting occupancy, meaning women did not have to ask staff for sanitary products.

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: Satisfactory Performance

Prisoners had access to a range of suitable clothing and there was a process in place for exchanging them if required. All clothing items viewed were in good condition. Prisoners were also entitled to a generous allocation of personal clothing that they could wear within the hall.

See QI 2.3 for details of the laundering process. Whilst items were being washed, the trolleys with the laundry were also cleaned to avoid cross-contamination when the clean laundry was returned to the halls. There was a process to investigate any incidents of laundry items going missing.

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: Poor performance

Meals were observed to be of a satisfactory standard, nutritionally balanced and adequate quantity. Menu choices were distributed to all areas to allow prisoners to make their choice. Whilst observing lunch service within the remand section of Iona hall, meals were being distributed on a first come first served basis with no checks taking place of individuals' choices thereby also preventing automatic access to cultural or dietary needs.

HMP YOI Polmont must put a process in place to ensure that prisoners are served their choice of meal.

Menu choices met healthy choice requirements. However, the menu choices, especially for the evening meal, appeared to favour the young adult population. Women prisoners commented this on numerous occasions. There was evidence of prisoner focus groups taking place with action points generated, but women prisoners did not see any changes. During two weeks of the four-week cycle chips were provided on at least five occasions.

On the good side, prisoners and staff spoke positively of the recent increase in provision of fruit, which was at least every second day with the lunch meal. Food hygiene rules were witnessed being observed and evidence was provided of temperature checks of the hot plates and the food upon arrival.

Catering staff said they followed a structured programme whereby they inspected hall food service areas and reported to the health and safety committee. However, inspectors were told that catering staff did not regularly attend the halls during food service to observe general operatives and ensure hygiene rules were being followed and to witness food at point of service.

Within local regime plans and the catering SOP, it clearly stated that once food was located within the hall, these areas should be locked down until all prisoners had returned from the activities areas. Lunch service was observed on numerous occasions during the inspection, and each time food was being served as soon as it was ready, sometimes as early as 11:15, and those returning from activities were served their food upon arrival. This meant that food was sitting uncovered on the hot plate for long periods of time, and those returning from activities were last to access any supplementary food out with their choice. On one occasion, food was observed to be placed on serving plates prior to prisoners returning from activities. HMP YOI Polmont should ensure that the food service routine follows the process laid out in hall regime plans and the catering SOP.

Dietary requirements of prisoners were catered for and evidence was provided of provision of food for those with specific requirements. When asked about the provision of food for prisoners observing Ramadan it was confirmed that hot food was provided within flasks with multiple food items, in order that the prisoner could consume the meal in line with religious guidelines. When asked about this, inspectors were told that catering staff would speak to the individual to see if they were happy to receive all items within one flask, if not two could be provided.

Recommendation: HMP YOI Polmont must ensure there is a process in place to ensure that all prisoners are served their choice of meal.

Recommendation: HMP YOI Polmont should review the menu choices to provide a greater level of healthy menu choices.

Recommendation: HMP YOI Polmont should ensure that the food service routine follows the process laid out in hall regime plans and the catering SOP.

Recommendation: HMP YOI Polmont should encourage catering staff to attend hall food service areas on a regular basis to check compliance with food hygiene requirements and observe food quality at the point of service.

Recommendation: HMP YOI Polmont should ensure that where a prisoner is provided with a hot meal for consumption within their cell in line with religious guidelines, items should be provided in separate containers.

HMIPS 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.

Quality Indicators

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

Rating: Good performance

It can be difficult to assess those in crisis and often the presentation of an individual contradicts the way they are actually feeling. Research has identified that interaction and positive relationships between informed staff and prisoners is fundamental in minimising situations where people are at risk. HMP YOI Polmont adoption of this principle is evident in observed staff/prisoner relationships; evidenced during focus groups, one to one interviews and observations throughout the inspection and supported by the significant staff development programme.

Those at risk of self-harm or suicide within the establishment were supported by the TTM Strategy. During the inspection, up to 18 prisoners were on TTM each day. Inspectors observed that prisoners on TTM were cared for professionally and remained on it for the appropriate time to allow the person to remain safe. The prisoners on it were spread across the population, and the numbers were amongst the highest HMP YOI Polmont had dealt with, placing an enormous pressure on operational and healthcare staff, both in the observation of them and the resultant case conferences.

The SPS should consider whether additional staff are required to manage surges in this vulnerable population.

Despite the high numbers, staff were observed to be compassionate and considerate with those they were responsible for and supported them in an individualised way. In the six months prior to the inspection, of the 215 people placed on TTM more than 50% were removed within five days. Nine foreign national prisoners were placed on TTM, of which six were supported by the use of the translation service to assist effective case conferences. On researching the reasons behind such high numbers, inspectors identified and accepted that there was a risk averse approach in reaction to the recent media reporting of experiences of self-harm and suicide in the establishment.

Inspectors interviewed a number of prisoners who were on TTM and they reported that they had been treated well by staff, that they felt safe and they welcomed the opportunity to discuss their situation and jointly agree the best way forward. This positive response was triangulated by inspectors observing the remand induction for another Standard. A new admission to the prison said:

‘Talk to Me saved my life. I have been on it three times, each time I have come in. The last time I was in a bad way. Staff were very good and listened to me, and only took me off it when they thought it was safe. They did a great job and it is a great thing’.

Staff demonstrated a good understanding of the TTM process. The documentation was comprehensive and of an excellent quality. Staff interviewed were able to explain the process when receiving a concern form or a call, indicating a good understanding of the process. Where a prisoner required further support due to a lack of English, staff were comfortable in accessing and using the translation line. Inspectors visited the establishment during a night shift. In Blair hall, which was normally a single officer post, the night shift manager had ensured extra staff were deployed from other areas due to the high level of TTM observations required. HMIPS commend this action in ensuring those in HMP YOI Polmont are as safe as possible.

Inspectors also observed a woman on TTM refusing to be observed in her cell. Staff spent time trying to persuade her to show herself but she continued to refuse. The FLM decided to enter the cell with the staff, and explained to her that her actions were not helping staff to keep her safe and she should consider moving to a place where she could be observed. After a few minutes of positive dialogue, the woman agreed to situate herself in an area where she could be readily observed without intrusion. This situation was handled in an appropriate and compassionate manner, which allowed staff to properly support her.

Research shows that self-harm is not necessarily a precursor to suicidal intention, and the TTM strategy specifically states that self-harm should be individually assessed as to whether the TTM strategy would be beneficial or obstructive as support. From the documents inspected, staff dealing with self-harm followed the guidance and supported prisoners rather than automatically placing them on TTM.

Inspectors found that from May to October 2018, there were 114 episodes where a person had been placed in a safer cell with safe clothing, and inspectors were content that the reasons for this were valid. In the majority of cases, it was the same people repeatedly being placed there for their own safety. HMP YOI Polmont had eight safer cells divided between the three residential areas. A further two cells were situated in the Separation and Reintegration Unit (SRU) which contained strong furniture, making it less likely for someone to use the in-cell items to harm themselves or others. The cells identified were clean and in good condition, ready for occupancy. However, inspectors found that none of the cells could be classed as 100% anti-ligature free and therefore the definition of ‘safe’ needs to be reviewed. Most cells had lights that could be used as ligature points and some had visible sockets that were not tamper proof.

Only two cells had televisions, which were attached to the wall and deemed suitable for a safe cell. The default position for HMP YOI Polmont was that prisoners would be allowed the maximum items in use. However, for situations where someone was on TTM and deemed to be high risk with no activities or possessions allowed in their cell, there was no opportunity to allow them access to any radio or TV. There is research to show that reducing access to activity can increase the feeling of isolation and contribute to a higher mental health risk. The SPS should consider making access to media a default position, and only removed it if the use is considered detrimental to individuals' mental health by staff.

The definition of a safer cell has still to be defined since the launch of the TTM Strategy in December 2016, and HMIPS urge the SPS to introduce a robust definition as soon as possible to assist establishments in providing the best care for those in crisis. This will not detract from the overall rating of this QI as HMP YOI Polmont manages safer cells well and it is for the SPS to provide clarity on what criteria constitutes a safe cell.

The local TTM Co-ordinator carries out a robust audit of all completed files and contacts staff who have not followed the correct protocol to discuss and advise. It was noted that since TTM was introduced, the need to contact staff had reduced significantly. At weekends, the duty manager carried out an audit of all those on TTM, rectified any issues immediately and reported back to the Co-ordinator. Minutes of the Local Co-ordination Group were available on the SharePoint site, which allowed staff to access the documentation. An action log was used to focus on any issues arising from the process. The outcome of the Prison Resource Library on TTM completed on the 23rd October 2018 was 100%. The outcome of the SPS Headquarters audit on TTM conducted on 6th June 2017 was "Reasonable Assurance" with six recommendations, and all have now been actioned.

However, despite the observed excellent processes and commitment by the senior management team and staff, inspectors noted that reducing suicide and self-harm, although part of the overall strategy, were not prioritised as a single focus in the risk register or annual delivery plan. HMIPS suggest that in the light of the recent increase in the number of incidents these are amended.

Recommendation: The SPS should consider whether additional staff are required for HMP YOI Polmont to manage surges of prisoners on TTM in this vulnerable population.

Recommendation: The SPS should consider making access to media in a safer cell a default position, and only removed it if it is considered detrimental to mental health by staff.

Recommendation: The SPS should clarify the definition of a safer cell to allow establishments to consistently offer a safe environment in which to support those that are in crisis.

Recommendation: HMIPS suggest that reducing self-harm and suicide be prioritised as a single point of focus in the risk register or annual delivery plan, in the light of the recent increase in the number of incidents.

Recommendation: Out with Scotland, in-cell telephony has had a demonstrable effect in reducing self-harm; it allows victims to speak to family/friends and self-help and advice lines in private and out with normal hours. HMIPS recommend that the Scottish Government and the SPS introduce this facility in HMP YOI Polmont to help support prisoners who feel vulnerable. HMIPS welcomed the use of Samaritans mobile phones for young people and women to access during the night and lock up periods.

Good practice: Inspectors visited the establishment during a night shift. In Blair hall, which is normally a single officer post, the night shift manager had ensured extra support was deployed from other areas due to the high level of TTM observations required. HMIPS commend this action in ensuring those in HMP YOI Polmont are as safe as possible.

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: Generally Acceptable Performance

As stated in QI 3.1 it can be difficult to assess those in crisis and those who are at heightened risk or harm from others. Interaction and positive relationships between staff and prisoners is fundamental in reducing negative behaviours and reducing risk. How to deal with protected and vulnerable characteristics was part of the significant training provided to staff; which included suicide and self-harm protection and trauma informed behaviour. This enhanced level of training for the particularly complex and challenging cohorts in HMP YOI Polmont is seen by HMIPS as good practice.

During the inspection, staff informed inspectors that the high staff absence rates led to concerns about increased workloads, and using cover staff led to not having consistent staffing in residential areas which could lead to missing important signals of risk of suicide, incidents of bullying or signs of negative behaviour. There were a number of policies and SOPs to assist staff in managing those at risk, and a clear policy for those wishing protection that included the relevant documentation for completion and the required timescales. Those that met the criteria were moved to the protection section as soon as possible. Inspectors examined all documents and found that it was fully evidenced in PR2.

Where possible, HMP YOI Polmont looked to relocate the perpetrator rather than the victim. However, often the victim asked to be moved to a protection area rather than stay where they are. Staff stated that they spent a considerable amount of time trying to persuade victims not to go on protection, as the young adult population often regarded all protection prisoners as sex offenders. HMIPS welcomed the efforts made by staff to reassure prisoners.

The national anti-bullying strategy has now been replaced by the 'Think Twice Policy'. The policy launch in HMP YOI Polmont is set to coincide with National Anti-bullying week, which commences on the 12 November. The launch will support the message of bullying not being accepted and will include staff training and prisoner information through the induction process. HMIPS is concerned that

because induction is not compulsory, the message could be lost for those that choose not to attend induction.

HMP YOI Polmont should consider alternative methods to ensure every prisoner attends induction as a mandatory part of being in the establishment. This would ensure vital information and the supportive culture, ethos and expectations are not missed. Notably there were a number of posters throughout the prison with anti-bullying messages of support, including free phone numbers that could be accessed from the prison phone.

Inspectors noted the drive to make HMP YOI Polmont a predominantly single cell prison, and inspectors' observations demonstrated that this contributed to prisoners feeling safe.

The SPS should be commended for this approach and consider whether it is possible to make more single cell accommodation available in other establishments.

Recommendation: When the 'Think Twice policy' is launched, HMP YOI Polmont should ensure that all prisoners have access to this information, and not rely on induction.

Good practice: How to deal with protected and vulnerable characteristics was part of the significant training provided to staff; which included suicide and self-harm protection and trauma informed behaviour. This enhanced level of training for the particularly complex and challenging cohorts in HMP YOI Polmont is seen as good practice.

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: Good Performance

Both staff and prisoners told inspectors that they felt safe in HMP YOI Polmont. This was confirmed during pre-inspection focus groups, one to one interviews and during observations. Staff/prisoner relationships were observed to be professional, compassionate and committed at all times.

Some young adult males told inspectors that on first admission to HMP YOI Polmont they were scared due to rumours from their peers and the 'unknown factors' of going to prison. They reported it was a myth that HMP YOI Polmont was a violent and hostile place. Most suggested that their fears were diminished once they had settled in and particularly after the positive impression gained in reception, where peer mentors provided them with reassurance.

HMP YOI Polmont had a clear incident management strategy, backed up by a number of SOPs. Incidents and reports were analysed by the local IMU, and the analysis was fed back to the senior management team through regular meetings and the Tactical Tasking and Coordination Group (TTCG). Unit Managers for the areas

of concern were informed of any actions required, with outcomes reported back to the IMU.

There was good evidence of a range of activities being used to ensure good order and control, including strong measures to relocating those that may cause disruption (including moving women to a different part of the estate), use of Rule 95 and Special Security Measures (SSM). There was also significant evidence of a range of measures to ensure good order and control e.g.: facilitating fresh air in a more controlled area i.e. the SRU exercise areas, introducing purposeful activity to halls for protection prisoners, and restorative justice interventions with the Community Safety Team. Constant sweeps of exercise areas and outer walls had been successful in disrupting criminal activity through the capture of contraband mobile phones and drugs. All violent incidents were reviewed by the Head of Operations and IMU, and any trends were identified and acted upon in the Tactical Tasking Coordination Group.

Enemy lists were updated daily through the IMU and fed back to the Head of Operations, and PR2 was consistently updated. Staff spoken to had a clear understanding of the SPS intelligence reporting system.

Due to the frequency of incidents involving violence, the regimes could be significantly disrupted. Focus groups reported that prisoners were often locked up whilst staff left to assist with incidents.

Good practice: Having peer mentors in reception to try to allay any fears prisoners have when first admitted.

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: Satisfactory Performance

Although records of incidents of bullying were low, where an allegation of bullying was made HMP YOI Polmont took it very seriously. However, the inspection team noted the reluctance of particularly young males in the establishment to report bullying, as they did not want to be labelled 'a grass'.

Inspectors noted that senior management ensured that experienced staff were spread throughout the prison, which provided assurances that signs of harassment and bullying would be more readily picked up and acted upon. Inspectors also noted that staff shortages could undermine the ability of staff to observe these practices.

When the national anti-bullying strategy was suspended for all prisons, HMP YOI Polmont was permitted to continue using an anti-bullying strategy fit for their purpose, given the perceived high risk due to the age of the population. However, examination of the records and discussion with staff revealed an inconsistent approach in the way areas approached bullying. In some areas, staff informed inspectors that they would look to deal with possible incidents of bullying with a low

profile approach to protect the victim. If bullying was suspected or reported, staff would approach the victim in the first instance to discuss the circumstances around the situation, gain their view and look at options for support. Whilst this approach was good practice, it undermined the policy and information gathering required to determine the scale and nature of the problem. Staff in some areas waited to observe the negative behaviours themselves before taking action to protect the victim from further abuse.

There is an acknowledgement by staff of low-level persistent negative or abusive behaviour issues being dealt with by staff at the scene, and not utilising the formal resolution and reporting processes. By not using the formal processes, including reporting it on PR2, there was a systemic failure to quantify and analyse behaviours that may lead to more serious breaches. However, inspectors observed negative behaviours consistently being challenged and found that staff submitted intelligence reports if the bullying was regarded as serious. Where information was submitted to the IMU, it was analysed and fed back to management if there were consistencies with other reports on either the perpetrator or victim, for formal action.

On a positive note, inspectors found a good example where the formal processes were used in relation to a young adult currently on the anti-bully strategy. The paperwork suggested that due to the physical appearance of some young adults because of bullying by one prisoner, staff were able to challenge the perpetrator whilst protecting the victims. The perpetrator was currently being managed in the residential area.

In Blair house there was no protection area. Inspectors noted that where it was deemed necessary to keep victims and perpetrators apart, transferring the perpetrator to another part of the women's estate was the option. Inspectors welcomed the emphasis on disrupting the perpetrator rather than the victim.

Recommendation: HMP YOI Polmont should ensure that all incidents of bullying are recorded on PR2, regardless of whether they were managed formally or informally or reported to intelligence.

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

Rating: Good Performance

There were support mechanisms in place to assist prisoners who required support. These included; observed good staff/prisoner relationships, chaplaincy, community safety, youth work and hall staff. Listener peer support was temporarily suspended.

Prisoners who reported bullying or harassment were taken very seriously and staff looked to resolve the situation and ensure the prisoner felt safe. As stated earlier, staff look to resolve issues informally at the lowest level, prior to taking any formal action and protection is only offered as a last resort. Inspectors welcomed the approach of talking to the victim and agreeing a joint way forward, checking with them how they wished to proceed with any actions against the perpetrator. During pre-inspection focus groups, staff routinely stated that they were more likely to have

a chat with those that they felt had been bullied to see what support they required, and in the majority of cases, the victim did not want any formal action, so their response was to maintain close observation only.

Speaking to staff and prisoners during focus groups and one to one interviews, it was clear to inspectors that successful challenges had been made with regards to negative behaviour, without the need to remove either the victim or the perpetrator.

The CSU also engaged with both parties to look for solutions rather than place one party on protection. In many cases, they recorded that due to maturation of the perpetrator it was not recognised as bullying but fooling around, and this behaviour had been talked through with them. The CSU had met with 32 prisoners in the last two years who had been placed on anti-bullying. Inspectors noted that the number of restorative justice interventions had reduced in the last year and recommend that this successful initiative be reinvigorated.

Where it was deemed more serious, prisoners were facilitated to access Police Scotland, and supported to access the Samaritans through the phone system. At the time of the inspection, the listeners peer support programme within all prisons had been suspended. HMIPS welcomed the news, post-inspection, that this supportive facility was being reinstated.

Recommendation: Inspectors noted that the number of restorative justice interventions had reduced in the last year and recommend that this successful initiative is reinvigorated.

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: Good Performance

Systems were in place throughout the prison to ensure that a proportionate and rapid response could be made to any emergency threat to safety or life. The Head of Operations was responsible for monitoring, managing and testing the suite of SOPs. The SOPs were available on the SharePoint site and evidence was provided to evidence routine testing. Contingency plans were available and all staff understood the command structure.

There were staff alarms available for all those that required them, and the person's name was identified on a disc and hung up on a hook that coincided with the alarm number. This system was based on trust that those using an alarm had placed their disc on the correct hook. However, this system was well used throughout the SPS, and there is no evidence that it was anything other than effective. When an alarm was activated, there was a controlled response from staff in all areas. The Electronic Control Room (ECR) observed the incident and activated a secondary response when required.

Radios and alarms were subject to regular testing, and maintenance and repair contracts were in place. The alarm beacons were tested during the evening at the weekend when HMP YOI Polmont was locked up. Emergency code Blue and Red were identified on the radio system. However, staff reported there was a lot of unnecessary chatter on the radio and messages could initially be missed. They reported that at times they had removed their earpiece due to radio noise from non-essential communication. Following efforts by the Head of Operations there had been some reduction but it remained a risk, and HMP YOI Polmont should look to further reduce unnecessary use of radios. Staff training on the emergency codes and use of the radio and alarms was routinely provided to all staff and visitors who carried the equipment.

