

HMP BARLINNIE

FULL INSPECTION – 26 AUGUST–6 SEPTEMBER 2019



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The full inspection findings and overall ratings for each of the quality indicators

INTRODUCTION AND BACKGROUND

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

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

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

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

- obtaining information and documents from the Scottish Prison Service (SPS) and the prison inspected;
- shadowing and observing SPS and other specialist staff as they perform their duties within the prison;
- interviewing prisoners and staff on a one to one basis;
- conducting focus groups with prisoners and staff;
- observing the range of services delivered within the prison at the point of delivery;
- inspecting a wide range of facilities impacting on both prisoners and staff;
- attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners such as Case Conferences; and
- reviewing policies, procedures and performance reports produced both locally and by SPS headquarters specialists.

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

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

1. A colour coded assessment marker

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

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

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

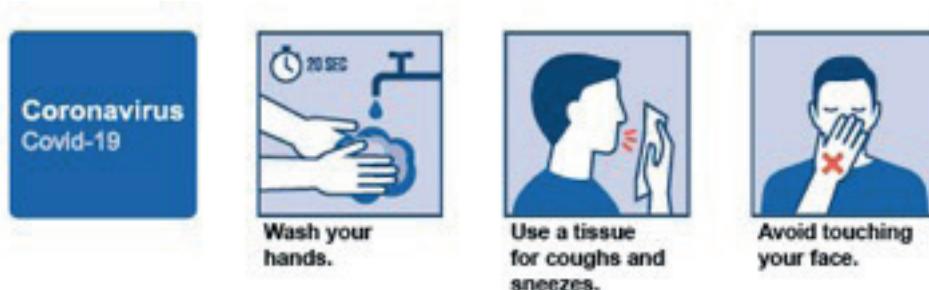
THE COVID-19 PANDEMIC

The findings and recommendations contained in this report relate to the circumstances HMIPS observed and encountered at the time of the inspection. We are acutely aware, however, that like many other organisations the SPS has been forced to adjust how it operates in response to the unprecedented challenges posed by COVID-19. The SPS has introduced a more restricted regime and shortened core day to follow Health Protection Scotland guidelines to restrict the spread of the virus and protect staff and prisoners safety.

HMIPS fully recognises that some of the issues identified in this report have therefore been overtaken, or in some cases exacerbated, by the action the SPS has been obliged to take in response to the COVID-19 crisis and that, as a result, the SPS and HMP Barlinnie will not be in a position to respond immediately to every recommendation we make. HMIPS nevertheless hope that the SPS and the prison management team will reflect on where action might be possible now in response to our recommendations and that, in the fullness of time, when the prison system is able to return to a more normal operating regime, all recommendations can be fully considered and addressed.

HMIPS recognise and commend the SPS and prison staff at every level of the organisation for their commitment and professionalism in keeping our prisons running in these most challenging of times.

Due to COVID-19, HMIPS has had to temporarily suspend its programme of full inspections and weekly visits by our team of Independent Prison Monitors. HMIPS has therefore introduced a remote monitoring framework and system of one day prison inspection liaison visits to provide assurance on the conditions and treatment of prisoners. Reports of our prison inspection liaison visits will be published on our website.



www.nhsinform.scot/coronavirus

KEY FACTS

Location

HMP Barlinnie is situated in North East Glasgow.

Role

HMP Barlinnie's main purpose is to hold remand and short-term male adult prisoners sent there by the West of Scotland courts. There are also long-term prisoners who have just been sentenced, awaiting transfer to another prison or are located there for a specific management reason. A National Top End facility for male prisoners is also located at the prison.

Accommodation

There are five main accommodation blocks; A to E Halls. In addition there is a Separation and Reintegration Unit and a National Top End facility, Letham Hall. The main residential halls are of a traditional Victorian gallery style design, with Letham Hall being of semi-permanent modular construction.

Date of last inspection:

May 2016

Healthcare provider:

NHS Greater Glasgow and Clyde (NHSGGC)

Learning provider:

Fife College



OVERVIEW BY HM CHIEF INSPECTOR OF PRISONS FOR SCOTLAND (HMCIPS)

"It is nothing short of a national disgrace that over the years so many have had to endure the conditions resulting from the constant mismatch created between the finite number of cells available and a burgeoning prison population which has been out with SPS Control ...
(Clive Fairweather HMCIP, Inspection of HMP Barlinnie report – September 1997)

At the time of the inspection, the words in a report on the inspection of HMP Barlinnie written more than 20 years ago remained as valid as they were then. I am pleased to say that the recent reduction in numbers in 2020 has been a welcome change since the time of the inspection.

Scotland's National Performance Framework (2018), anticipates that all public bodies will contribute to the National Outcomes, including 'We live in communities that are inclusive, empowered, resilient and safe' and 'We respect, protect and fulfil human rights and live free from discrimination'.

This ambitious outcome is echoed in the previous **Justice in Scotland: Vision and Priorities** (2017), which also envisaged a proportionate and person-centred approach to justice. Flowing down from these overarching principles, the **SPS Corporate Plan** 'Unlocking Potential Transforming Lives,' clearly recognised the need for prisons to address offending behaviour, protect public safety and drive recovery and reintegration.

The **SPS Corporate Plan** also highlights the challenges currently facing the SPS, with a rapidly changing prison population both in terms of numbers and complexity.

Over the last 12 years, Scotland's prisons have seen an investment in infrastructure and innovation that has transformed the prison landscape and given Scotland credibility for enlightened penology, architecture and design on an international stage. We are now in danger of undermining Scotland's reputation through overcrowding and continued reliance on antiquated Victorian prisons that are not fit-for-purpose.

We are all familiar with the travails that occurred within Scotland historically from overcrowding. The evidence from which suggests that if we overcrowd our prisons, we condemn them to failure.

Despite the immense pressures facing HMP Barlinnie of poor antiquated working and living conditions, overcrowding and a fragile infrastructure. The inspectorate were impressed with the positive and compassionate attitudes of the staff, the dynamic leadership and the determination to deliver a professional and at times innovative service. This 'can do' culture saw many staff regularly work beyond their contractual hours to deal with the volume of prisoners in their care, while maintaining safety and security. The Inspectorate commend all staff on the fact that despite the significant challenges they face on a daily basis, prisoners largely reported feeling safe.

HMP Barlinnie is the largest prison in Scotland and reflects the whole of Scotland's population crisis. As the original catalyst for investment in the aftermath of the Napier judgement, it is all the more disappointing that the evidence from our most recent inspection of HMP Barlinnie gave the Inspectorate, and the Scottish Human Rights Commission serious concerns.

The healthcare facilities, the reception holding cells and the poor accommodation stood out as areas of immediate concern. The lack of adequate accessible cells (only five for a population frequently averaging 1400+), very poor cellular accommodation designed for one person but holding two, and the ageing and fragile infrastructure indicate that the prison is physically no longer fit-for-purpose to manage the size and complexity of the population it routinely holds. In addition, the availability of purposeful activity was compromised by the overcrowding and staff shortages experienced.

Nonetheless, I would like to commend a number of activities directly suited to the demographics of the population including the stand out facilities of the Recovery café and the Day Care Unit.

Healthcare

The Inspectorate had deep concerns about the adverse environmental conditions in the healthcare facility, compounded by the impact of the high population numbers on the delivery of care. The severe state of disrepair of the rooms used to deliver healthcare that were seen throughout the inspection, and the consequent risk posed to both patients and staff requires urgent attention. The fabric of the building used for healthcare delivery (health centre and treatment rooms) compromised infection control and patient care.

During the inspection, concerns were raised with the current escorting arrangements, with evidence of prisoners missing critical hospital appointments. Since the inspection, the SPS and the Healthcare Partnership have assured the Inspectorate that immediate steps have been taken to address all the concerns.

Reception

As the busiest prison reception in Scotland, the working conditions, particularly in comparison to the more modern prisons, were crowded, antiquated and contained holding cells that have been repeatedly criticised by HMIPS and international inspection organisations. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and the Committee for the Prevention of Torture (CPT) have both severely criticised the holding cells as breaching the human rights of prisoners. It is deeply concerning that these holding cells, which were first condemned 25 years ago, remain in use. HMIPS therefore welcome the fact that resources are finally being put in place to redevelop part of the reception area.

Disabled Prisoners

The Inspectorate is also very concerned that the physical and operational structure of this prison remains inappropriate for the management of the number of prisoners with disabilities, with a wholly inadequate number of adapted cells for the prison population. The lack of suitable facilities is exacerbated by the limited access to opportunities for employment and rehabilitation activities. The guest inspectors from the Scottish Human Rights Commission were concerned that the treatment of disabled prisoners may, in some circumstances, amount to cruel inhuman and degrading treatment and engage Article 3 of the European Convention on Human Rights.

Prisoner Experience

HMP Barlinnie was affected by an outdated and antiquated building design and infrastructure, with consequent high maintenance costs and staffing ratios. At the time of the inspection, HMP Barlinnie was being asked to accommodate 40% more prisoners than its design capacity. This required significant numbers of prisoners to share cellular accommodation originally designed for one occupant. Cell sizes were therefore below the CPT recommended minimum for over 50% of the prison population.

The pressures of overcrowding meant that significant numbers of prisoners were constrained to the minimum requirement of one hour's exercise in the open air with very little additional out of cell time. Insufficient activity opportunities were available for the very high numbers incarcerated in Scotland's largest prison, with inadequate opportunities for social interaction or rehabilitative focussed activity. Given the physical constraints, addressing this will require a very creative approach to increase purposeful activity, provide greater rehabilitation opportunities and reduce the unacceptably high number of hours prisoners are locked in their cell.

Whilst we note that the level of homelessness experienced by prisoners on liberation from Barlinnie to Glasgow postcode areas is decreasing, overall the level of homelessness, despite the endeavours of a housing team in the establishment, remains troubling. Despite these concerns, pockets of good and innovative practice were noted; the Recovery café, Day Care, cultural events, the radio station and the range of third sector and community partnerships stood out. Inspectors particularly welcomed HMP Barlinnie's work with community partners on new post liberation housing and employment initiatives, although these were at an early stage at the time of our inspection.

The Inspectorate recognises and applauds the Scottish Government's commitment to addressing Scotland's internationally high rate of imprisonment, but there is an urgent need to also address the capacity pressures and aging accommodation in the short-to medium-term.

HMIPS very much welcome the government commitment to the replacement of HMP Barlinnie, and the purchase of a site for the new HMP Glasgow, which has symbolic value in demonstrating commitment to address many of the physical and structural issues which lie at the heart of many of the concerns raised in this report. However, given the length of time before a new HMP Glasgow will open, interim solutions must be sought to reduce the pressure on an aging infrastructure, provide appropriate accommodation, reception, healthcare facilities and purposeful activity to meet the needs of the complex population, as well as, creating within Scotland, a flexible reserve capacity. HMP Glasgow presents a unique opportunity to review and model the population demographics and develop an innovative design for the future of Scottish Prisons.

In addition to addressing the obvious building inadequacies, there is a compelling need for the Scottish Government and the SPS to recognise and address the Human Rights and rehabilitative concerns outlined in this report. By strategically and creatively finding solutions, addressing the workforce capacity issues and driving a more inclusive purposeful activity agenda, the establishment can plan to deliver a service more aligned to the stated vision, values and strategic outcomes of the Scottish Government and the SPS.

In conclusion, the inspection undoubtedly highlighted a number of issues where improvement is necessary and where, with creative thinking, the limitations of the existing antiquated infrastructure are not an insurmountable barrier to progress. However, the management team demonstrated their capability to provide strong operational leadership in testing times. The Inspectorate applauds their efforts to support and motivate staff to work together to maintain prisoner safety and manage difficult situations as a cohesive team. HMIPS commends all staff working in HMP Barlinnie for evidencing their continued compassion for prisoners and determination to provide a caring and professional service in extremely challenging circumstances.

Wendy Sinclair-Gieben

SUMMARY OF INSPECTION FINDINGS

	Standard 1 Lawful and transparent custody Satisfactory
	Standard 2 Decency Poor
	Standard 3 Personal safety Generally acceptable
	Standard 4 Effective, courteous and humane exercise of authority Satisfactory
	Standard 5 Respect, autonomy and protection against mistreatment Generally acceptable
	Standard 6 Purposeful activity Generally acceptable
	Standard 7 Transitions from custody to life in the community Generally acceptable
	Standard 8 Organisational effectiveness Generally acceptable
	Standard 9 Health and wellbeing Poor

SUMMARY OF INSPECTION FINDINGS

HMIPS Standard 1 Lawful and Transparent Custody

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

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

Inspection Findings Overall Rating: Satisfactory

HMP Barlinnie had mostly sound processes operating to ensure lawful detention, classification, allocation and release of prisoners. Amongst the nine quality indicators, one was rated as good, five satisfactory, two generally acceptable and one poor. There were two examples of good practice and six recommendations for improvement.

In terms of the **PANEL** principles:

Participation: Prisoner participation in all aspects was encouraged and attendance at induction was high. The staff observed during reception, induction, pre-release and liberation processes were experienced, knowledgeable and had very good interpersonal skills.

Accountability: At each stage of the admission and release process, there was a clear focus on the needs of the individual prisoner. The staff operated smooth processes on arrival through reception, first night in custody, healthcare assessments and classification.

Non-discrimination and equality: These processes were complicated by logistical issues associated with high numbers of movements, separation of multiple classifications of prisoners and limited facilities. It was found that the appropriate allocation of offence protection prisoners was hindered as a direct consequence of overcrowding and had a negative impact on their access to a purposeful regime.

Empowerment: There were no foreign nationals or non-English speaking prisoners admitted during the inspection. However, signs for the translation services were displayed and staff were able to describe the process for enabling individuals to access them during admission. HMP Barlinnie provided a sample of invoices illustrating the use of translation services, both face-to-face and by telephone, and it was noted that expenditure for translation services from 1 April 2019 to the 31 August 2019 was £3,082.63, and for the same period the spend for menu translation and manual handling translation was £2,721.35

HMIPS Standard 1 Lawful and Transparent Custody – Continued

The most effective prisoner information on arrival was provided through one to one engagement by staff during reception interviews, first night in custody briefs and core screen assessments. Written information, use of visual media and hand outs were limited out with the Links Centre and some referred to outdated practice.

The liberation procedures in place were good, with the exception of one observation, where a group of eight prisoners being liberated had their prescription medication issued to them in front of the others present. This did not provide liberations with privacy and made others aware they had medication on their person.

Legality: The statutory processes observed for lawful custody including identification, allocation and cell sharing risk assessment were robust. The assurance processes in place for cell sharing risk assessments in particular were strong. However, the individual holding cells used in the reception area were cramped and inhumane. It was concerning that some prisoners spent up to two hours waiting in them on one evening during the inspection, when a high number of admissions were received in a short period of time. However, it should not take away from the work HMP Barlinnie staff evidence daily in treating high volumes of people with respect and decency.

There is further reporting on the holding cells in Standard 2 and in the Human Rights-Based Overview, on the extent to which the prison complies with human rights obligations.

Encouraging observations

- Two members of staff had been trained in British Sign Language to support communication with those admitted with a hearing impairment.
- The cell sharing risk assessment processes were robust.

Emerging concerns

- The holding cells were inhumane and should be removed or redesigned as a priority.
- Information provided to prisoners during the reception/induction process should be up to date and accurate.
- The Scottish Government must address the overcrowding situation to allow prisoners to be allocated to the most appropriate location within the prison.

HMIPS Standard 2 Decency

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

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

Inspection Findings

Overall Rating: Poor

In this Standard, one quality indicator was rated as satisfactory, three were rated as generally acceptable and two were rated as poor. The standard of accommodation, in particular the healthcare facilities, the holding cells in reception and the lack of sufficient adapted disabled cells gave an overall rating of poor. There were eleven recommendations for improvement. HMIPS noted that management and staff made every effort to overcome the challenges of the fabric and infrastructure.

In relation to the **PANEL** principles for this Standard:

Participation: Prisoners were encouraged to participate in food forums to help improve the food on offer. However, it was clear that PIACs had not taken place for some time and were only recently reinvigorated.

Accountability: The prison attempted to take an individualised approach to decency despite the intense pressure stemming from prisoner numbers. However, there has been a collective failure to adequately address some long-standing issues, such as the use of holding cells and other infrastructure related concerns.

Non-discrimination and equality: Priority for ground floor cells was given to prisoners with mobility issues, but the lack of accessible cells suitable for disabled prisoners was deeply troubling for a prison population of 1400.

Empowerment: Prisoners understood their right to, and how to access, replacement clothing, bedding and towels etc.

Legality: Where cells were shared, they fell short of the CPT standard of 4m² per prisoner, excluding the toilet area.

The establishment used holding cells in the reception area that have been repeatedly condemned by the CPT and other agencies as breaching the human rights of prisoners. HMP Barlinnie recognised the concerns but continued to use them, citing reasons of safety. It is deeply concerning to HMIPS that these cells were first condemned over 20 years ago, and yet no real attempts have been made to provide an alternative. HMP Barlinnie is affected by a Victorian building structure no longer fit-for-purpose, which left some accommodation falling below acceptable standards of decency.

HMIPS Standard 2 Decency – Continued

Inspectors were concerned that over two thirds of prisoners were sharing cells designed for single occupancy, with many being offered very little time out of their cell. The Scottish Government and the SPS should work together to reduce overcrowding in this prison to prevent prisoners sharing a single occupancy cell.

There were only five disabled cells in HMP Barlinnie; with a population reaching 1400. This is inadequate.

Whilst it was evident that strenuous efforts were being made to maintain hygiene and cleanliness standards, inspectors were concerned to see rats in the grounds.

Prisoners' bedding was satisfactory, as was the laundry facility, which was commendable given the scale of the operation required for such a large population. However, all prisoners should be able to wear their own clothing in residential areas to allow them to maintain a sense of personal identify and to keep cool during warmer weather. Prisoners were offered a shower, generally, every other day. Inspectors would like to see showers being offered daily.

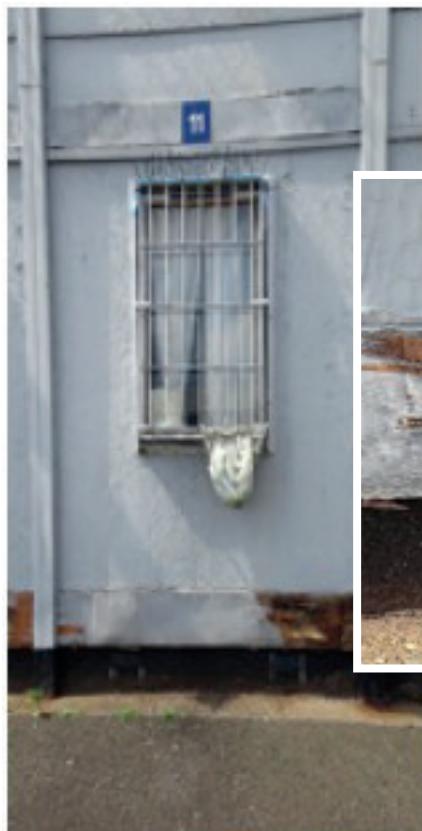
The food was deemed to be of an acceptable standard, but inspectors had concerns that prisoners working as pantry men in the halls did not have the relevant food handling qualifications and food temperatures were not checked daily.

Encouraging Observations

- Despite the inadequacies of the infrastructure, the staff made every effort to maintain hygiene and cleanliness standards.

Emerging Concerns:

- The aging buildings and infrastructure. The general disrepair of the estate and the issues including cost of maintenance (see photos on the next page).
- Holding cells that were inhumane and should be removed or redesigned as a priority (see photos on the next page).
- Overcrowding that had resulted in prisoners having to share single occupancy cells.
- The rat infestation in the grounds.
- Lack of access to a daily shower.
- Pantry men not being trained in food handling.



Exterior of the National Top End Building



The holding cells in Reception



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.

Inspection Findings

Overall Rating: Generally acceptable performance

In this Standard, two quality indicators were rated as good, four were rated as generally acceptable and one was rated as poor, giving an overall rating of generally acceptable. There was one example of good practice and twenty-one recommendations for improvement.

In relation to the **PANEL** principles for this Standard:

Participation: Prisoners reported feeling safe. However, the lack of sufficient purposeful activity for the number of prisoners and the nature of the buildings limited time out of cell. Therefore too many prisoners were spending too long in their cell.

Accountability: Instances of violence were regularly monitored, but the approach to personal safety was not always personalised.

Non-discrimination and equality: The establishment had understandably prioritised core services in the face of population and staffing pressures, but these were not generally being viewed through a human rights lens.

Empowerment: Practice appeared transactional rather than relational because of time and workload constraints, which restricted proactive and person-centred preventative approaches.

Legality: Clear and effective processes were in place, which ensured compliance with the majority of SPS audit requirements and prison rules.

Prisoners and staff reported feeling safe. There were lots of examples of staff evidencing compassionate relationships in day to day encounters e.g. going beyond what was asked of them in following up specific requests from prisoners. However, interactions of necessity tended to be brief.

