

**Independent Prison Monitoring Bulletin****National Summary****July to September 2017**

Key Findings

- **Healthcare:** A key theme in this quarter is access to healthcare appointments, with prisoners in several establishments reporting long waiting times. When IPMs look into the issue of waiting times, healthcare teams report that there are high levels of missed appointments or failures to attend appointments. A further theme within healthcare is the issue of staffing. IPMs now consistently report that staffing appears to be a particular issue in Healthcare Teams in several prisons.
- **Unequal access to the prison regime:** IPMs continue to be concerned by evidence of unequal access to the prison regime across different groups of prisoners. This is particularly the case in establishments managing a wide range of different groups of prisoners. More generally, IPMs find that some groups of prisoners have limited access to work, education, and gym facilities, and in some cases the length of time prisoners spend in cells amounts to isolation.
- **Progression:** The new allocation policy for accessing rehabilitation programmes has been in place for some time. However IPMs continue to identify issues around progression and delays in accessing programmes. In addition, IPMs have received a number of requests this quarter about RMT decision making, progression to the National Top End and the Open Estate. IPMs have noted some good practice around this, seeing evidence of careful decision making which seeks to be inclusive of prisoners. However in some cases problems have been noted in terms of communicating with prisoners, and prisoner understanding of the key processes and again what factors support decisions about progression.
- **New Psychoactive Substances (NPS):** IPMs in all 3 regions have heard reports from prisoners and staff about increases in the availability and use of NPS. There are associated concerns about the resource and expertise required to deal with suspected NPS incidents and the impact on other areas of the prison as a result. Reports IPMs hear most commonly relate to 'Spice' (synthetic cannabinoids). We note that in many cases the precise nature of the substances concerned is unclear.

Updates and Actions

- **Healthcare:** HMIPS hopes to hear more about how the new joint Health and Justice approach will improve joint working in relation to prisoner healthcare and tackle issues such as missed appointments. While there are clear efforts in some establishments to fill vacant healthcare posts, along with use of bank or temporary staff to ensure healthcare services are available as needed, in some areas recruitment exercises appear unsuccessful.
- **Unequal access to the prison regime:** Work on population management at a national level, by SPS and the Scottish Government is ongoing, and HMIPS is keen to hear more about progress with this, recognising that a different approach to managing particular groups of prisoners should improve equity of access to the prison regime.
- **Progression:** The ongoing work relating to population management may enable better programme availability, and the impact of work such as the initiatives at HMP Open Estate to prevent downgrading are beginning to be noted. However this area remains a focus for HMIPS.
- **NPS:** HMIPS understands that SPS is working to develop staff training, policy and procedures in relation to NPS, while wider work to reduce the availability of all illicit drugs in prison and tackle drug misuse and addictions is ongoing across the estate. This is welcomed.