Recommendation: HMP YOI Polmont should look at a strategy to further reduce the use of the radio for non-essential communication.

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

Rating: Good Performance

HMP YOI Polmont employed a full time Health and Safety (H&S) Co-ordinator to ensure legislation was followed and processes were in place. The Co-ordinator was very experienced and knowledgeable and well organised. There was a large amount of evidence to indicate that this QI could be rated as good, and evidence of replicable good practice.

H&S training was carried out on a regular basis and the staff competency was at 91%. HMP YOI Polmont had a number of key processes in place to assess and mitigate presenting risks, particularly in the work areas where risk assessments and safe systems of work were available. These documents were reviewed and tested on a regular basis by FLMs in that area and recorded in SharePoint. The establishment may wish to consider the use of peer testing to enhance this process.

All actions from inspections were held within an action plan, tracked and reviewed at the quarterly H&S meeting attended by the Governor. Unannounced H&S checks were carried out on a monthly basis by the Governor, culminating in additional actions in the action plan if necessary. The H&S Co-ordinator updated the local tracker in line with the national tracker on all incidents occurring concerning H&S and fire recording incidents, and near misses were routinely reviewed to identify trends.

There was an impressive suite of SOPs, as well as excellent record keeping of staff competencies. Any new documentation, communications or SOPs required staff to log on using their unique user number. This allowed the H&S Co-ordinator to give assurance to the Governor that staff had read it. Where it was identified that staff had not accessed the new documentation, the FLM for that area was contacted by the Co-ordinator to address this.

HMP YOI Polmont carried out two fire drills per shift per year, and 'Fire in cell' drills were facilitated by the area Fire Marshalls. HMP YOI Polmont had the highest

recording of fire incidents in the SPS. Over the last 12 months, there had been 36. However, it should be noted that 21 of them involved the same person. HMP YOI Polmont had made significant efforts in challenging this person to refrain from starting cell fires. A multi-agency approach had been used which included fire safety officers from Scottish Fire and Rescue Service, psychology, CSU, MDMHT, a specially formed risk management group and motivational talks and support from his personal officers and FLMs. He had been subject to a number of SSMs to reduce his access to material and ignitions. A cell in the SRU to house this person, following an incident, had been redesigned to minimise the opportunities to start fires, by enforcing the seals around the light switches and sockets. The action taken by HMP YOI Polmont was to be commended. Although the situation where one person was responsible for so many fire incidents was rare in any establishment, HMP YOI Polmont's approach should be noted as good practice. Where these incidents occur in other prisons HMP YOI Polmont should be contacted to share its practices.

Good practice: HMP YOI Polmont had made significant efforts in challenging someone to refrain from starting cell fires. A multi-agency approach had been used and he was subjected to a number of SSMs to reduce his access to material and ignitions. A cell in the SRU to house this person following an incident had been redesigned to minimise the opportunities for starting fires.

HMIPS 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.

Quality Indicators

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

Rating: Satisfactory Performance

HMIPS inspected and reviewed the Use of Force forms and violent incident reviews. Our inspectors confirmed that in HMP YOI Polmont all force or restraints were compliant with all operating procedures and guidelines. During the inspection, alarms were raised and staff were observed demonstrating good competency levels handling the situation in a professional manner.

Documentation of Use of Force forms was completed to a good standard. The IMU First Line Manager FLM audited all Use of Force documents and where information was lacking, ensured staff subsequently completed the required information. All samples examined were completed to a good standard, but there was a lack of information to suggest if the removal was planned and or recorded. In addition, secondary assurance confirming they had been completed appropriately by the Head of Operations was sporadic and incomplete.

Tactical tasking and violence reduction strategy meetings took place monthly. Violence reduction action plans highlighted evidence of action to reduce incidents of violence from the decision-making and improvement. The Head of Operations monitored actions and fed back outcomes at each meeting. There was good evidence of Violent Incident Reviews being carried out by hall FLMS, staff and those involved in the incident, ensuring young people were challenged on the impact of their behaviours. Young people were included in the decision-making and required action to reduce incidents.

86% of staff were trained in the Control & Restraint (C&R) process, lower than expected level of 95%. The staff-training manager and C&R Co-ordinator reported that long-term sick absence and a lack of trainers was affecting delivery. There was sufficient staff trained to supervise removal, method of entry and use of cuffs.

Recommendation: Head of Operations should check and sign that all Use of Force forms are completed and fully compliant.

Recommendation: HMP YOI Polmont should ensure 95% compliance of C&R training as a priority.

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 effected, 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: Good performance

Rule 95 and Rule 41 is the process allowing prisons to confine prisoners to their cell, to segregate them or limit their opportunities to associate with others. Processes were robust and there was good evidence of the process and inclusion of prisoners. The SRU staff, the FLM and the Unit Manager had a good understanding of the process; all documentation was completed and included detailed minutes and management plans. All Rule 95 documentation was signed by SPS Headquarters and uploaded to PR2.

Reintegration plans were robust and the individuals had a full understanding of the process, and had the opportunity to contribute at case conferences. During the inspection, there were some complex individuals within the SRU and they were being managed well. A weekly review of cases was carried out to check and confirm actions being taken and progress made. Any concerns were taken forward to a further case conference. This was observed to be carried out in a professional, non-judgemental manner. It was evident that there was a lack of mental health attendance at case conferences, but often verbal feedback was given to FLMs prior to the case conference taking place.

There was a lack of gymnasium opportunities within the SRU, with only a running machine and cross trainer available. PTIs informed inspectors there was no availability for SRU prisoners to attend the main gym due to the diverse population. However, there was an SRU sports and games officer who often supported young people in different types of fitness.

At the time of the inspection, one young man located in the SRU should have been located within mainstream conditions, but this was not possible due to a lack of disabled cells. Whilst it was evident that this was the most appropriate location for this individual, he should not have been placed on a Rule 95.

Recommendation: The SPS should consider options to locate individuals in the SRU when Rule 95 and Rule 41 are not appropriate.

Good practice: During the inspection, a rule 95 case conference was attended by the young person, the SRU manager, the managers, relevant hall staff and a throughcare support officer (TSO). The discussion offered various options to the young person to supporting his return to mainstream in preparation for liberation. A robust plan was in place for liberation that was discussed and fully explained by the TSO. The conference covered various topics with ongoing support offered from SRU staff, including allowing the person to return to the SRU for time in open air. This individual's rule continued during his transition, which then became good use of a prescribed rule.

Good practice: A weekly review of cases was carried out to check and confirm actions being taken and progress made. Any concerns were taken forward to the next case conference. This was observed to be carried out in a professional, non-judgemental manner.

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

Rating: Good performance

Prisoners were being placed on report for various breaches of discipline and unit managers carried out the adjudication within their allocated area. On observing a number of disciplinary hearings, it was evident that unit managers had a good understanding of the process. All observed hearings were carried out fairly, professionally, and in accordance with disciplinary procedures and prison rules. All CCTV evidence and productions were readily available for the hearing to take place.

Prisoners were given the adjudication paperwork well in advance of the hearing and the paperwork was checked and signed by FLMs, giving an assurance that the statement was appropriate to the charge. The process was fully explained to the prisoner, confirming they understood the process and they were offered the opportunity to call witnesses. Where the adjudicator felt they required further evidence and or witnesses, the process was adjourned informing the young person of the timescale and instructing a resumption notice to be served prior to next hearing. Where the adjudicator was satisfied they had all the appropriate information and evidence, a fair decision was made and appropriate punishment given.

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

Rating: Satisfactory performance

At the time of the inspection, there were four people with Special Security Measures (SSM) in place. All paperwork was checked and found to follow the correct process. Review dates were carried out and all four were logged through PR2. Each prisoner was aware of the procedures and understood their restrictions. Each area had a copy of those on the SSM list, and staff working with them were aware of the risk involved. The IMU FLM informed inspectors that if required an interpreter would assist with translation. No information was available in large print.

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

Rating: Generally acceptable performance

Inspectors observed an intelligence led search of a female prisoner's cell. The prisoner was not in attendance as evidence suggested she was being abusive and threatening at the time of the search. She was informed the search was taking place and how it would be carried out. Items found were bagged appropriately and logged through the production book. The cell was left in an acceptable condition, which evidenced respect for the prisoner's property. However, there was no property card at the time of the search and no evidence of a body search.

There was a lack of evidence in relation to cell and area searches, out with the searching policy. The documentation did not match the information on PR2, some documentation was missing and there was evidence of searches not being carried out or missed. FLMs advised the sheets came from security but security confirmed this was not the case. However, inspectors noted that there was good evidence within the SRU of searches and findings.

The searching of admissions, transfers and those returning from court was completed by the appropriate reception staff, using the correct equipment. Staff communicated well with prisoners, asking appropriate questions and informing them of the procedures, which helped relieve them of any anxiety and stress presented during the search.

The process for dealing with prisoner's property was observed. During visit sessions, all property was accepted through the front of house, x-rayed by operations staff, bagged and prepared for reception staff to uplift. Reception annotated all property onto the property card in preparation for issue. There was only one production book in place, held by the Security FLM. All property was recorded, signed for by two staff and held in lockable cabinets.

Recommendation: HMP YOI Polmont should re-enforce the need to use the prisoner property card, so that staff are aware what property is rightfully in use when conducting cell searches.

Recommendation: HMP YOI Polmont should evidence all cell and area searches in line with the searching policy.

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: Generally acceptable performance

A robust system was in place for the management of prisoner property, both in possession and within the stored property bags in reception. The property area was large and secured.

Items in use lists were detailed and gave a good choice and amount. Prisoners had the opportunity to exchange items on a weekly basis. They would receive their property either that day or the next. HMIPS confirmed that when a parcel was posted in, it was opened in front of the recipient within the reception area.

At the time of the inspection, valuable items were located in an unlocked drawer within a secure cupboard. They were stored in stapled down plastic bags with a detailed list matching the items on the property card. However, there was no way of evidencing if the bag had been opened and resealed. This was concerning as valuables should be placed in a sealed bag with the seal number being annotated on the property card and signed by both staff and the prisoner. This was promptly resolved by the management team. Managers carried out a weekly audit to ensure property held within the area matched documentation and the property cards within reception.

All cash processed followed a robust process. There was a process in place to record cash posted in through the mail and/or handed in at visits, and it was held in a secure area until passed onto the cash desk. The cash desk managed all processing and balancing of cash for individuals to access.

Recommendation: At the time of the inspection, sealable bags had been purchased to replace the plastic bags currently used for valuable property. HMP YOI Polmont should ensure this practice is continued and all property cards updated to reflect the sealed bag number.

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: Good Performance

Inspectors observed a number of escorts being processed to attend hospital or court. Reception staff checked all documentation against the person leaving prior to G4S. G4S carried out all of the escorts, with robust processes in place to check the person leaving matched all documentation, confirming identification and carrying out an individual risk assessment in discussion with reception staff.

Risk assessments were completed by the reception FLM. A range of SPS risk assessments and escort certificates were checked from previous escorts and there was evidence of a good process. The initial documentation came from the court informing the court desk who was required, the court desk then prepared the PER and this was transferred to the prison security team to advise of any intelligence and risks that required monitoring. The security team then passed this to health care staff to complete any medical or health risk. Once all areas had been completed, the form was passed to the reception. Staff were completely clear that the only use of physical restraints would be because of the robust risk assessment.

Prisoners leaving under escort were escorted by three SPS staff (two and a driver), for any reason other than Special Escorted Leave.

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

Rating: Generally acceptable performance

Prisoners were tested under the appropriate risk assessment process. Adequate staff were trained in each area and a list of trained staff was available in the FLM offices. The areas for testing were well resourced and well equipped. Records were examined and all paperwork available was fully completed. Those providing positive samples went through the adjudication process.

Tests were carried out regularly for the purpose of progression and suspicion. Staff reported that they often felt it was a waste of time, as they could not test for psychoactive substances, which was an increasingly common choice occurrence. Annual prevalence testing was due to commence and staff had been identified to carry out this process.

Inspectors noted that there was no suitable holding area for those who could not provide a sample at that time. When asked, staff said that they had contingency cells. However, these cells were unsuitable as they had access to running water and toilet facilities.

Recommendation: HMP YOI Polmont should provide an area to locate prisoners who cannot provide a sample at that time to allow them the allocated time, as per prison policy.

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 performance

The systems and procedures for monitoring and tracking the movements and activities of prisoners were well regulated and documented. Inspectors observed that route movements were well staffed and managed with five FLMs and nine staff from various areas of the establishment. The duty manager was required to observe the route at least once per day. Every prisoner, moving areas, walked through a range of security measures i.e. portal and rub down searches and/or hand held metal detection. The establishment also had portable Cell Sense, which was well used during the inspection by reception and security staff. Prisoners who required to take items with them on the route were only permitted items they required for that purpose, and they were appropriately searched prior to leaving the area.

Inspectors observed the systems and procedures for monitoring and supervising in visits. The room was divided to allow all categories of prisoners to attend at the same time, and staff could easily identify all those within the visit room with an accurate list maintained. There were no holding rooms available for prisoners arriving or leaving the visit room, therefore they went directly to the visit room.

All bonding sessions are also observed by a Family Contact Officer. The bonding session atmosphere was relaxed and prisoners and families were allowed to move freely around the visits room.

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

Rating: Satisfactory Performance

Inspectors observed robust security/searching procedures of the building and grounds. The gate visit FLM, the security FLM and the IMU manager worked closely to ensure HMP YOI Polmont was kept safe. The gate staff were well versed on procedures and processes and had a good understanding of why it was important.

Inspectors observed front of house searching when high numbers were being processed for an event taking place within the Activities area. This event included families and partners agencies. The Tactical Dog Unit attended, screening all those who were processed. Staff were very courteous and gave good clear instructions of what was required, putting many visitors at ease. The processes were robust.

When entering the establishment all staff and visitors are required to show a photographic ID, walk through an alarmed metal portal and place outer clothing and possessions through an x-ray process. The Security FLM had processes in place for random searches on staff, carried out of sight of others.

Perimeter checks were carried out regularly throughout the day and the ECR continually monitored all areas of the prison. Vehicles entering and exiting the prison were searched in a systematic manner, with drivers being subjected to the same search procedures as those walking into the prison. Mail was screened and searched in line with the SOP. Any mail deemed suspicious was identified and marked accordingly.

Inspectors observed the searching of grounds and buildings to be scheduled and completed in line with the establishment procedures.

Security staff reported that they were given a full briefing prior to commencing their shift. When there was any change to procedures, this was also discussed with the staff to ensure their understanding. Staff were observed to conduct their duties in a professional respectful manner throughout the inspection.

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.

Quality Indicators

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

Rating: Good Performance

Throughout the inspection, evidence was found that, in general, critical information was passed to prisoners and families timeously, with the required standard of dignity. A sample of the records on PR2 against granted Exceptional Escorted Day Absence requests evidenced that on the majority of occasions relevant information had been passed. Various case conferences were observed and family attendance was high for Integrated Case Management (ICM) case conferences. Multi-disciplinary TTM case conferences were led by the FLM who ensured the prisoner was involved in the decision making process and the opportunity for family to attend was offered. Staff were able to talk through the process of giving bad news to prisoners, demonstrating a commitment to sensitivity and compassion and utilising private spaces when required. Prison visitors spoke of a welcoming environment and engaging staff attitude, and it was evident there was knowledgeable staff and a welcoming attitude within the visit area. Visitor induction had been restricted due to staff absence within the FCO team. There was a system in place to allow visitors to provide feedback on visits and there was evidence of family involvement in events held within the establishment.

Family awareness visits were available to support families to better understand the prison setting. They were tailored to the needs of visitors to provide knowledge of how the family member would serve their sentence.

Good practice: The family awareness visits were extremely supportive.

Good practice: The level of family involvement in ICM case conferences was impressive.

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 performance

Interactions between staff and prisoners were in general good and respectful. Within the activity areas of the prison, positive staff/prisoner interactions were clear, most notably within the learning and development area. Those individuals who wanted to and attended work were fully engaged and talked enthusiastically of the work they were involved in. There were ample additional activity spaces available on a daily basis, which were not utilised to the full potential and could have afforded greater opportunities for individuals to access a more purposeful regime. There did not appear to be any remedial steps taken to challenge non-attendance at work/activities or to proactively encourage individuals to attend.

Staff working in the visit area were engaging and sensitive to all visitors, whilst ensuring the security needs of the prison were adhered to at all times.

Positive relationships were evidenced within the SRU, with individuals involved and able to contribute in case conferences settings.

Although observed behaviours throughout the prison were positive with staff and prisoners engaging appropriately, it was noted that not all staff were wearing name badges to allow prisoners to identify whom they were dealing with or the ability to make a formal complaint.

Anecdotal evidence from focus groups with both women and remand populations was not as fulsome with respect to relationships between staff and prisoners. It was reported that negative behaviours were responded to, but it was done collectively as a group rather than individual behaviours being challenged.

Recommendation: HMP YOI Polmont should ensure that all staff wear their name badge.

Recommendation: HMP YOI Polmont should ensure that non-attendance at activities is challenged and individuals are actively encouraged to attend.

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

Rating: Generally acceptable performance

Staff acknowledged the requirement to offer privacy when required, and the use of interview rooms was observed in all areas of the prison. Inspectors did not witness or find any evidence of staff breaching confidentiality during the inspection. Prisoners reported that interviews or meetings held were carried out with respect for their confidentiality and privacy. Where information was required to be passed on by family members of a sensitive nature, due consideration was given to an appropriate setting to minimise the impact on the individual. Three key areas of concern were

highlighted during the inspection in relation to confidentiality: the practice of medical request referrals being placed on the breakfast trolley for prison officers to sort and place into the locked boxes for collection by healthcare staff; the use of canteen sheets, referenced to in QI 2.4, which clearly displayed other individual's current cash balance; those individuals on TTM were highlighted on hall boards. Inspectors noted that the practice of listing people on TTM on the hall boards was ceased during the inspection and it is hoped this will continue.

Recommendation: HMP YOI Polmont should ensure that medical request forms are treated and handled in a confidential manner.

Recommendation: Individuals information on Talk to Me should be managed confidentially and should not be identified on the hall board.

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

Rating: Generally acceptable performance

Inspectors found that the environment in the prison was orderly and predictable with a comprehensive and intelligent approach to the design and delivery of a regime appropriate to the complex cohorts residing in the prison. Staff exercised authority in a legitimate manner with use of force only used as a last resort. Movement was well managed and safe, however the inspectors would have liked to have seen much greater participation in the considerable opportunities available to the population that would contribute to the good order and discipline necessary to such a challenging cohort.

In addition, the number of prisoners experiencing limited out of cell time and time in the fresh air was concerning and a repeat finding from the last inspection. Access to fresh air was more consistent in Blair hall, but time out of cell was concerning in all halls.

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: Satisfactory Performance

Prisoners told inspectors there was little to no consultation on the regime, and only one Prisoner Information & Advisory Committee minute could be found on notice boards, which had been held during the last month. Further evidence of prisoner consultation meetings was available, however a previous set of minutes were virtually identical to the most recent set published. The canteen sheet was in line with national policy, and evidence was found of prisoner consultation in relation to what was available.

The radio station was a well-known source of information, with all groups commenting on the positive role it played in conveying information. Two points were highlighted in relation to accessibility: there was limited foreign language information and slides could be complex making it difficult for those with literacy difficulties to acquire all the information.

There was a contrast within the establishment regarding involvement in decision-making processes, with the remand and female populations in particular feeling particularly disenfranchised. However, throughout other areas of the establishment there were excellent examples of prisoner involvement; with the Year of the Young People Committee coordinating the events programme and being actively involved in influencing fundraising activities and Common Good Fund spend. Since the inspection took place HMIPS have been advised that community meetings are now taking place and any female in Blair House can attend.

Peer mentors were involved in the delivery of various initiatives across the prison regime including induction as well as Unwritten Rules. They were also involved in various other roles across the establishment, including an initiative with Strathclyde University Training for Teachers.

There was a clear structure to notice boards with a themed approach. However, they should be standardised, as there was no consistency of information across each hall. Many notice boards had information, which was out of date, information not pertaining to the subject heading or had multiple information displayed which made it difficult to access information.

Prisoners were kept informed of forthcoming events through prisoner notice boards and through the radio station. The mixed media approach is considered good practice.