Safety was recognised as a key component of the establishment's direction, alongside mental health and case management. Progress in delivering the Governor's priorities had, however, been inhibited by pressure of workload, high prisoner numbers and significant staff absence. Regime components to support dynamic security, such as access to activity to reduce social isolation, proactive mental health interventions, peer support/prisoner participation and engagement were generally underdeveloped, though planning for future service provision in some areas was evident. Key supports in essential areas such as the admissions and day care facilities were under pressure due to the rising population.

HMIPS Standard 3 Personal Safety – Continued

Good systems and processes existed to support effective implementation of Health and Safety and incident management. Less incidents of violence and indiscipline took place in comparison with other establishments (arguably because prisoners had limited association). Although self harm incidents were small in number, those which had taken place were serious 'near misses' recorded as overdose and ligature events. Positive examples of analysis and learning from previous incidents were observed.

Emergent issues throughout the inspection were often explained by staff as a consequence of increased prisoner numbers, though the impact of culture was often mentioned by multi-disciplinary partners as adding an additional dimension.

Encouraging Observations:

- Clear and effective processes were in place regarding safety.
- Good systems and processes existed to support effective implementation of Health and Safety and incident management.
- Positive examples of analysis and learning from previous incidents were observed.

Emerging Concerns:

- The safe cells should be condemned.
- The numbers of Mental Health Nurses in the NHS complement should be sufficient to ensure TTM case conferences or reception assessments are undertaken by suitably qualified practitioners.
- The reported short duration of staff alarm batteries should be reviewed and addressed.

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.

Inspection Findings

Overall Rating: Satisfactory Performance

In this Standard, one quality indicator was rated as good, six were rated as satisfactory and three were rated as generally acceptable, giving an overall rating of satisfactory. There were seven recommendations for improvement.

In terms of the **PANEL** principles for this Standard:

Participation: Prisoners were consulted and involved during Rule 95(1) case conferences.

Accountability: Paperwork and PR2 updates pertaining to all aspects of this Standard were completed to a good standard.

Non-discrimination and equality: Efforts were made to identify and support the more vulnerable and marginalised prisoners.

Empowerment: Staff were able to identify those requiring extra assistance to participate, but pressures arising from overcrowding made it difficult to find time to support prisoner empowerment as fully as they would have liked.

Legality: In general, staff were aware of, and often very knowledgeable of, the underpinning rules, regulations and laws which relate to the quality indicators. However, rule 95(1) was not always being applied alongside the MORS policy.

HMP Barlinnie implemented the effective, courteous and humane exercise of authority to a satisfactory standard, evidencing compliance with the quality indicators. In particular, it appeared that Use of Force was not applied excessively, and when it was applied, evidence suggested that it was more often than not de-escalated at the earliest opportunity.

Some of the potential areas of improvement, as annotated within the individual quality indicators, were aggravated by issues such as staff shortages, high prisoner numbers and the aging condition of the buildings. There was evidence of facilities being crudely adapted from previous uses, such as the property store rooms and staff/visitor searching areas.

HMIPS Standard 4
Effective, Courteous and Humane Exercise of Authority – Continued

Despite this, HMP Barlinnie exercised effective control and order of the prisoner population, effectively maintained perimeter security and endeavoured to ensure the personal safety of all the people in their care, visitors and staff. However, cognisance must be afforded to the fact that staff and prisoners all reported that with the pressure of prisoner numbers, prisoners were locked up for long periods of the day, often at the expense of recreation and other purposeful activity, to achieve compliance with many of the quality indicators.

Encouraging Observations:

- When inspectors spoke with staff they were knowledgeable of the rules and regulations.
- Where paperwork and PR2 updates were completed, they were to a good standard.
- Efforts were evidenced that support was given to the more vulnerable and marginalised populations.
- The Use of Force was not applied excessively, and when it was applied, evidence suggested that it was more often than not de-escalated at the earliest opportunity.

Emerging concerns:

- The establishment should ensure 95% compliance of C&R and Supervising Officer training as a priority.
- All prisoners being managed under the MORS policy and being confined to their cell and their access to the regime restricted, should be placed on a Rule 95(1).
- All mandatory cell searches should be conducted and recorded on PR2.
- HMP Barlinnie should review the cell searching recording process to ensure that any finds and subsequent governors' reports are annotated on PR2.

HMIPS 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.

Overall rating: Generally acceptable performance

In this Standard, one quality indicator was rated as satisfactory, six were rated as generally acceptable and one was rated as poor, giving an overall rating of generally acceptable. There were twenty recommendations for improvement.

In relation to the **PANEL** principles for this Standard:

Participation: This was evident with regards to sharing information with families e.g. opportunities to attend Talk To Me Case Conferences, but disappointingly there was little evidence of consulting prisoners on changes to routine and cancelled activities, in particular recreation. Although the complaints system was robust at the official stages and internal complaints committees were of a good standard, access to complaint forms was a concern. Throughout the inspection there appeared to be very little opportunity for interaction between prisoners and staff and with other prisoners, which was concerning to inspectors. Some prisoners reported that being kept in their cell for long periods of time resulted in them feeling vulnerable and extremely wary when they were let out, as they had no sense of who else was sharing their living space. Some prisoners described the prison as one large SRU with very little sense of a community.

Accountability: This was reasonable in that regime changes, such as closing down work parties early to facilitate fresh air, were introduced, although to the detriment of purposeful activity hours. Barlinnie made efforts to ensure access to phones was available, although only 10 minutes per day, and access to showers for most was once every two days.

Non-discrimination and equality: There was no evidence of anyone being treated differently as a result of a protected characteristic. There was good evidence of face-to-face contact with translators, with some of the highest recorded numbers in recent inspections. Although there was some evidence of the use of translation by phone during admissions, it was disappointing to see a lack of information in pamphlets and notices in other languages.

HMIPS Standard 5 Respect, Autonomy and Protection Against Mistreatment – Continued

Empowerment: Prisoners understood their entitlements but access to information could be improved. Although there appeared to be a gap in the running of PIACS, they had reconvened and were now taking place which was encouraging. However, the achievement of meaningful outcomes and action plans was still to be evidenced at the time of inspection.

Legality: Prisoners were not disadvantaged and were able to access prison rules in the Library. Legal contact was made through an effective booking system along with information on how to contact their consulate. Information about Independent Prison Monitoring was poor, with only one notice board in existence and a lack of request forms available to see Monitors. Access to fresh air was readily available and throughout the week examples of fair treatment, support and compassion were observed.

Emerging Concerns:

- Staff should be aware of the policies or SOPs and how to implement them in relation to the sharing of critical information.
- The SPS should extend the use of video-conferencing to enable prisoners to contact their loved ones and friends.
- Family strategy meetings should be reintroduced.
- More opportunities for interaction between staff and prisoners should be offered, including more regular recreation and mixing of prisoners where possible.
- All cells, particularly those where there is double occupancy, should have a safe of the appropriate size to allow prisoners to store their confidential mail.
- The most up to date data protection information should be available to prisoners and in a language they understand, and staff should be aware of the constant need for confidentiality.
- Prisoners should be informed of changes in routine at the earliest possible time.
- Hall information booklets should be available to all prisoners.
- Prisoner forums and PIAC meetings should continue, minutes should be available on notice boards and action plans should be developed to review progress.
- Prisoners should have access to relevant information and forms to safeguard themselves against mistreatment. Where they feel it necessary to remove forms, notices should be in place to inform prisoners how to get them.
- Access to information for non-English speakers should be improved to allow equal access to information to safeguard themselves against mistreatment.
- SPS HQ should introduce a system that tracks each complainant to ensure they are answered and within the timescales.
- IPM notice boards should be replaced as soon as possible and request forms made available in all areas of the prison.

HMIPS 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.

Overall rating: Generally acceptable

In this Standard, six quality indicators were rated as satisfactory, seven were rated as generally acceptable and two were rated as poor, giving an overall rating of generally acceptable. There was one example of good practice and fourteen recommendations for improvement.

In relation to the **PANEL** principles for this Standard:

Participation: There were examples of the prison proactively removing barriers to participation for some prisoners, but there were insufficient employment and training opportunities for the number of prisoners.

Accountability: The prison took accountability for those in its care, but security was achieved by locking prisoners up for long periods and at the expense of providing adequate opportunities for purposeful activity.

Non-discrimination and equality: Equality around allocation to work parties could be improved. Moreover, at the time of our inspection some halls had only recently acquired access to the Library.

Empowerment: The absence of a centrally co-ordinated peer support system impacted adversely on the ability to overcome personal challenges, but adjustments and support were in place to assist prisoner participation in case management meetings.

Legality: Staff understood the legal entitlements of different prisoner groups and took measures to ensure that these were met.

Overall, there was an appropriate range of employment and training opportunities available to prisoners. There were good examples of the prison taking steps to proactively remove barriers to participation in employment for some prisoners. At the time of the inspection, there was an issue around a lack of training in food hygiene for hall passmen, which presented a potential health risk to prisoners and required to be addressed. This was escalated to management who addressed the issue immediately, which inspectors welcomed. The prison had a well-established labour allocation process which worked well overall. However, convicted prisoners with sentences of less than six months or greater than four years were not routinely allocated to a work party.

HMIPS Standard 6

Purposeful Activity – Continued

The Learning Centre was too small to serve the prison population, although adequate in size for the current level of activity provided. Attendance levels at education were too low, averaging around 55% of those registered for classes. Prisoners described significant difficulties in finding out about education from hall staff and being released from their cell for education once they had enrolled. The highly motivated and committed Learning Centre Team provided education to all categories of prisoners, including those on remand. Despite the constantly fluctuating prison population, the curriculum was well planned, consistent and relevant to prisoners' needs.

Prisoners had regular access to good quality sport and fitness facilities which catered for a wide range of interests, needs and abilities. Prison staff organised a balanced programme of activities which were both recreational and purposeful. Productive partnerships with external organisations such as the University of Glasgow and "Street Soccer" had resulted in prisoners undertaking certificated programmes linked to health improvement, wellbeing and team working.

The Library was too small to serve the prison population and, until very recently, was used by only three of the six halls. There was no seating area with tables for prisoners to read and choose books and materials, and no suitable facility to use resources that could not be removed from the Library. This also severely restricted prisoners' opportunities for socialisation. Despite the inadequate environment, officers in the Library and passmen provided a welcoming and efficient service. The Library had a long-standing and highly effective partnership with Glasgow Life, whose librarians provided professional advice, and fittings and materials for promotions. They also maintained an overview of library stock, ensuring that it was up to date and of an appropriate range.

There was a very good range of cultural and self-help events and activities across the prison, although recreational opportunities were limited. The programme of events and activities was wide and varied in type and purpose, which added greatly to life in prison. There was no centrally-co-ordinated peer support system in the prison. As a result, prisoners were not able to access valuable support to help them cope with a range of challenges. The prison had recently reintroduced a Listeners Programme to reflect the re-establishment of the initiative across the national estate.

There were a number of platforms for individuals to participate in quality innovations across the establishment. Embedded and new links with a range of stakeholders allowed individuals to participate in interventions and activities aimed at promoting health and wellbeing and to strengthen family links.

Religious observance and visits areas were given emphasis and officers had a good knowledge of entitlements and processes associated. Activities and interventions had a good equity of access but overcrowding and lack of infrastructure meant that most activities such as Street Soccer, Early Years, Chaplaincy groups and recovery drop-ins had limited capacity and only small numbers of individuals utilised these activities.

HMIPS Standard 6 Purposeful Activity – Continued

There was a clear expectation and supports in place for participation in case management, with examples of adjustments being made to meet the needs of those attending meetings. HMP Barlinnie took accountability for those in their care, but over relied on locking individuals up for long periods in order to maximise security. This practice, alongside an increased population, meant that a significant volume of individuals were locked up for most of the day.

The recovery ethos, and social initiatives were of a good quality and showed the value in allowing individuals to participate and enhance their skills.

Encouraging observations:

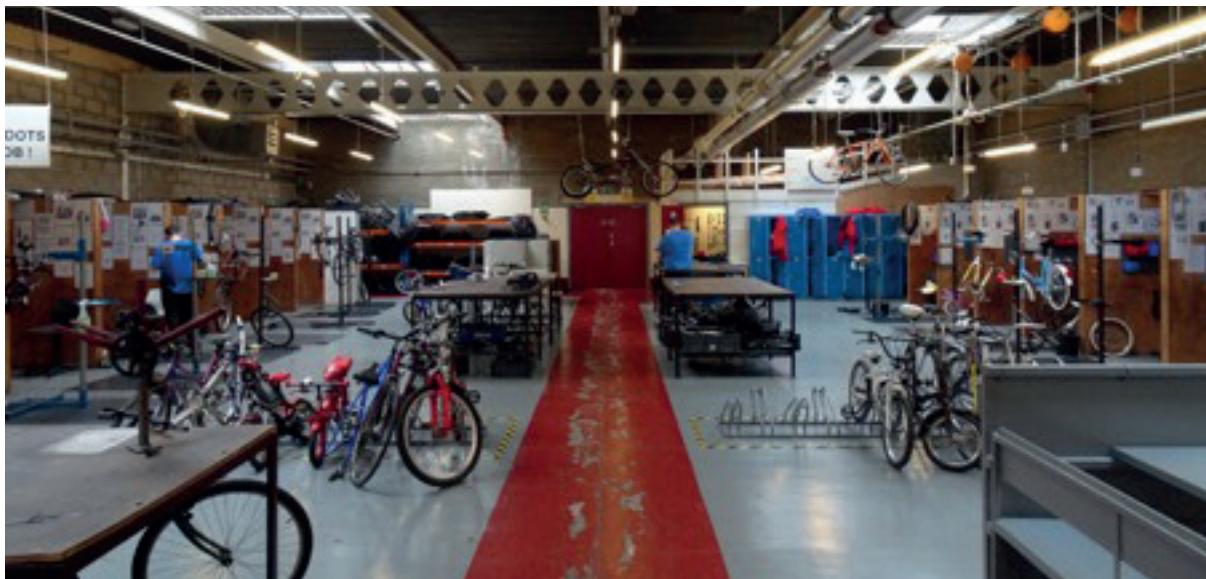
- Good examples of the prison taking steps to proactively remove barriers to participation in employment for some prisoners.
- Highly motivated and committed Learning Centre Team.
- Good quality sport and fitness facilities that catered for a wide range of interests, needs and abilities.
- Productive partnerships with external organisations such as the University of Glasgow and “Street Soccer”.
- Highly effective partnership with Glasgow Life.
- Very good range of cultural and self-help events and activities.

Emerging concerns:

- Insufficient employment and training opportunities for the number of prisoners in the establishment.
- Lack of training in food hygiene for hall passmen, which presented a potential health risk to prisoners.
- Attendance levels at education were too low and prisoners described difficulties in finding out about education from hall staff and being able to attend.
- The Library was too small to serve the prison population and, until very recently, was used by only three of the six halls.
- A review should be undertaken into what alternative prisoner clothing can be provided for inclement weather.
- The visits area should have access to toilets for both prisoners and staff.



Outside Work Party



Bike Refurbishment Workshed



Children's play area in the Visits Room

HMIPS 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

Overall rating: Generally acceptable performance

In this Standard, one quality indicator was rated as good, one was rated as satisfactory, two were rated as generally acceptable and one was rated as poor, giving an overall rating of generally acceptable. There were five recommendations for improvement.

In terms of the **PANEL** principles in relation to this Standard:

Participation: Prisoners were not consistently involved in their throughcare planning.

Accountability: A failure to receive and submit reports on time could affect a prisoner's ability to progress, and the ability to accurately assess risk was sometimes inhibited by a lack of information available from partner agencies.

Non-discrimination and equality: The quality of transition planning varied depending on the duration and type of sentence.

Empowerment: ICM Co-ordinators understood guidance and processes well, but outside ICMs, prisoners did not always get the opportunity to discuss the support they needed. Short-term prisoners were not always actively engaged in their transition planning.

Legality: Where MAPPA arrangements were in place, planning and risk assessment was robust.

Throughcare planning, to support transitions from custody to life in the community, was markedly different across the prison population. The quality of transition planning varied greatly depending on the duration and type of sentence. Transition planning and the processes that supported it were often robust and well-co-ordinated in respect of prisoners subject to post release supervision. It was also the case that some short-term prisoners, who were supported by Throughcare Support Officers, received well-co-ordinated transitional support which they had clearly participated in developing. The process for joint transition planning, ICM, was only just being introduced to the broader prison population, so plans for the transition to community life were not in place for many prisoners. There was evidence that a proportion of the short-term prisoners did not know what their transition plan was, and encouragement to participate was not evident.

HMIPS Standard 7

Transitions from custody to life in the community – Continued

The ability for officers and prisoners to form meaningful relationships to look at transition plans was extremely limited. This was due to a combination of the high turnover of prisoners, the need to move prisoners between halls for their own safety, staff shortages, the lack of personal officers, overcrowding and the amount of time prisoners were spent locked in their cells.

Encouraging Observations:

- Community involvement in the prison.
- The success of the Recovery Café.
- The support from New Routes to assist with the loss of Throughcare Support Officers.

Emerging Concerns:

- The lack of prisoner confidentiality during meetings in the Link Centre.
- The lack of time available to Personal Officers to do progression planning.
- The length of national waiting lists to complete rehabilitation programmes.
- The loss of Throughcare Support Officers.



The prison gardens

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.

Inspection Findings

Overall rating: Generally acceptable

In this Standard, four quality indicators were rated as satisfactory, three were rated as generally acceptable and one was rated as poor, giving an overall rating of generally acceptable. There were four recommendations for improvement.

In relation to the **PANEL** principles for this Standard:

Participation: The prison should make more systematic use of PIACs to encourage prisoner participation. The recent initiatives to engage staff through more face-to-face communications were positive developments. Engagement with partner organisations was strong.

Accountability: In general, appropriate action was taken in response to the recommendations of scrutiny bodies, but the prison was not complying with core training requirements for staff or completing staff appraisals on time.

Non-discrimination and equality: Priority should be given to the development and implementation of a clear action plan on Equality and Diversity (E&D) with strong senior leadership.

Empowerment: Greater use of PIACs, published outcomes from PIACs and more visible information for prisoners on a range of topics would assist empowerment.

Legality: While knowledge of prison rules and core legislation was good, more could be done to embed a human rights culture.

Staff understood how their work contributed to achieving the prison's objectives and were committed and resilient in the face of the huge challenge of having to operate with prisoner numbers so far above the planned operational capacity of the prison. Similarly, the prison management team showed leadership in deploying resources to overcome staff shortages and maintain control in the prison. In general, appropriate action was taken in response to recommendations of oversight and scrutiny bodies. However, the senior management team must provide more visible direction and support for the E&D agenda, through attendance at the E&D Committee, ensuring prisoner representation on the Committee and development of a clear action plan.

HMIPS Standard 8 **Organisational Effectiveness – Continued**

The scores in the staff survey were very low for staff engagement, so HMIPS welcome the staff engagement sessions now being held with staff and urge their continuation.

HMIPS appreciate the significant challenges for staff in finding time to complete core training, and that the new MYLO e-learning system will provide helpful automated reminders, but at the time of the inspection the number of staff missing compulsory core refresher training was unusually high. HMP Barlinnie should address this as a priority, while developing more strategic training and succession plans in due course to address longer-term needs. Similarly the number of staff appraisals not yet completed was unacceptably high and needs addressed.

In general, staff showed respect and understanding for the challenges faced by colleagues in other parts of the prison, but there were indications that the relationships between the SPS and NHS teams could improve. HMIPS welcome the intention to hold joint operational planning meetings. We commend HMP Barlinnie on their strong collaborative and professional engagement with other parts of the justice system, despite the operational pressures stemming from the overcrowding, but we encourage HMP Barlinnie to reinstate some of the meetings with third sector partner organisations that had stopped in recent months.

For Standard 8, more visible support and direction for E&D and stronger action on staff training and appraisals are the key priorities.

Encouraging observations:

- The recent staff engagement sessions.
- The FLM Forum.
- Strong relationships with other parts of the prison service and wider justice system, such as the Glasgow Community Justice Group.
- Glasgow City Council have a full-time housing officer based in HMP Barlinnie to assist with securing accommodation post liberation.
- The constructive work with a very wide range of third sector organisations.

Emerging concerns:

- The lack of a visible direction and support for the Equality and Diversity agenda and lack of a clear action plan.
- The lack of a strategic training plan and compliance with core training requirements.

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.

Inspection Findings

Overall rating: Poor Performance

Our decision to give an overall rating of poor performance is based on the adverse environmental conditions within which healthcare was carried out and the impact of the high population numbers on the delivery of care. This grading does not reflect the healthcare team's commitment to delivering care. Due to the severe state of disrepair of the rooms used to deliver healthcare that was seen throughout the inspection, and the risk this posed to both patients and staff, inspectors felt the only option was to give a poor rating.