The Personal Officer Scheme was in place, though feedback was that quality was mixed and dependant on whom your individual personal officer was. This was reflected in the content and quantity of reports recorded on PR2.

There were only three Equality and Diversity Impact Assessments in place. None of which included prisoner involvement. The Equality and Diversity (E&D) meeting was not well attended, with many areas of the prison not represented. There was no involvement from any of the prison populations within the establishment on the committee.

Recommendation: HMP YOI Polmont should arrange for notice boards to be standardised and kept up to date.

Recommendation: HMP YOI Polmont should ensure that future impact assessments include involvement of the prison population.

Recommendation: HMP YOI Polmont should include prisoner representation in the E&D meetings. They should also be given greater senior management focus, with monitoring and tracking of protected characteristics presented at the meeting.

Recommendation: The prison should introduce further mechanisms to enhance participation and accessible information for prisoners. PIACs or equivalents meetings should be held on a regular, systematic basis and an exchange of information should be built in, feeding information from the PIACs into decision-making processes within the prison, and feeding back to prisoners on the outcome of those processes.

Good practice: The involvement of the prison population in the YofYP committee and event organisation was very good.

Good Practice: The involvement of the prison population in the Common Good Fund committee meeting and associated spending.

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: Generally Acceptable performance

It was noted that copies of the prison rules were not readily accessible to prisoners in residential areas, and individuals were required to request access from hall staff. Feedback from prisoners was that the prison rules, in their current format, were not conducive to young adults understanding legislative requirements.

Prisoners were consulted in Risk Management Team and Integrated Case Management decisions, and were given copies of minutes where required. All statutory body visits were facilitated in line with procedure and staff within the visits area were aware of the necessary processes. Professional visitors spoken with informed inspectors that there was a formal process, which appeared to work well. There was a high level of use of agents visit space by external agencies, reducing the agents visit spaces available.

Recommendation: The SPS should ensure that prison rules are available in all areas and consider developing a range of formats that are more accessible.

Recommendation: HMP YOI Polmont should find an alternative area for external agencies meeting with prisoners in the agent's visits area; the current practice inhibits the available agent's visits space.

5.7 The prison complaints system works well.

Rating: Satisfactory performance

All prisoners spoken to were aware of the complaints system. Complaint forms were accessible within each section of each hall. However, copies were available in English only and no information was evident as to how alternative versions could be accessed. Where a complaint had been made there was evidence that the process had been adhered to and a fair and reasonable response had been recorded within timescales. Where complaints had been escalated to the Internal Complaints

Committee (ICC), care was taken that an appropriate chair had been identified and that the decision was scrutinised by the Governor, in line with the policy. There was also evidence that internal support, where requested, had been provided at the ICC, and this was recorded in the minute of the meeting. Complaint levels were not particularly high and feedback received from the focus groups was that there was limited confidence in the system and outcomes. It was suggested that there was a culture that if prisoners made a complaint it could be to their detriment.

No formal advocacy services were available within the establishment although research has shown that young people find it difficult to self-advocate.

There had been six Lost or Damaged Prisoner Property claim forms submitted since August 2018. Of those three had been settled, two were returned due to procedural issues and one complaint was not upheld. There was a clear rationale provided for the complaint that had not been upheld.

Recommendation: HMP YOI Polmont should ensure that complaints paperwork is available in a range of formats with guidance available on how to access.

Recommendation: The typed response to complaints should identify the route to pursue a complaint to the Scottish Public Services Ombudsman, should prisoners be unhappy with the Internal Complaints Committee findings.

Recommendation: HMP YOI Polmont should ensure advocacy services are available to provide independent support to individuals and young people in particular.

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

Rating: Satisfactory performance.

Independent Prison Monitoring (IPM) request forms and request boxes were readily available to prisoners across all areas of the establishment. Copies were available in English only and no information was evident as to how alternative versions could be accessed. On consulting the prisoner group the majority of prisoners spoken to were aware of the presence of IPMs within the establishment and how to access them, including use of the Freephone number available on the prison telephone system. There was mixed knowledge levels regarding the function the IPMs. An IPM bulletin was available which highlighted issues that had been raised and discussed. Staff were aware of IPMs and their role and both staff and IPMs reported good working relationships. IPMs described access as excellent with unrestricted access to prisoners, with the exception of security concerns and where this occurred a suitable explanation was provided.

Recommendation: IPM paperwork should be available in the most common foreign languages with guidance available on how to access.

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.

Quality Indicators

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: Satisfactory performance

The prison offered a wide and suitable range of good quality employment and training opportunities. These opportunities were offered to all convicted prisoners and a more limited, but acceptable, range was available to women and remand prisoners. Practical constraints regarding viable groups and not mixing different groups of prisoners limited the choice for them, but every effort was made to keep the options as wide as possible and focussed on the needs of the individual. Overall, the work areas were modern and well equipped, and the prisoners enjoyed attending. The offer of vocational training was, however, negatively impacted by staff vacancies, staff absence, and at times the need for prison staff to be placed elsewhere. This often led to cancelled training or work sessions.

One further constraint on the effectiveness of overall provision was the number of spaces each day, which are unfilled because of prisoners not attending. On a typical day, almost 30% of the available spaces were not filled, although this varied significantly by work party. This was an improvement on previous years where more than half were unfilled, and efforts to improve attendance had some impact. Many of these spaces were because of prisoners changing their minds and not attending, leaving little time to fill the space. Staff were aware of this challenge and were further developing good practice to try to increase participation.

Work party and vocational training opportunities were guided by prisoner choice and determined in a way that took account of prisoner's circumstances. Prisoners felt they had a strong influence on this and were satisfied that they were properly consulted. The range of training opportunities was well considered, and were a good match to the needs of the employment market and skill levels of the prisoners. In almost all areas, an appropriate qualification was offered, and in the few where

qualifications were not yet offered, work was in progress to make these available. All of the training opportunities were well delivered, and staff recognised the need to use these opportunities to develop social skills and confidence. Vocational training staff clearly saw their role as both an instructor and youth worker, helping to motivate and encourage the prisoners. In some of the vocational activities, core skills such as working with others and numeracy were embedded in the delivery of the subject and delivered by education staff in the workshop area. This was well established in joinery, and at early stages in other subjects.

Most of the training had a specific and clear link to employability on release, such as the Construction Skills Certification Scheme site safety card and forklift driving which was offered nearer the end of a sentence. Activities to encourage planning for the future were delivered, and helpful adverts were highlighted to prisoners to reflect on possible options on release. Activities such as a useful jobs fair re-enforced reflection on the positive options that might be available.

Good practice: Vocational training opportunities were almost all underpinned by a clear lesson structure leading to an appropriate vocational qualification. Prisoners proudly showed their SQA list of units achieved and recognised their value in raising self-esteem and in potentially helping gain employment. This was particularly significant and helpful for younger prisoners, where experiences of education to date had been poor and they had limited work experience to offer an employer.

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: Good performance

On arrival at HMP YOI Polmont, convicted prisoners were encouraged to attend a well-structured induction programme. This induction process outlined the key processes around work allocation, vocational training and educational opportunities. This process encouraged prisoners to reflect on and plan what might be most appropriate and helpful to them in their sentence. The staff aimed to help prisoners to produce a highly individualised report, which reflected on the prisoner's prior experience, qualifications, interests and goals.

Information then went forward to an Activities Allocation Board, which met weekly. This Board considered the prisoner input but also looked at the wider picture of what might be helpful and what would be safe. There were also pragmatic steps such as checking that preferences were not based primarily on where their friends were placed, or that placements would not lead to enemies within the same group. The Board also reflected on how a prisoner may progress and gain a range of experiences and qualifications that might be helpful overall in looking for work.

Prisoners spoken to were happy with the work allocations and recognised their influence on the process. There were no delays in allocation, and delays in getting particular vocational training opportunities were well managed and minimised, ensuring the key training opportunities would be given within the sentence period.

Timings of work allocations and placements were well planned to ensure that experiences or qualifications that needed to be current to help with employment were made available near the end of the sentence.

Some work placements were offered to remand prisoners and a number had taken up the offer and benefited from the opportunity to be active and engaged in purposeful activity. However, the range of opportunities for remand prisoners was extremely limited. In addition, the Allocation Board considered the position of prisoners who dropped out from, or were withdrawn from, work parties. With input from SPS and Bernardo's staff, convicted prisoners were encouraged and supported to re-enter work and vocational training.

This provision had a range of strong features: well-structured induction, prisoner input, prisoner focussed decision-making, input on the Allocation Board from a range of professionals and a clear link to preparation for release.

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: Satisfactory performance

Prisoners were provided with an appropriate and sufficient range of good quality educational opportunities overall. For most prisoners, learning activities met their educational needs well. Educational opportunities were provided for all convicted prisoners. However, remand prisoners had limited access to learning. Weekly induction classes for new prisoners included information and discussion around the educational opportunities available. Opportunities for more advanced provision was limited, with few prisoners studying beyond SCQF level 5. At the time of the inspection, three prisoners were undertaking higher-level study through the Open University.

The quality of provision was good, with most of the learning delivered to small groups of prisoners or on an individual basis. Core skills were delivered through discrete classes or embedded within project-based work. Core skills were also being delivered in partnership with vocational training staff in the painting and decorating and brickwork work parties. Similar embedded core skill learning was taking place in the Paws for Progress work party. Prisoners reported that they found this approach to learning more engaging, and most were successfully achieving certificated SQA awards to demonstrate their progress.

The learning centre had developed strong external partnerships with a number of organisations, such as the University of St Andrews and Napier University, which had resulted in successful learning projects, which were benefiting prisoners through interesting and stimulating activities. Positive relationships between prisoners and staff and modern facilities created a relaxing and purposeful environment for learning. The virtual learning platform developed by Fife College for prison learning centres provided a useful range of short online courses on topics such as food hygiene and health and safety.

Attendance at most classes was low, with around half of the scheduled prisoner number attending. There were also waiting lists for almost all classes, resulting in some prisoners having to wait several months to access particular classes, including core skills. Managers were aware of these issues but had yet to introduce successful arrangements to address them.

Learning Centre staff made good use of prisoner feedback through informal discussions and formal questionnaire responses, to respond to comment and further improve the provision.

Recommendation: HMP YOI Polmont should consider what arrangements in can put in place to address the low numbers of scheduled prisoner numbers attending to help reduce waiting lists.

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: Satisfactory performance

The prison offered an appropriate and sufficient range of physical and health educational activities. The central gym was spacious, well equipped, and had a well-structured and varied programme of activities. These activities were offered to all groups of prisoners at prescribed times, with careful management of different prisoner groups. There were several 'wing gyms' available within the residential blocks with basic fitness equipment. These were not well used and basic in decoration and layout. Poor space and design made them less attractive, and simple layout difficulties such as a TV on the wall in Iona fitted behind the running and fitness equipment reflected a lack of practicality and attractiveness. Prisoners in the SRU had no access to the central gym. The prison had outside playing fields, although for operational reasons these were rarely used. Outside activity was highly valued by prisoners, and greater use would have an impact on attendance.

PE, Fit for Life and Sports Leaders activities were on offer with good uptake. Some activities that were particularly attractive to women prisoners were also offered such as Dance Leaders programmes. More unusual and innovative work included working with Education Through Cashback, an agency funded to run fitness related life skills programmes. This helped prisoners combine gym work and life skills, and helped overcome resistance to classroom only education for those who were reluctant.

Dynamic Youth and Youth Achievement awards were also offered to give some structure and motivation to gym activities. The staff had also worked well to find a way to offer Duke of Edinburgh Award work to prisoners. This required the use of the wider prison estate working, with Dumfries Prison, but had been able to offer fully accredited awards to a small group of prisoners.

There had been some limitations on the offer due to pressure on staffing, and some recent changes in the instructor qualifications required to teach first aid. This was a temporary concern, but was limiting the offer in this area.

Good practice: The gym programme had activities from 06.30 until 20.15 and offered a variety of engaging activities. Staff worked well to research, fund and introduce a good range of motivational events competitions and activities to challenge and motivate the prisoners, often with water bottles and T Shirts as prizes. Programmed activity worked well to build confidence and resilience as well as looking at health and fitness.

Good practice: The well-planned use of accreditation and rewards such as Youth Achievement or Duke of Edinburgh, often externally funded, had helped ensure a greater uptake of healthy activities. It has also led to higher levels of satisfaction. Prisoners became proud of their achievement as well as being satisfied with their general health and fitness. This improved confidence helps them to mature and engage in other constructive activities.

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: Satisfactory performance

Overall prisoners were well served by the library facilities within the prison. It was located within the learning centre and provided a welcoming environment for prisoners to browse and borrow items. Most prisoners had regular access to the well-stocked library, which had a wide range of suitable resources, and included some material in large print and audio books. It contained a small number of foreign language books and there was an extensive stock of DVDs, which prisoners could borrow.

The library was well run by an officer, supported by a pass woman. The officer was proactive with prisoners and supported them make use of the facilities available, and actively encouraged prisoner reading around national initiatives, such as the Reading Ahead Challenge.

Although the prison had a Memorandum of Understanding with its local authority, arrangements for shared working were not established sufficiently. This resulted in prisoners having a diminished service with no ready access to local library materials such as book stock rotation and inter-library loans.

Remand prisoners did not have access to the library service. A small number of donated books, located on trolleys and not subject to stock tracking and control, were made available to prisoners in the residential halls.

Recommendation: Arrangements for shared working with the local authority should be sufficiently established to provide ready access to local library materials such as book stock rotation and inter-library loans.

Recommendation: Remand prisoners should have full access to the library service.

6.6 Prisoners have access to a variety of cultural, recreational, self-help or peer 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: Good performance

Many prisoners participated in a good range of cultural and recreational activities and events, which made a positive contribution to prison life. This was underpinned by strong and effective partnership working between prison staff and a range of national and local organisations, and resulted in an array of activities and events, which encouraged prisoner participation. Often opportunities for cultural activities reflected national themes and initiatives such as the Reading Ahead Challenge, World War I remembrance and Mental Health Awareness.

Within the learning centre, prisoners took part in art classes. A number of prisoners had entered art items for the Koestler Trust awards, with HMP YOI Polmont prisoners regularly enjoying success in the competition. Prisoners' work was also regularly displayed in the Visitor Centre. A recent residency by the Royal Conservatoire Scotland resulted in prisoner performance and certificates of achievement being awarded. A successful partnership between the Learning Centre and Napier University resulted in final year students from Napier University's BA Photography and Television programmes delivering workshops to prisoners. Prisoners learned a range of new skills and knowledge as well as gaining core skills certification through the activities, and produced a final exhibition of work.

The prison recently hosted a successful international symposium "Reshaping futures for young people in custody" as part of the Year of Young People. The event attracted a range of speaker and participants, and prisoners acted as ambassadors, workshop facilitators and caterers, in addition to presenting performances of music, drama and dance. This is excellent practice and the establishment should be commended.

The prison had a well-established peer-mentoring scheme that was working effectively across many areas of the establishment. Peer mentors were supported well by a prison officer and all had successfully completed a training programme that helped them carry out their role. Many prisoners felt able to approach peer mentors, and officers directed them to prisoners as required. The prison also had a formal listener's scheme and had involved the Samaritans to train prisoners to act as first-line support for other prisoners. However, at the time of the inspection the scheme was not being implemented due to a national issue around safeguarding.

The provision for cultural recreational and self-help activities had a number of significant strengths. These included: the range and quality of activities on offer, the focus on developing confidence and social skills, the range of external partners

actively involved supporting provision and the level of input and direction from prisoners themselves.

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 Performance

All regime plans had designated times to allow all prisoners' access to time in the open air for a minimum of one hour every day. However, there were issues where prisoners within the same hall could not mix due to them being identified as having enemies in other sections of the hall, and some prisoners were on a protection regime from the mainstream population. As a result, the establishment had different times allocated for different populations with some identified contingency times.

Remand prisoners in Iona hall were offered time in the open air at 07.00, and other prisoners within Iona and Monro halls were offered it at this time every second day. Prisoners on Monro level 4 were offered time in the open air at 08.45 after the route movement, however the majority of prisoners on this level attended work parties at this time. The prisoners in the induction area were offered time in the open air at 09.30 but most were attending induction sessions at this time.

The Unit Manager for Monro hall informed inspectors that he had developed a proposal, which involved the creation of a separate area where prisoners on Monro level 4 could access time in the open air, but it required financial investment. There were some contingency sessions identified in the regime plans, but on speaking with staff they were rarely used, if ever, due to other activities within the halls at this time, such as case conferences and recreation.

Rule 23 of the United Nations Standard Rules for the Treatment of Prisoners ([the Mandela Rules](#)) states that every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily, if the weather permits. A similar recommendation has been provided by the [CPT](#) during their visits to the UK "steps should be taken to ensure that prisoners are guaranteed the basic requirement of at least one hour of outdoor exercise per day."

Prisoners had access to polo shirts and sweatshirts that provided sufficient warmth on a cold day. Jackets were also provided for prisoners to use which were deemed windproof. However, they were made of a very thin material and did not offer much protection from wind or rain.

Recommendation: HMP YOI Polmont should revise their regime plans to ensure that all prisoners are offered access to time in the open air at a reasonable time every day, out with the time that work parties were operating.

Recommendation: HMP YOI Polmont should provide clothing that is sufficiently waterproof to allow access to fresh air during inclement weather.

6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory Performance

Prisoner's religious observances were sought from them on admission within the Prison reception. The Chaplaincy team was composed of a variety of representatives from the major faiths in the prison population including Church of Scotland, Roman Catholic and Muslim faith representatives. In discussion with the Chaplaincy team, they advised that where someone practised a faith out with their remit, they had assisted in contacting an appropriate representative from the faith to visit the prisoner concerned.

The Chaplaincy team advised that due to the mainly younger population they used a variety of means to engage with the different prisoner groups, most of which were informal. This included bible study classes, facilitation of yoga sessions in conjunction with the gymnasium staff and one to one sessions. There were two shortened Roman Catholic masses held on Friday afternoons, one for the women and one for the young adult men. The Imam visited one day a week holding Islamic studies and prayer sessions.

The Chaplains commented on the fact that due to the mix of populations within HMP YOI Polmont, it was difficult for them to hold services that were more formal, where a service could be held for mainstream and protection prisoners at the same time with operational staff providing security.

The Chaplains took an active part within the induction programme where they had a regular slot in which to promote their service. Prisoners located on Monro Level 4 did not attend induction, but the Chaplains spoke positively of the staff in this location and how they promoted their service and referred individuals to them.

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 Performance

Prisoners received information about visits during a local induction process, which was delivered the day following their admission to the establishment. This was then reinforced through the national induction programme for those who attended. Visit sessions lasted 45 minutes, but with lower prisoner numbers at the time of the inspection, prisoners could access as many visits as they wanted and could book double visits if they wished. One issue raised was when a prisoner attempting to book a visit was refused because someone listed as their enemy had already booked a visit. The process for this seemed to operate on a first come first served basis, therefore someone could be refused a visit on multiple occasions if another prisoner listed as their enemy had already booked the same session, with no cognisance taken of access to previous visit sessions.

The visit timetable offered varied sessions throughout the week for different groups, to balance evening and weekend sessions between the different populations. Children's visits were scheduled once per week on a Wednesday evening and it was reported that they were poorly attended. Given that HMP YOI Polmont is a national facility and these visits were mainly aimed at children attending school, it could be difficult for families to travel to the establishment midweek.

Bonding visits for younger children were scheduled Monday to Friday where up to four families could attend at a time. Prisoners and families attending spoke very positively of these visits and the benefits for both the children and mother or father were evident, as the atmosphere was much more relaxed and free movement was allowed within the visit room during these visits. Crossreach staff also attended the visit room for part of these visits to assist with interaction between the children and their parents. Lunch packs were provided by the establishment kitchen for both the prisoner and their families as these visits take place over the lunch period. The FCO shared the numbers attending and the age of the children with the kitchen in advance of the visit, so that the packs could be prepared with appropriate food. A homework club was not viable within HMP YOI Polmont as it was a national facility whereby most families were located out with the local area. Family themed events were scheduled throughout the year, where prisoners and their families attended the gymnasium where they could interact in a more informal basis, where games took place for the children. It was disappointing to note that the Halloween event due to take place at the time of the inspection had to be cancelled due to lack of staff.

Telephone access within the establishment was good, with a process in place to allow calls on admission even if the prisoner arrived with no money, whereby a credit was placed on their account. No instances of telephone rights being withdrawn in recent times were found.

Recommendation: HMP YOI Polmont should amend their visits booking process regarding the management of enquiries to ensure equity of access for all prisoners.

Recommendation: HMP YOI Polmont should amend their visits timetable to accommodate children's visits at weekends.

Good practice: The FCO shared the numbers attending each visit and the age of the children with the kitchen in advance of the visit, so that lunch packs could be prepared with the appropriate food.

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: Good Performance

The process for admitting visitors to the establishment was observed and staff were found to be welcoming and informative. The lawyer for a prisoner currently on SSM wished to put on record their praise for staff within the visits function. Due to the

nature of the SSM for this prisoner, all visits took place within the agents' visits area, where staff took time to interact with the family and the lawyer, who sometimes visited for extended periods. Staff ensured that the lawyer and family had everything they needed and that they gained access to refreshments where necessary.

Notices for visitors were displayed on a large screen at the front of house offering visitors key information. The waiting area was clean and comfortable with facilities for visitors. The area contained information leaflets and visitor complaints forms.

There was a bus located next to the establishment entrance that acted as a family centre and was operated by Crossreach. There were plans in place to upgrade the visitor waiting area, which was seen as positive, especially by Crossreach staff as they felt that it would make it easier for them to engage with all visitors. Currently, some people walk past the bus, as they are uncertain of its purpose.

We know that supporting prisoners to maintain positive family ties supports reintegration. Yet prisoners' families and prisoners' children in particular often pay a very high price for their family member's imprisonment. HMP YO1 Polmont has perhaps the strongest case in Scotland for the provision of a purpose built, well-resourced Prison Visitors Centre. Being a National Establishment, families travel from across Scotland and further afield to visit a loved one in Polmont.

The men held in the prison are young and their children are very young, so there is an opportunity here for early intervention. Appropriate family support provided at the right time here has the potential to prevent family breakdown and break the intergenerational cycle of trauma, poverty and offending while children are still in the early years.

The prison also houses women prisoners. Children who experience their mother's imprisonment are vulnerable to even poorer outcomes than those for children who experience their father's (or other family member's) imprisonment. Women face even greater barriers to maintaining family contact while in prison than men do. The experience at Cornton Vale has shown that a well-resourced Prison Visitors Centre can encourage visits for women prisoners and connect their children with appropriate support.

The warm welcome and practical support offered by Crossreach makes a huge difference to families visiting the prison and the service undoubtedly needs better facilities in order to provide effective support for more families.

Relationships between SPS and Crossreach staff were observed to be very good, with both groups commenting positively on this and as mentioned, Crossreach staff actively participated in bonding visits with families.

The visit room was large enough to prevent people being located too close to other visits. There was a children's play area, which was suitable for younger children and for bonding visits there was an area with a PlayStation. Refreshments were provided via a number of vending machines. There was a fully equipped café facility however, it closed just over six months ago due to issues about how it was being operated. Most families, prisoners and staff spoken to found this disappointing as

the café was very well used and very popular, especially with families who had travelled longer distances.

Prisoners attending visits wore a yellow sweatshirt and/or polo shirt so that they were easily identifiable to staff, and rules regarding physical touch were adhered to at all times.

Recommendation: HMP YOI Polmont should explore ways in which they can reintroduce the café facility.

Recommendation: The Scottish Government should consider funding for a family visitors centre. Polmont has perhaps the strongest case in Scotland for the provision of a purpose built, well-resourced Prison Visitors Centre. Being a National Establishment, families travel from across Scotland and further afield to visit a loved one.

Good practice: A prisoner was on SSM and due to the nature of the SSM all visits took place within the agents' visits area, where staff took time to interact with the family and the lawyer, who sometimes visited for extended periods. Staff ensured that the lawyer and family had everything they needed and that they gained access to refreshments where necessary.

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: Satisfactory Performance

HMP YOI Polmont had an arrangement with APEX in Aberdeen whereby prisoners from the North East of Scotland could have a virtual visit with their family via the video link facility located within the agents visit area.

Where two members of the same family were located in the establishment, they were able to attend the same visit session with their family to save the family attending different sessions, even if they were different categories of prisoners. As mentioned previously, due to the current numbers of prisoners within HMP YOI Polmont prisoners were regularly allowed to have double visits with their family, which was well received especially by families who had travelled a distance to visit. However, if a double visit was taking place it was stopped at the end of the first session with the family leaving the visit room and the staff escorting prisoners back to the hall, to uplifted those for the next session and bring them all back together. Staff and management reported that this was due to lack of staff, as from a complement of six staff, four were required for escorting duties and the two remaining staff went to the front of house to assist with the searching of visitors.

Staff had a good understanding of the accumulated visits process and prisoners within HMP YOI Polmont regularly transferred to HMP Grampian for this purpose. Responsibility for this process lay with the FCO. Residential staff contacted them to request an application form then the FCO accessed PR2 to check visit history and eligibility and passed the form to the hall for completion. The residential staff then

interviewed the prisoner, completed the form and passed it to the residential FLM to complete their section before it was returned to the FCO. The FCO would then pass the form to the Unit Manager responsible for the hall for authorisation. Therefore the FCO only initiated the form, with the majority of the process being conducted by the residential staff and management. There was a risk that forms could go missing if they were passed back and forth between different areas and it was reported that this had happened.

Recommendation: HMP YOI Polmont should offer greater access to video link visits to prisoners with families' further afield.

Recommendation: HMP YOI Polmont should review the arrangements for double visits to ensure that they can continue uninterrupted within the visit room.

Recommendation: The accumulated visits process should be simplified to reduce the potential for error.

Good Practice: Two members of the same family were located in the establishment and were able to attend the same visit session with their family, despite being different categories of prisoners. This saved the family attending different sessions.

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 performance

All prisoners had access to open visits including those who had been placed on formal rule conditions and this was only withdrawn if an incident had happened or intelligence had been received. When this occurred, the relevant person raised an application form requesting that an individual was placed on closed visits, which was submitted to the Operations Unit Manager for review and final decision was made within 72 hours.

The outcome of the review was communicated to the prisoner with the family members concerned receiving a letter to their home address explaining the rationale for the decision. Anyone placed on closed visits or banned from visiting the establishment are allowed 14 days in which to submit an appeal and any such appeal was reviewed by the Head of Operations. The Operations Unit Manager was able to give an example of when a family member had successfully lodged an appeal. A review of closed visits and those banned from visiting the establishment was conducted at least once a month, and the decisions were communicated in writing to both the prisoner and their visitors explaining the rationale for the decision.

Prisoners placed on a formal rule condition had their access to future bonding and/or children's visits risk assessed, based on the potential risk to the safety of the child.

The FCO gave an example of one such prisoner who was allowed to continue with bonding visits.

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 Performance

There was a good range of prisoner programmes on offer, including the Youth Justice Programme (2 strands), Pathways, MF: MC and Constructs. Work had just been completed on the development of a new offending programme for women; Ultimate Self, and a pilot of this programme began in October 2018. Ultimate self is a trauma informed programme consisting of core sessions and optional modules dependent on the individual needs of the participants. This pilot programme was being supported by SPS Headquarters to assist with the evaluation in preparation for submission towards accreditation in December 2018. The development and introduction of this gender specific programme is seen as a positive development.

Prisoners were informed about programmes and how to access them via the national induction programme. Once a prisoner had been assessed through the GPA, they were reviewed by the Programmes Case Management Board (PCMB). The outcome was communicated to the prisoner in writing and where a need had been identified; they were informed about priority for access to the programme, in line with SPS national policy. In some cases this could lead to some prisoners who were serving shorter sentences being informed that they had an identified need but would not be afforded the opportunity to access a programme, as there was not enough time for them to complete the programme prior to release. At the time of the inspection, there were 56 outstanding GPAs awaiting completion and there were plans in place to address this. Completion of GPAs had been impacted recently as staff from the programmes team had been involved in the test of change for ICM Pathways.

Parenting classes were provided for all prisoners, including those on remand. Staff proactively identified all prisoners, via the core screen and induction process, who were either mothers or fathers or who were expecting a child. Programmes varied, and included a core Parenting Matters programme that was delivered over nine weeks, an Expectants Groups that was delivered over three sessions, for those who were due to become a father in the near future and Brew and a Blether group which was an informal weekly group for women. One to one support was also available should an issue become apparent through interactions in the group sessions.

The staff group that delivered the parenting interventions was made up of three SPS Officers and a Barnardo's worker. However, it had suffered from a high level of SPS staff absence in recent times. In addition, the FCOs had very little interaction with the parenting staff group and in recent times the only joint working had been where the parenting officer delivered a Book bug session during the family bonding sessions on a Monday morning. There is an opportunity to enhance the work of both staff groups, as the skills prisoners were learning within parenting sessions could be reinforced via the family bonding and children's visit sessions that were facilitated by the FCOs.

The parenting officer also acted as an advocate for prisoners who were attempting to gain access to their child or where the prisoner had a child who was under the children's panel system. The parenting officer was sometimes involved in explaining to a prisoner their rights of access to a family lawyer to assist with their attempts to have access visits. Where appropriate, the parenting officer attended case conferences either with social work colleagues or the Children's Panel where they supported the prisoner by explaining to the panel what skills the prisoner had learned about parenting.

Recommendation: Management should look to facilitate a knowledge exchange and means of communication between the parenting staff and FCOs in order that skills learned can be reinforced at visits by FCOs and feedback on behaviour at visits can be given to parenting staff.

Good practice: The range of parenting courses are impressive and the inspectorate welcomed the one to one support offered to those who were in custody for a very short time.

Good practice: The parenting officer acted as an advocate for prisoners who were attempting to gain access to their child or where the prisoner had a child who was under the children's panel system.

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 Performance

The core screen was completed within 24 hours of admission to the establishment. Eligible prisoners were then assessed using the GPA tool and the outcome was discussed at the PCMB.

The Youth Justice Programme was developed a few years ago to provide a programme aimed at the identified needs of young people, and structured in way that maximised engagement. Following the pilot and evaluation of Ultimate Self, its effectiveness will be reviewed but it is hoped that this will become the main programme for women as it has a wider scope than the previous Female Offending Behaviour Programme. Positive Future Plans were used for those prisoners who met the criteria for standard ICM. At the time of inspection, 64% of eligible prisoners were participating in this process and the manager of this area had plans in place to try to increase the numbers.

The enhanced ICM process was well managed with case conferences taking place within the correct timescales, with good involvement from prisoners, community-based social work and prisoners families. Risks and needs assessments were completed for the initial case conference review and before each subsequent case conference. However, the manager of this area reported a shortage of trained risk and needs officers, which was placing a burden on the ICM staff. This was due to it

requiring individuals to volunteer and the SPS had stopped delivering risk and needs training as ICM Pathways is undergoing a test of change.

Recommendation: HMP YOI Polmont should increase the number of staff trained in risk and needs assessments.

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 Performance

The establishment had SOPS for OLR and MAPPA aligned to the SPS guidelines, but the inspectors were unable to observe these during the inspection period. The RMT consisted of representatives from multi-disciplinary departments within the establishment. It met twice monthly and was chaired by the Deputy Governor. The Community Placement Officer (CPO) worked with the administrator to pro-actively track all prisoners eligible for progression within the establishment, and home leave reports were requested in advance of each RMT. A tracker was placed on SharePoint together with all relevant RMT paperwork. Staff in the Positive Futures Unit (PFU) also had a good understanding of the RMT referral process.

Prisoners were invited to attend and participate in RMTs. The prisoner's personal officer was also invited, to offer support to the prisoner and provide context to narratives and reports regarding the prisoner's behaviour and progress. The IMU FLM also had an input to the RMT process. Decisions were communicated directly to the prisoner, and where they were not in attendance, it was done by their personal officer at the earliest opportunity.

HMP YOI Polmont had in place a variety of work placements and they had access to certain courses with Glasgow College. The Community Placement Officer also gave examples of occasions where he was able to source specific placements for young people based on their background and interests for future employment. One young adult had begun an apprenticeship as a mechanic prior to being placed in custody and a local garage was engaged as a placement partner and the young person was able to complete his apprenticeship. Another young person had an interest in joinery work and a placement was sourced with a local shed building firm for his placement. This was considered good practice.

HMP YOI Polmont also held a Risk RMT once a month, where the Head of Psychology could refer individuals who were not meeting their agreed management plan. The RMT discussed each case and decided on actions/interventions in order to assist the prisoner with their management plan.

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.

Quality Indicators

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

There was a strong aspiration to ensure all prisoners had a plan in place prior to release, and clear coherent standard and enhanced ICM processes were in place to facilitate this. A wide range of services were operating within the prison to support the transition from custody to community. However, the identification of service providers did not appear to be informed by a strategic assessment of the needs of the prison population. There was no evidence of an overarching strategy or co-ordinated plan for partnership involvement, although several partnership forums had been operating. A Partners' Meeting, chaired by the Centre for Youth and Criminal Justice (CYCJ), and a Practitioners' Forum provided opportunities to share information and address barriers to joint working, but partners reported that the Practitioner Forum had recently been disbanded. HMIPS has been informed that this has been reinvigorated since the inspection.

Operationally, the ICM manager provided good oversight of processes to support release planning, and there was evidence of concerted efforts to improve implementation throughout the establishment. For long-term prisoners, the enhanced ICM process was robust and well established. Case conferences were well chaired and gave young people the opportunity to actively engage in the planning process. Partnership working to establish individualised plans for release was evident in this forum. A significant number of prisoners in the PFU reported that they felt well prepared for release and had been very well supported by the planning process.

For prisoners managed via the standard ICM process, the picture was more varied. Short-term prisoners serving more than three months should be supported to prepare a PFP by their Personal Officer, which is then considered at a case management board where the release plan is developed. Casework monitoring data indicated that over a third of eligible young people refused to engage in the PFP process. In addition, until recently, high numbers of PFPs were not being returned by personal officers, indicating that prisoners had not been offered the opportunity to

participate. In the course of 2018, the ICM manager had proactively monitored and pursued the issue of non-returns by personal officers and levels were improving. Additionally, he was implementing a system to monitor reasons for refusal, in a bid to identify strategies to improve participation. Where PFPs were completed, the case management boards were well chaired and demonstrated a clear focus on the needs and views of the individual. The process clearly supported effective planning for release and demonstrated creative and effective partnership working from third sector colleagues.

For prisoners serving less than three months, Community Integration Plans (CIPs) to support release were informed by the Core Screen and developed by the personal officer and Throughcare Support Officer (TSO). Examples of CIP demonstrated that it provided a record of work undertaken during the sentence, but stopped short of identifying actions for the community.

Recommendation: HMP YOI Polmont should ensure that people get the right support at the right time, from the right people. A strategic assessment of need should be undertaken to inform the development of a strategic plan to provide governance and co-ordination of partnership working.

Recommendation: The Partners Forum should be re-established to support the effective co-ordination and oversight of external partners and third sector services. (HMIPS has been informed that this has been reinvigorated since the inspection).

Recommendation: The personal officer role in facilitating and preparing Positive Future Plans should be subject to ongoing monitoring and quality assurance, to support effective release planning for short-term prisoners.

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: Good

The ICM process was well established and operated in accordance with guidance. A robust process was in place, which was underpinned by effective administration. Performance data indicated that ICMs were consistently held within relevant timescales and were well attended by prisoners, partner agencies and community-based social workers, which assisted with planning for release. Family attended at around a third of case conferences. This figure was reported to be higher than in any other SPS establishment.

Long-term prisoners demonstrated a good awareness of the ICM process and were generally positive about the opportunities that they were given to prepare for and participate in case conferences. Personal officers attended 118 of 180 case conferences between January and October 2018, with staff shortages on the halls being cited as the primary reason for non-attendance. Risk and needs assessments were not always shared with prisoners by personal officers in advance of the meeting, and some prisoners reported that they had limited opportunity to prepare

for meetings. Where prisoners had engaged with programmes in the course of their sentence, a representative from psychology would ordinarily attend the ICM to provide a summary of progress.

ICM case conferences were well chaired by the ICM co-ordinators and efforts were made to encourage the prisoner's participation and take account of their views. Documentation was of a good quality and evidenced a comprehensive consideration of the individual's needs. Paperwork was not shared with the prisoners in the course of the meeting, although the ICM co-ordinator reviewed the content of documentation with the young person to ensure they understood what had been written. Minutes of the meeting were made available to the prisoner.

In preparing for statutory supervision on release, prison-based social work reported positive relationships and good lines of communication with community-based social work services across the country. There was an acknowledgement that there were sometimes delays and technical problems with receiving and sharing risk assessments with community-based colleagues via the Level of Service/Case Management Inventory system, but in general the exchange of information was deemed to be good. Comprehensive post-programme reports were routinely prepared by psychology. However, it was noted that the preparation and sharing of those reports was often subject to delay, which had implications for the continuity of treatment provision.

Staff at all levels were aware of the potential implications of new processes, such as the extension of the presumption against short-term prison sentences. Alternative models for ICM were being considered and piloted, with a view to increasing capacity and flexibility within the process.

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: Satisfactory

Standard and enhanced ICM processes provided an effective forum to enable the consideration of treatment needs in the community. There were some good examples, which demonstrated proactive liaison between prison staff and community-based social work, to ensure the continuation of both group and individualised interventions upon release. Post-programme reports prepared by psychology staff comprehensively summarised the individual's progress within programmes and clearly outlined ongoing treatment and development needs. However, staff recognised that there could sometimes be a significant delay in preparing and sharing these reports with community-based colleagues.

For short-term prisoners serving less than three months, CIPs captured the work undertaken in prison but there was little evidence of concrete plans or actions for release. This suggested that there was limited continuity of treatment or development work in the community for this group of prisoners.

Prisoners sentenced to 12 months or more were routinely assessed using the GPA. Of 244 referrals in 2018, only 27 prisoners refused to participate in the assessment.

Prisoners with short sentences reported having limited access to programmes indicating that there may be barriers to gaining access to programmes quickly.

Recommendation: Good practice in ICMs for community based continued interventions should be considered for adoption in the CIP process.

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

There were clear processes in place to support prisoners to contribute to their co-ordinated plan for release, although the extent and quality of prisoner involvement in planning varied across the populations.

The majority of prisoners had a Core Screen undertaken on admission, which assisted the early identification of their needs. For those serving three months or less, this informed the development of a CIP. Although this plan served as a record and summary of actions, which were progressed in the custodial setting, plans did not appear to provide clear or concrete actions for community partners.

Short-term prisoners serving more than three months were supported by their personal officer to prepare a PFP as part of the standard ICM process. Whilst the PFP process was clear and logical, the number of prisoners participating was low. None-the-less, the associated case management board meetings were well chaired, well attended by prison and third sector partners and had a strong focus on the prisoners needs. In a significant number of cases, personal officers had failed to provide narrative updates on progress against identified actions via the PR2 system, which limited discussion and hindered planning for release. The lack of recording by personal officers was attributed to staff shortages and a lack of training in the use of the PR2 system.

The enhanced ICM process was well established and appeared to be operating effectively. Prisoners approaching release reported that they had a plan in place and had been given the opportunity to contribute to its development.

The provision of throughcare services was a particular strength in supporting planning for release. Throughcare partners were actively involved in the ICM process and contributed to discussions regarding the PFP, where this was in place. However, throughcare support was also offered to those who had declined to participate in the PFP process, providing a vital safety net at the point of release.

Prisoners spoke very highly of the support offered to them by the range of providers, which included assistance with housing, health, finances, employment, education and family contact. There were also clear examples of collaborative working between the various throughcare support services to ensure individual's need were

met. TSOs engaged proactively with young people in the lead up to release to agree a plan, and proactively engaged with them following release to maximise their chance for successful reintegration. Performance data indicated that young people who received support from TSOs returned to custody in 13% of cases, compared to 23% in other establishments.

Recommendation: In preparation for the CMB, Personal Officers should be required to provide narrative updates on progress against identified actions via the PR2 system.