We need to be clear that the responsibility of grading this as poor performance does not sit with the partnership, but with the SPS, as the SPS are responsible for the building that prisoners are housed in and the physical environment in which people are receiving care. The Healthcare team at HMP Barlinnie has no control over the number of prisoners that enter the establishment. With the unprecedented rise in the prison population, they cannot say whether they have enough staff to be able to provide person-centred care for the prisoner's health needs. HMP Barlinnie is not designed to house patients with disabilities and despite this, we heard of several people being admitted to the establishment with significant physical health needs that required appropriately accessible accommodation.

The inspection team would like to commend the commitment and dedication of the healthcare team who despite working in extremely poor and challenging conditions continually strived to meet the needs of their patients. This was clearly demonstrated by their willingness to regularly work beyond their contracted hours in order to achieve this. Inspectors were impressed by the leadership at an operational level and their ability to support and motivate staff, which was corroborated by staff, to work together as a cohesive team.

Immediate and long-term concerns

During the inspection we identified the following issues that required immediate attention from the Partnership and the SPS. We wrote to the Partnership and requested formal written assurance that within one week post inspection they would have plans in place to:

- Review of the provision of medical emergency equipment to ensure that enough equipment is available where required to manage patients who are unwell.
- Review the communication processes used during medical emergency situations.
- Demonstrate that the fabric of all areas used for healthcare delivery (health centre and medical rooms in the halls), are in a good state of repair, maintained and able to be effectively cleaned to reduce the risk of infection.

HMIPS Standard 9

Health and Wellbeing – Continued

As some issues cannot be fully resolved immediately, we asked the Partnership to provide formal assurance in writing, setting out what steps they plan to take over the longer-term. The Partnership has since provided this assurance in writing and HIS will continue to monitor progress against the improvement action plan to ensure these concerns have been appropriately addressed. Any concerns regarding the progress against the improvement action plan will be reported to the Chief Inspector for Prisons in Scotland.

During the inspection, inspectors were shown evidence of a number of missed hospital appointments. In addition, an internal SPS document highlighted plans to reduce the availability of the routine escorting service by GEOAmey due to staffing problems. The Chief Inspector of HMIPS escalated concerns about these missed appointment to SPS headquarters, Glasgow City Health and Social Care Partnership, NHS Greater Glasgow and Clyde, GEOAmey and the Governor at HMP Barlinnie. Inspectors were told that the chief officer of the health and social care partnership had written to Scottish Government about the issue of GEOAmey and missed secondary care appointments. The escalation requires patients to be informed of their missed appointments. The Chief Inspector received a response and plan of action from SPS that disruption to appointments would be minimised. It is important to note issues around external escorts by GEOAmey were affecting all prisons on a national level.

Encouraging Observations

Staff were observed to be committed towards delivering high quality healthcare and to drive improvement, and many examples of good practice were noted during the inspection, including:

- Scottish Government funding to run mental health training for the SPS and health staff.
- Provision of a fully-inclusive podiatry service enhanced by a non-medical prescribing antibiotic guardian podiatrist.
- Professionalism and commitment of all staff, both patient-facing and non-patient-facing, in demonstrating a human rights approach to care and an understanding of the health inequalities faced by patients.
- Strong senior operational leadership within the Healthcare Team.
- The use of tele-health so that patients in HMP Greenock can be seen by GPs located at HMP Barlinnie and the rotation of GPs across HMP Greenock and HMP Barlinnie to ensure patients are seen in a timely manner.

Emerging Concerns:

Other challenges faced by HMP Barlinnie mirrored those experienced in other prisons across Scotland and which have been raised at national level such as:

- The rising prisoner population, which at the time of the inspection stood at 1,489 (45.8% over the maximum capacity).
- The ageing population of prisoners and the associated increase in long-term conditions.
- Ongoing staff recruitment and retention issues.

HMIPS Standard 9

Health and Wellbeing – Continued

All of these factors were observed to be having a significant impact on the demand and delivery of medical interventions and services, some of which are listed below:

- Administration of medicines, including opiate replacement therapy (ORT).
- Follow-up treatment of patients after their initial screening.
- Harm reduction and risk-minimisation for patients with substance misuse problems.
- Provision of required clinics and availability of appointments.
- Health screening and assessment.
- Management of long-term conditions.
- Onward referrals to secondary care.

Culture and Leadership

Throughout the inspection there was evidence of strong senior operational leadership within the healthcare team. Staff were observed to deliver care with a high degree of professionalism and commitment and with a good understanding of the human rights approach and the importance of inequalities-sensitive practice.

To address the ongoing short fall of staff, the Partnership offered permanent staff additional shifts and frequently utilised bank staff. Inspectors were concerned that this may not be sustainable over the longer-term. Clinical managers were frequently visible and present on the halls and within the health centre and nursing staff told inspectors that they felt supported by managers to undertake their role. Seventy percent of staff had personal development plans in place through the electronic TURAS appraisal system. However, inspectors were concerned that a formal approach of assessing the competency of staff was not in place. This appeared to take place on an adhoc and informal basis.

Furthermore, a consistent approach to clinical or line management supervision was not practiced throughout the healthcare team. For some senior staff, clinical supervision followed an agreed process, with documented feedback, yet for the majority of nursing staff there was no documented evidence of the supervision process.

Healthcare staff generally described a good working relationship with HMP Barlinnie officers in the halls, however there were several incidents recorded on the Datix incident reporting system of instances when officers had been abusive towards nursing staff. Inspectors were told that where these issues were reported formally to HMP Barlinnie, no feedback as to the outcome was received by the complainant.

Long-Term Conditions

Patients with a long-term condition were given limited support to self-manage their condition. Although care plans were in place, they were not person-centred or outcome-focussed and had not been developed in conjunction with the patient. Although anticipatory care plans were in place within the prison at the time of the inspection, inspectors were not shown these to be in place for patients with long-term conditions.

HMIPS Standard 9

Health and Wellbeing – Continued

Patients with a physical disability were not always placed in an accessible cell suitable for their needs. Healthcare staff did not have the authority to decide who was placed in accessible cells within the prison. HMP Barlinnie decide where to locate prisoners. Not all accessible cells allowed wheelchair use or accommodated a hospital bed. In an attempt to address this, the separation and reintegration unit cells were often used because of their wider doorways, but the in-cell toilets in these cells and shower areas within the unit had not been adapted and were not safe to use for those with physical disabilities.

Mental Health

A standardised mental health assessment was used by the nursing team and this provided a basis for full assessment. However, the recording and assessment of risk was limited to suicidal thought or intent. The assessment was only used for reference purposes and not scanned onto Vision. Within Vision there was evidence of ongoing assessment of risk, however this was not seen to be captured on a validated risk-assessment tool. Inspectors heard that the Glasgow Risk Assessment tool was used at times, but there was a lack of consistency across the Multi-disciplinary Mental Health Team about when this would be completed.

The Mental Health Team and Addiction Team worked closely together and held weekly meetings to manage their case load. The mental health nurses were responsible for triaging referrals, undertaking all assessments and reviews, depot clinics, overseeing high dose anti-psychotic monitoring and responding to urgent and emergency requests but assessments were carried out by addictions mental health nurses if the patient was on their case load. However, as a result of the high prison numbers and volume of referrals, nursing staff were unable to offer a full range of treatments and interventions.

Substance misuse

Patients with drug and/or alcohol dependence were identified at their initial health screening using a standardised tool and follow-up assessments were in line with national guidelines. Although patients admitted to HMP Barlinnie with an existing prescription for ORT were able to continue ORT, there were often delays in confirming their prescriptions. In addition, methadone was the first line of ORT offered, with Buprenorphine only being offered, even if requested by the patient, when a specific clinical need had been identified by the GP. On reviewing methadone prescriptions inspectors observed that patients were prescribed sub-optimal doses of methadone, which staff reported as being ‘patients’ choice’. Some of these prescriptions were found not to be at a therapeutic level for the patient, thus reducing the potential benefit gained to patients. Staff should clearly explain to patients the risks of taking a less than therapeutic dose, as well as the benefits they would gain from taking higher dosage and document that this discussion has taken place.

HMIPS Standard 9
Health and Wellbeing – Continued**Infection Prevention and Control**

Many areas throughout the prison, including the medical rooms within the halls and the health centre, were in a very poor condition and not fit-for-purpose. The dental clinic, however, was in a generally good state of repair.

The type and extent of damage to some areas prevented them from being cleaned in line with infection prevention and control guidelines. Damage to walls, floors and ceilings included unfinished paintwork, holes around pipework and missing and broken tiles.

Although the cleaning assurance checklists for some of the medical rooms located within the halls had been signed to indicate that the rooms had been cleaned, inspectors found them to be dirty and dusty. HMP Barlinnie was responsible for the cleaning of these rooms, which was undertaken by pass-men. However, healthcare staff were responsible for ensuring areas where healthcare is to be delivered are clean and fit for use. In addition, staff did not consistently adhere to the national uniform policy or decontaminate their hands during clinical tasks, between patients and after the removal of personal protective equipment.

HUMAN RIGHTS-BASED APPROACH OVERVIEW

This human rights-based overview of the inspection of HMP Barlinnie follows the PANEL¹ headings and illustrates how human rights applies to the inspection as a whole. This is not exhaustive of all human rights engaged but is intended as a synopsis of the implementation of the Standards taking a human rights-based approach in HMP Barlinnie.

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

PANEL:

PARTICIPATION

"Prisoners should be meaningfully involved in decisions that affect their lives"

Inspectors found some evidence of participation within the prison. The stated priorities of the prison management were prisoner safety and control of the environment.

This influences relationships between prison staff and prisoners, resulting in prisoners views being ignored and effective participation in decision-making being deprioritised. This was evident in the lack of systematic prisoner participation forums and awareness amongst staff of their obligations where Equality and Diversity are concerned. Due to the intensive control of the prison, front-line staff had little discretion to have any material impact. Knowledge of Equality and Diversity policy was sparse amongst staff.

Across all of the halls, an effort had been made within the two months preceding the inspection to engage in PIACs. Minutes were displayed in various places throughout the prison. However, they were not reported in a consistent manner and contained limited information. Also, very few referred to actions or outcomes emerging from the PIACs. Some minutes referred to a desire to have future meetings and some future meetings were scheduled.

The Equality and Diversity Forum was managed by the E&D Manager. There had been three meetings of this within the past eighteen months and there was no prisoner representation on the forum. The Governor did not appear to be involved in the forum and there was no systematic means of ensuring that meetings were re-scheduled when having to be cancelled due to sickness.

There was an example of good practice regarding prisoner participation, where a member of staff organised three thematic PIACs. One of these involved two non-English speaking prisoners and an interpreter was provided. This PIAC was reported in more detail and drew actions from the minutes. The other two PIACs involved British Asian prisoners and White Scottish prisoners respectively and were similarly reported. Inspectors learned that these PIACS were undertaken upon the initiative of a single member of staff and reported to the E&D Manager. It is inspectors understanding that this officer is to be seconded to the E&D Department from October 2019 for a period of three months in order to increase capacity. We welcome this appointment.

The use of personal officers was minimal. Very few of the prisoners that inspectors spoke to knew who their personal officer was. Out of a six member focus groups of foreign national prisoners, not one of them was aware of the personal officer system. Some prisoners did not

¹ See p.5 of the Standards

know the identity of their personal officers and had never been introduced to them. Prisoners that were aware of the system were ambivalent about it, citing a lack of useful outcomes from any engagement with staff. A number of prisoners with protected characteristics cited a lack of engagement from their personal officers.

The complaints system was found to be poor. Refer to the section on Accountability for more detail on this issue.

Inspectors found a lack of awareness among prisoners of available processes where they could influence decision-making, including the absence of a functioning E&D forum and the lack of trust in the complaints system. The prison could introduce a number of mechanisms to enhance participation.

Recommendation: PIACs 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.

Further related recommendations can be found within the body of the report.

The combination of overcrowding in the halls and the absence of personal officers has had a clear impact on the effective participation of prisoners. This included prisoners spending more time locked up, as association and leisure periods were difficult to supervise due to inadequate staffing numbers.

Staff generally expressed the same view as prison management, that they were concerned primarily with prisoner containment in order to ensure safety, were under-resourced and felt that they were bound to accept the status quo. This issue is relevant from a human rights perspective as frontline staff play an important role in enabling prisoners to exercise their fundamental rights.

It was reported that there had been a significant uptake by staff of Autism Awareness training. It was not possible to determine this precisely as the prison did not maintain records of this non-essential training. Equality and Diversity training was not systematically managed and/or updated amongst prison officers or line managers.

Working in a prison can have a significant emotional impact on staff so it is crucial that staff are supported and adequately trained. It is important that prison staff receive equality and diversity training on how to respect the rights and meet the specific needs of detainees in situations of vulnerability, and the skills necessary for working with them. HMIPS were delighted to hear that soon after the inspection, the competency rate rose to 86.5%. Rule 75 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) is clear that the prison administration has to ensure the continuous provision of in-service training courses with a view to maintaining and improving the knowledge and professional capacity of its personnel, after entering on duty and during their career.

Foreign nationals were not routinely supported to remain in contact with family members. It is important that foreign nationals equally enjoy this right. Special measures should be taken to encourage and enable foreign prisoners to maintain regular and meaningful contact with their families as provided in the prison rules and SPS policy. Family visits are a right and not a privilege, and upholding the right to family life is more than just about allowing visits to occur. The prison should take a greater active role to facilitate communication of foreign nationals with their families abroad, for example via video-conference. This was something lacking at the time of the inspection.

The right to information is important for legal proceedings as well as when it comes to the rights, obligations and rules of life in detention. A wide range of practical information was provided in the induction booklet which was also supposed to be explained to prisoners in reception. This could contribute strongly to the effective participation of prisoners in prison life. Induction of foreign national prisoners was an example of good practice, with interpreters being used for induction within seven days of arrival. However, evidence provided suggested there was little use of interpreters at reception, which reduced the reliability of information exchanged at reception. General Comment No. 2 (2008) of the Convention Against Torture on the implementation of Article 2 by States Parties makes clear that the right of detainees to be informed of their rights is a basic guarantee for all persons deprived of their liberty. This is particularly important for those prisoners who have learning difficulties or do not speak English as a first language.

Inspectors observations confirmed that translation services were available for use when needed. Whilst contact numbers were displayed in the interview rooms for consulates of foreign nationals, one focus group with foreign nationals indicated that some had not noticed them. Induction information should routinely be available in the most common languages. There was also little participation of this type of prisoners in cultural activities and religious celebrations. The right to information must be guaranteed for certain categories of detainees who, for reasons of language, age, illness or intellectual disabilities do not have equal access to information. Rule 37.1 of the European Prison rules states that 'prisoners who are foreign nationals shall be informed, without delay, of their right to request contact and be allowed reasonable facilities to communicate with the diplomatic or consular representative of their state'. Although embassies are contacted by the prison automatically on admission regardless of classification, the prison should ensure that the prisoner is informed of this process.

Persistent issues throughout the halls included sporadic provision of information at the admission desk; poster boards were misplaced or too small to read at the reception; calls to language line for foreign nationals were used sparingly although face-to-face interpretation was more widely used than in other inspections. The prison could introduce a number of mechanisms to enable participation and information to prisoners, including easy read leaflets and information in common foreign languages. Inspectors noted that there are plans to prepare a prisoner information pack, in consultation with prisoner groups, and translate it into foreign languages and easy read. This was a positive development. Components to the principle of participation include that it must be active, free and meaningful and give attention to issues of accessibility, including access to information in a form and a language that can be understood. HMIPS would expect that any barriers to participation would be identified and those prisoners assisted to overcome them in order to meaningfully participate.

ACCOUNTABILITY

"There should be monitoring of how prisoners' rights are being affected, as well as remedies when things go wrong"

Effective accountability based on human rights standards was not consistent at the time of the inspection. Operational responsibility for this rested with the Equality and Diversity Manager. The current provision consisted of a unit manager with Equality and Diversity within his remit and no other support. There had been no operating Action Plan since the last inspection of the prison, where this aspect was criticised for the same reasons. There was no strategy containing any distinct steps and measurability criteria. At the time of the inspection, there was apparently no monitoring mechanism to record systematic or significant events and no Key Performance Indicators. The only reporting evident was a monthly report from unit managers monitoring the provision of reasonable adjustments to disabled prisoners.

Although this was welcomed, it was observed that the E&D manager was chasing this reporting without support. The reporting itself was limited to the data contained in PR2 which was, at times, inaccurate, incomplete and out of date. There was virtually no mention of mental health related issues on PR2, despite this being immediately observable to the inspectors as an issue in a number of cases.

Complaints: Prisoner complaints are an important aspect of the framework for prison accountability. While there was a general awareness of complaints mechanisms, inspectors found a low level of confidence about these mechanisms among prisoners.

In terms of PCF1 and PCF2s, forms were available sporadically throughout the prison. Prisoners said that complaints were usually looked at and an attempt was often made to resolve the issue or to explain to the prisoner why the issue could not be resolved by the hall staff. In these instances, some prisoners indicated that the complaint form was sometimes disposed of and not filed to reflect that a complaint had been made. If that was occurring, and it was of course impossible for inspectors to evidence that, it would give a false picture on the size and scale of complaints. Across all staff, knowledge of E&D complaints was minimal. Some staff were unaware of the concept of Equality and Diversity with no knowledge of the staff involved, including the existence of E&D Ambassadors. There was only one complaint that had been recorded as an E&D complaint using the correct form. However, samples of other complaints were seen that were based on protected characteristics and should therefore have been recorded as E&D complaints. There was no initiative to rectify this.

Complaints regarding race were found to be investigated poorly by staff who deferred in each instance to the account given by the target of the complaint, without giving justification. On two occasions where the prisoner had identified witnesses there was no evidence of their input having been sought. On another occasion the tone and language in the response inappropriately discouraged prisoners from complaining.

Despite significant use of the translation services, particularly on admission, no additional resource was in place to ensure that English Speakers of other Language (ESL) prisoners had access to the complaints system. No additional encouragement was given to ESL prisoners, and prisoners had to rely on other prisoners to overcome literacy issues, in turn divulging personal details to other inmates in order to access the accountability mechanism. ESL prisoners reported feeling isolated from other prisoners and staff.

A significant number of complaints seem to be resolved informally, by discussion with the prisoner. While this is not to be discouraged, the outcome of the discussion and the prisoner's views should be recorded, rather than simply noting that the matter has been resolved. This reduces any perception of discouragement or intimidation in pursuing complaints.

Inspectors suggest a more systematic approach to all complaints regardless of the outcome. For example, complaints could be monitored by E&D staffed and reported on in a manner that takes into consideration themes and commonalities. This should include monitoring and evaluation of the manner in which those with additional needs are provided for. Complaints could be monitored for protected characteristics, which will identify the key issues that affect this vulnerable population. Inspectors also suggest documenting any investigation into complaints as mandatory. It should be made clear to prisoners what information they must provide in order to substantiate their complaint, and also what steps the prison will take to investigate any issue raised.

A key aspect of accountability is addressing systematic concerns, in addition to individual ones. There were no good examples of this and no gathering or analysis of data to identify repeated issues, such as those relating to race and sexuality. No forums existed to identify what, if any specific action was needed.

The prison could introduce a number of mechanisms to enhance accountability, including a greater emphasis on monitoring of human rights standards on an individual basis, as well as greater clarity on mechanisms available to prisoners for challenging decisions made about their treatment and access to services.

NON-DISCRIMINATION

“All forms of discrimination must be prohibited, prevented and eliminated. The needs of prisoners who face the biggest barriers to realising their rights should be prioritised”

The environment of the prison was reported to work well for the functioning of the prison by maintaining strict control. However, inspectors were concerned that prisoners with needs outwith the majority were being missed. In particular, inspectors found a lack of support being provided to foreign national prisoners who were not fluent in English and disabled prisoners. Robust systems are required to identify the needs of such prisoners and to check that those needs are then provided for.

The prison must ensure that reasonable adjustments are promptly provided for prisoners with disabilities. Inspectors understand that complications may arise where responsibility falls between the SPS and NHS or the local authority and the SPS. However, the prison must ensure that matters are resolved as quickly as possible and that prisoners are not left in a vulnerable position in the interim. Inspectors noted that prisoners with particularly high needs in the prison were disproportionately disadvantaged. There was one ‘disabled’ cell in each of the five halls in the prison. Of these, only one cell had a built-in shower. Other prisoners in wheelchairs were placed in ‘accessible’ cells which could be described as identical to other cells with the adaptation of a doorway to allow a wheelchair to enter. Inspectors were informed of instances of wheelchair-dependent prisoners being forced to dismount their wheelchairs at the doorway and ‘propel themselves’ into their cells. There were physical barriers to some rooms in prison buildings restricting access to some activities such as prison fellowship within the chaplaincy. A lack of cell provision had resulted in some prisoners being placed in the High Dependency Unit and the Separation and Reintegration Unit, without meeting the criteria for these units and being subjected to a stricter regime than necessary as a result.