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

Rating: Good performance

Throughcare services within HMP YOI Polmont was an area of particular strength. A range of third sector partners had been commissioned to provide throughcare services, ensuring that young people across the whole of Scotland received support prior to and following release, regardless of the area to which they were returning. In addition, a team of five TSOs were available to work alongside partners to provide additional support in complex cases, or to carry the cases where there were barriers to working with the identified partner.

TSOs noted that it was more difficult to support young people in cases where PFPs were not completed, as they were unable to identify individual needs at an early stage. However, the robust processes that were in place ensured that all short-term prisoners were offered support prior to release.

Clear examples were provided to demonstrate the nature of the support that was offered. Staff and managers felt that service provision and quality had developed and improved over time as TSOs had grown in their knowledge and understanding of their role. Work had been undertaken with local banks to support the implementation of the SPS 'Proof of Identification' scheme. This allowed prisoners to quickly access a basic bank account on release, maximising their opportunity for financial independence.

Prisoners who had experience of accessing throughcare services spoke very highly of the support they had received, and referenced a wide range of positive outcomes that had followed as a direct result of engaging with the service.

Throughcare providers noted that owing to differences in contractual arrangements there was some variation in the level, type and nature of support provided by the range of third sector partners. Staff also acknowledged that geographic differences in the availability of community-based services across Scotland could present challenges and result in inequitable access to support, particularly for young people returning to rural areas.

Recommendation: SPS should ensure that the commissioning and decommissioning of throughcare services in HMP YOI Polmont is informed by a strategic assessment of needs, to ensure that there is equitable access to

services and that people get access to the right help, at the right time, from the right people.

Good Practice: Throughcare services within HMP YOI Polmont are an area of particular strength. A range of third sector partners have been commissioned to ensure that young people across the whole of Scotland receive support prior to and following release.

HMIPS 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.

Quality Indicators

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

A rights based framework should consider and address each of the following:

- structural processes (law and policy)
- implementation (of the law and policy)
- outcomes (real impact on people)

HMP & YOI Polmont had invested significant effort in the structural process, ensuring that their policies and SOPs were both legally compliant and relevant to their population cohorts. For example, they had developed PFP for short-term prisoners, which was capable of being responsive to the needs of young people. Developed and created from the desistance theory behind the 'Asset Inquiry Report' platform; the development, governance and roll out, centres on the individual and is appropriately aligned to the Scottish Governments '*Getting it Right for Every Child*' approach. This approach was welcomed as good practice and resonated with the adult estate approach to short-term case management.

Across the establishment, governance processes were theoretically in place for E&D with bi- monthly meetings, a named E&D Unit Manager and actions and minutes placed on SharePoint. Governance was further evidenced across a number of assurance processes, e.g. in the monthly business review, primary and secondary assurance audits and the establishment annual delivery plan.

Rhetoric and reality however diverged; there were only three Equality and Diversity Impact Assessments in place. None of which included prisoner involvement.

The Equality and Diversity (E&D) meeting was not well attended, with many areas of the prison not represented. There was no involvement from any of the prison populations within the establishment on the committee.

A range of strategies were used to evaluate how an individual or group who possessed one of the protected characteristics may be supported to remove or reduce any potential barriers to participation. Inspectors saw commendable evidence of screening, for example for ADHD; research into e.g. learning difficulties, substance misuse, trauma bereavement and loss; focus groups with young people led by youth workers; survey and focus groups with women and young women; individual case conferences for complex needs e.g. transgender case conferences; and case studies of compassionate care e.g. a foreign national prisoner was bailed from court and the TSO found her accommodation and escorted her there. Unusually given the understanding of children and youth, age was not measured as a separate protected characteristic

However, what was less clear was what managers or staff did with this information once it had been gathered, or how the changes that were proposed were measured and evaluated. Whilst inspectors commend HMP YOI Polmont on their research, consultation and subsequent resolution of a number of identified items, further focused and coordinated efforts are required to ensure that this approach is embedded and measured as a separate strand of activity, to ensure that the intended outcomes are appropriate and most importantly achieved.

Recommendation: HMP YOI Polmont should actively enhance their monitoring, reporting and recording procedures to ensure that a comprehensive report is prepared for the E&D group to review. The report should consider including measures for all relevant protected characteristics outcomes.

Good practice: The PFP for short-term prisoners is to be commended.

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: Good

HMP & YOI Polmont had a rigorous and commendable approach to responding to issues that had been raised through inspection, monitoring and audit. The senior management team regularly reviewed progress against any action plans or discussed current issues that had been raised by partners working in the prison, including the IPMs.

Inspectors were particularly impressed by the Governor and her team's development of robust action plans detailing progress against previous HMIPS inspection recommendations, which were clearly laid out in a tracking tool. HMIPS would like to see this model rolled out across the SPS. Of the 33 recommendations raised in previous HMIPS reports, 25 were completed and eight were being actively pursued.

It was also pleasing to note that there was clear evidence to show that the establishment actively engaged with IPMs, and when necessary responded

constructively to issues they raised. Both parties recognised and were concerned by the enduring challenge of purposeful activity take up and staff absence rates.

There were other examples of response to oversight and scrutiny authorities in the establishments approach to audit and assurance, which was fully documented and evidenced in a range of reports.

Of particular note, the Chief Inspector raised a number of issues during the inspection, all of which were promptly acted upon and immediately resolved, where possible, by the senior management team.

Good practice: Inspectors were particularly impressed by the robust action plans detailing progress against previous HMIPS inspection recommendations, which were clearly laid out in a tracking tool. HMIPS would like to see this model rolled out across the SPS.

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

HMP YOI Polmont had a published and comprehensive vision and strategy. The strategy and accompanying Annual Delivery Plan detailed the approach, values and principles, predicted outcomes, staff training requirements, measures and strategic priorities for future development.

It was communicated across the establishment and was supported by a robust business plan and a range of strategies to overcome the identified challenges; this was a well-regulated and ordered business. Governance was robust and incorporated a range of first and second levels of audit and assurance, with a detailed monthly business review meeting held with the senior management team; complemented by the Governor also regularly meeting with FLMS.

The management team had developed extensive management information structures to monitor performance across a wide range of activities and processes. These were regularly analysed and reported in the 'Monthly Business Review,' appraised at the monthly senior management meeting, and provided in a shortened format to the FLMS. Corrective actions were acted upon and progress against ongoing projects was reviewed at each meeting.

Visible strategies and meetings also took place across the range of standards, including a critical Strategic Staffing Meeting to tackle the enduring challenge of staff shortages. The Civil Service People Survey corroborated this finding with evidence of positive staff engagement across the domains of organisational objectives, leadership and managing change.

In relation to leadership, management sent out a clear message of their expectations of staff and the support that they could rely upon. The focus groups held prior to the

inspection clearly identified a perceived disconnect between the senior management team and staff. However, this view was not supported by The Civil Service People Survey, which evidenced an improvement in staff engagement across all the measures, including an 11-point improvement in Leadership and Managing Change since the previous annual survey. Inspectors also noted that members of the senior management team were visible in the operational areas of the establishment throughout the inspection.

Of particular note was the development of a Quality Indicators Framework, complementing other management activity to focus on areas of identified concern. Inspectors noted the self-evaluation and planning that was in place to improve the Quality Indicators of Regime and Learning across the Establishment.

Good practice: The development of a Quality Indicators Framework complementing other management activity to focus on areas of identified concern.

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: Satisfactory

Inspection findings verified that staff were motivated and committed to their jobs; repeated examples of care, compassion and professionalism were demonstrated. It was further corroborated by the previous studies and corroborated by the regular IPM reports.

All staff were involved in the appraisal process that detailed their role in meeting the statutory, mandatory and strategic direction of the establishment. The vision and strategy were well publicised across the establishment.

At the time of the inspection, staff morale was reportedly low, and this was attributed to recent media coverage, the vote against the SPS professionalisation agenda, and the pressures occurring from high staff absence levels. Despite the perceived low morale, the inspection team remained impressed by the individual staff motivation and commitment to their role.

Staff notices and emails confirmed that management and staff communication strategies were in place and occurring, but it was noted that reward and recognition practices from previous administrations had ceased.

Senior management maintained robust oversight of contingency and succession planning, and the minutes from the regular strategic staff meeting minutes reflected the focus. In addition, the weekly FLM meetings with the Governor gave a forum to air staffing concerns and contingencies, above the emergent issues, which were reviewed at the daily operational meetings.

In addition to the mandatory and statutory elements, staff development had concentrated on giving staff the underpinning knowledge and skills to adopt a trauma

informed approach that recognised the primary imperative of staff prisoner relationships. The training initiatives were focussed on enhancing staff's awareness and competence to work with the complex cohorts in their care. The wide ranging and expert partner led training and awareness sessions included, staff lecture series: e.g. desistance in offending in young people, and Foetal Alcohol Spectrum Disorder; training for specific offender population groups e.g. women in custody, the adolescent brain; one day training sessions e.g. learning disabilities, trauma bereavement and loss, mental health first aid; and extended training e.g. women in Custody.

There was considerable evidence to support the relevance of the training and the current strategic direction. Staff were actively encouraged to continue their training, and inspectors saw evidence of further learning by a number of staff. However, the intensive period and concentration on staff training in specific cohorts was now in consolidation and further refresher training was not scheduled. HMIPS recommend this motivational and excellent establishment training be refreshed further.

Recommendation: Equality and Diversity and Human Rights were embedded into the staff training. However, the management should consider increasing the frequency of Human rights training beyond the 10-year refresher.

Recommendation: The SPS College could consider developing online refresher programmes for the HMP YOI Polmont staff and partners in the key areas identified in the enhanced training.

Good practice: The additional training provided was of a sufficiently high calibre; the SPS should consider its relevance and potential application for the whole estate.

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

Rating: Good

The quantity of documentation and visible publication of notices, leaflets, booklets and impressive timelines of success, evidenced HMP YOI Polmont's ability to communicate and integrate staff functional groups.

The considerable achievements, wide range of community partners and the work of the in house teams were celebrated in a variety of formats. The net result was a heightened awareness between functional groups, underpinned by significant training and awareness sessions on key priorities.

Inspectors were told of some elitism between residential and activities staff, but they saw no evidence of this in practice. Instead, they witnessed numerous examples of cooperation and respect.

Priorities and objectives were cascaded through the vision and strategy to individual appraisals, which ensured every member of staff was aware of the importance of their work and their role in relation to others.

The prison had an effective and successful partnership approach with a wide range of community providers. Working collaboratively, co-designing, and developing areas of joint best practice was enhanced by a regular Partners meeting and practitioner forum chaired by CYCJ. The regular forum was welcomed by the community partners as a platform to resolving any issues and be involved in the future direction and strategy of the prison. However, the partners reported that the Practitioner Forum had recently been suspended.

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

Good performance at work was openly celebrated through the published timelines of key achievements on the walls of the establishment. This visible recognition of successes demonstrated the forward-looking approach of the prison and the progress it had made in caring for the people in the establishment. 2018 is the Scottish Year of Young People and HMP YOI Polmont celebrated their work in a successful Young People's symposium; an excellent vehicle to show case their work and that of their community partners.

HMP YOI Polmont operated a number of schemes that recognised the work of individuals or teams; applications to and achievement of the Butler Trust Awards, 20-year service awards and personal letters of thanks and congratulations from the Governor. Historical reward and recognition schemes had been replaced by individual awards and letters from the Governor.

It was clear that management operated within the SPS policy for indiscipline and underperformance. Significant work had gone into reviewing and rationalising the HR policies to match the refreshed HR landscape. The combined evidence of a lack of cases of indiscipline and underperformance, the Civil Service People Survey outcomes, the focus groups and the one to one interviews inspectors had with staff confirmed the Governors view that good performance at work was recognised, and effective steps were being taken to remedy inappropriate behaviour.

Recommendation: Given the complex and challenging nature of the establishment, they should consider a wider reward and recognition scheme to celebrate the establishments many initiatives and highly committed staff.

Recommendation: The SPS should consider recognising staff who have 30 years' service.

Good practice: 2018 is the Scottish Year of Young People and HMP YOI Polmont celebrated their work in a successful Young People's symposium; an excellent vehicle to show case their work and that of their community partners.

Good Practice: Visible displays of progress, innovations and good practice in the timelines wall murals

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

This was an area of good practice and the SPS and HMP YOI Polmont should be commended for their approach. Managers and staff within the establishment actively engage with the SPS and the wider justice system in a number of ways, and had developed a range of effective and influential relationships with e.g. the Youth justice Improvement Board, the National Youth justice Advisory Board and the Centre for Youth and Criminal Justice. Strong relationships were evidenced with national partners, community justice partnerships, local authorities, prison-based social work, community-based social work, Fife College and Forth Valley NHS through meetings with the senior management team.

The wide range and skills of community partners supporting the establishment was reflected not only in the opportunities available for the young people and women, but also in their involvement with informing and supporting the future direction of the establishment. Inspectors noted numerous examples of third sector engagement and support in enhancing the cultural, education and self-help opportunities that make a positive contribution to prisoners' life and wellbeing.

Case study

The prison had an effective and successful partnership in place with Bernardo's Scotland. This was initially established with one youth worker in 1999, but has developed well over the years and there is now a team of ten Youth Workers taking a pro-active role in engaging the young people and women within HMP YOI Polmont. The work was based on well-established youth work methodology and aimed to develop the four attributes central to Curriculum for Excellence: successful learners; confident individuals; effective contributors and responsible citizens.

The youth workers had weekly drop in sessions on every landing of each residential block and actively worked to ensure all newer prisoners and those not engaging well in other activities attended. This is good practice. This was used to develop working relationship, which may be one-to-one, group work, or thematic covering important life skill such as parenting. Their curriculum also focussed effectively on thematic and arts activities aimed at building social and interpersonal skills. For example, their work was key in supporting 45 prisoners to take a lead on different organising, hosting and presenting roles in a recent international symposium.

The work and activities draw successfully on youth work approaches, and these more informal approaches ensured the engagement of a wide number of young people. Every effort was made to use motivational accreditation where it was appropriate, and the staff supported ASDAN, Dynamic Youth, and Duke of Edinburgh Awards. The work facilitated useful projects such as Peer Mentoring, voluntary work with school children with complex needs and fundraising for charities, all of which usefully developed confidence and social skills. The targeted educational activity such as parenting helped 50 young dads and 23 young mothers to reflect on

and explore how to be more successful parents. There was also a well-considered intervention to support prisoners through trauma, bereavement and loss, a common issue within HMP YOI Polmont. This trauma and bereavement work included training for 23 staff and support for 135 young men and 80 women.

Good Practice: The co-design and practice of working with community partnerships linked to motivational accreditation.

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

HMP YOI Polmont invested a significant amount of senior management effort and resources ensuring that their staff, their population and the wider public are aware of the work that they do, with the commitment of their staff and partners. It offered a number of community partnerships to enhance their local reputation; including joint events with Redburn School and taking part in Scotland's Doors Open scheme, which was clear evidence of the establishment's determination to become an integral part of the community.

Their media strategy was supported by the SPS headquarters media team that delivered support in producing Twitter notices and local newspaper articles.

HMIPS 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.

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 performance

The mental health nursing team saw all new arrivals into HMP YOI Polmont as part of the reception process. All young men were given a health screen on admission to identify any immediate health and wellbeing needs. Their present and past medical health was discussed, prescriptions were confirmed and weight, blood pressure and pulse were checked.

Patient group directions were used during the reception process for those prisoners who required medication to manage withdrawal symptoms. The on-call GP could be contacted for advice regarding appropriate medication, and if appropriate they would email a prescription to the health centre.

On arrival to HMP YOI Polmont, all female prisoners transferred from HMP Cornton Vale were seen by the mental health nurse at reception. Even though they would already have received their reception screening and healthcare assessment at HMP Cornton Vale, this provided the women with an opportunity to discuss any concerns they may have regarding their health and wellbeing and those identified as being at risk were commenced onto TTM.

Health screening information was recorded in the Vision patient electronic record system. In addition information about which patients had been seen that day, and any follow up healthcare they required was recorded in the reception healthcare book. This was then discussed at the daily hand-over meeting with healthcare staff.

All prisoners were issued with an information leaflet explaining the role of the healthcare team and a description of the healthcare services on offer but this was only available in English.

The room used for health screening maintained the patients' dignity and confidentiality throughout. Inspectors observed that patients were fully involved in their health screening and that consent was sought by staff. Staff were not seen to determine whether any of the patients had literacy issues.

On discussion with staff it was clear that processes and procedures were in place for assessing and responding if a patient was not fit to be in custody.

Inspectors reviewed information recorded in the reception healthcare book used to document patient information such as onward referral to specific healthcare services. This book was not reliably completed.

Recommendation: NHS Forth Valley must review the health screening tool used to ensure it captures all relevant information at the health screening appointment, including the patient's ability to read and understand information that is being provided to them.

Recommendation: NHS Forth Valley must ensure that staff reliably record patient details in the reception healthcare book, to ensure that all new patients are discussed at the next staff handover meeting and are referred on to appropriate services.

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

Rating: Poor performance

Each morning a staff handover meeting took place at which new patients and patients with specific needs were discussed. Inspectors observed two of these meetings and found that they were also used as a forum to discuss tasks for the day. Once tasks were allocated this was documented in the department diary but no record was kept of which tasks were allocated to which staff member. If this information was recorded it would allow staff to follow up whether tasks had been completed.

NHS Forth Valley had introduced the role of advanced nurse practitioners (ANP) to the healthcare team at HMP YOI Polmont. These nurses had undergone additional training, including non-medical prescribing were able to assess and treat patients who had initially been seen by primary care nurses at nurse triage clinics.

All patient records were kept on Vision and paper records were uploaded using Docman. All clinical staff had access to both. In the majority of instances observed, staff updated the patient record immediately following consultation. However, some records reviewed by inspectors were found to be inadequate. See QI 9.6.

During induction, prisoners were given information about how to use the confidential self-referral system to health services, by a member of the healthcare team. Patients complete self-referral forms and place them in locked post boxes, located in each hall, which could only be accessed by healthcare staff. Both prisoners and officers confirmed that envelopes for these forms were readily available on request.

Inspectors found different versions of self-referral forms around the prison, all of which were written in English. Patients for whom English is not their first language or those who have literacy issues, could have difficulty understanding and completing these. Inspectors were shown a new picture format self-referral form soon to be

introduced. Healthcare staff described the use of NHS Forth Valley interpreter services to aid consultations where the patient's first language was not English. Officers described the use of interpreters in the prison and how the interpreters were also used for discussions between healthcare staff and patients where English was not their first language.

Expected waiting times for all appointments in the health centre were good and were displayed on white boards in the halls. As most boards did not have a date displayed, it was unclear to prisoners whether this information was up-to-date. Even though asthma and diabetic clinics were no longer offered waiting times for these were still displayed on the whiteboards. Any patients with asthma or diabetes were allocated to the most appropriate healthcare professional via the nurse triage clinic. In some halls, treatment rooms were available to be used for patient consultation and undertaking dressings, thus reducing the burden of escorting patients to the health centre.

Patients were referred to secondary care according to clinical need. These referrals included tissue viability services, specialist nurses and different medical/surgical clinics.

In the case of an emergency, arrangements were in place to ensure patients received the appropriate care, such as the use of 'code red' (for bleeding) and 'code blue' (for breathing difficulties) emergency calls. Healthcare managers and nursing staff agreed that these calls are made appropriately. No emergency calls were received whilst inspectors were onsite at the prison. The contents of some emergency bags were checked and found to be appropriate and in-date.

The use of novel psychoactive substances (NPS) had been identified as a problem within the prison. Systems were in place for the management of patients identified as being under the influence of these drugs. If prisoners were thought to have taken NPS, healthcare staff are radioed and asked to attend the hall, unless their medical condition necessitates an emergency code blue call. A new clinical observations tool to take recordings of the patient's vital signs had been introduced to assess the medical condition of the patient. Decisions about the patient's care are then made according to the clinical signs and symptoms they display. Patients who were thought to have taken NPS were managed under the SPS Management of an Offender at Risk due to any Substance (MORS) process.

Systems are in place to obtain urgent healthcare advice for patients outside normal working hours. A test of change was commenced in June 2018 whereby police custody nurses were available to advise SPS personnel if a prisoner became unwell outside the normal hours of healthcare provision at the prison. When prison healthcare staff required additional advice, this could be obtained from the NHS Forth Valley out-of-hours GP service. If prescriptions were required from the out-of-hours GP, they were emailed to the prison and written up by a prescriber onto the patient's drug Kardex as soon as possible.