Inspectors observed the schedule of reasonable adjustments. Inspectors interviewed prisoners who were included on the schedule and found in a number of cases that their disabilities were inadequately reported and not all reasonable adjustments had been accommodated. For example, one prisoner had been waiting for over a year for adaptations to his cell, which included handrails that had been prescribed and simply failed to be fitted. Disabled prisoners’ issues were exacerbated by the isolation arising from their disability and lack of social contact. This included prisoners with mental health conditions that had a substantial impact on their ability to function. The E&D Manager’s system of checking that reasonable adjustments had been identified and applied seemed a decent system in theory. However, it is reliant on the information in PR2 being up-to-date and accurate. This was found to not always be the case when his report was cross referenced with other prison records and verified by physical examination. The E&D Manager did not have in place a mechanism to audit the reports submitted by the Unit Managers, or to review the reasonable adjustments in practice. The reporting regime was therefore not as robust as intended.

Inspectors recommend that steps are taken to improve the identification of language needs in the reception process, and that staff are encouraged to make use of Language Line interpreting services. While these were available, inspectors noted low usage in practice, which has resulted in some prisoners receiving little information they were able to understand and, as a result they could not use the services available and experience further isolation. Inspectors also noted that video-conferencing facilities were available, which might potentially be used to enable contact with families outside the UK, which HMIPS would support.

The issues inspectors identified with vulnerable groups did not appear to have been picked up by existing processes and the lack of a robust E&D resource is critical to this. Inspectors recommend a more proactive approach to equality and diversity matters. These appeared to be largely dealt with by residential officers, addressing “problems” as they arise and at their discretion. This relied heavily on issues being raised by prisoners themselves and on the quality of individual relationships. This was not a practicable mechanism. Inspectors recommend that staff receive training to update their skills in dealing with E&D matters. Oversight is required by E&D staff to ensure that all issues have been adequately addressed and to identify any common or systemic issues.

Inspectors were seriously concerned about the number of hours that some prisoners were locked in their cells (some up to 22 hours). This was a poor interpretation of the Mandela rules which require prisoners to be granted a minimum of one hour a day of exercise. An inadequate provision of purposeful activity resulted in this time largely being spent in the exercise yard, and there being very limited opportunity to leave cells for all remand prisoners and a large number of convicted prisoners.

Separation of vulnerable detainees should be clearly distinct from solitary confinement and should never lead to restrictions on access to services (vocational training, exercise, work, etc.). It is particularly important that prisoners with mental health needs are housed in accommodation which is not restrictive and receive appropriate treatment, rather than being placed in higher security level facilities isolated from the normal regime.

Inspectors are extremely concerned that the physical and operational structure of this prison has not been adapted for disabled prisoners. The buildings are not suited to adaptation and there were few cells that had been adapted adequately. When adjustments had been required to the cells they had not been carried out for, in at least one case, unreasonable periods of time. The regime was rarely adapted for disabled prisoners in order to alleviate the isolation which they endured. These prisoners had fewer opportunities for purposeful activity, rehabilitation, community activity and work. Inadequate attention was paid to their mental health and there are no safeguards to avoid exacerbation of poor mental health arising from the regime. The management of the prison were honest about the limit to the adjustments that they could make to accommodate prisoners. They did not propose any methods of improving this situation. The treatment of disabled prisoners here may, in some circumstances, amount to cruel inhuman and degrading treatment and engage Article 3 ECHR. Furthermore, the indirect discrimination caused by a failure to adapt the prison and the regime inflicts upon this vulnerable group a more severe restriction on liberty than on other prisoners, and is directly contravening the spirit and letter of the Mandela rules. Inspectors regret that HMP Barlinnie is wholly unsuitable for disabled prisoners. This includes prisoners with reduced mobility as well as any prisoner whose disability requires reasonable adjustments to be considered and monitored.

The profile of E&D could be raised by, for example, events to raise awareness of issues affecting marginalised groups, celebrating events of importance to those with protected characteristics. E&D meetings should be held regularly and should systematically link with PIACs to ensure relevant issues are raised. A local E&D strategy (including, if E&D is to be mainstreamed in other plans, how) should be developed and widely disseminated to ensure the involvement of both staff and prisoners in its implementation.

Inspectors recommend that steps are taken to improve the delivery of foreign national information in the reception process, and that staff are encouraged to make use of interpreting services at all points including in the accommodation areas. A few prisoners expressed having difficulty understanding English, which resulted in some prisoners receiving little information and experiencing isolation. Inspectors noted promising plans to explore the issues faced by foreign nationals and the action needed to alleviate them. Once this work is complete, it would be an example of good practice to be shared with other prisons who face common issues.

EMPOWERMENT

“Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives”

Prisoners should understand their rights and be fully supported so they are able to use their rights. Inspectors were concerned about the variability of information received by prisoners on the daily life of the prison, as explained above. Inspectors would expect prisoners to understand these processes and their entitlements, and that the information is in a variety of formats to cater for those with different needs.

The information provided in the Induction Leaflet was comprehensive and largely accessible. Much crucial information necessary for prisoners to understand their rights and how to exercise them within the context of prison life was conveyed. This information is crucial to empowering prisoners and achieving a shared understanding of their rights. However it required to be updated as some of its content was out of date or inaccurate. While use of interpreters at induction meetings is to be commended, increased consistent use of interpretation services should be encouraged.

It is also important to empower staff in their duties. Awareness should be raised among staff of the mechanisms which are available to assist prisoners and the role they play in facilitating these. Such as interpretation and funds for phone calls outside the UK, so that they feel able to have ready access to them.

There was very limited refresher training given to staff around human rights or equality duties under the law. Updates to training were not scheduled at regular intervals and there was no monitoring of staff training. This undermined their ability to deliver on all aspects of a human rights-based approach.

LEGALITY

“Approaches should be grounded in the legal rights that are set out in domestic and international laws”

A human rights-based approach requires the recognition of rights as legally enforceable entitlements, and is linked to national and international human rights law. It is important that all categories of prisoners enjoy the full range of human rights and that staff are adequately supported. While the large majority of prisoners did so in HMP Barlinnie, this was not the case for a minority of prisoners as described in this report. Inspectors have identified areas where further action is required, in particular to ensure that more marginalised prisoners do not fall through the gap.

The realisation of human rights is facilitated in practice by both the provision of information and the need for proactive action to be taken to ensure prisoners are accessing their rights in practice. A Human Rights-Based Framework would be concerned with responding to prisoners needs as they are raised, as well as anticipating areas of prison life where problems are likely to arise.

Overcrowding: The prison population has already exceeded its designed capacity. Over 50% of prisoners are now sharing a cell, and this has the effect of reducing the individual living space available for prisoners. The European Committee for the Prevention of Torture (ECPT) prescribes a minimum cell size of 6 sqm of personal space in a single occupancy cell and a minimum cell size of 8 sqm for a multiple occupancy cell between two people. Inspectors were given measurements of a single cell as 8.8m² in residential halls A,B,C and E, having 7.98m² of space after the deduction of 0.82m² for the toilet area. It would seem that the current cell sizes should be within the legal limits for single prisoners. However, the ECPT has found in a number of cases that cells of 8 sqm should not accommodate more than one prisoner, except in cases where absolutely necessary and where a prisoner should not be left alone. They gave a desirable measurement of 10 sqm for two prisoners sharing a cell. It is to be borne in mind that these cell sizes exclude sanitary areas, which must be provided in addition to the required space. By this standard, all shared cells were slightly below the minimum standard of space.

The manner in which cell populations were being automatically increased is a cause for concern. The cells cannot easily accommodate additional furniture therefore there was only one seat per cell. Prisoners were being placed in cells which were unsuitable for their level of mobility. Storage space was not increased and the lack of space prevents prisoners from keeping any matters confidential, including privileged legal documents and medication. This may have an impact on the prisoners' right to privacy and to private communications. Cramped conditions exacerbate tensions and have a negative effect on prisoner's general health and wellbeing as reported by a number of prisoners and staff. This in turn increased the supervision required by staff and is likely to negatively impact them and their ability to fulfil their duties with regard to the safety and security of the prison. The additional prison population had not been accompanied by a commensurate additional staff complement.

The prison operated holding cells in the reception area that have been repeatedly condemned by the CPT and other agencies as breaching the human rights of prisoners. These cells are colloquially referred to as "dog-boxes" which reflects not only how physically restrictive they are but also the contempt in which they are held by numerous bodies including HMIPS, CPT and others. Prison management recognised the international condemnation of the cells but continued to use and justify them in the name of safety. It is deeply concerning that these cells were first condemned over 20 years ago and yet no real attempts have been made to provide an alternative.

HMP Barlinnie was affected by a poor building structure. The accommodations themselves fell below standards of decency. The circumstances of overcrowding exacerbate this and the prison was apparently overwhelmed. There was poor provision of purposeful activity for some prisoners. The lack of provision of rehabilitation courses limited prospects for prisoners. The prison was failing to provide reasonable adjustments to individual prisoners and to disabled prisoners as a vulnerable group for whom the experience of prison was consequently poorer. Prison management by way of E&D provision was not robust and did not meet the SPS standard. As a result, training of staff and maintenance of a supportive organisational culture was neglected. All of these issues, individually and collectively, fall short of international legal standards and were reflected in the inspection report that was compiled following the inspection of the prison in 2016.

Prisoners' rights were facilitated in practice, by both the provision of information and the need for proactive action to be taken to ensure prisoners are accessing their rights meaningfully. Inspectors identified areas where more proactive action was required, in particular to ensure that more marginalised and vulnerable prisoners do not fall through the gap. Along with E&D, staff could be assisted by training to understand their duties according to human rights standards.

ANNEX A

SUMMARY OF RECOMMENDATIONS

Key recommendations:

In summary, of the recommendations listed below, there are eight key recommendations that the Inspectorate consider important for the Governor, the Scottish Government and the SPS to focus on:

Recommendation 1: Purposeful Activity: As a matter of urgency, prison managers must take measures to increase the number of employment and training opportunities within the prison to ensure more prisoners are purposefully engaged and time out of cell is increased. In addition, the contract with Fife College should be reviewed to accommodate the increased numbers in the facility.

Recommendation 2: Accommodation: The Scottish Government and the SPS should fast track the development of the new HMP Barlinnie. Interim measures are required to remove the reception holding cells (colloquially known as 'dog boxes'), refurbish healthcare and improve the quantity of adapted disabled cells. In addition, the Scottish Government and the SPS should work to minimise the multiple-occupancy use of single occupancy cells. The visits area should have access to toilets for both prisoners and staff and baby changing facilities that are appropriate and adjacent to the visit room. The establishment should be equipped with appropriate safe room facilities that meet an agreed national specification. Prisoners should be able to access showers daily.

Recommendation 3: Social Isolation Strategy: As a matter of urgency, prison managers must conduct a full review of activity that can be undertaken to reduce social isolation, including workforce capacity modelling, monitoring and recording of time out of cell and targets to reduce social isolation. The SPS should extend the use of the video-conference facility to all prisons and work with the third sector to provide bereavement support, as well as reintroducing the volunteer prison visitor scheme. Listener access should be facilitated 24 hours a day.

Recommendation 4: Prisoner Engagement: Communication with prisoners should be improved, including re-energising prisoner PIACs, visible promotion of opportunities and communication of changes in regime. In addition, HMIPS needs to work with the SPS to ensure IPM notice boards and request forms are both visible and available. The SPS should consider introducing ATM style kiosks to all areas of the prison to allow complaints tracking and prisoner self-management. HMP Barlinnie should monitor where prisoner progression has been hindered by a delay in receiving reports, and plans should be put in place to reduce these delays.

Recommendation 5: Senior Management should provide more visible direction and support for the E&D agenda through attendance at E&D committee, ensuring prisoner representation on the Committee and development of a clear action plan, with improved support for the E&D Manager. In addition, there is a clear need for greater use of translation services, promotion of literature in different languages as well as support for protected characteristics.

Recommendation 6: Good order and discipline: The Violence Reduction, Anti-Bullying and MORS strategies should be reviewed and reinvigorated in line with SPS guidance. Security information and tactical tasking should be shared with front-line staff. Staff searching must be conducted at random times of the day. A robust approach to cell searches must be adopted. The SPS should immediately invest in greater numbers of Rapiscan equipment to ensure availability in every prison. The CCTV in the establishment needs updated. Control and Restraint refresher training including supervisor officer training needs to be brought in line with the target of 95% of available staff. Liberation practices on medication need to be reviewed to ensure confidentiality.

Recommendation 7: Resourcing: The SPS should undertake an urgent workforce capacity modelling exercise in HMP Barlinnie, to ensure sufficient staff to meet prisoner numbers and allow access to appropriate opportunities. The SPS needs to address the staff absence pressures. HMP Barlinnie should develop a more strategic training plan to address longer-term training needs, while continuing to prioritise activity to ensure compliance with core training requirements.

Recommendation 8: Catering: Food temperature checks should be carried out daily. All passmen working in food handling must be accredited with appropriate food hygiene qualification. The prison should provide greater access to fresh fruit.

List of all recommendations:

For the Governor:

1. **QI 1.1** Use of the small holding cells in reception should be kept to a minimum, and meet the establishment SOP of 20 minutes maximum.
2. **QI 1.1** HMP Barlinnie should ensure appropriate use of telephone translation services for admission processes where required.
3. **QI 1.2** Induction information booklets should be replaced or updated to ensure they contain accurate and up to date information.
4. **QI 1.8** Induction hand-out information should be up to date, accurate and in line with legislation and regime change.
5. **QI 2.1** The holding cells should be removed or redesigned as a priority.
6. **QI 2.1** HMP Barlinnie should take action to ensure cell certification is taking place.
7. **QI 2.1** E-Hall disabled cells were bigger due to the part of the building they were located in. Where practical, HMP Barlinnie should consider locating disabled cells in the available larger cells in each hall.
8. **QI 2.2** HMP Barlinnie should continue to improve and review the rat infestation.
9. **QI 2.4** All prisoners cohorts should be offered the opportunity to shower daily.
10. **QI 2.5** All prisoners should be afforded the opportunity to wear their own clothing in residential areas to allow them to maintain a sense of personal identity and keep cool during warmer weather.
11. **QI 2.6** Fresh fruit should be made more accessible to all prisoners, in addition to mealtimes.
12. **QI 2.6** Food temperature checks should be conducted daily rather than monthly.
13. **QI 2.6** as per QI 6.1: Prisoners involved in the serving of food at the hall pantries must hold relevant food handling qualifications.
14. **QI 3.1** Barlinnie's safe cells should be condemned. The establishment should be equipped with appropriate safe room facilities that meet an agreed national specification.
15. **QI 3.1** Listeners should be given greater access to prisoners in the evenings.

16. **QI 3.1** A full-time First Line Manager Mental Health Co-ordinator should be considered to allow time to develop a more proactive focus.
17. **QI 3.1** Supports for staff and prisoners in the High Dependency Unit should be reviewed with a multi-disciplinary staff group and revised where appropriate.
18. **QI 3.2** A social isolation strategy should be developed with consideration to the activities profile of the establishment against the needs of the population.
19. **QI 3.2** The chaplaincy area should be refurbished and resourced to sustain a regular schedule of activity.
20. **QI 3.2** Bereavement support services should be sourced.
21. **QI 3.2** Opportunities for reflective, trauma informed practice and training should be provided for staff.
22. **QI 3.3** Good Order and Tactical Tasking meetings should be restructured to allow an opportunity for more integrated multi-disciplinary engagement and a preventative focus.
23. **QI 3.3** National consideration should be given to extending the Rapiscan pilot to all received mail (similar to arrangements at private sector sites) if outcomes prove positive.
24. **QI 3.3** The application of MORS in Barlinnie should be brought in line with national policy and arrangements with NHS partners clarified.
25. **QI 3.4** Consideration should be given to expanding the radio station into a full media centre and using that to enhance the anti-bullying campaign.
26. **QI 3.4** An Anti-Bullying Co-ordinator and Peer Supporter roles should be considered as part of the Think Twice roll out programme.
27. **QI 3.4** Recording and monitoring of bullying incidents, and implementation of 'Think Twice' should be included as a standard part of the Good Order meeting agenda.
28. **QI 3.5** Specific supports for victims of bullying should be developed by the establishment as part of their 'Think Twice' roll out campaign.
29. **QI 3.5** Conflict resolution/restorative processes should be considered by the SPS as part of the establishment approach to victims and perpetrators of bullying.
30. **QI 3.6** A scheduled annual review of Contingency Plans and Standard Operating Procedures should be in place and monitored.
31. **QI 3.6** The reported short duration of staff alarm batteries should be addressed.
32. **QI 4.1** Head of Operations, in conjunction with the Training Manager, should ensure 95% of available staff are compliant in C&R and Supervising Officer training as a priority.
33. **QI 4.2** HMP Barlinnie should ensure the all prisoners being managed under the MORS policy and being confined to their cell and their access to the regime restricted are placed on a Rule 95(1).

34. **QI 4.5** HMP Barlinnie should ensure that all mandatory cell searches are conducted and recorded on PR2 in line with PRL Standard 2.3.2.4.
35. **QI 4.5** HMP Barlinnie should review their cell searching recording process to ensure that any finds and subsequent governors' reports are annotated on PR2.
36. **QI 4.6** Building on the recommendation in QI 2.5, HMP Barlinnie should review its policy of access to prisoners wearing their own clothes in residential areas and the items in use list in conjunction with prisoners, possibly via the PIACS, to afford better choice and access to personal property.
37. **QI 4.9** HMP Barlinnie should review the coverage and quality of the cameras that cover the exercise areas.
38. **QI 4.10** HMP Barlinnie should implement a robust process for the adhoc rub down searching and recording of all staff throughout the day.
39. **QI 5.1** HMP Barlinnie should ensure that all staff are aware of the policies or SOPs and how to implement them in relation to the sharing of critical information.
40. **QI 5.1** HMP Barlinnie should reintroduce the family strategy meetings.
41. **QI 5.2** HMP Barlinnie should encourage more interaction between staff and prisoners by offering opportunities for more lengthy and regular contact, including recreation on a more regular basis and mixing prisoners where possible as per PRL standard 3.1.4.2.
42. **QI 5.2** HMP Barlinnie should encourage relationship building by ensuring all staff wear their name badges.
43. **QI 5.3** HMP Barlinnie should ensure that cells, particularly those where there is double occupancy, have a safe of the appropriate size available to each prisoner to store their confidential mail.
44. **QI 5.3** HMP Barlinnie should ensure that the most up to date data protection information is available for prisoners, and where possible in a language they understand.
45. **QI 5.3** HMP Barlinnie should ensure that staff are constantly aware of the need for confidentiality with regards to personal information, and that they utilise the intercom system to minimise breaches in confidentiality.
46. **QI 5.4** HMP Barlinnie should make every effort to inform those that are affected by changes in routine at the earliest possible time.
47. **QI 5.4** HMP Barlinnie should ensure that hall information booklets are available to all prisoners regardless of where they reside, to ensure good information is available and equitable.
48. **QI 5.5** HMP Barlinnie should continue to hold prisoner forums and PIAC meetings, ensure the minutes are available on the notice boards, and develop action plans to review progress.
49. **QI 5.5** HMP Barlinnie should ensure that prisoners are given regular access to recreation.

50. **QI 5.6** HMP Barlinnie should ensure prisoners have access to relevant information and forms to safeguard themselves against mistreatment. Where they feel it necessary to remove forms, notices should be in place to inform prisoners how to get them.
51. **QI 5.6** HMP Barlinnie should improve access to information for non-English speakers to allow equal access to information to safeguard themselves against mistreatment.
52. **QI 5.7** HMP Barlinnie should ensure that those that have lower levels of literacy are supported to complete complaints paperwork, without reliance on other prisoners, unless it is a peer supporter.
53. **QI 5.7** HMP Barlinnie should ensure that those who cannot read or speak English are supported in a more formal way to complete complaints paperwork by the use of translators.
54. **QI 5.8** HMP Barlinnie should ensure that the IPM notice boards are replaced as soon as possible.
55. **QI 5.8** HMP Barlinnie should ensure that IPM request forms are available in all areas of the prison to prevent prisoners having to ask for them.
56. **QI 5.8** HMP Barlinnie staff should be discouraged from asking prisoners why they have contacted IPMs.
57. **QI 6.1** As a matter of urgency, prison managers must take measures to increase the number of employment and training opportunities within the prison to ensure a greater number of prisoners are more fully engaged in purposeful activity. This may not necessarily include or be limited to employment and training opportunities.
58. **QI 6.1** As a matter of urgency, the SPS must review their systems to ensure all hall passmen who handle food have undertaken appropriate food hygiene qualifications.
59. **QI 6.2** HMP Barlinnie should ensure that prisoners who return to the establishment join the waiting list for work.
60. **QI 6.3** HMP Barlinnie must implement measures to ensure that hall staff inform prisoners about education options and release them to attend classes.
61. **QI 6.5** As a matter of urgency, prison managers must take measures to extend significantly the size of, and facilities within the library.
62. **QI 6.6** HMP Barlinnie should implement a peer support scheme across all areas of the prison. The system should be centrally co-ordinated, monitored and evaluated.
63. **QI 6.6** HMP Barlinnie should implement a structured system to enable prisoners to provide their feedback on prison events and activities.
64. **QI 6.6** A full overview of the prison's growing range of events is required in order to ensure that they are promoted well to prisoners.
65. **QI 6.7** A review should be undertaken into what alternative prisoner clothing can be provided for inclement weather.
66. **QI 6.8** Focus groups should be consistently undertaken by members of the equality and diversity group to ensure that opportunities are available for individuals to fully participate in aspects pertaining to religious observance.

67. **QI 6.10** The visits area should have access to toilets for both prisoners and staff and baby changing facilities that are appropriate and adjacent to the visit room.
68. **QI 6.13** HMP Barlinnie should take action to further embed the personal officer scheme and the SPS should improve access to social and cognitive skills training initiatives.
69. **QI 6.14** Parole dossiers should be submitted on time when reports are not available. These should then be submitted at a later time as a late submission.
70. **QI 6.15** Prisoner Representations should be uploaded to the Prisoner Records System in keeping with Case Management Guidance.
71. **QI 7.1** HMP Barlinnie should monitor where prisoner progression has been hindered by a delay in receiving reports, and plans should be put in place to reduce these delays.
72. **QI 7.3** Funding should be made available to continue or resume the Recovery Café.
73. **QI 7.4** HMP Barlinnie should seek to have co-produced throughcare plans.
74. **QI 8.1** Senior Management should provide more visible direction and support for the E&D agenda through attendance at E&D committee, ensuring prisoner representation on the Committee and development of a clear action plan, with improved support for the E&D Manager.
75. **QI 8.3** HMP Barlinnie should continue the programme of staff engagement sessions, promoting constructive two way dialogue, and ensure that as wide a range of staff as possible are able to access them.
76. **QI 8.4** HMP Barlinnie should develop a more strategic training plan to address longer-term training needs, while continuing to prioritise activity to ensure compliance with core training requirements.
77. **QI 8.6** Senior management should remind staff of the importance of completing appraisals and recording them on the PPMS, and carefully monitor the situation until completion rates have improved significantly.
78. **QI 9.2** HMP Barlinnie must ensure that all people detained in prison, and who refer themselves to healthcare services, have their right to confidentiality promoted and maintained:
 - HMP Barlinnie officers must enable patients to post their own self-referral forms into the locked post box and patients must be provided with envelopes if an officer is to do this.
 - HMP Barlinnie must contact a member of the healthcare staff for assistance if a patient requires support to complete their self-referral form.
79. **QI 9.2** HMP Barlinnie and GEOAmey must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance. Under the duty of candour, all patients who miss a secondary care appointment must be informed of the reason why, and what actions will be taken to mitigate the risks to the patient as a result of this.
80. **QI 9.2** HMP Barlinnie must ensure that patients are brought to their healthcare appointments in the health centre and halls. If the patient refuses to attend, this must be documented on a refusal form and be submitted to the health centre.

81. **QI 9.3** HMP Barlinnie must support and facilitate patients to attend the Quit Your Way programme.
82. **QI 9.6** HMP Barlinnie must ensure that all patients with physical disabilities, who have been assessed by healthcare staff as requiring accessible accommodation, are housed in appropriate cells, to maintain their health and safety, medical welfare and dignity. If appropriate accommodation is not available within HMP Barlinnie, consideration must be given to where within the prison estate, suitable accommodation is available, and arrange for the patient to be transferred.
83. **QI 9.6** HMP Barlinnie must work with the Partnership to ensure that all patients requiring equipment to facilitate independence in 'regular' cell accommodation, such as the provision of grab rails, are fitted in a timely manner.
84. **QI 9.9** HMP Barlinnie must ensure that patients are escorted to dental appointments.
85. **QI 9.15** HMP Barlinnie and the Partnership must work together to ensure that systems and processes are put into place to assure themselves that:
 - All areas used for the delivery of healthcare are fit-for-purpose
 - The fabric of areas used for healthcare delivery are in a good state of repair with all surfaces capable of being effectively cleaned
 - Regular checks of areas used for healthcare delivery are undertaken and any non-conformances reported to ensure maintenance and repair is undertaken without delay.
86. **QI 9.17** HMP Barlinnie and the Partnership must ensure that regular structured meetings take place between HMP Barlinnie senior managers and health centre managers to discuss and manage common issues.
87. **QI 9.17** HMP Barlinnie must improve how they communicate and advise on the outcome of any incidents reported to them by Partnership staff.
88. **QI 9.17** HMP Barlinnie must ensure that they work in partnership with the NHS to safely house and manage people admitted into the establishment.

For SPS HQ:

89. **QI 2.1** The Scottish Government and the SPS should work together to reduce the overcrowding to prevent prisoners sharing a single occupancy cell.
90. **QI 5.1** The SPS should extend the use of video-conferencing being available to enable prisoners to contact their loved ones and friends.
91. **QI 5.7** SPS HQ should introduce a system that tracks each complainant to ensure they are answered and within the timescales.
92. **QI 7.4** The SPS need to undertake workforce capacity modelling to ensure the rehabilitative needs of all prisoners are addressed.
93. **QI 7.5** The impact of the suspension of the TSO service should be kept under review and the service resumed at the earliest opportunity.

For the Scottish Government:

94. **QI 1.5** The Scottish Government need to creatively address the overcrowding situation in Scotland's prisons as a priority.
95. **QI 2.1** The Scottish Government need to bring forward the building of the new HMP Glasgow but also take action to bring the estate up to a reasonable standard in the interim years.
96. **QI 2.1** The Scottish Government and the SPS should work together to reduce the overcrowding to prevent prisoners sharing a single occupancy cell.

For the NHS:

97. **QI 1.9** HMP Barlinnie should ensure medications are issued to those being liberated in private.
98. **QI 3.1** Numbers of Mental Health Nurses in the NHS complement should be sufficient to ensure that TTM case conferences or reception assessments can be undertaken by suitably qualified practitioners.
99. **QI 3.2** The apparent lack of use of R41 should be explored with NHS partners.
100. **QI 3.2** The deployment of SLT and OT should be considered by NHS partners.
101. **QI 9.2** The Partnership must review the provision of emergency bags available for healthcare staff to use. Expert advice must be sought and taken to ensure that this equipment is available to staff when required, in order to deliver the appropriate emergency care.
102. **QI 9.2** The Partnership must review the number of radios available for healthcare staff to use, to ensure there are enough to support effective communication, especially during emergencies.
103. **QI 9.3** The Partnership must ensure that the opt-out BBV testing service is offered to everyone on their admission to the prison. Those missing this clinic must be followed up.
104. **QI 9.5** The Partnership must review workforce planning to ensure the full range and skill mix of appropriate professionals are available within the mental health multi-disciplinary team, to offer and deliver the assessment interventions and reviews.
105. **QI 9.5** The Partnership must review their current approaches for assessing clinical risk assessment and management of their patients referred to the mental health team. They must ensure that there is a consistent approach and process.
106. **QI 9.5** The Partnership must ensure that all patients on the mental health nursing caseload have a written personalised care plan and regular dates scheduled to discuss and review their care.
107. **QI 9.6** HMP Barlinnie must work with the Partnership to ensure that all patients requiring equipment to facilitate independence in 'regular' cell accommodation, such as the provision of grab rails, are fitted in a timely manner.

- 108. QI 9.6** The Partnership must ensure that care plans are person-centred and outcome-focussed. Staff must work jointly with patients in the writing of their care plans and setting of goals. Patients should be given a copy of their agreed care plan.
- 109. QI 9.6** The Partnership must use anticipatory care planning when it is appropriate for patients with a long-term conditions. Any patient who had an anticipatory care plan in place in the community must have this put in place while they are in prison.
- 110. QI 9.7** The Partnership must review their processes and timescales for commencing patients onto ORT therapy.
- 111. QI 9.7** The Partnership must ensure that patients identified as requiring intervention, treatment and support by the substance misuse team receive the regular planned interventions and care planning.
- 112. QI 9.8** The Partnership must ensure that a clinical pharmacy strategy is devised and implemented to better meet the pharmaceutical care needs of the population.
- 113. QI 9.8** The Partnership must ensure that systems are in place to support patients who require access to their medication at specific times for clinical reasons.
- 114. QI 9.8** The Partnership must ensure that all controlled drugs are managed according to the Misuse of Drugs Act 1971.
- 115. QI 9.8** The Partnership must ensure that the timings on the prescription kardexes are detailed enough to ensure that the appropriate gap between medication administration is reliably provided. This will reduce the risk of patients receiving doses of their medication too closely together.
- 116. QI 9.8** The Partnership must ensure that confidentiality is maintained whilst patients' ORT prescriptions are checked and administered.
- 117. QI 9.11** The Partnership must ensure that links between the prison healthcare team with palliative care services in NHS Greater Glasgow and Clyde and local hospices are formalised, to ensure that staff are aware of the correct referral pathways to follow for patients with palliative and end-of-life care needs.
- 118. QI 9.15** The Partnership must ensure that staff adhere to the national uniform policy.
- 119. QI 9.15** The Partnership must ensure that staff adhere to standard infection and prevention control precautions, monitor this through the use of audit and address any non-compliance. Staff must be empowered to challenge others who are non-compliant.
- 120. QI 9.15** HMP Barlinnie and the Partnership must work together to ensure that systems and processes are put into place to assure themselves that:
 - All areas used for the delivery of healthcare are fit-for-purpose
 - The fabric of areas used for healthcare delivery are in a good state of repair with all surfaces capable of being effectively cleaned
 - Regular checks of areas used for healthcare delivery are undertaken and any non-conformances reported to ensure maintenance and repair is undertaken without delay.

121. **QI 9.15** The Partnership must ensure that in all areas where healthcare is delivered, regular monitoring of environmental and equipment cleanliness is undertaken, with all non-compliances being addressed so that the area is suitable for use.
122. **QI 9.15** The Partnership must ensure that standard infection control precaution audits, including hand hygiene, are regularly undertaken by appropriately trained staff, and actions are taken to address any non-compliances. All staff must be informed of the audit results and any actions required to improve practices.
123. **QI 9.15** The Partnership must ensure that single use items of equipment are discarded immediately following use.
124. **QI 9.15** The Partnership must ensure that equipment sinks are used only for clinical items.
125. **QI 9.16** The Partnership must ensure that all clinical staff are clinically competent to undertake their roles, and that there is a regular formal process of assessing staff competencies to maintain patient and staff safety.
126. **QI 9.16** The Partnership must ensure that there are robust formal processes in place to ensure that all clinical staff receive appropriate line management and clinical 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.
127. **QI 9.16** The Partnership must, as a priority, review workforce planning, to ensure the full range and skill mix of appropriate professionals are available within the healthcare team to offer and deliver a full range of healthcare services. This should be informed by a comprehensive needs assessment.
128. **QI 9.17** The Partnership 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.
129. **QI 9.17** HMP Barlinnie and the Partnership must ensure that regular structured meetings take place between SPS senior managers and health centre managers to discuss and manage common issues.

ANNEX B

SUMMARY OF GOOD PRACTICE

For the Governor:

1. **QI 1.1** Staff trained in British Sign Language were available to support communication with those admitted with a hearing impairment.
2. **QI 1.6** The establishment audit and assurance processes for cell sharing risk assessments ensured any change in circumstance of prisoner risks and conditions was identified and addressed in good time.
3. **QI 3.7** It was noted that representatives from the senior team alongside SPOA partners and co-ordinators for H&S and infection control undertook inspections together.
4. **QI 6.4** The positive scheme with Glasgow life which provided liberated prisoners free access to local gyms for a period of time.
5. **QI 9.3** The mental health awareness week, an SPS initiative where the planning had involved SPS and healthcare staff, third sector and community organisations and that it was hoped patients would be involved in the promotion and awareness-raising of the event.

For the NHS:

6. **QI 9.5** All patients were notified by letter of the time of their appointment for emergency, urgent and routine referrals.
7. **QI 9.6** Patients who received specific anticoagulant therapy could attend an anticoagulation clinic and have blood tests taken to facilitate medication changes.
8. **QI 9.13** The 'Our complaints procedure' leaflet was available in different languages and interpreting services were available for patients requiring assistance with a complaint.
9. **QI 9.15** The health centre environment was cleaned by a contractor supplied by SPS. Colour-coding of areas and cleaning equipment was in place in the health centre, in line with Health Facilities Scotland guidance.

ANNEX C**SUMMARY OF RATINGS**

Standard/QI	Standard rating/QI rating
Standard 1 – Lawful and Transparent Custody	Satisfactory
QI 1.1	Generally acceptable
QI 1.2	Generally acceptable
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Poor
QI 1.6	Good
QI 1.7	Satisfactory
QI 1.8	Satisfactory
QI 1.9	Satisfactory
Standard 2 – Decency	Poor
QI 2.1	Poor
QI 2.2	Poor
QI 2.3	Satisfactory
QI 2.4	Generally acceptable
QI 2.5	Generally acceptable
QI 2.6	Generally acceptable
Standard 3 – Personal Safety	Generally acceptable
QI 3.1	Generally acceptable
QI 3.2	Generally acceptable
QI 3.3	Generally acceptable
QI 3.4	Generally acceptable
QI 3.5	Poor
QI 3.6	Good
QI 3.7	Good
Standard 4 – Effective, Courteous and Humane Exercise of Authority	Satisfactory
QI 4.1	Satisfactory
QI 4.2	Generally acceptable
QI 4.3	Good
QI 4.4	Satisfactory
QI 4.5	Generally acceptable
QI 4.6	Generally acceptable
QI 4.7	Satisfactory
QI 4.8	Poor
QI 4.9	Satisfactory
QI 4.10	Satisfactory

Standard 5 – Respect, Autonomy and Protection Against Mistreatment	Generally acceptable
QI 5.1	Satisfactory
QI 5.2	Satisfactory
QI 5.3	Generally acceptable
QI 5.4	Generally acceptable
QI 5.5	Generally acceptable
QI 5.6	Generally acceptable
QI 5.7	Generally acceptable
QI 5.8	Poor
Standard 6 – Purposeful Activity	Generally acceptable
QI 6.1	Poor
QI 6.2	Generally acceptable
QI 6.3	Generally acceptable
QI 6.4	Satisfactory
QI 6.5	Poor
QI 6.6	Generally acceptable
QI 6.7	Satisfactory
QI 6.8	Generally acceptable
QI 6.9	Satisfactory
QI 6.10	Generally acceptable
QI 6.11	Satisfactory
QI 6.12	Satisfactory
QI 6.13	Generally acceptable
QI 6.14	Generally acceptable
QI 6.15	Satisfactory
Standard 7 – Transitions from Custody into the Community	Generally acceptable
QI 7.1	Generally acceptable
QI 7.2	Satisfactory
QI 7.3	Generally acceptable
QI 7.4	Poor
QI 7.5	Good
Standard 8 – Organisational Effectiveness	Generally acceptable
QI 8.1	Poor
QI 8.2	Satisfactory
QI 8.3	Satisfactory
QI 8.4	Generally acceptable
QI 8.5	Generally acceptable
QI 8.6	Generally acceptable
QI 8.7	Satisfactory
QI 8.8	Satisfactory

Standard 9 – Health and Wellbeing	Poor
QI 9.1	Good
QI 9.2	Unacceptable
QI 9.3	Satisfactory
QI 9.4	Good
QI 9.5	Generally acceptable
QI 9.6	Generally acceptable
QI 9.7	Generally acceptable
QI 9.8	Generally acceptable
QI 9.9	Satisfactory
QI 9.10	Not applicable
QI 9.11	Satisfactory
QI 9.12	Satisfactory
QI 9.13	Satisfactory
QI 9.14	Good
QI 9.15	Unacceptable
QI 9.16	Generally acceptable
QI 9.17	Generally acceptable

ANNEX D**HMP BARLINVIE – PRISON POPULATION PROFILE AS AT 30/07/19**

Status	Number of prisoners	%
Untried Male Adults	402	28%
Untried Female Adults	0	0%
Untried Male Young Offenders	0	0%
Untried Female Young Offenders	0	0%
Sentenced Male Adults	954	66%
Sentenced Female Adults	0	0%
Sentenced Male Young Offenders	0	0%
Sentenced Female Young Offenders	0	0%
Recalled Life Prisoners	11	0.8%
Convicted Prisoners Awaiting Sentencing	69	4.8%
Prisoners Awaiting Deportation	0	0%
Under 16s	0	0%
Civil Prisoners	0	0%
Home Detention Curfew (HDC)	9	0.6%

Sentence	Number of prisoners	%
Untried/Remand	464	32.4%
0 – 1 month	1	0.1%
1 – 2 months	5	0.3%
2 – 3 months	3	0.2%
3 – 4 months	8	0.6%
4 – 5 months	32	2.2%
5 – 6 months	15	1.0%
6 months to less than 12 months	155	10.8%
12 months to less than 2 years	220	15.3%
2 years to less than 4 years	301	21.0%
4 years to less than 10 years	126	8.8%
10 years and over (not life)	15	1.0%
Life	64	4.5%
Order for Lifelong Restriction (OLR)	12	0.8%

Age	Number of prisoners	%
Minimum age:	21	
Under 21 years	0	0.0%
21 years to 29 years	393	27.4%
30 years to 39 years	522	36.4%
40 years to 49 years	299	20.9%
50 years to 59 years	153	10.7%
60 years to 69 years	42	2.9%
70 years plus	15	1.0%
Maximum age:	86	
Total number of prisoners	1434	

ANNEX E

INSPECTION TEAM

Wendy Sinclair-Gieben, HMIPS

Stephen Sandham, HMIPS

Sue Brookes, HMIPS

Calum McCarthy, HMIPS

Christopher Johnston, HMIPS

Kerry Love, HMIPS

Dr John Bowditch, Education Scotland

Juliet McAlpine, Education Scotland

Mitch Baillie, Scottish Prison Service

Steven McCann, Scottish Prison Service

Andrew Wilson, Scottish Prison Service

John Skouse, Care Inspectorate

Colin McCracken, Care Inspectorate

Catherine Haley, Healthcare Improvement Scotland

Jacqueline Jowett, Healthcare Improvement Scotland

Helen Samborek, Healthcare Improvement Scotland

Jamie Thomson, Healthcare Improvement Scotland

Leon Wylie, Healthcare Improvement Scotland

Kirsten Horsburgh, Healthcare Improvement Scotland

Karen Melville, Healthcare Improvement Scotland

Linda Stark, Healthcare Improvement Scotland

Tatora Mukushi, Scottish Human Rights Commission

ANNEX F

ACRONYMS

ABT	Alcohol Breath Tester
CBSW	Community-Based Social Worker
CC	Cellular Confinement
CCTV	Closed Circuit Television
CIP	Community Integration Plan
C&R	Control and Restraint
DWP	Department of Work and Pensions
ECR	Electronic Control Room
E&D	Equality and Diversity
ESOL	English Speakers of other Languages
FLM	First Line Manager
FNIC	First Night in Custody
FOH	Front of House
GIC	Governor-in-Charge
GPA	Generic Programme Assessment
HSE	Health and Safety Executive
H&S	Health and Safety
HDU	High Dependency Unit
ICM	Integrated Case Management
IIR	Immediate Incident Report
LGF	Locate Ground Floor
LIM	Local Incident Management
MAPPA	Multi-Agency Public Protection Arrangements
MDMHT	Multi-Disciplinary Mental Health Team
MDT	Mandatory Drug Test
MORS	Management of Prisoners at risk of any Substance
MYLO	e-learning system

NPS	New Psychoactive Substances
OLR	Order for Lifelong Restriction
OT	Occupational Therapist
PCF	Prisoner Complaint Form
PCMB	Programme Case Management Board
PER	Personal Escort Record
PIAC	Prisoner Information and Action Committee
PPC	Prisoners' Personal Cash
PR2	The SPS Prisoner Record System – Version 2
PRL	Prison Resource Library
RRMC	Refusal to Return to Mainstream Conditions
SOP	Standard Operating Procedure
SPOA	Scottish Prison Officers Association
SPS	Scottish Prison Service
SQA	Scottish Qualifications Authority
SRU	Separation and Reintegration Unit
SSM	Special Security Measure
STIP	Short-Term Intervention Programme
TDU	Tactical Dog Unit
TSO	Throughcare Support Officer
TTM	Talk to Me
WMD	Walkthrough Metal Detector
VIR	Violent Incident Review

Evidence Report

HMIPS Standard 1

Lawful and transparent custody

Quality Indicators

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

Rating: Generally acceptable

HMP Barlinnie records showed approximately 4,500 admissions per year including those returning from court untried. There were also approximately 2000 liberations per year, 1800 inward transfers from other establishments and 11,500 prisoner movements to court. This highlighted that the reception area was extremely busy. During the inspection, HMP Barlinnie were also taking prisoners from courts diverted from other receiving establishments due to those establishments being full.