Recommendation: All healthcare forms to be completed by patients must be available in different formats and languages to ensure all patients understand how to access health services and are facilitated to do so.

Recommendation: NHS Forth Valley must ensure that any display boards showing waiting times for access to health services are dated and kept up-to-date. This will ensure that prisoners are aware of how long they will need to wait before being seen by healthcare staff following routine self-referrals.

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

Rating: Satisfactory performance

The sexual health nurse provides a service to all three prisons in NHS Forth Valley. Patients can self-refer to this service or be referred by other members of the prison healthcare team. Inspectors were told that all new admissions to the prison received a letter advising them how to self-refer. At the time of the inspection, the time from self-referral to being seen was seven days. The sexual health nurse was supported by the NHS Forth Valley hepatology team, who visited HMP YOI Polmont fortnightly. This provided clear access to prescribing of medication for Hepatitis C and to the fibro scans - a type of ultrasound used to assess the condition of patients' livers and identify any evidence of inflammation.

Inspectors saw evidence of a service with confidential access and a range of treatment options, including vaccinations, blood-borne virus testing and sexual health screening. Observations of the sexual health clinic showed that there was a client-centred approach to care. It was noted that 179 blood-borne virus tests had been completed since January 2018.

There type of health promotion information on display varied throughout the prison. For example, no information was displayed about how to access condoms or the risks of taking drugs. When asked about the availability of condoms to prisoners, . prison officers, the deputy governor and healthcare staff responded that prisoners would be directed to the sexual health clinic For young people, having to ask how to obtain condoms may be a disincentive to request them.

Although limited information on Naloxone and Naloxone training was observed around the prison the healthcare team provided the inspection team with evidence of a good uptake of Naloxone training. The inspectors were told that following Naloxone training, Naloxone kits were not put in with the prisoner's belongings until immediately before liberation because of an issue with the valuables bags used by HMP YOI Polmont. The Chief Inspector advised the inspection team that this issue had been resolved during the inspection, and that Naloxone kits were able to be securely stored in the prisoners' sealed valuable bags from then on. This will be followed up during future visits.

All prisons in Scotland became smoke free on 30 November 2018. Support and advice with smoking cessation was available to all prisoners, in the form of weekly group-work and one to one sessions. The waiting times for this service was approximately two weeks. Distraction packs such as word searches and art packs were provided to prisoners. Those who were smoke-free at 12 weeks were given a mug. For those who did not wish to stop smoking, a free vape was provided in the first instance, and thereafter it was available at a reduced cost from the canteen.

Inspectors were provided with evidence showing that 22% of prisoners who had participated in a smoking cessation programmes in the past 12 months had successfully stopped smoking.

Prisoners are able to access national immunisation programmes and national screening programmes, including breast screening. Inspectors were told of ongoing difficulties with obtaining bowel screening kits for four patients who were eligible for this. Health centre managers had reported this on the Safeguard incident reporting system.

The previous HMIPS longitudinal inspection of the prison described the proposed introduction of 'social prescribing', for example, prescribing time in the gymnasium for patients who were diabetic or wanting to stop smoking. PTIs described how health promotion activities, in conjunction with the prison healthcare addiction service, were provided in the gymnasium. The PTIs had been involved in supporting prisoners who wished to stop smoking. Currently there was no joint work with PTIs and primary care nurses for the management of long-term health conditions.

Nursing staff told inspectors that providing health promotion information via the prison radio station and TV system was a useful platform to share information with prisoners. In the past, mental health nurses had provided information on recognising and managing anxiety, low mood and sleep problems, but due to competing demands of running the service they were unable to continue to invest time to develop these further.

All patients who were due to be liberated were referred to community services as part of the process of preparing them for liberation.

Recommendation: NHS Forth Valley must ensure that health promotion information displayed for prisoners around the prison includes appropriate information, including how to access condoms, Naloxone training and the risks of taking drugs.

Recommendation: NHS Forth Valley and SPS must work together to ensure that patients are able to access national screening.

Good practice: Inspectors saw evidence of a service with confidential access and a range of treatment options, including vaccinations, blood-borne virus testing and sexual health screening. Observations of the sexual health clinic showed that there was a client-centred approach to care. It was noted that 179 blood-borne virus tests had been completed since January 2018.

9.4 All stakeholders demonstrate commitment to addressing the health inequalities of prisoners

Rating: Satisfactory performance

Staff possessed a good understanding of the health inequalities experienced by many of their patients. They understood the barriers that many prisoners faced when accessing healthcare in prison and adapted their approach. Most patients

described having a positive relationship with healthcare. Inspectors observed a range of healthcare interactions with patients who were observed to be treated with dignity and respect by staff who were polite, respectful and positive. This was evident even in challenging circumstances with patients treated in a non-discriminatory and empowering manner. Inspectors observed a small number of instances when patients were not empowered to make decisions or did not understand a decision about their healthcare. Inspectors discussed these directly with healthcare managers during the inspection.

During their induction prisoners were provided with information about how to access healthcare services, including those which they may not have known about or thought to access when in the community such as addictions, sexual health and mental health services.

Recommendation: NHS Forth Valley must ensure that patients are actively involved in planning of their care. All care planned with, and documented for, the patient must reflect the goals of the patient for their healthcare.

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 performance

The waiting times for prisoners to be assessed by the mental health team were good. On average patients waiting eight days for a nurse assessment. There were no waits for patients who required to be assessed by a psychiatrist or clinical psychologist. However there was no clinical psychology provision for patients under the age of 18 because the clinical psychologist only accepted referrals from patients aged 18 years and over.

Good communication pathways were in place to share information across the team including a database to track referrals and a department diary to share key information and daily activities of the team. Although the clinical nurse manager met with the mental health nursing team on weekly basis this was primarily to discuss case allocation and review capacity within the team.

As the psychiatrist and the clinical psychologist attended the establishment on different days staff were unable to plan a timetable of weekly multi-disciplinary meetings to discuss allocation of referrals, current assessments and reviews.

Staff reported that the demands being placed on them to support core services and offer a seven-day service were impacting on the nursing team's capacity to commit to baseline work and regularly follow up on existing patients. This had led to delays in seeing patients who had been identified as being suitable for intervention treatment and support.

Inspectors identified weaknesses in the clinical documentation being used. Although Vision contains a standardised mental health assessment, the mental health nurses were not consistently using this to assess patients. There was evidence of nursing

staff using a variety of approaches to conduct assessments: some staff used Situation, Background, Assessment and Recommendation tools (SBARs) while others used their own assessment tools. There is a need for a consistent approach to assessments and triage, which incorporates a clinical assessment and a standardised risk assessment tool

On reviewing clinical records, inspectors found that the level of detail of the clinical notes within the patient's electronic record varied, particularly in those relating to assessments and care plan information.

Observation of interactions between the mental health nursing team and their patients showed that patients were fully involved, and given the opportunity to discuss the purpose and outcome of their assessment. While information about the range of interventions and treatments offered was given verbally to the patient, and the risks and benefits of these were discussed with the patient during one-to-one interviews, inspectors found this was not always reflected in the patients' clinical record. Inspectors reviewed several care plans and found them to be prescriptive rather than risk informed or outcome focused.

Low level psychological therapy groups for both the male and female population had commenced in the establishment but the up-take had been low. Inspectors were told that the groups would be evaluated once the current groups were finished. Inspectors were advised that a full-time clinical psychologist had been appointed to support additional psychological therapies across the three prisons in NHS Forth Valley, and will provide sessional input in HMP YOI Polmont.

The clinical psychologist offered clinical supervision to the nursing staff and a case consultation service for staff working with highly complex patients. Inspectors were told that the uptake for clinical supervision was low.

Pathways and local arrangements were in place with NHS Forth Valley for patients needing to access specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment.

A learning disability nurse was in post and carried out assessments, and provided intervention, treatment and support to prisoners with intellectual disabilities. This nurse also worked jointly with SPS in delivering an inclusion group to prisoners. As with the mental health nurses, the learning disability nurse did not use the standardised assessment tool, nor were there any clinical risk assessment or formulation tools in place.

At the time of the inspection the mental health nursing team and the substance misuse team had merged, and were in the early stages of developing new ways of working.

Where admission to a psychiatric unit was indicated, arrangements were made to transfer prisoners. The level of illness and offence determined whether this was a low secure environment (intensive psychiatric care unit), medium or high secure environment. Inspectors were told that there were no delays in accessing medium secure beds.

When a prisoner required community follow-up on release from prison, a referral was made to the relevant community mental health service. Patients were kept informed of their planned care following liberation. Health and social care professionals were observed entering the prison to discuss options with their patients.

Recommendation: NHS Forth Valley must ensure that clinical psychology services are available to all patients, regardless of age.

Recommendation: NHS Forth Valley must ensure that there is a process for the multi-disciplinary team to review patients who are referred to the mental health team.

Recommendation: NHS Forth Valley must ensure that patients identified as requiring intervention, treatment and support by the mental health nursing team receive the regular planned interventions described in their care plan.

Recommendation: NHS Forth Valley must ensure that the mental health nursing staff are consistently using standardised mental health and learning disability clinical assessment documentation and clinical risk tools.

Recommendation: NHS Forth Valley must ensure that detailed clinical records are accurately written following each consultation with patients. These records must include outcomes from discussions with the patient.

Recommendation: NHS Forth Valley must ensure that all care plan documentation is risk informed, focussed on the outcomes for patients and incorporates patients' strengths and wishes.

Good practice: When a prisoner required community follow-up on release from prison, a referral was made to the relevant community mental health service. Patients were kept informed of their planned care following liberation. Health and social care professionals were observed entering the prison to discuss options with their 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: Unacceptable performance

Long-term conditions were identified via health screening in reception on arrival at the prison, and then at subsequent health assessments. Inspectors were told that the prison previously held specific clinics for patients with certain long-term health conditions, such as asthma or diabetes, but because the incidence of long-term conditions in the prison was less than in other prisons, these dedicated clinics were no longer held. Patients with long-term conditions were seen at routine nurse triage, ANP and GP clinics.

Although some primary care nurses with a particular interest in certain long-term conditions had completed specific training on these conditions, they did not always

follow up on patients with these conditions. Inspectors found that nursing staff did not reliably document their consultations or discussions adequately in the patients' record. Inspectors saw instances when information that would have implications for clinical decisions about the patient's care was not scanned onto Docman, but was documented on paper which remained in the treatment room on the hall where the patients were housed. This meant that the information was not available to the clinicians seeing the patient in the health centre.

The level of detail and clinical content in the patient records reviewed was poor: in one instance test results in the patient record were not within the acceptable parameters for the condition being tested, and there was nothing to indicate that this information had been or was going to be reviewed by clinicians or discussed with patients. The care plans reviewed were not person-centred or outcome-focused and were not written in such a way that indicated they had been developed along with the patient. In addition there was no evidence of ongoing review of the care plans. See recommendation on care plans in QI 9.5. The care plans for patients with enhanced care needs and long-term conditions did not show that the patients had been empowered to make decisions about their own healthcare needs, or, that they had been given the appropriate information to make decisions about their care, including, whether to accept or refuse any proposed care.

None of the accessible cells inspected were fit for purpose. There was a general lack of inappropriately equipment and facilities within the cells and many of those that were in place, such as the call bells, were either damaged or not appropriately located.

Recommendation: NHS Forth Valley must ensure that patients are given information about the risks and benefits of any healthcare interventions offered to them. This will ensure that patients make informed choices about care they are offered, whether it is accepted or refused. This conversation must be documented in the patient record and must not prevent care being offered going forward.

Recommendation: NHS Forth Valley must ensure that patient records are kept up-to-date on Vision and Docman. All clinical testing carried out in the halls must have the results uploaded to Docman at as soon as this is practical, and at least weekly for blood sugar recordings, to allow clinicians to make clinical judgements about care required.

Recommendation: NHS Forth Valley must ensure that patients who have test results outside accepted parameters are referred to an appropriate member of the healthcare team to ensure any corrective actions are taken. This information must be recorded in the patient record.

Recommendation: SPS must liaise with NHS Forth Valley to ensure that accessible cells are appropriate to the needs of patients with disabilities and contain necessary generic equipment, in a good state of repair, as a minimum to promote self-care.

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 performance

Those requiring support with drug and alcohol dependence were identified during their initial health screening and subsequent health assessment. Only those reporting substance misuse were screened for withdrawal. (see QI 9.1).

If the patient had a community prescription for ORT at first reception, there was a clear process for the patient to be recommenced on ORT medications during their stay in prison. For patients not receiving ORT therapy in the community, but who requested this in the prison, there was a minimum 10-week delay until ORT could be commenced. This period included time between allocation meetings and a structured build up period. During this time, patients would have to demonstrate some level of commitment and motivation as well as continuing to use opiates within the prison. Staff told inspectors that a further consideration before prescribing ORT, was if the patient would be able to get a prescriber to continue their ORT prescription on liberation.

The biggest risk of not commencing a patient onto ORT more promptly is that the window of opportunity to help them stabilize may be lost, as in order for them to meet the criteria to receive treatment 'of ongoing drug use while they are in prison', they need to establish links with the illicit drug market within the prison. This extended wait to commence treatment does not comply with the drug misuse and dependence UK guidelines on clinical management 2017.

Patients referred to the substance misuse team were offered a comprehensive assessment to identify the individual's support needs. The care plan developed took a holistic approach and did not focus solely on substance misuse. The documentation used for developing individual care plans was user friendly and designed in such a way as to make it easier for the patient to understand. The patient was fully involved in the assessment process and had the opportunity to discuss the purpose and outcome of the assessment. As part of the care planning process, all treatments including their risks and benefits were discussed with the patient.

Staff talked about plans to adopt a wider integrated approach to support patients with substance misuse and mental health issues and of the recent merging of the mental health team and substance misuse team in order to facilitate this different approach.

We were told that Methadone was the first line treatment for those patients who required to be commenced onto ORT. Patients were not given the choice to be commenced on to Buprenorphine ORT, even if they requested it, unless a specific clinical need had been assessed by the lead GP. This approach is not in-line with the drug misuse and dependence UK guidelines on clinical management 2017, and does not reflect the choice available for patients in the community. We were told that the rationale for this was based on the increase risk of diversion. This prohibits

patients from engaging in discussion about the costs and benefits of Buprenorphine and having a realistic input in to their ORT plan.

A SMART recovery programme and drop in café was available to prisoners and delivered by highly motivated staff.

The prison had effective systems, processes and documentation to ensure patients were linked in with the appropriate community services on liberation and staff reported that no issues had been raised by staff regarding arranging patients to receive ORT prescribing on liberation.

The substance misuse team worked in a collaborative multi-disciplinary way and had developed strong relationships with a range of community groups and professionals. The team comprised of highly motivated multi-disciplinary professionals, including addictions support counsellors. A clinical lead was clearly identified for addiction services in the prison. Although the team held regular scheduled meetings to discuss addiction assessment and referrals, if the clinical lead could not attend these, the meetings could be postponed. Patients who required changes to their medication would not be reviewed and this could delay treatment.

Recommendation: NHS Forth Valley must review their processes and timescales for commencing patients onto ORT therapy.

Recommendation: NHS Forth Valley must review their reasons for not allowing patients a choice about which ORT they are commenced on if it is clinically appropriate. Where there is diversion risk, this must be managed.

Good practice: Patients referred to the substance misuse team were offered a comprehensive assessment to identify the individual's support needs. The care plan developed took a holistic approach and did not focus solely on substance misuse

Good practice: A SMART recovery programme and drop in café was available to prisoners and delivered by highly motivated staff.

9.8 There is a comprehensive medical and pharmacy service delivered by the service

Rating: Poor performance

There is a multi-disciplinary approach to the delivery of pharmacy services in the prison with clinical pharmacy services being provided from Lloyd's pharmacy and NHS Forth Valley pharmacy technicians and nursing staff.

For new admissions to the prison, evidence of the emergency care summary, community pharmacy information and patients' GPs were all used to confirm prescriptions. Pharmacy services would be enhanced by providing the Lloyd's clinical pharmacist access to the electronic patient records on Vision.

Inspectors checked and found that safes were available in cells for patients to securely store any in-possession medication.

The keys to open the cupboards where controlled drugs and others drugs are stored were not securely held. As the key cupboard could not be locked any staff member with a set of commonly used prison keys could access the controlled drugs. Staff were not only unaware of how long it had been broken but also stated that it had not been reported in the Safeguard incident reporting system. This was escalated by inspectors to senior managers in the healthcare team who took immediate action to address the issue.

Controlled drugs in the pharmacy and the halls were checked on alternate months by the Lloyd's pharmacist.

Staff calls for code red and code blue emergencies were sent over the radio to ensure the fastest response. However those responsible for administering medications said the level of general 'chatter' on the radio could often be distracting. Some staff were observed removing their radio earpieces whilst undertaking medicines administration. Inspectors were provided with the standard operating procedure agreed by the Head of operations, SPS, which stated that the radio earpieces could be removed for medicines administration. On these occasions the prison officers were asked to inform the nurses of any emergency calls for healthcare. Staff in the focus group described concerns about this process. One nurse had attended an emergency on her own during the morning medication round, while the other nurses in the prison were unaware of the emergency call going out.

While observing medicines administration rounds, staff were not always seen to be adhering to the NMC standards for medicines management when administering medication in the halls. This was raised with health centre managers at the time of the inspection.

Controlled drug registers were checked for the pharmacy and the two halls where controlled drugs were dispensed. Although there was no evidence of any controlled drugs missing numerous errors were found in the controlled drug registers. These included:

- Changes to stock amounts rather than being written on a new line with an explanation as to why the change was necessary, for example, 'written in error' and being signed.
- Signatures of the trained nurse or competent witness missing from the record where a drug has been administered to a patient.
- Stock checks not being reliably signed off by a trained nurse and competent witness.
- Staff initialling the record book, not signing their names.

Staff told inspectors that they were uncertain when to report drug errors through Safeguard. Health centre managers advised that controlled drug training had been identified as a training need and would take place in the near future.

Inspectors were told that the prescriptions Kardex's had been restructured into one version across all 3 FV prisons & professionally printed.

For expected liberation, prisoners were provided with an adequate supply of medications. Staff informed inspectors that when a patient was unexpectedly liberated and the community prescriber could not be contacted, there was a risk that the patient could relapse. When a prisoner was unexpectedly liberated, there was no agreed protocol in place to ensure the individual was able to access their ORT if their community prescriber could not be contacted. For expected liberation prisoners were provided with an adequate supply of medications.

Recommendation: NHS Forth Valley must ensure that staff who note a security risk involving controlled drugs must report this immediately to senior managers and follow the local standard operating procedure. Any report of security risks about the safe management of controlled drugs must be immediately followed up to ensure that the risk is appropriately managed.

Recommendation: NHS Forth Valley must work with the Scottish Prison Service to ensure a safe method of working regarding the use of prison radios, to minimise the risk of medication errors due to distraction, whilst ensuring that emergency calls are received by healthcare staff.

Recommendation: NHS Forth Valley must ensure that all medication errors are reported through the appropriate channels, which may be local healthcare managers or Safeguard, allowing investigations to take place where this is indicated and staff to learn from these incidents.

Recommendation: NHS Forth Valley must ensure that all staff complete the controlled drug register accurately. Any mistakes that are noted must be recorded in the appropriate way in the register, and comply with the Misuse of Drugs Act 1971. Managerial and pharmaceutical oversight of this process must be undertaken.

Recommendation: NHS Forth Valley must review the provision of opiate replacement therapy being administered to patients prior to them attending court.

Recommendation: NHS Forth Valley must ensure that a standard operating procedure/protocol is developed describing the actions to be taken by healthcare staff in the event of being unable to contact a community prescriber.

9.9 Support and advice is provided to maintain and maximise individuals' oral health

Rating: Good performance

A comprehensive range of dental services is available from the dental surgery in the health centre from a dentist, hygienist and a dental triage nurse.

The dental surgery was clean and fit for purpose. Clean instruments were appropriately stored and used instruments were safely stored before being transferred off-site for reprocessing.

Mouth matters groups were run by the dental triage nurse to encourage prisoners to look after their oral hygiene. An oral hygiene presentation delivered by a peer mentor was attended by an inspector and was a positive and fun way of a peer educating and informing prisoners about the importance of good oral hygiene.