The reception area was an ageing building. It had small individual holding cells for those admitted waiting to be processed. Some of the holding cells were recently painted and clean, however, there was graffiti and litter in others and they were all very confined and stark. During the inspection, some admissions waited in the small holding cells for two hours. This was largely due to the establishment receiving a total of 92 admissions that day, 47 within a two hour period between 17:00 and 19:00. Admissions during the inspection period were mostly kept for less than 20 minutes and were often not required to wait in the holding cells at all. Prisoners interviewed who had spent time in them reported feeling low, frustrated, uncomfortable and anxious while in them. The Standard Operating Procedure (SOP) aimed to have a maximum holding time of 20 minutes in these cells. There was no information displayed or activity to occupy admissions whilst held in the holding cells.

The staff in reception ranged from six months to 10 years of experience working in the area, with most having at least two years. This level of experience was evident in their knowledge of SOPs, the teamwork displayed, and the organisation required to deal with the logistical difficulties of managing the high number of admissions. Staff flexibility and goodwill was evident in their willingness to work past their shift finishing time regularly to ensure all admissions were managed appropriately. Interviews conducted to gather personal information, assess needs and conduct reception risk assessments for vulnerabilities were done in a separate room to ensure confidentiality. Those observed were carried out using a high level of interpersonal skills. Interviews were conducted in a courteous and supportive manner, where admissions participated fully.

On arrival, it was observed that all prisoners were assessed regarding their ability to read, speak or understand English. Staff also checked for the ability to understand and engage in the admission process by using open questions and assessing appropriate responses against information known from warrants and prisoner escort record forms.

During the inspection there were no foreign nationals or non-English speaking admissions. Frequently asked questions, translated into the most commonly required languages were available. The questions were pertinent to checking basic information and conducting a Reception Risk Assessment. Contact numbers were displayed in the interview rooms for Consulates of foreign nationals. Staff informed inspectors they used phone translation services for those who did not understand English to engage with the process. However, procurement records showed that for the whole establishment this service was used only three times in the year to the date of inspection. HMP Barlinnie has trained two members of staff in British Sign Language who can support communication with prisoners when they are on duty.

Recommendation: Use of the small holding cells in reception should be kept to a minimum, and meet the establishment SOP of 20 minutes maximum.

Recommendation: HMP Barlinnie should ensure appropriate use of telephone translation services for admission processes where required.

Good practice: Staff trained in British Sign Language were available to support communication with those admitted with a hearing impairment.

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

Rating: Generally acceptable

Admissions were taken directly to the First Night in Custody (FNIC) area, where they were given an initial induction into the prison. The information was provided by staff verbally, covering fire safety, emergency assistance procedures, making requests, phone access, visit booking processes and initial regime information. Admissions were assisted to complete visitor and phone contact lists by staff and helpful prisoners. Prisoners were interviewed individually to assess any immediate needs and actions were recorded.

On the day after admission, prisoners attended the Links Centre where they received a one to one interview. The interviews were conducted in an open area with eight interview desks spaced out. There were no designated facilities for more private interview spaces, but staff reported that they could make arrangements where necessary. During the one to one interview, Link Centre officers completed a core screen assessment of immediate needs and provided information briefly covering the national induction programme. Staff appeared to understand the importance of prisoners engaging and were motivational in their approach, which was an example of the strong interpersonal relationships observed. Prisoners were given information sheets that included regime timelines, visit session information and a national induction booklet which was available in some foreign language translations. The booklets were a national SPS product, but were out of date as they referred to smoking and visiting committees in prison.

In the waiting area of the links centre there was a range of pamphlets, posters and information on display covering regime information, through-care support services, complaint forms and applications for various other internal and external services.

Recommendation: Induction information booklets should be replaced or updated to ensure they contain accurate and up to date information.

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

Rating: Satisfactory performance

The procedures observed during the inspection provided assurance that staff were aware of the importance of the legality of warrants, and all staff asked were aware of the process to check any ambiguities. Staff conducted the appropriate seven point check of warrants and identified prisoners through questioning personal information and from photographs. Staff training records showed that all staff in reception had awareness of the key warrant identification checks. Eight officers had passed the warrants foundation course, all managers and a further five officers had passed the intermediate course.

Prior to entering reception, prisoner escort records were checked for information. On entering, admissions were asked if they had any injuries or urgent medical needs. None observed had any needs. However, staff reported that, if required, a nurse would attend to examine and record outcomes prior to them undergoing the admission process. Prisoners understanding of their outcome at court, reason for being in detained in custody and the expected time in custody was checked. Staff encouraged prisoners to ask if they had any questions.

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

Rating: Satisfactory

All admissions were interviewed in reception in a separate room. Information recorded on the prisoner's electronic record (PR2) included their offence, any risks, special conditions, protected characteristics and any enemies, requirement for protection or safety concerns. Sources of information used to support classification included warrants, prisoner escort records, special risk forms and self-reporting during interviews. Photographs were taken and uploaded on to PR2. The interviews observed were done in a conversational manner and prisoners reported they felt able to speak openly.

All admissions were also interviewed by a healthcare professional. A process was in place where any medical requirements or disabilities that impacted on classification, reasonable adjustments or location, were discussed with the residential manager to accommodate the prisoner in the most appropriate location. Unless there were specific adjustments that could not be met in the FNIC unit, all admissions were located there initially.

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: Poor

Efforts were made to consider individual needs when allocating prisoners to particular cells. The location of admissions moving on from FNIC was done according to the area accommodating their category type e.g. untried, convicted, offence protection and non-offence protection prisoners. There was also a high dependency unit (HDU) for those with complex needs or having difficulty engaging with the regime.

However during the inspection, the overcrowding was observed to have a negative impact on the establishment's ability to appropriately locate prisoners. There were 12 protection prisoners in the FNIC area, who staff reported were there for a number of weeks, as the protection hall had limited spaces to accept admissions.

Recommendation: The Scottish Government need to creatively address the overcrowding situation in Scotland's prisons as a priority.

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

Rating: Good

Evidence was provided of recent audits in which HMP Barlinnie's cell sharing risk assessments were found to be sound in practice. There was evidence that recommendations from the audits had been actioned. These included raising staff awareness of additional notes entries, reception officers being made aware of the importance of entering all relevant information on PR2, and the staff identified to conduct the assessments was reviewed.

Cell sharing risk assessments were observed in the FNIC area, and were carried out according to guidance and prior to prisoners being located in a cell. They were conducted by officers who were conversant with the process and where to source the appropriate information to assess safe cell sharing. Desktop guidance was available to support officers as an aide memoir.

There were robust assurance processes that cell sharing risk assessments were conducted and that they were completed appropriately. The checks also highlighted any alerts due to prisoner's risks or conditions changing that would require a review of their cell sharing risk. The business intelligence co-ordinator ran a report daily as part of their core duties which highlighted any alerts. This would show up if aggravation codes on warrants for hate crimes or sexual offences were missed or if new conditions were added following any new information available, changes or incidents. The process in place ensured that residential managers were contacted to take immediate action. The system alerts an escalation to senior management if any discrepancies are not actioned within 24 hours.

Good practice: The establishment audit and assurance processes for Cell sharing risk assessments ensured any change in circumstance of prisoner risks and conditions was identified and addressed in good time.

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

Rating: Satisfactory

Admissions observed during the inspection were not informed of their critical dates before leaving reception, as warrants were not officially confirmed at that stage. Officers reported that if they were straight forward to calculate and the prisoner wanted some idea of a release date, they would give the prisoner a provisional liberation date to be confirmed.

Once warrants were confirmed through the criminal desk process, the Link Centre officers informed all admissions attending for core screen interviews of their liberation and conditional release dates. Prisoners were observed being given pen and paper to note down dates and staff wrote it down for prisoners where they requested help.

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

On the day after admission all prisoners were offered a one to one interview, where a Core Screen assessment was conducted and referrals to service providers were made to address any needs identified. It was observed that following the assessment, all admissions received a short one to one induction which provided information about the prison regime, prisoner rights and entitlements. Prisoners also received written confirmation of liberation and other critical dates. Hand-outs were issued to support the short induction and frequently asked question sheets were translated into the 11 most commonly used languages. Staff were responsive to individuals needs and supportive in their approach. Time with each individual was limited due to the volume of admissions and other services that admissions required to attend, such as addictions assessment and medical officer examinations before they moved on from the FNIC area to their allocated hall.

Attendance at the national induction programme was voluntary. The establishment kept accurate records, which for the previous four months showed that 95% of 2027 total admissions attended the appropriate elements of the national induction programme. The induction was facilitated in a group format and the presentation consisted of extensive PowerPoint slides. The facilitator was very engaging and only used the presentation as an aide memoire. The facilitator encouraged participants to use their previous experiences to support and inform others in the group. Prisoners reported finding it very helpful. A national induction booklet was issued to participants, but referred to smoking in cell which is no longer allowed in prison.

During the inspection, there were six foreign nationals who did not understand English waiting for information. All six received a core screen assessment and were given a brief induction with the assistance of a translator within seven days of admission. Two interviews with translators were observed. These were effective and the prisoners received the same service as English speaking admissions.

Recommendation: Induction hand-out information should be up to date, accurate and in line with legislation and regime change.

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

Rating: Satisfactory

A pre-release service was offered through the links centre to all convicted liberations six weeks prior to release. This service consisted of a one to one community integration plan review and an interview with a links officer to confirm any needs or support required on release. Service providers were available on site to provide support with accommodation, benefits, health care and addiction support. Referrals were made to the appropriate third sector through care service.

Processes for liberation were observed and prisoners being liberated were interviewed. Those liberations interviewed said they felt well treated, supported and respected throughout the process. None felt they had needs for which staff had not offered support such as accommodation issues, benefit advice or family contact. The reception processes ensured that all received the correct liberation grants, travel warrants, had their own clothing and valuable property returned and accounted for accurately. One liberation was observed collecting a naloxone kit. He reported that he had attended a harm reduction session in custody where he was trained how to use it in the event of overdose.

Liberations were checked individually to ensure accurate identification, by asking questions and checking their photograph on PR2. They were issued with unmarked green duffle bags for personal belongings and escorted to the front of house, where another identification check was done in the secure area by an operations officer prior to being released. The liberations exited through the main prison staff and visitor entrance. The procedures in place were good with the exception of one observation where a group of eight liberations had their prescription medication issued to them at the point of passing through the vestibule in front of all other liberations present. This did not provide liberations with privacy and made others aware they had medication on their person.

Recommendation: HMP Barlinnie should ensure medications are issued to those being liberated in private.

HMIPS Standard 2

Decency

Quality Indicators

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

Rating: Poor Performance

The prison used holding cells in the reception area that have been repeatedly condemned by the CPT and other agencies as breaching the human rights of prisoners. HMP Barlinnie recognised the concerns, but continued to use them citing reasons of safety.

All cells were designed for single occupancy, but over 50% were being used as shared cells to accommodate two prisoners. Where cells were shared there was insufficient space and they fell short of the [CPT](#) standard for shared cells of 4m² per prisoner, excluding the toilet area. Toilet areas in the cells were small and basic, but functional. Inspectors were concerned to note elderly less mobile prisoners sharing single occupancy cells and requiring to climb up to top bunks to sleep.

Each of the residential halls had a disabled cell. Inspectors saw evidence of some reasonable adjustments, for example the lowering of the intercom units, installation of grab-rails, and (in the E-Hall disabled cell only) the installation of an in-cell shower. Whilst these cells' occupants generally said they were content with their cell, inspectors were concerned that these cells lacked some essential features e.g. there was no emergency communication for disabled prisoners who might struggle to get to the intercom by the door. Light switches were also currently by the door, and some mirrors were not at an appropriate level for use while sitting in a wheelchair. Inspectors noted at least one incident where there had been unacceptable delays in grab rails to be installed. HMIPS noted that the condition of these cells had been raised at every quarterly national meeting as a significant risk.

Ventilation throughout the residential areas was limited, particularly in the main halls; both in the common areas and within prisoners' cells. This would be exacerbated during warmer weather. Despite significant expense on ventilation, the air on the top landing of each mainstream hall was stifling at the time of the inspection.

All cells require to be certified three times per week. However, evidence provided showed that not all cells were checked to this frequency, with B Hall shown to have been checked far less often than other halls. One of five disabled cells had been left unoccupied for around three weeks due to not having been certified.

Building maintenance was managed by a structured approach to prioritising repairs. Issues affecting prisoner and staff safety were prioritised. Letham Hall, which is one of two National Top End's (NTE) in Scotland, was in a state of disrepair externally and internally. Repairs to the NTE were observed taking place during the inspection. There was a backlog of outstanding prioritised repairs.

Recommendation: The holding cells should be removed or redesigned as a priority.

Recommendation: The Scottish Government need to bring forward the building of the new HMP Glasgow, but also take action to bring the estate up to a reasonable standard in the interim years.

Recommendation: The Scottish Government and the SPS should work together to reduce the overcrowding to prevent prisoners sharing a single occupancy cell.

Recommendation: HMP Barlinnie should take action to ensure cell certification is taking place.

Recommendation: E-Hall disabled cells were bigger due to the part of the building they were located in. Where practical, HMP Barlinnie should consider locating disabled cells in the available larger cells in each hall.

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: Poor performance

Most areas of the prison appeared clean and tidy and there were cleaning schedules in place for each area. Despite strenuous efforts by management and staff, elements of hygiene were compromised by the difficulties inherent in the aging infrastructure.

Inspectors were concerned, however, to observe rats in some external areas of the prison in the evening. Estates staff were of the opinion that the availability of food waste, thrown from prisoners' cells (where prisoners eat their meals) and from kitchenware left outside the kitchen buildings and the poor state of the bins around the prison encouraged the presence of rats. The prison operated both a planned and reactive approach to vermin control, including using external contractors. Inspectors noted that HMP Barlinnie had vigorously explored what action could be taken to reduce the rat infestation. This was high on the management agenda and various courses of action have been explored and tested. However the problem clearly remained. Inspectors were concerned that the area around the Day Care Centre, where rats were recently exterminated, was strewn with litter, and therefore likely to attract vermin, with a nearby wheelie bin observed to be overflowing with litter.

A number of prisoners' cells were observed to be clean and tidy. Passmen confirmed they assisted the less able prisoners to keep their cells in order.

Hygiene and infection control signs were visible throughout the prison, including residential areas and kitchen. Prisoners were observed using the correct colour coded equipment in the relevant colour coded areas. The prison had an Industrial Cleaning Work Party who dealt with biohazard incidents. The team had relevant training in place, and prisoners and staff were aware of how to report biohazard issues. 'Bio Boxes', which contained relevant cleaning equipment and products, were available only in some halls, though it was understood the Industrial Cleaning Party arrived with their own equipment.

Recommendation: HMP Barlinnie should continue to improve and review the rat infestation.

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

The condition of prisoners' beds, mattresses and pillows was acceptable. Prisoners were aware of, and content with, the process for ordering replacements when required, and inspectors saw the stock in the prison store. Bed frames were checked as part of the cell certification process.

The laundering of bedding was acceptable. The laundry schedule showed each residential area had bedding laundered once per week, and prisoners confirmed this.

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

Prisoners in all halls confirmed they had access to an appropriate range of toiletries and towels etc. Further choice was available on the prison canteen sheets. There was evidence that prisoners were consulted on the content of the canteen. However it appeared that Prisoner Information and Advice Committees (PIACs) had only recently been instigated.

Some prisoners reported having access to showering facilities only every other day due to the high numbers, and this was confirmed by staff. Whilst HMP Barlinnie was meeting prison rules, access to a daily shower is desirable, particularly during warmer weather. Prisoners who worked all day, attended the gym, or who had visits scheduled were offered a shower daily. Prisoners in C Hall (untried prisoners) were offered showers on a daily basis, and prisoners in the NTE were able to shower every day.

Recommendations: All prisoners cohorts should be offered the opportunity to shower daily.

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

Rating: Generally Acceptable Performance

Prisoners were given two sets of prison issue clothing, and those interviewed confirmed they were aware of the process for ordering replacement items when necessary. Prison stores provided evidence of having available stock. Appropriate clothing was provided for sports activities and for cold/wet weather.

Prisoners' clothing was scheduled to be laundered twice weekly and returned the same day. The laundry appeared to work efficiently. Evidence showed that only four Prison Complaint Forms (PCFs) regarding laundry services were submitted in the previous eight months, with a further three claims for compensation for loss of items granted.

The majority of prisoners were required to wear denim jeans, irrespective of the temperature. As a result many prisoners reported being too hot and uncomfortable in summer months. Passmen were permitted to wear jogging bottoms, as were those with relevant medical markers, which reportedly provided a greater degree of comfort. Staff confirmed that wearing shorts, for example, was not permitted out-with sporting activities. However, untried prisoners and those in the National Top End were permitted to wear their own clothes.

Recommendation: All prisoners should be afforded the opportunity to wear their own clothing in residential areas to allow them to maintain a sense of personal identity and keep cool during warmer weather.

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

Rating: Generally acceptable performance

Prisoners were offered a reasonable choice of food each day, including a healthy option and vegetarian option. Faith-based meals and a vegan option were also offered, and menus were available in a range of languages upon request. Prisoners could participate in food forums to discuss how to improve the food available.

Whilst 'fruit bags' could be requested by prisoners, some prisoners interviewed were unaware of this, and some staff were of the belief that only some halls could access them. Additional fruit is available at pantries during mealtimes.

Meals were prepared in the kitchen building and transported in hot trolleys to each hall. The hot trolleys were observed to be plugged-in prior to and immediately after transportation to maintain temperature. Inspectors tested the food for quality and temperature and found it to be satisfactory. Evidence was provided to show that hall staff conducted temperature checks on the food, but this also showed that temperature checks were only conducted once per month.

Prisoners working in the kitchen were only permitted to do so following completion of a relevant food hygiene course. Food hygiene guidance was observed in both the kitchen and residential areas. Inspectors were concerned, however, that of all the prisoners interviewed who were serving the food in the halls, only a few reported having completed a food hygiene course.

Recommendation: Fresh fruit should be made more accessible to all prisoners, in addition to mealtimes.

Recommendation: Food temperature checks should be conducted daily rather than monthly. Recommendation as per QI 6.1: Prisoners involved in the serving of food at the hall pantries must hold relevant food handling qualifications.

HMIPS Standard 3**Personal Safety****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: Generally acceptable performance

Standard Talk to Me (TTM) processes were being adhered to and an SPS audit of 2018 indicated reasonable assurance. The management team described plans to introduce a number of proactive new initiatives to support health and wellbeing and to build on the positive evaluation of the Recovery Café. These included 'Andy's Man's Club' and the 'Men's Shed'. Connectivity with community providers and other Glasgow prisons through the Mental Health in Prison NHS strategy group was evident. A refresh of the Multi-Disciplinary Mental Health Team (MDMHT) had very recently taken place and had just been implemented and a 'mental health month' in November was scheduled. Future plans were in place to assess wellbeing on admission. However at the time of the inspection staff described a significant gap between plans and current delivery, with some erosion of supports for both staff and prisoners in areas like the admissions and HDU in D Hall.

Despite best intentions, planned mental health training to develop capacity amongst the wider staff group had not had significant impact. Some training had taken place on issues such as personality disorder and adverse childhood experiences and training for trainers was being considered. This was described as targeted for staff in key areas such as D Hall, or those due to function as 'mental health champions'. Numbers who had attended the training were small, however, and staff who were asked about it by inspectors either had not received the training or did not know of it. Compliance levels with core TTM training had been impacted by staff absences and further complicated by national availability and scheduling of TTM refresher training.

A TTM case conference and nurse consultation was observed with the prisoners' permission. This offered practical immediate supports, but was limited by resource and facility constraints in what it could achieve. Mental Health nurses were insufficient in number to ensure that TTM case conferences or reception assessments were undertaken by suitably qualified practitioners. Physical facilities did not provide a conducive environment for support of the most vulnerable during case conferences, and time constraints meant that conversations were often limited to essentials. Nevertheless, the prisoner left the case conference having thanked all staff present for their support. It was clear that the First Line Manager (FLM) who functioned as a Deputy Co-ordinator for TTM was well regarded, and his expertise and knowledge of the system recognised by staff. TTM documentation viewed was of a good standard and subject to monitoring, though the volume of prisoners on TTM was making this difficult. The high throughput made it challenging to properly individualise service delivery. A full-time FLM Mental Health Co-ordinator would allow time to develop a more proactive focus.