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

No pregnant women, or women with babies and/or young children were being cared for at HMP YOI Polmont 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: Satisfactory performance

At the time of the inspection, no patients in the prison had been identified as having palliative or end of life care. Patients would be seen by the GP or ANPs initially and then referred to the palliative care team in NHS Forth Valley.

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 performance

The process and pathway of care for patients on TTM was observed. Inspectors saw that NHS and SPS staff worked collaboratively to identify, support and review those at risk of self-harm or suicide. On admission or transfer to prison, all prisoners were assessed for their risk of self-harm or suicide in-line with the TTM strategy and prisoners were commenced onto TTM during their stay in prison when required. Inspectors noted that there were high numbers of prisoners on TTM.

All TTM case conferences were attended by a mental health nurse. Due to the number of case conferences held each day in different halls it could be challenging for the nursing team to coordinate their attendance. On occasion nursing time was observed to be wasted because of staff having to wait for the case conferences to begin and of having to go between the halls.

All TTM case conferences were attended by a mental health nurse. Inspectors saw SPS officers and mental health nurses being compassionate and respectful to the

prisoner, whilst demonstrating knowledge and skills in the area of mental distress and subsequent risk. Of the case conferences observed, inspectors saw that the prisoner was fully involved and had the opportunity to discuss the purpose and outcome of their case conference.

As detailed in QI 9.5 the mental health nurses were not consistently using the standardised assessment template to assess patients. See recommendation in 9.5.

Recommendation: SPS and NHS Forth Valley must work together to coordinate case conferences effectively to ensure all appropriate staff are able to attend.

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: Satisfactory performance

Complaints were managed according to NHS Forth Valley's local policy. Prior to being sent to the patient relations team at HMP Glenochil they were logged onto the Safeguard incident reporting system. All complaints were recorded on a database. This showed that stage one and stage two complaints were responded to within the five and 20 day windows respectively. Complainants were given information about contacting the Public Services Ombudsman Service if they were not happy with the stage two response.

Like self-referral forms (see QI 9.2), the forms for prisoners to make a complaint, make a comment or provide feedback were only available in English.

Prior to the team leader posts becoming vacant, health centre staff ran patient focus groups, mainly with the young men, to ascertain their views about healthcare provision and delivery. The clinical nurse manager explained that while the voice of women in relation to healthcare was generally well heard, this was not the case with the young men, who did not readily engage with healthcare. For example, the staff run patient relations forum had no participation from young male prisoners. Staff should continue to identify opportunities to engage and support young men to voice their views around their healthcare.

9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting

Rating: Good performance

Staff were able to explain the boundaries between professional and ethical issues. They were aware of the demands of delivering healthcare within the prison setting and the requirement for security. Regular meetings were held with prison management to discuss any issues, review incidents and to improve practice.

Systems and processes were in place to ensure healthcare staff made appropriate notifications in cases where there could be possible physical or psychological harm

to prisoners. Staff were clear about their duty to pass on any intelligence that may compromise the health and wellbeing of a prisoner or the safe running of the prison.

9.15 The prison implements national standards and guidance, and local NHS board policies for infection prevention and control

Rating: Poor performance

All clinical rooms inspected in the health centre and in the halls were found to be clean and in a good state of repair. However, neither the cleaning checklists reviewed during the inspection, nor those provided from the previous month were reliably completed. Staff were observed to practice some standard infection control precautions but non-compliance in the following was observed:

- Not carrying out hand hygiene between touching patients during medicines administration
- Wearing wrist jewellery and stoned rings and wearing long sleeved NHS fleeces whilst undertaking clinical duties
- Not decontaminating near patient equipment between patient uses, including the patient trolley
- Not decontaminating clinical areas (work tops) before and after use for medicines administration in the morning
- Not decontaminating clinical areas (worktops) before and after use by a patient to take their own blood sugar readings and administer insulin
- Using one disposable plastic cup to administer multiple patients' medication
- Not wearing PPE appropriate to the task being undertaken
- Storing PPE in direct contact with an in-use sharps bin.

It was also noted that the majority of patient trolleys inspected had damage to the covering, rendering them unable to be effectively decontaminated.

During the revisit to HMP YOI Polmont staff were seen to be compliant with the national uniform policy.

Recommendation: NHS Forth Valley must ensure that staff comply with standard infection control precautions and the national uniform policy to minimise the risk of infections to patients and staff.

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: Unacceptable performance

Healthcare was provided by two nursing teams, a primary care team and the combined mental health and substance misuse team. The team leader posts for both teams had recently been appointed to after being vacant for several months. Both team leaders were due to start work at HMP YOI Polmont in the near future.

Part of the work plan for 2018 was to align the substance misuse and mental health team in order to deliver a best practice approach for patients in the prison and at the reception clinic. This wider team approach to substance misuse and mental healthcare was a new system of work. The process to coordinate the staff resource across the three sites was discussed at the fortnightly managers' meetings. There were also attended by a representative from the human resources department. Healthcare managers explained that by having staff work between the three prisons, meant a degree of flexibility could be built into the nursing teams across NHS Forth Valley, and resources could be directed where needed and staff absences could be covered.

The clinical nurse manager described the process for assuring staffs' clinical competencies. It would normally be the team leaders' role to assess staffs' clinical competencies, but as these posts were currently vacant, assessments were being carried out by the clinical nurse manager. Their assessments were based on training, audits and by considering any increase in patient complaints or complaints from colleagues none of which provide an effective or robust basis for assessing staffs' clinical competencies.

Staff supervision, both managerial and clinical, was discussed with the healthcare managers. Individual line management supervision would normally be undertaken by the team leaders but due to their absence this type of supervision was not being formally carried out. The clinical nurse manager did meet with the mental health nursing team weekly to review case allocation and capacity within the team. Although clinical supervision was available to the mental health nurses from the psychologist each month, staff said that there was little uptake due to the time the supervision was programmed. With the exception of ANPs who received clinical supervision from the GP, no clinical supervision was provided for primary care staff.

The healthcare managers described some issues with the recording of information in patient records. Inspectors were told that this had been resolved through 'sit down conversations' with individual staff members. The need for good quality note keeping had been reinforced with all healthcare staff members.

Inspectors were told that in recent weeks there had been significant stresses for staff to manage. The clinical nurse manager described the support available to staff, such as access to the occupational health department, counselling, and 'positive contact' with staff who were absent from work. Staff who were spoken with in the focus group described most support coming from their colleagues who they were able to discuss concerns with.

Despite having no team leaders in post, staff meetings had been ongoing and chaired by the clinical nurse manager. Meeting minutes described open discussions at which staff were able to discuss their concerns with the healthcare management team.

Throughout NHSScotland, staff engagement is assessed approximately every two years using 'i-matter'. This is done through a staff survey which is linked with other members of individual nursing teams. After completing the survey, the results are fed back and each team formulates an action plan to address the main issues

highlighted in the survey results. This year, at HMP YOI Polmont, the staff response to this survey was poor which had made it difficult for staff to write their action plan.

Turas is a new staff appraisal system introduced in 2018 across NHSScotland. It is used for recording staffs' objectives and personal development plans. No healthcare staff in the prison had had their Turas appraisals carried out. The healthcare managers informed inspectors that the band 5 appraisals would be undertaken by the newly appointed band 6 team leaders once they came into post. Inspectors were concerned that there would need to be a period of induction for the new appointees as they settled into their new jobs which would further delay the appraisal process for the whole healthcare team.

Evidence was provided to demonstrate that staff within the prison healthcare team had undertaken appropriate induction training specific to their roles including TTM training. Inspectors were told that staff could freely access educational courses on the electronic training platform LearnPro and could complete ANP training. Staff in the focus groups described access to required training courses in work-time, with other courses needing to be completed in a staff member's own time.

On arrival of the women prisoners at HMP YOI Polmont, each member of the primary care team were given the opportunity to experience working within a local accident and emergency department for two weeks. This experience had improved staff triage skills leading to appropriate referrals to the ANP or GP. All primary care staff had undertaken basic life support training and mental health first aid training for these staff was planned. In addition, the mental health nursing team was to undergo general first aid training. Healthcare managers acknowledged that training with the clinical psychologist was a priority for mental health nurses. The NHS managers' toolkit outlines the leadership training and development open to staff but due to staffing issues the clinical nurse manager cannot currently be released to undertake these courses.

Recommendation: NHS Forth Valley must ensure that all clinical staff are clinically competent to undertake their roles and non-clinical staff are competent to undertake their roles, and that there is a regular assessment of staff competencies to maintain patient and staff safety.

Recommendation: NHS Forth Valley must ensure that there are robust processes in place to ensure that all clinical staff receive appropriate line management supervision as a priority. This will provide assurance to healthcare managers that staff are delivering the standards of care required by patients and the organisation.

Recommendation: NHS Forth Valley must ensure that clinical supervision is offered to all clinical staff and that these staff are encouraged to take up this supervision. This will ensure that staff are supported in their reflections of actions they have taken, and have the opportunity to discuss their decision-making, especially in more stressful or complicated situations.

Recommendation: NHS Forth Valley must ensure that staff are engaged in the appraisal process throughout the year, and that this is not delayed whilst

awaiting the team leaders to join the team. This will ensure that areas of good practice, areas for improvement and personal development are identified between managers and staff.

Recommendation: NHS Forth Valley must ensure that training for managers within HMP YOI Polmont is prioritised. This will ensure healthcare managers are given the skills to effectively manage healthcare services in the prison, promote confidence and resilience in the management team, and provide assurance to the board and staff that healthcare management within the prison is robust.

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: Generally acceptable performance

To make sure that all staff in the prison were aware of the NHS board values, they were printed onto staff lanyards worn by all staff. The regular staff meetings finished with the use of NHS Forth Valley 'values cards' which were used to stimulate discussion about the values chosen. Information about what was happening in the wider NHS board was provided through staff newsletters and chief executive's letters sent to all NHS board staff via email. Some information for staff was also displayed on the notice board within the health centre.

Staff who participated in the focus group said that they felt physically safe in the prison. While staff understood the Safeguard system for reporting incidents and near misses and were aware that they could request feedback from any investigation, they thought the reporting system was only for reporting incidents involving patients and not staff. This was reported back to the healthcare managers who told inspectors that the system was for all incidents and near misses including those that solely involved staff.

The healthcare managers told inspectors that patients' opinions about the healthcare service within the prison were not proactively requested. Patients' opinions and feedback about healthcare delivery and waiting times can highlight areas for improvement.

The healthcare managers met with the deputy governor each month to discuss concerns within the prison. While this meeting had a set agenda minutes were not taken. Inspectors were advised that additional ad-hoc meetings took place when needed. The deputy governor was aware of the NHS Forth Valley structure in relation to prisoner healthcare within the prison.

Collaborative working with third sector organisations was evident in relation to addictions work. A health promotion event had recently been held with local community organisations and Clyde football club as well as a bake sale for Macmillan Cancer Support.

Recommendation: NHS Forth Valley must ensure that staff in the healthcare team are aware of the circumstances when it is appropriate to complete an entry into Safeguard. This will give healthcare managers a truer picture of the level of risk in the prison.

Recommendation: NHS Forth Valley must ensure that patients' opinions on the healthcare services provided to them within the prison are actively sought to further develop and improve services. This will allow patients to feel that their voices are heard and that they have a role in shaping the healthcare services they receive

Summary of recommendations

For the Governor

Recommendation: HMP YOI Polmont consider introducing secure televisions with information loops into the waiting areas.

Recommendation: HMP YOI Polmont should ensure that the process identified in the SOP to inform convicted prisoners of their EDL within 24 hours of admission should be adhered to at all times.

Recommendation: We recommend that induction attendance is actively promoted or considered compulsory for all young people, women and girls entering the establishment unless there are compelling reasons otherwise.

Recommendation: HMP YOI Polmont should ensure that protection prisoners receive a full induction.

Recommendation: HMP YOI Polmont should ensure comprehensive information sheets are available in the most common languages.

Recommendation: HMP YOI Polmont should encourage staff to address cell damage proactively, via the cell certification process, by immediately challenging individuals who damage/vandalise cells.

Recommendation: HMP YOI Polmont should encourage prisoners to only place posters on the poster boards within their cells.

Recommendation: HMP YOI Polmont should ensure that daily cleaning schedules are completed on a daily basis and signed by staff to evidence that daily assurance checks are being conducted.

Recommendation: HMP YOI Polmont should revise their canteen system to eliminate the opportunity for prisoners to observe each other's financial information.

Recommendation: HMP YOI Polmont should ensure signed sheets are returned to the canteen and securely stored for audit purposes.

Recommendation: HMP YOI Polmont should ensure that prisoners are able to request access to shower facilities out with 07:00.

Recommendation: HMP YOI Polmont must ensure there is a process in place to ensure that all prisoners are served their choice of meal.

Recommendation: HMP YOI Polmont should review the menu choices to provide a greater level of healthy menu choices.

Recommendation: HMP YOI Polmont should ensure that the food service routine follows the process laid out in hall regime plans and the catering SOP.

Recommendation: HMP YOI Polmont should encourage catering staff to attend hall food service areas on a regular basis to check compliance with food hygiene requirements and observe food quality at the point of service.

Recommendation: HMP YOI Polmont should ensure that where a prisoner is provided with a hot meal for consumption within their cell in line with religious guidelines, items should be provided in separate containers.

Recommendation: HMIPS suggest that reducing self-harm and suicide be prioritised as a single point of focus in the risk register or annual delivery plan, in the light of the recent increase in the number of incidents.

Recommendation: When the 'Think Twice policy' is launched, HMP YOI Polmont should ensure that all prisoners have access to this information, and not rely on induction.

Recommendation: HMP YOI Polmont should ensure that all incidents of bullying are recorded on PR2, regardless of whether they were managed formally or informally or reported to intelligence.

Recommendation: Inspectors noted that the number of restorative justice interventions had reduced in the last year and recommend that this successful initiative is reinvigorated.

Recommendation: HMP YOI Polmont should look at a strategy to further reduce the use of the radio for non-essential communication.

Recommendation: Head of Operations should check and sign that all Use of Force forms are completed and fully compliant.

Recommendation: HMP YOI Polmont should ensure 95% compliance of C&R training as a priority.

Recommendation: HMP YOI Polmont should re-enforce the need to use the prisoner property card, so that staff are aware what property is rightfully in use when conducting cell searches.

Recommendation: HMP YOI Polmont should evidence all cell and area searches in line with the searching policy.

Recommendation: At the time of the inspection, sealable bags had been purchased to replace the plastic bags currently used for valuable property. HMP YOI Polmont should ensure this practice is continued and all property cards updated to reflect the sealed bag number.

Recommendation: HMP YOI Polmont should provide an area to locate prisoners who cannot provide a sample at that time to allow them the allocated time, as per prison policy.

Recommendation: HMP YOI Polmont should ensure that all staff wear their name badge.

Recommendation: HMP YOI Polmont should ensure that non-attendance at activities is challenged and individuals are actively encouraged to attend.

Recommendation: HMP YOI Polmont should ensure that medical request forms are treated and handled in a confidential manner.

Recommendation: Individuals information on Talk to Me should be managed confidentially and should not be identified on the hall board.

Recommendation: HMP YOI Polmont should arrange for notice boards to be standardised and kept up to date.

Recommendation: HMP YOI Polmont should ensure that future impact assessments include involvement of the prison population.

Recommendation: HMP YOI Polmont should include prisoner representation in the E&D meetings. They should also be given greater senior management focus, with monitoring and tracking of protected characteristics presented at the meeting.

Recommendation: The prison should introduce further mechanisms to enhance participation and accessible information for prisoners. PIACs or equivalent meetings should be held on a regular, systematic basis and an exchange of information should be built in, feeding information from the PIACs into decision-making processes within the prison, and feeding back to prisoners on the outcome of those processes.

Recommendation: HMP YOI Polmont should find an alternative area for external agencies meeting with prisoners in the agent's visits area; the current practice inhibits the available agent's visits space.

Recommendation: HMP YOI Polmont should ensure that complaints paperwork is available in a range of formats with guidance available on how to access.

Recommendation: The typed response to complaints should identify the route to pursue a complaint to the Scottish Public Services Ombudsman, should prisoners be unhappy with the Internal Complaints Committee findings.

Recommendation: HMP YOI Polmont should ensure advocacy services are available to provide independent support to individuals and young people in particular.

Recommendation: IPM paperwork should be available in the most common foreign languages with guidance available on how to access.

Recommendation: HMP YOI Polmont should consider what arrangements it can put in place to address the low numbers of scheduled prisoner numbers attending to help reduce waiting lists.

Recommendation: Arrangements for shared working with the local authority should be sufficiently established to provide ready access to local library materials such as book stock rotation and inter-library loans.

Recommendation: Remand prisoners should have full access to the library service.

Recommendation: HMP YOI Polmont should revise their regime plans to ensure that all prisoners are offered access to time in the open air at a reasonable time every day, out with the time that work parties were operating.

Recommendation: HMP YOI Polmont should provide clothing that is sufficiently waterproof to allow access to fresh air during inclement weather.

Recommendation: HMP YOI Polmont should amend their visits booking process regarding the management of enquiries to ensure equity of access for all prisoners.

Recommendation: HMP YOI Polmont should amend their visits timetable to accommodate children's visits at weekends.

Recommendation: HMP YOI Polmont should explore ways in which they can reintroduce the café facility.

Recommendation: HMP YOI Polmont should offer greater access to video link visits to prisoners with families' further afield.

Recommendation: HMP YOI Polmont should review the arrangements for double visits to ensure that they can continue uninterrupted within the visit room.

Recommendation: The accumulated visits process should be simplified to reduce the potential for error.

Recommendation: Management should look to facilitate a knowledge exchange and means of communication between the parenting staff and FCOs in order that skills learned can be reinforced at visits by FCOs and feedback on behaviour at visits can be given to parenting staff.

Recommendation: HMP YOI Polmont should increase the number of staff trained in risk and needs assessments.

Recommendation: HMP YOI Polmont should ensure that people get the right support at the right time, from the right people. A strategic assessment of need should be undertaken to inform the development of a strategic plan to provide governance and co-ordination of partnership working.

Recommendation: The Partners Forum should be re-established to support the effective co-ordination and oversight of external partners and third sector services. (HMIPS has been informed that this has been reinvigorated since the inspection).

Recommendation: The personal officer role in facilitating and preparing Positive Future Plans should be subject to ongoing monitoring and quality assurance, to support effective release planning for short-term prisoners.

Recommendation: Good practice in ICMs for community based continued interventions should be considered for adoption in the CIP process.

Recommendation: In preparation for the CMB, Personal Officers should be required to provide narrative updates on progress against identified actions via the PR2 system.

Recommendation: HMP YOI Polmont should actively enhance their monitoring, reporting and recording procedures to ensure that a comprehensive report is prepared for the E&D group to review. The report should consider including measures for all relevant protected characteristics outcomes.

Recommendation: Equality and Diversity and Human Rights were embedded into the staff training. However, the management should consider increasing the frequency of Human rights training beyond the 10-year refresher.

Recommendation: Given the complex and challenging nature of the establishment, they should consider a wider reward and recognition scheme to celebrate the establishments many initiatives and highly committed staff.

For the SPS

Recommendation: HMIPS urge the Scottish Government and the SPS to reconsider their approach to remand prisoners and actively encourage them to attend the opportunities available.

Recommendation: HMIPS would like the Scottish Government and the SPS to review their policy on routine searching. There is a body of evidence that suggest that body searching re-traumatizes victims and we would like to see this type of searching being reduced for women and young people to intelligence led searching only; making use of the existing technology to inhibit contraband.

Recommendation: The SPS should consider whether additional staff are required for HMP YOI Polmont to manage surges of prisoners on TTM in this vulnerable population.

Recommendation: The SPS should consider making access to media in a safer cell a default position, and only removed it if it is considered detrimental to mental health by staff.

Recommendation: The SPS should clarify the definition of a safer cell to allow establishments to consistently offer a safe environment in which to support those that are in crisis.