Listeners were available and plans in place to expand their numbers. Those spoken to described good support from the Samaritans and local SPS staff Co-ordinator, but indicated that their training had been subject to delays because of staff absence. Listeners had limited access to prisoners in the evenings and this should be rectified. Numbers on TTM fluctuated and were up to 20 at the time of the inspection (data from the TTM meeting in May suggested an average of 8.4 individuals a day, with 2.3 safe cells in use and 5.6 case conferences). Recent numbers far exceeded these levels, which meant that the six identified safe cells were insufficient and overspill regularly took place into old observation cells and occasionally to the SRU. These issues were exacerbated in E Hall because of the number of lower ground floor individuals. The identified safe cells, despite refurbishment, lacked adequate lighting and air conditioning. Whilst the majority of safe cell allocations were for very short periods, some continued for much longer. Despite the best efforts of the staff to keep these facilities habitable, they should no longer be considered appropriate accommodation for the most vulnerable in our prisons. The establishment should be equipped with appropriate safe room facilities that meet an agreed national specification.

Previous inspection reports 2016 commented positively on services provided by the admissions area and High Dependency Unit/Day Care facilities in D Hall. Staff in these areas continue to work well with very vulnerable individuals with complex needs. However, some supports had eroded with difficulties in completing assessments for the HDU (27 outstanding during the inspection) and a lack of opportunities for regular supported reflective practice with other disciplines such as psychology. Staff described no access to regular multi-disciplinary case review meetings. Where prisoners were considered vulnerable, they arrived directly to the HDU without prior assessment, staff were concerned that this sometimes put the most vulnerable individuals in the unit at risk from bullying. Supports for staff and prisoners in the HDU should be reviewed with a multi-disciplinary staff group and revised where appropriate.

Recommendation: Barlinnie's safe cells should be condemned. The establishment should be equipped with appropriate safe room facilities that meet an agreed national specification.

Recommendation: Listeners should be given greater access to prisoners in the evenings.

Recommendation: A full time First Line Manager Mental Health Co-ordinator should be considered to allow time to develop a more proactive focus.

Recommendation: Supports for staff and prisoners in the High Dependency Unit should be reviewed with a multi-disciplinary staff group and revised where appropriate.

Recommendation: Numbers of Mental Health Nurses in the NHS complement should be sufficient to ensure that TTM case conferences or reception assessments can be undertaken by suitably qualified practitioners.

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

The availability of identified locations (E Hall for protection prisoners and the HDU for those with complex needs) mitigated in part the impact of high numbers and throughput. The Day Care facility offered access to activities for those who were most vulnerable, though some of the limitations of these facilities are set out in QIs 3.1 and 3.4 of this report. PEEP arrangements were in place and actively monitored as part of H&S arrangements.

The SPS and NHS partners should review how Rule 41 is applied within HMP Barlinnie and the interaction with the HDU. It is possible that the HDU provides some additional support for individuals with complex mental health needs, but this should not be substituted for hospital care where an identified mental illness is identified. Given the size of the establishment and the volume of admissions the lack of application of Rule 41 requires exploration.

The participation of the establishment in a national pilot for learning difficulty assessment was a positive step, though the capacity for individualised care planning and intervention to address identified needs was limited. NHS partners may wish to consider the added benefit of Speech and Language Therapy and Occupational Therapy supports.

In general it was felt that the establishment needed to develop a 'social isolation' strategy with 'universal services' for the whole establishment rather than targeted approaches for designated individuals and areas. Without the creation of more time and space for meaningful interaction with others sustained progress for individuals is less likely. The Chaplains and chaplaincy area were a good resource, but were underused and would benefit from further development, perhaps as a Barlinnie 'community hub' including resourcing with operations staff cover so that a standard programme of activities can be scheduled and positive initiatives like 'Talking Heads' can flourish. Despite the best efforts of the Chaplaincy team specific identified bereavement support services were lacking. It was noted that the size of the new location of the Day Care Centre was inhibiting attendance.

The current activities profile in Barlinnie may benefit from the provision (or repurposing) of life skills facilities, parenting and family engagement and a greater emphasis on coordinated peer support opportunities with support and supervision.

In addition there was a need to improve understanding of attachment and trauma informed approaches alongside a focus on staff nurture and the impact that working in these conditions has on the staff group. Staff talked about 'swimming against the tide'... 'treading water' and 'everything for us is just volume'. Conditions such as these are known to contribute to compassion fatigue. There are few opportunities for reflective practice or support for staff from other disciplines, and training alone will not assist unless there is the time and space to build trust.

Recommendation: The SPS and NHS partners should review how Rule 41 is applied within HMP Barlinnie and the interaction with the HDU.

Recommendation: The deployment of SLT and OT should be considered by NHS partners.

Recommendation: A social isolation strategy should be developed with consideration to the activities profile of the establishment against the needs of the population.

Recommendation: The chaplaincy area should be refurbished and resourced to sustain a regular schedule of activity

Recommendation: Bereavement support services should be sourced.

Recommendation: Opportunities for reflective, trauma informed practice and training should be provided for staff.

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: Generally acceptable performance

A range of relevant SPS audits were supplied as evidence demonstrating either reasonable or substantial assurance outcomes. The establishment had created a Violence Reduction Strategy document, but no meaningful plan was evident of how this was going to be implemented, and by when, with key accountabilities and anticipated outcomes. Processes to review routine violent incidents were sound, but less attention was given to structured multi-disciplinary preventative engagement or asset based approaches to culture change, environmental development, or the promotion of emotional regulation which might assist on liberation. However the partnership with Police Scotland was positive, with staff resourcing available to the intelligence unit and tactical tasking discussions.

Inspectors observed the daily intelligence meeting and the monthly 'Good Order' meeting which was operating during the inspection visit. Tactical tasking meetings were also described as taking place according to national SPS guidance. There was good use of technology to support risk reduction including the BOSS chair and search 'wanding', and a Rapiscan pilot had been introduced in response to identified and prioritised concerns in respect of new psychoactive substances and their introduction routes to the establishment. Some concern was also expressed in respect of potential abuse of prescribed drugs due to analysis of Mandatory Drug Testing data. Targeted operations had been planned and implemented with the SPS Dog Unit. The potential and limitations of these approaches had been examined and were clearly understood.

Both prisoners and staff reported feeling safe in Barlinnie. Times of significant prisoner movement were well organised and relatively relaxed, and establishment protective factors were reported to be the focus of staff on logistics and control and staff confidence/skill in relationship building. New patterns of drug misuse were indicated to be a particular concern for staff and this has been the case during other inspections across Scotland's prisons. The main drivers for violence were felt to be drug debt and issues imported from the community. Accordingly it was disappointing to note the limited emphasis on integrated multi-disciplinary working with NHS/addictions colleagues and other partners in respect of an anti-violence plan or forum.

During the inspection, two prisoners were registered on Special Security Measures (SSM) and Cell Sharing Risk Assessments were monitored by the Duty Governor. Four prisoners were being managed on MORS precautions, though concern was expressed about application of this national policy by staff and the capacity to deploy it as instructed given the particular context of Barlinnie and its throughput. Staff described not using MORS unless prisoners presented under the influence for a more sustained period and relationships with NHS colleagues in respect of the implementation of MORS appeared confused. The apparent inability of Barlinnie to deploy MORS as outlined in the national policy represents a corporate risk.

Staff in the National Top End had an appreciation of public protection risk and were 'risk and need' trained. Some staff had been given the opportunity to visit other SPS sites and compare practice. The most recent SPS guidelines for Risk Management Teams were reported by staff to be accessible and more helpful than previous versions. Staff had experience of attending the RMT for adverse cases and good relationships with other professional disciplines such as social work and psychology. Facilitated reflective practice did not take place, however, in respect of prisoner casework, and there had been no updated training input on risk management/defensible decision making or public protection for an extended period.

It was good to note that recent staff engagement sessions had been delivered in respect of intelligence management and incident response to support operational delivery of the violence reduction strategy. Staff in key areas might benefit from similar updated sessions in respect of public protection risk.

Recommendation: Good Order and Tactical Tasking meetings should be restructured to allow an opportunity for more integrated multi-disciplinary engagement and a preventative focus.

Recommendation: National consideration should be given to extending the Rapiscan pilot to all received mail (similar to arrangements at private sector sites) if outcomes prove positive.

Recommendation: The application of MORS in Barlinnie should be brought in line with national policy and arrangements with NHS partners clarified.

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: Generally acceptable performance

Staff described a simple but effective operational response to bullying based on dispersal. The physical size and multiple residential locations in Barlinnie allowed prisoners to be separated with relative ease. However, overcrowding impacted on the capacity of the establishment in this regard and the response did not address the need for appropriate challenge and longer lasting changes to behaviour. The Chaplaincy Team indicated they were aware of comparatively few indications of in-cell bullying or abuse, despite the high levels of cell sharing, though there were some tensions evident when offence protection prisoners attended the church service alongside mainstream individuals.

Prisoners held in E Hall on protection described the atmosphere in the hall as good with minimal bullying. Offence and non-offence protections were held in the same hall in circulation, though the establishment was making active efforts to exchange non-offence protections with private sector sites. FLMs in E Hall described the combination of both protection groups as manageable after some initial settling in difficulties when the regime was established. The experience and access to regime of the 11 prisoners in other halls listed for a protection place in E Hall was less positive, though there was no indication of high levels of abuse outside the halls through cell windows.

The national 'Think Twice' anti-bullying strategy was described as being implemented and a local April 2019 audit indicated substantial assurance. Early progress included a poster campaign and a programme of educational activities. The radio station had covered some basic information on bullying, but the campaign would benefit from a visual platform into cells or key areas where prisoners congregate. Improvements in staff awareness were planned, but at the time of the inspection impact of the rollout had been relatively small scale.

No specific anti-bullying co-ordinator could be identified by Unit Managers when asked by inspectors and it did not appear that trained anti-bullying peer supporters were in place.

Recommendation: Consideration should be given to expanding the radio station into a full media centre and using that to enhance the anti-bullying campaign.

Recommendation: An anti-bullying co-ordinator and peer supporter roles should be considered as part of the Think Twice roll out programme.

Recommendation: Recording and monitoring of bullying incidents, and implementation of 'Think Twice' should be included as a standard part of the Good Order meeting agenda.

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

Rating: Poor performance

Staff described a minimal response to victims of bullying, essentially defined by the establishment approach of dispersal. Prisoners who complained of bullying and who requested a move would be seen by the intelligence or security manager.

Occasionally follow ups were organised with the chaplaincy or mental health team for more vulnerable individuals, but no other specific identified services or supports for victims of bullying were in place. No restorative processes were in evidence.

Recommendation: Specific supports for victims of bullying should be developed by the establishment as part of their 'Think Twice' roll out campaign.

Recommendation: Conflict resolution/restorative processes should be considered by the SPS as part of the establishment approach to victims and perpetrators of bullying.

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

The establishment was able to evidence a number of relevant 2018/9 SPS audits which were recorded as substantial assurance.

A number of members of the Senior Management Team had national Incident Command experience and were in a good position to coach/facilitate learning with local staff. A local incident management (LIM) week had taken place in May and learning outcomes had been positive. Sufficient staff were competent in role to be deployed to resolve a local incident or contribute to the resolution of a national incident, though levels of staff competence in core Control and Restraint training had been negatively impacted by recent high levels of sustained staff absence. Incident management equipment was available with designated Quartermasters, and sign out systems had recently been reviewed. Recent incidents of concerted indiscipline or 'at height' in exercise areas had been resolved relatively quickly.

Comprehensive contingency plans and SOPs were in place. These would benefit from a scheduled/monitored process for ongoing review as some SOPs showed a review date of 2013.

Incidents were analysed at the Good Order meeting and this had led to the identification of issues (such as blind spots and CCTV image quality) and changes in practice where required. This was particularly evident in respect of alarm response protocols where a first and second phase response had been implemented.

Briefings for staff on incident response had been incorporated into the newly introduced staff engagement sessions, and coaching sessions for FLMs had also been introduced to support an emphasis on more delegated authority for incident management within designated parameters.

Recently audited processes were in place for radio and staff alarm systems showing reasonable assurance. Concern was however expressed by more than one individual in respect of the apparent short duration of staff alarm batteries and the difficulty of replacement given the identified supplier. Since the majority of lost time/reportable incidents were related to Control and Restraint these issues should be checked.

Recommendation: A scheduled annual review of Contingency Plans and Standard Operating Procedures should be in place and monitored.

Recommendation: The reported short duration of staff alarm batteries should be addressed.

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

Rating: Good performance

Comprehensive Health and Safety management systems were in place, supported by a full time appropriately trained Heath and Fire Safety Co-ordinator (who was engaged in further professional development). In SPS audits (2019) for both Health and Safety and Fire, the establishment achieved outcomes of reasonable assurance. Evidence was offered which confirmed a full range of up to date, required risk assessments and safe systems of work. Inspection processes were zoned, regular and outcomes were tracked. Managers at all levels took part in H&S inspections and it was noted that representatives from the senior team alongside Scottish Prison Officer Association (SPOA) partners and Co-ordinators for H&S and infection control undertook inspections together. This should be regarded as good practice.

Governance processes were in place and the H&S meeting was chaired by the Governor, with Heads of Function attending. The H&S Co-ordinator would further benefit from regular (monthly) scheduled contact sessions with the Governor to review progress. H&S information was accessible for staff on a well organised share point site, with 'flag' monitoring systems to prompt action (for example in respect of 'Accident at Work' returns). Integrated working with the local Operations and Estates Teams, and with Headquarters on national issues was evident. Fire incidents were minimal, and identified Fire Marshalls assisted in monitoring the fire evacuation schedule. Liaison with local Fire and Rescue Services for familiarisation visits was in place.

There was evidence of analysis of H&S data (from a standardised dashboard format) and action taken to address areas of non-compliance, such as to address the substandard condition of the NTE shower facilities. The majority of issues raised were relatively routine and, consistent with those apparent in comparable establishments, had been identified and were being addressed.

Some development activity was taking place. A traffic management system had recently been implemented, compliance with HQ policies was being checked and coaching sessions with FLMs had been instigated.

Despite these good processes and substantial efforts, H&S outcomes were significantly negatively impacted by the age and condition of the facilities, and training compliance by an extended period of significant staff absence. Pest control was a constant concern and an HSE visit had taken place in October 2017 to view the condition of safe cells.

Good practice: It was noted that representatives from the senior team alongside SPOA partners and Co-ordinators for H&S and Infection Control undertook inspections together.

HMIPS Standard 4

Effective, Courteous and Humane Exercise of Authority

Quality Indicators

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

Rating: Satisfactory performance

Inspectors reviewed five Use of Force forms and ten Immediate Incident Reports provided in the prison evidence folder. In addition, inspectors requested and were provided with all Use of Force (UoF) forms from July 2019. A detailed review of them confirmed that all forms were completed to a high standard.

It was noted that from the 23 occasions in July when use of force was initiated, de-escalation was utilised in 18 of the incidents. Furthermore, there were robust narratives annotated in all sections of the Use of Force forms detailing each staff members involvement and, with the exception of two forms, all had been reviewed and signed-off by the Head of Operations. One of the 23 incidents was planned and the documentation evidenced that the incident was video recorded as per policy; the video recording, and all other recordings, were available via the Security Team.

In the course of the inspection week, a number of live incidents occurred. CCTV footage from one of the incidents was selected at random by inspectors, and reviewed along with the supporting documentation. No issues were observed and the incident was managed in a professional manner.

HMP Barlinnie facilitates a monthly Good Order Meeting attended by all available Senior Management Team members. Part of this meeting was dedicated to reviewing good practice and potential lessons learned from incidents. Observation of the meeting provided that four incidents were reviewed which, in part, included Use of Force. Of the four incidents, one incident pertained to good practice in exercising effective interpersonal skills and three highlighted minor operational issues.

In addition, the aforementioned incident of good practice resulted in a Violent Incident Review (VIR) meeting being facilitated by the Duty Manager at the time of the incident and the staff involved. This was observed by inspectors and evidence of other VIR meetings was provided to them.

At the time of the inspection, 88.8% of operational staff where competent in Control and Restraint (C&R) and 64% of FLMs were competent in the role of the Supervising Officer. This is below the target of 95% which was partially attributable to sick absence. All staff spoken with during the inspection were full conversant with the rules governing Use of Force (Rule 91).

Recommendation: Head of Operations, in conjunction with the Training Manager, should ensure 95% of available staff are compliant in C&R and Supervising Officer 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: Generally acceptable performance

Inspectors reviewed three Rule 95(11) applications and no issues were found. In addition, during the inspection, inspectors obtained a PR2 report of all prisoners being managed under Rules 95(1), 95(11/12), 41 and Cellular Confinement (CC) conditions. The report confirmed that there were 13 prisoners being managed in the Separation and Reintegration Unit (SRU): two Rule 95(1)s, six Rule 95(11)s, one CC and four Refusal to Return to Mainstream Conditions. It was noted that all of the prisoners on rule conditions were being managed under new rule processes, whereby, all paperwork was completed electronically via PR2.

The FLM and staff within the SRU had a good underpinning knowledge of the process for all rule conditions. All paperwork was completed to a good standard, approved at the appropriate management level and annotated correctly on PR2. This included robust and detailed case conference minutes and management plans.

Inspectors observed two Rule 95(1) case conferences, where consideration for further rule extensions or return to mainstream conditions was discussed and decided. The case conferences were chaired by an appropriate Unit Manager and attended by the SRU FLM, relevant Hall FLM, SRU staff, NHS Nurse and the prisoner. The case conferences were person centred and the prisoners were involved and consulted throughout. The outcomes and management plans were clearly identified and discussed with the prisoners, recorded on PR2, and were appropriate, disseminated to other partners and stakeholder.

It was noted by inspectors that at the time of inspection, there were no prisoners being managed under Rule 41 conditions.

In addition, it was noted that evidence from numerous FLMs confirmed that, at present, prisoners being placed on the SPS Management of Prisoners at risk of any Substance (MORS) policy who required to be confined to their cell were not being placed on a supporting Rule 95(1). The MORS Policy does not provide lawful authority to confine prisoners to their cells, therefore, a Rule 95(1) must be applied when a prisoners access to the regime is restricted due to being under, or suspected to be under, the influence of an unknown substance.

Recommendation: HMP Barlinnie should ensure the all prisoners being managed under the MORS policy and being confined to their cell and their access to the regime restricted are placed on a Rule 95(1).

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

Rating: Good performance

Inspectors reviewed five examples of Disciplinary Hearing documentation and no issues were found. All were completed to a good standard with narratives evidenced in the appropriate sections.

In addition, inspectors observed seven Disciplinary Hearings. The hearings were, as is the general practice in HMP Barlinnie, facilitated in the SRU. It was evident that the Unit Manager, FLM and staff facilitating the hearings had a good understanding of the process and policy.

The hearings themselves were conducted in a polite, courteous and professional manner. The prisoners were consulted throughout and confirmation of the prisoners understanding of each section of the process was sought. When the charge levied at the prisoner was pertaining to substance misuse, a discussion took place relating to the relevant assistance available within HMP Barlinnie, and, when appropriate, subsequent referrals were made. Furthermore, without being prompted by the prisoner, one of the disciplinary hearings was dismissed as the Adjudicator observed that the report was “time-barred”, displaying a good understanding of the process and policy.

Overall, the seven hearings inspectors observed were facilitated professionally and in accordance with the SPS Disciplinary Hearing Policy 2018.

In line with the aforementioned policy, HMP Barlinnie were able to produce a manifest of the senior managers deemed competent to undertake the role of Adjudicator at Disciplinary Hearings.

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 inspection, inspectors extrapolated a report from PR2 which provided that HMP Barlinnie had two prisoners on SSMs.

On further examination, both prisoners were located within E Hall and there SSMs pertained specifically to “no lone female staff”. Both prisoners were aware of their SSM status and the paperwork had been completed correctly and logged on PR2.

Information relating to the aforementioned prisoners and the SSMs were available in a folder at the staff desk located at the entrance to E Hall. All visitors were briefed in relation to the SSMs prior to any interaction with the prisoners.

All staff interviewed within E Hall in relation to this quality indicator were fully sighted on these SSMs, and all staff and managers interviewed across the prison were conversant with the broader SSM process.

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

Rating: Generally acceptable performance

Inspectors were provided with, and reviewed, copies of HMP Barlinnie's records pertaining to cells searched within the previous three months, and there was evidence of a robust cell clearance process being utilised when a cell was required to be cleared when the prisoner is not present.

The evidence suggested that HMP Barlinnie performed 872 cell searches in the prior three months period. It was noted that, according to PR2 records, none of the searches resulted in a "find" or Governor's report.

As SPS PRL Standard 2.3.2.4: Searching - Cell & Area Searching, provides that all cells are searched three times per year, once in every four month period, and recorded on PR2. Inspectors extrapolated three separate random PR2 reports for A, C and E Halls based on cells not searched within the previous six months. This report provided that C and E Halls combined had only four unsearched cells, however, A Hall had 110 cells not searched in line with policy. Inspectors enquired if there were paper copies of the searches to refute the PR2 data, however, all halls reported that no paper copies were kept, therefore, at the time of inspection HMP Barlinnie could not evidence compliance with Standard 2.3.2.4.