Recommendation: Out with Scotland, in-cell telephony has had a demonstrable effect in reducing self-harm; it allows victims to speak to family/friends and self-help and advice lines in private and out with normal hours. HMIPS recommend that the Scottish Government and the SPS introduce this facility in HMP YOI Polmont to help support prisoners who feel vulnerable. HMIPS welcomed the use of Samaritans mobile phones for young people and women to access during the night and lock up periods.

Recommendation: The SPS should consider options to locate individuals in the SRU when Rule 95 and Rule 41 are not appropriate.

Recommendation: The SPS should ensure that prison rules are available in all areas and consider developing a range of formats that are more accessible.

Recommendation: SPS should ensure that the commissioning and decommissioning of throughcare services in HMP YOI Polmont is informed by a strategic assessment of needs, to ensure that there is equitable access to services and that people get access to the right help, at the right time, from the right people.

Recommendation: The SPS College could consider developing online refresher programmes for the HMP YOI Polmont staff and partners in the key areas identified in the enhanced training.

Recommendation: The SPS should consider recognising staff who have 30 years' service.

Recommendation: SPS must liaise with NHS Forth Valley to ensure that accessible cells are appropriate to the needs of patients with disabilities and contain necessary generic equipment, in a good state of repair, as a minimum to promote self-care.

Recommendation: SPS and NHS Forth Valley must work together to coordinate case conferences effectively to ensure all appropriate staff are able to attend.

Recommendation: SPS must liaise with NHS Forth Valley to ensure that accessible cells are appropriate to the needs of patients with disabilities and contain necessary generic equipment, in a good state of repair, as a minimum to promote self-care.

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For the Scottish Government:

Recommendation: HMIPS urge the Scottish Government and the SPS to reconsider their approach to remand prisoners and actively encourage them to attend the opportunities available.

Recommendation: HMIPS would like the Scottish Government and the SPS to review their policy on routine searching. There is a body of evidence that suggest that body searching re-traumatises victims and we would like to see this type of searching being reduced for women and young people to intelligence led searching only; making use of the existing technology to inhibit contraband.

Recommendation: HMIPS urge the Scottish Government to review the appropriate location for the removal of liberty for children in detention. HMP YOI Polmont has the architecture and staffing appropriate to an adult prison. Best practice in child-centred thinking argues a different approach, nearer to the secure care system. HMIPS would like the Scottish Government and the SPS to consider a hybrid model of secure care for children that includes a secure care home jointly managed by the SPS and the authorities, which would include a range of choices for children with challenging behaviour, who are currently unable to be managed in the secure system. This would provide the space to remove children from HMP YOI Polmont.

Escalated Recommendation: The Scottish Government should look to remove the discriminatory practice and introduce automatic and appropriate financial support to under 18s on release from prison.

Recommendation: Out with Scotland, in-cell telephony has had a demonstrable effect in reducing self-harm; it allows victims to speak to family/friends and self-help and advice lines in private and out with normal hours. HMIPS recommend that the Scottish Government and the SPS introduce this facility in HMP YOI Polmont to help support prisoners who feel vulnerable. HMIPS welcomed the use of Samaritans mobile phones for young people and women to access during the night and lock up periods.

Recommendation: The Scottish Government should consider funding for a family visitors centre. Polmont has perhaps the strongest case in Scotland for the provision of a purpose built, well-resourced Prison Visitors Centre. Being a National Establishment, families travel from across Scotland and further afield to visit a loved one.

For NHS Forth Valley

Recommendation: NHS Forth Valley must review the health screening tool used to ensure it captures all relevant information at the health screening appointment, including the patient's ability to read and understand information that is being provided to them.

Recommendation: NHS Forth Valley must ensure that staff reliably record patient details in the reception healthcare book, to ensure that all new patients are

discussed at the next staff handover meeting and are referred on to appropriate services.

Recommendation: All healthcare forms to be completed by patients must be available in different formats and languages to ensure all patients understand how to access health services and are facilitated to do so.

Recommendation: NHS Forth Valley must ensure that any display boards showing waiting times for access to health services are dated and kept up-to-date. This will ensure that prisoners are aware of how long they will need to wait before being seen by healthcare staff following routine self-referrals.

Recommendation: NHS Forth Valley must ensure that health promotion information displayed for prisoners around the prison includes appropriate information, including how to access condoms, Naloxone training and the risks of taking drugs.

Recommendation: NHS Forth Valley and SPS must work together to ensure that patients are able to access national screening.

Recommendation: NHS Forth Valley must ensure that patients are actively involved in planning of their care. All care planned with, and documented for, the patient must reflect the goals of the patient for their healthcare.

Recommendation: NHS Forth Valley must ensure that clinical psychology services are available to all patients, regardless of age.

Recommendation: NHS Forth Valley must ensure that there is a process for the multi-disciplinary team to review patients who are referred to the mental health team.

Recommendation: NHS Forth Valley must ensure that patients identified as requiring intervention, treatment and support by the mental health nursing team receive the regular planned interventions described in their care plan.

Recommendation: NHS Forth Valley must ensure that the mental health nursing staff are consistently using standardised mental health and learning disability clinical assessment documentation and clinical risk tools.

Recommendation: NHS Forth Valley must ensure that detailed clinical records are accurately written following each consultation with patients. These records must include outcomes from discussions with the patient.

Recommendation: NHS Forth Valley must ensure that all care plan documentation is risk informed, focussed on the outcomes for patients and incorporates patients' strengths and wishes.

Recommendation: NHS Forth Valley must ensure that patients are given information about the risks and benefits of any healthcare interventions offered to them. This will ensure that patients make informed choices about care they are offered, whether it is accepted or refused. This conversation must be documented in the patient record and must not prevent care being offered going forward.

Recommendation: NHS Forth Valley must ensure that patient records are kept up-to-date on Vision and Docman. All clinical testing carried out in the halls must have the results uploaded to Docman at as soon as this is practical, and at least weekly for blood sugar recordings, to allow clinicians to make clinical judgements about care required.

Recommendation: NHS Forth Valley must ensure that patients who have test results outside accepted parameters are referred to an appropriate member of the healthcare team to ensure any corrective actions are taken. This information must be recorded in the patient record.

Recommendation: SPS must liaise with NHS Forth Valley to ensure that accessible cells are appropriate to the needs of patients with disabilities and contain necessary generic equipment, in a good state of repair, as a minimum to promote self-care.

Recommendation: NHS Forth Valley must review their processes and timescales for commencing patients onto ORT therapy.

Recommendation: NHS Forth Valley must review their reasons for not allowing patients a choice about which ORT they are commenced on if it is clinically appropriate. Where there is diversion risk, this must be managed.

Recommendation: NHS Forth Valley must ensure that staff who note a security risk involving controlled drugs must report this immediately to senior managers and follow the local standard operating procedure. Any report of security risks about the safe management of controlled drugs must be immediately followed up to ensure that the risk is appropriately managed.

Recommendation: NHS Forth Valley must work with the Scottish Prison Service to ensure a safe method of working regarding the use of prison radios, to minimise the risk of medication errors due to distraction, whilst ensuring that emergency calls are received by healthcare staff.

Recommendation: NHS Forth Valley must ensure that all medication errors are reported through the appropriate channels, which may be local healthcare managers or Safeguard, allowing investigations to take place where this is indicated and staff to learn from these incidents.

Recommendation: NHS Forth Valley must ensure that all staff complete the controlled drug register accurately. Any mistakes that are noted must be recorded in the appropriate way in the register, and comply with the Misuse of Drugs Act 1971. Managerial and pharmaceutical oversight of this process must be undertaken.

Recommendation: NHS Forth Valley must review the provision of opiate replacement therapy being administered to patients prior to them attending court.

Recommendation: NHS Forth Valley must ensure that a standard operating procedure/protocol is developed describing the actions to be taken by healthcare staff in the event of being unable to contact a community prescriber.

Recommendation: SPS and NHS Forth Valley must work together to coordinate case conferences effectively to ensure all appropriate staff are able to attend.

Recommendation: NHS Forth Valley must ensure that staff comply with standard infection control precautions and the national uniform policy to minimise the risk of infections to patients and staff.

Recommendation: NHS Forth Valley must ensure that all clinical staff are clinically competent to undertake their roles and non-clinical staff are competent to undertake their roles, and that there is a regular assessment of staff competencies to maintain patient and staff safety.

Recommendation: NHS Forth Valley must ensure that there are robust processes in place to ensure that all clinical staff receive appropriate line management supervision as a priority. This will provide assurance to healthcare managers that staff are delivering the standards of care required by patients and the organisation.

Recommendation: NHS Forth Valley must ensure that clinical supervision is offered to all clinical staff and that these staff are encouraged to take up this supervision. This will ensure that staff are supported in their reflections of actions they have taken, and have the opportunity to discuss their decision-making, especially in more stressful or complicated situations.

Recommendation: NHS Forth Valley must ensure that staff are engaged in the appraisal process throughout the year, and that this is not delayed whilst awaiting the team leaders to join the team. This will ensure that areas of good practice, areas for improvement and personal development are identified between managers and staff.

Recommendation: NHS Forth Valley must ensure that training for managers within HMP YOI Polmont is prioritised. This will ensure healthcare managers are given the skills to effectively manage healthcare services in the prison, promote confidence and resilience in the management team, and provide assurance to the board and staff that healthcare management within the prison is robust.

Recommendation: NHS Forth Valley must ensure that staff in the healthcare team are aware of the circumstances when it is appropriate to complete an entry into Safeguard. This will give healthcare managers a truer picture of the level of risk in the prison.

Recommendation: NHS Forth Valley must ensure that patients' opinions on the healthcare services provided to them within the prison are actively sought to further develop and improve services. This will allow patients to feel that their voices are heard and that they have a role in shaping the healthcare services they receive.

Summary of good practice

Good practice: Inspectors were impressed with the interactive induction and in particular with the role peer mentors had in the induction process.

Good practice: The First Night in Custody (FNIC) worked well and the use of peer mentors contributed to the process.

Good practice: Due to the lower numbers within the establishment at the time of the inspection, prisoners were given daily access to the laundry.

Good Practice: Within Blair House, sanitary products were placed within cells that were awaiting occupancy, meaning women did not have to ask staff for sanitary products.

Good practice: Inspectors visited the establishment during a night shift. In Blair hall, which is normally a single officer post, the night shift manager had ensured extra support was deployed from other areas due to the high level of TTM observations required. HMIPS commend this action in ensuring those in HMP YOI Polmont are as safe as possible.

Good practice: How to deal with protected and vulnerable characteristics was part of the significant training provided to staff; which included suicide and self-harm protection and trauma informed behaviour. This enhanced level of training for the particularly complex and challenging cohorts in HMP YOI Polmont is seen as good practice.

Good practice: Having peer mentors in reception to try to allay any fears prisoners have when first admitted.

Good practice: HMP YOI Polmont had made significant efforts in challenging someone to refrain from starting cell fires. A multi-agency approach had been used and he was subjected to a number of SSMs to reduce his access to material and ignitions. A cell in the SRU to house this person following an incident had been redesigned to minimise the opportunities for starting fires.

Good practice: During the inspection, a rule 95 case conference was and attended by the young person, the SRU manager, the managers, relevant hall staff and a throughcare support officer (TSO). The discussion offered various options to the young person to supporting his return to mainstream in preparation for liberation. A robust plan was in place for liberation that was discussed and fully explained by the TSO. The conference covered various topics with ongoing support offered from SRU staff, including allowing the person to return to the SRU for time in open air. This individual's rule continued during his transition, which then became good use of a prescribed rule.

Good practice: A weekly review of cases was carried out to check and confirm actions being taken and progress made. Any concerns were taken forward to the next case conference. This was observed to be carried out in a professional, non-judgemental manner.

Good practice: The family awareness visits were extremely supportive.

Good practice: The level of family involvement in ICM case conferences was impressive.

Good practice: The involvement of the prison population in the YofYP committee and event organisation was very good.

Good Practice: The involvement of the prison population in the Common Good Fund committee meeting and associated spending.

Good practice: Vocational training opportunities were almost all underpinned by a clear lesson structure leading to an appropriate vocational qualification. Prisoners proudly showed their SQA list of units achieved and recognised their value in raising self-esteem and in potentially helping gain employment. This was particularly significant and helpful for younger prisoners, where experiences of education to date had been poor and they had limited work experience to offer an employer.

Good practice: The gym programme had activities from 06.30 until 20.15 and offered a variety of engaging activities. Staff worked well to research, fund and introduce a good range of motivational events competitions and activities to challenge and motivate the prisoners, often with water bottles and T Shirts as prizes. Programmed activity worked well to build confidence and resilience as well as looking at health and fitness.

Good practice: The well-planned use of accreditation and rewards such as Youth Achievement or Duke of Edinburgh, often externally funded, had helped ensure a greater uptake of healthy activities. It has also led to higher levels of satisfaction. Prisoners became proud of their achievement as well as being satisfied with their general health and fitness. This improved confidence helps them to mature and engage in other constructive activities.

Good practice: The FCO shared the numbers attending each visit and the age of the children with the kitchen in advance of the visit, so that lunch packs could be prepared with the appropriate food.

Good practice: A prisoner was on SSM and due to the nature of the SSM all visits took place within the agents' visits area, where staff took time to interact with the family and the lawyer, who sometimes visited for extended periods. Staff ensured that the lawyer and family had everything they needed and that they gained access to refreshments where necessary.

Good Practice: Two members of the same family were located in the establishment and were able to attend the same visit session with their family, despite being different categories of prisoners. This saved the family attending different sessions.

Good practice: The range of parenting courses are impressive and the inspectorate welcomed the one to one support offered to those who were in custody for a very short time.

Good practice: The parenting officer acted as an advocate for prisoners who were attempting to gain access to their child or where the prisoner had a child who was under the children's panel system.

Good practice: Throughcare services within HMP YOI Polmont are an area of particular strength. A range of third sector partners have been commissioned to ensure that young people across the whole of Scotland receive support prior to and following release.

Good practice: The PFP for short-term prisoners is to be commended.

Good practice: Inspectors were particularly impressed by the robust action plans detailing progress against previous HMIPS inspection recommendations, which were clearly laid out in a tracking tool. HMIPS would like to see this model rolled out across the SPS.

Good practice: The development of a Quality Indicators Framework complementing other management activity to focus on areas of identified concern.

Good practice: The additional training provided was of a sufficiently high calibre; the SPS should consider its relevance and potential application for the whole estate.

Good practice: 2018 is the Scottish Year of Young People and HMP YOI Polmont celebrated their work in a successful Young People's symposium; an excellent vehicle to show case their work and that of their community partners.

Good practice: Visible displays of progress, innovations and good practice in the timelines wall murals

Good practice: The co-design and practice of working with community partnerships linked to motivational accreditation.

Good practice: Inspectors saw evidence of a service with confidential access and a range of treatment options, including vaccinations, blood-borne virus testing and sexual health screening. Observations of the sexual health clinic showed that there was a client-centred approach to care. It was noted that 179 blood-borne virus tests had been completed since January 2018.

Good practice: When a prisoner required community follow-up on release from prison, a referral was made to the relevant community mental health service. Patients were kept informed of their planned care following liberation. Health and social care professionals were observed entering the prison to discuss options with their patients.

Good practice: Patients referred to the substance misuse team were offered a comprehensive assessment to identify the individual's support needs. The care plan developed took a holistic approach and did not focus solely on substance misuse

Good practice: A SMART recovery programme and drop in café was available to prisoners and delivered by highly motivated staff.

Summary of ratings

Standard/QI	Standard rating/QI rating
Standard 1	Good
QI 1.1	Good
QI 1.2	Satisfactory
QI 1.3	Good
QI 1.4	Good
QI 1.5	Good
QI 1.6	Good
QI 1.7	Satisfactory
QI 1.8	Satisfactory
QI 1.9	Good
Standard 2	Generally acceptable
QI 2.1	Generally acceptable
QI 2.2	Generally acceptable
QI 2.3	Satisfactory
QI 2.4	Generally acceptable
QI 2.5	Satisfactory
QI 2.6	Generally acceptable
Standard 3	Good
QI 3.1	Good
QI 3.2	Generally acceptable
QI 3.3	Good
QI 3.4	Satisfactory
QI 3.5	Good
QI 3.6	Good
QI 3.7	Good
Standard 4	Satisfactory
QI 4.1	Satisfactory
QI 4.2	Good
QI 4.3	Good
QI 4.4	Satisfactory
QI 4.5	Generally acceptable
QI 4.6	Satisfactory
QI 4.7	Good
QI 4.8	Generally acceptable
QI 4.9	Satisfactory
QI 4.10	Satisfactory
Standard 5	Satisfactory
QI 5.1	Good
QI 5.2	Generally acceptable
QI 5.3	Generally acceptable
QI 5.4	Generally acceptable
QI 5.5	Satisfactory
QI 5.6	Generally acceptable

QI 5.7	Satisfactory
QI 5.8	Satisfactory
Standard 6	Satisfactory
QI 6.1	Satisfactory
QI 6.2	Good
QI 6.3	Satisfactory
QI 6.4	Satisfactory
QI 6.5	Satisfactory
QI 6.6	Good
QI 6.7	Generally acceptable
QI 6.8	Satisfactory
QI 6.9	Satisfactory
QI 6.10	Good
QI 6.11	Satisfactory
QI 6.12	Satisfactory
QI 6.13	Satisfactory
QI 6.14	Satisfactory
QI 6.15	Satisfactory
Standard 7	Satisfactory
QI 7.1	Satisfactory
QI 7.2	Good
QI 7.3	Satisfactory
QI 7.4	Satisfactory
QI 7.5	Good
Standard 8	Good
QI 8.1	Generally acceptable
QI 8.2	Good
QI 8.3	Good
QI 8.4	Satisfactory
QI 8.5	Good
QI 8.6	Satisfactory
QI 8.7	Good
QI 8.8	Good
Standard 9	Poor
QI 9.1	Satisfactory
QI 9.2	Poor
QI 9.3	Satisfactory
QI 9.4	Satisfactory
QI 9.5	Poor
QI 9.6	Unacceptable
QI 9.7	Generally acceptable
QI 9.8	Poor
QI 9.9	Good
QI 9.10	N/A
QI 9.11	Satisfactory
QI 9.12	Generally acceptable
QI 9.13	Satisfactory
QI 9.14	Good

QI 9.15	Poor
QI 9.16	Unacceptable
QI 9.17	Generally acceptable

Prison population profile on 6 August 2018

To be updated

Inspection Team

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Dr John Laird, Education Scotland
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Heather Irving, Ray Jones, Care Inspectorate
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Jillian Galloway, Healthcare Improvement Scotland
Laura Wilson, Healthcare Improvement Scotland
Catherine Logan, Healthcare Improvement Scotland
John Campbell, Healthcare Improvement Scotland
Diego Quiroz, Scottish Human Rights Commission
Sean Griffin, Scottish Human Rights Commission
Maria Galli, Scottish Children's Commissioner

Acronyms

CBSW	Community Based Social Work
CIP	Community Integration Plan
CMB	Case Management Board
CPO	Community Placement Officer
CSRA	Cell Sharing Risk Assessment
C&R	Control and Restraint
CSU	Community x Unit
ECR	Electronic Control Room
E&D	Equality and Diversity
EDL	Estimated Date of Liberation
FCO	Family Contact Officer
FLM	First Line Manager
FNIC	First Night in Custody
GPA	Generic Programme Assessment
H&S	Health and Safety
ICC	Internal Complaints Committee
ICM	Integrated Case Management
IMU	Intelligence Management Unit
IPM	Independent Prison Monitor
LTP	Long-term Prisoner
MAPPA	Multi-Agency Public Protection Arrangements
MFMC	Moving Forward More Changes
NHS	National Health Service
OLR	Order for Lifelong Restriction
PBSW	Prison-Based Social Worker
PER	Personal Escort Record
PFP	Positive Futures Plan
PFU	Positive Futures Unit
PIAC	Prisoner Information Action Committee
PR2	Prisoner Record System – version 2

PTI	Physical Training Instructor
RMT	Risk Management Team
RRA	Reception Risk Assessment
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SQA	Scottish Qualifications Authority
SCQF	Scottish Credit and Qualifications Framework
SRU	Separation and Reintegration Unit
SSM	Special Security Measures
STIP	Short-term Intervention Programme
STP	Short-term Prisoners
TSO	Throughcare Support Officer
TTCG	Tactical Tasking and Coordination Group
TTM	Talk to Me