Inspectors observed an intelligence led targeted cell search of two prisoners located in a double cell, which was facilitated by three officers from the Security Group. Both prisoners were individually body searched in accordance with policy. The officers then established which property belonged to each prisoner and identified and searched, in line with policy, any legal correspondence. The officers were professional, thorough and courteous throughout and returned the cell to the prisoners in an acceptable condition.

Inspectors also observed prisoners being searched at the conclusion of visit sessions and on admission to reception. Good use of non-invasive searching equipment was observed in all searches, with good communication from staff to minimise any potential anxiety, stress or discomfort to the prisoners.

There were robust SOPs for all prisoners' property entering the establishment, either at the point of admission, handed in or posted in. Inspectors observed property handed in at visits being searched, processed, recorded and stored to be allocated to the prisoners' at the earliest opportunity.

Recommendation: HMP Barlinnie should ensure that all mandatory cell searches are conducted and recorded on PR2 in line with PRL Standard 2.3.2.4.

Recommendation: HMP Barlinnie should review their cell searching recording process to ensure that any finds and subsequent governors' reports are annotated on PR2.

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

Inspectors reviewed numerous documents relating to the accepting, storage and access to prisoners' personal cash and property, and the process for dealing with complaints about lost or damaged property.

Prisoners' cash: Inspectors observed a robust system for receiving, processing and accessing prisoners' personal cash (PPC). HMP Barlinnie had a dedicated counter at the visitors vestibule area, which was open seven days a week, mornings, afternoons and evenings* (*except weekends). Cash handed in for prisoners' was processed immediately into the prisoners PPC account, with the presenter being issued a receipt. There was also a robust process for processing cash posted in via the Royal Mail. All staff spoken with could articulate the process.

Prisoners' property: Inspectors observed prisoners' property being managed during admission and that which had been handed in. Both processes were thorough and accurately recorded on the prisoners' property cards. Valuable property was identified, separated and recorded on corresponding valuable property cards. The valuable property was placed in a sealed clear bag and stored in an adequately locked restricted access room. HMP Barlinnie provided evidence of, and inspectors observed, a system for prisoners' to challenge perceived lost property.

The storage facilities for prisoners' clothing "racks" (clothing that prisoners' can access to wear for external appointments, and or, liberation) were adequate. Racks were stored in large storage bags on hangers within a room above the reception area. Other non-valuable property was stored in a disused prisoner accommodation facility adjoining the reception area. The storage facility looked slightly chaotic, however reception staff appeared to know where to locate individual prisoners' property.

HMP Barlinnie's items in use list for prisoners' was limited. Only remand and NTE prisoners' could wear their own clothes and there was no access to personal books, game consoles etc. There was a system for prisoners' to access their personal property at the weekends to exchange items in use or examine their personal property. Furthermore, authorised items handed in or posted in were processed and forwarded to the prisoner expediently.

Recommendation: Building on the recommendation in QI 2.5, HMP Barlinnie should review its policy of access to prisoners wearing their own clothes in residential areas and the items in use list in conjunction with prisoners, possibly via the PIACS, to afford better choice and access to personal property.

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

Rating: Satisfactory performance

Inspectors reviewed numerous documents provided in the evidence folder pertaining to the risk assessment processes for prisoner escorts. The risk assessments can be divided into two constituent parts: GeoAmey and SPS escorts, which are addressed in turn below:

GeoAmey: The preparation of Prisoner Escort Record (PER) forms was initiated by the court desk staff who completed all relevant information from PR2, before forwarded to the Health Care, then to the reception FLM for validation.

The PER forms reviewed in the evidence folder and observed during the inspection were of a good standard. Observation of GeoAmey staff processing escorts provided that the staff identified each prisoner, read the corresponding risk assessment form and confirmed the details with the reception staff. The PER forms were managed and updated by the GeoAmey staff during the escort by annotating a record of the escorts on the documentation, before being signed by reception staff on return to the establishment. All GeoAmey facilitated escorts observed imposed the minimum restraint required, as identified on the PER.

The SPS: The preparation of risk assessments for non-core escorts facilitated by the SPS were completed by the reception FLMs. The paperwork reviewed in the evidence folder and observed during the inspection was robust and of a good standard. The SPS staff were briefed by the reception FLM and the escort observed by inspectors used the minimal use of restraint identified in the risk assessment.

The SPS escort observed by inspectors was facilitated by two staff and a driver (all from the Security Group) on very short notice, as GeoAmey cancelled the appointment.

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

Rating: Satisfactory performance

Inspectors reviewed the drug and alcohol testing information from the previous 12 months. In addition, inspectors extrapolated a report from PR2 of the number and type of tests facilitated in the three month prior to the inspection, which confirmed there had been 34 positive and 232 negative results.

The Mandatory Drug Test (MDT) team consisted of two full-time dedicated and motivated officers who were line managed by the Security Group FLMs. As annotated above, they facilitate numerous urine sample tests in three categories: Risk Assessment (progression), Suspicion and Prevalence testing. Both officers expressed their concern that urine tests were, at present, not capable of detecting the presence of Psychoactive Substances (PS), which were currently prevalent in HMP Barlinnie.

HMP Barlinnie had recently taken possession of a Rapiscan Machine capable of testing items/substances for traces of PS, which was managed by the MDT team. Both officers were well versed in the Rapiscan Machines capabilities, and utilised the machine for reactive testing of retrieved items/substances and proactive operations to restrict the introduction of PS.

The MDT facility was clean, well-organised and suitable for facilitating drug prevalence testing. Prisoners were afforded as much privacy and dignity as possible, whilst maintaining the security required for testing, and the waiting area was clean with access to drinking water and toilets.

Alcohol testing, whilst not routinely facilitated, was available. An Alcohol Breath Tester (ABT) was located in the NTE and mainly used for suspicion testing of prisoners returning from community placements and SELs. NTE staff could not provide written records of testing, however, all staff spoken with were aware of the ABT and could direct the inspector to specific examples of use. Inspectors explored the examples given, and supporting evidence was available in narratives annotated in the specific prisoners Community Integration Plans (CIP) on PR2.

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

Inspectors reviewed numerous documents relating to this quality indicator. They also observed the main route movements, prisoners' time in the open air, visits and ad hoc movements.

All prisoner movement was requested through the Electronic Control Room (ECR). Despite the frenetic environment of the ECR, inspectors observed and were impressed by the professionalism of the ECR staff under challenging circumstances. All movement requests were carefully considered and verified as safe, prior to authorisation being given to proceed.

The main route movements were well staffed and managed by FLMs and officers from all areas of the establishment. All prisoners' were required to exit their areas via an Archway Metal Detector (AMD) and random rubdown searches were facilitated. The Security Group also facilitated additional random rubdown and body searches in a designated area located on the main route.

Prisoners that had attained a low category of supervision and had passed the appropriate security checks were provided with laminated identity passes, which allowed them to move around approved areas of the establishment unsupervised. All unsupervised prisoners were required to show their passes at ECR camera controlled doors to gain access to areas and were regularly challenged by staff.

The route movement, time in the open air and visits were also observed and recorded via the extensive CCTV system on a bank of monitors within the ECR.

A specific member of visits staff facilitated the management of the visit cameras during visits sessions. The camera coverage was adequate and inspectors were satisfied that all categories of prisoners were safely managed within the visits room and holding areas.

Time in the open air that were observed were sufficiently staffed, and officers from each hall informed the ECR prior to prisoners being let out into the exercise yards, to ensure that the cameras were trained on the area. However, the quality of the footage from the exercise area CCTV cameras could be improved.

In general, HMP Barlinnie has good CCTV coverage linked to the ECR. There were specific monitors allocated to key features such as staff alarms and pressure sensors on the perimeter walls, which when activated, tracked the staff alarm and perimeter pressure activations. ECR staff spoke knowledgably about the system.

Recommendation: HMP Barlinnie should review the coverage and quality of the cameras that cover the exercise areas.

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 reviewed numerous documents and observed the security procedures relating to the pedestrian gate, vehicle gate, prison perimeter and area searching.

The Front of House (FOH) area was managed by the gate/visits FLM and staff, and it was also supported by the Security Team. Pedestrians, including staff and all visitors were required to provide identification. They were then courteously processed through an AMD and had all their permitted property x-rayed.

In addition to the FOH processes, the Security Group facilitated random rubdown searching of staff and visitors in a designated area just beyond the FOH. Evidence from the Security Team FLMs and staff provided that the additional searching was only facilitated in the morning, and only captured the early and day shift staff and visitors. There was no provision for searching the backshift, nightshift or any other adhoc movement. In addition, the morning provision was regularly cancelled/curtailed due to staff shortages and / or redeployment to external escorts.

The vehicle gate was staffed by a specific member of staff from the ECR. Despite the extremely high volume of traffic, inspectors observed a controlled and thorough process for searching and recording all vehicular traffic and drivers. Appropriate searching equipment, storage facilities and signage were present.

There was also evidence of area searches as well as adhoc and targeted additional searches of staff, visitors and vehicles conducted by the Security Group and, when available, supported by the Tactical Dog Unit. However, inspectors remain concerned that there was no routine searching of staff outside the morning period.

Inspectors observed Royal Mail deliveries, which were processed as per national SOP requirements and distributed without delay to the addressees. The only delays to delivery were items identified as "suspicious". These were processed as per the SOP, minimising the delay.

As stated in QI 4.9, HMP Barlinnie had a large CCTV network monitored by the ECR, which included perimeter cameras and pressure activated perimeter cameras. Inspectors were provided with evidence of, and observed, the routine twice daily (minimum) outside and inside perimeter checks facilitated by two members of the staff. The checks were very thorough, methodical and co-ordinated with the ECR.

The establishment had identified that a particular area outside the establishment was vulnerable to attempts to introduce illicit substances/articles, and had implemented measures to address the vulnerabilities. Measures included perimeter checks focussed on the area and Prison Watch notices containing a direct dial telephone number to the ECR for members of the public to report suspicious activity were present around the perimeter. Records of reported suspicious activity were maintained in the ECR.

Recommendation: HMP Barlinnie should implement a robust process for the adhoc rub-down searching and recording of all staff throughout the day.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment

Quality Indicators

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

Rating: Satisfactory performance

HMP Barlinnie had a number of processes in place but not all staff were aware of them, particularly those who had been newly promoted or were supporting their colleagues from other areas. When dealing with bad news from families, an SOP – ‘Notification of Death of a relative’ was in place. Although it was the responsibility of the FLM for the area to manage this process, inspectors were informed that there would be discussions amongst the team to determine who was best placed to deal with this sensitive matter, based on the relationships between staff and the prisoner. Inspectors spoke to one individual who had experienced a recent death in their family, and he reported that he had been dealt with in a sensitive manner by an officer he had a good relationship with.

For those who required to contact their family but had no phone credit, where it was deemed appropriate, staff offered access to a phone through the prison PIN system.

Video-conferencing was available in the visits area to enable prisoners to contact their loved ones and friends in Aberdeen and Inverness and was well used. This is a valuable opportunity and should be extended to all Scottish prisons.

HMP Barlinnie followed the TTM Strategy by offering those attending a case conference the opportunity to include their families. Similar to other inspections the uptake was low.

Family strategy meetings had been held involving the prison management and external partners, that looked at ways to encourage engagement between prisoners with their families, but disappointingly they had stopped.

The ‘e-mail a prisoner’ service received approximately 250 e-mails per day, which was encouraging. The system for dealing with this process was observed and found to be comprehensive, with a dedicated member of staff being responsible that resulted in a robust, timely and consistent approach.

Recommendation: HMP Barlinnie should ensure that all staff are aware of the policies or SOPs and how to implement them in relation to the sharing of critical information.

Recommendation: The SPS should extend the use of video-conferencing being available to enable prisoners to contact their loved ones and friends.

Recommendation: HMP Barlinnie should reintroduce the family strategy meetings.

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

There was a mixed view from prisoners and staff on how good relationships were between them. Staff and prisoners highlighted that relationships were not as positive as in the past, and that there was less of a feeling of respect. Both groups gave similar reasons for why they felt this was the case, citing high numbers, a change in attitude of prisoners who were more likely to challenge staff, and the use of psychoactive substances.

It was difficult to fully gauge the relationships between staff and prisoners due to prisoners being locked in their cells for long periods of time. Some prisoners described the prison as a big SRU due to the lack of socialisation. Most established relationships seemed to be between staff and those that repeatedly came back to the prison, in some cases after a very short period in the community. The majority of those prisoners spoken to were unable to name the staff working in the hall, either because it was someone new every day or they didn't spend enough time out of their cells to get to know them. It was not helpful when looking to building up a relationship that staff did not wear their name badges, which was often observed during the inspection.

Inspectors observed when visiting the residential areas that most prisoners were locked in their cells, other than the passmen. Where prisoners were allowed out of their cells to attend purposeful activity, visits, use the telephone (maximum of 10 minutes per day on request), have a shower (which for some prisoners who did not work or have a visit occurred every second or third day), or to pick up their meal, it appeared they were locked up as quickly as possible with very little interaction between staff or with other prisoners. It was highlighted during the focus groups how difficult it was to build any useful relationships.

Times where positive engagement would be more readily observed and gauged would be during recreation, but disappointingly there was very little evidence that recreation took place, other than on a rare occasion and only small numbers. Even then, it appeared that prisoners only socialised with those on their landing and were not able to mix with other prisoners in the hall that they might know.

A number of staff from different residential areas felt that not letting prisoners out for any more time than was required kept the prison safe, and that high numbers going to recreation encouraged violence and concerted indiscipline. During the inspection there were no reports of negative engagement by staff and a number of individual examples of positive relationships were observed, particularly where staff and prisoner spent more time together such as during visits, in the gymnasium, during education and SMART recovery. Similarly inspectors observed and welcomed the support given to prisoners taking part in Parole hearings and TTM, where FLMs and staff reassured prisoners about the process and used a calming influence.

Recommendation: HMP Barlinnie should encourage more interaction between staff and prisoners by offering opportunities for more lengthy and regular contact, including recreation on a more regular basis and mixing prisoners where possible as per PRL standard 3.1.4.2.

Recommendation: HMP Barlinnie should encourage relationship building by ensuring all staff wear their name badges.

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

Rating: Generally Acceptable performance

Staff appeared to have awareness of the importance of confidentiality, privacy and the importance of protecting information. Staff endeavoured to achieve confidentiality but there was a lack of meeting space due to the makeup of the buildings, with little to no space within the halls for staff and prisoners to engage in a confidential manner. The meeting areas that inspectors observed appeared to be old cells or storage rooms that were poorly fitted out, and on many occasions the furniture was broken which resulted in staff using their own office. Staff reported that on many occasions they were interrupted by other staff or prisoners as part of the normal routine, which was far from ideal.

To protect confidential information each prisoner had a safe in their cell. However the safe was occasionally found to be broken. The safe was adequate to store medication and small items such as letters, but not large enough to store A4 size paper such as lawyers letters, which allowed the possibility that the other occupier of the cell had access to this information when the prisoner was out.

There was information on data protection on all notice boards, but there was no evidence of this information in other languages. Although inspectors found that generally Barlinnie handled personal information discreetly, there were examples where more care could be shown with regards to officers carrying folders i.e. Talk to Me with the names clearly on show, or where it was not possible to use the new intercom system, staff shouted to their colleagues the names and reasons for appointments i.e. medication, alcohol anonymous or drugs courses, and requests to attend courses where the prisoners earliest date of liberation was on show.

During prisoner focus groups, issues were highlighted around long delivery times and the alleged illegal opening of their mail, though it should be noted that there were no complaints submitted to support this allegation. On testing the mail process, where there was 262 general mail items, nine recorded deliveries and 41 legal correspondence, it was observed that a good process was in place. Recorded delivery and legal mail sheets were returned and filed in the main office under the retention guidelines. Where confidential mail and recorded deliveries were dealt with, it was observed that this was carried out under the national guidelines. It was reported that the most common area where confidentiality was being breached was via solicitors not accurately marking confidential legal mail. Where this occurred the appropriate actions were carried out internally, but the company was also contacted to encourage them to mark their letters accordingly. Staff were asked about privileged and legal correspondence and were able to explain the recognised process.

Recommendation: HMP Barlinnie should ensure that cells, particularly those where there is double occupancy, have a safe of the appropriate size available to each prisoner to store their confidential mail.

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

Recommendation: HMP Barlinnie should ensure that staff are constantly aware of the need for confidentiality with regards to personal information, and that they utilise the intercom system to minimise breaches in confidentiality.

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

Rating: Generally acceptable performance

Despite HMP Barlinnie working hard to operate in an orderly fashion, regimes were unpredictable. With a design capacity of 1021, exceeding 1400 prisoners for a much sustained period of time has had a detrimental impact on daily business, with changes to the hall timetables, availability of purposeful activity and out of cell activity. Prisoners consistently reported not knowing whether they would be attending their planned activity for that day or if they would be receiving recreation on a daily basis.

Prisoners reported that when changes occurred they were not informed or consulted. In such cases HMP Barlinnie should make every effort to inform everyone affected. A recent change to the regime, where prisoners leave work early to return to their residential area to attend fresh air, means if they don't attend fresh air they are locked up for even longer than before. HMIPS found no evidence of prisoners being officially informed of this change or the reasons for it.

It was noted by prisoners and confirmed by staff that the regime was subject to continuous change because of low staffing, in particular the cancelling of recreation. Hall regime plans were made available to the inspection team as part of the evidence folders, but they were not consistent, with some being very basic while others were more informative i.e. C hall. These plans were not always available in the residential areas and, where they were, they were not always adhered to.

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

Recommendation: HMP Barlinnie should make every effort to inform those that are affected by changes in routine at the earliest possible time.

Recommendation: HMP Barlinnie should ensure that hall information booklets are available to all prisoners regardless of where they reside, to ensure good information is available and equitable.

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

Rating: Generally Acceptable performance

When questioned, prisoners and staff informed inspectors that PIACs were not a regular occurrence. Minutes of PIAC meetings did exist. However, apart from an occasional minute from 2018, most PIACs appeared to have taken place since the inspection announcement. There did not appear to be any feedback to prisoners on the outcomes of these meetings on the hall notice boards and, when questioned, staff and prisoners were unaware of any changes to activities resulting from these meetings. Inspectors found no evidence of any action plans with regards to the outcomes of PIAC meetings. There was evidence of specialist PIACs being held i.e. canteen, but again there was little evidence of any impact.

The re-introduction of PIACS was however encouraging, and HMIPS ask that Barlinnie continue to hold these forums in all areas and to feed back the results and changes to prisoners via future PIACs and notice boards. It was encouraging to see some good information on some prisoner notice boards, but this was not consistent across the residential areas e.g. information on access to education was not available in the convicted halls. It was disappointing to note that there was very little evidence of information being provided in languages other than English. Access to areas such as the library was offered on a rotational basis within the halls, and appeared to be equitable at the time of the inspection, although it was difficult to check that due to a lack of information on previous attendance.

HMIPS considered the radio station 'Barbed Wireless' to be an excellent facility which was praised by prisoners, external partners and staff for informing prisoners of events and information.

Recreation areas appeared to be good with large areas to socialise, however access to recreation as mentioned in QI 5.2 was poor. Prisoners reported long periods where they were not given access to recreation. During the inspection each hall was checked on one particular day, and it was confirmed that recreation was not being accessed by all areas. In two halls there had been no recreation that evening and in another hall only 14 prisoners had been given an opportunity to attend recreation. Staff when questioned confirmed that recreation was not a regular occurrence, quoting staff shortages and safety issues as reasons for not allowing access.

Recommendation: HMP Barlinnie should continue to hold prisoner forums and PIAC meetings, ensure the minutes are available on the notice boards, and develop action plans to review progress.

Recommendation: HMP Barlinnie should ensure that prisoners are given regular access to recreation.

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

Scottish Public Services Ombudsman (SPSO) information was advertised on noticeboards in the halls and could also be found on the internal complaints committee forms. When requested by inspectors the prison rules were not available in all residential areas. When challenged on this, staff were uncertain about their exact location and whether prisoners could take them back to their cells. However, on these occasions it appeared that staff spoken to did not regularly work in these areas and were providing cover. It was noted that the prison rules were available in the Library, which also provided access to a number of documents to help prisoners safeguard themselves, including relevant legislation.

The SPSO reported to HMIPS that they had received more premature complaints from HMP Barlinnie than from any other prison, and they cited a possible reason for this may be a lack of access to forms or an understanding of the complaints procedure. This may relate to the fact that in the majority of residential area the leaflet holders marked for specific forms i.e. PCF1 were empty.

Staff reported that prisoners had to ask them for these forms as they were regularly removed by prisoners and misused. However, there was no notices to inform prisoners to ask staff for them. In line with other inspections, some prisoners felt that they would be treated negatively if they complained and therefore refrained. HMIPS did not find any evidence that this had happened.

The agent's visits area had a robust booking system and appeared to be operating well. Agents reported being treated appropriately with staff being helpful. There was one video link service to courts and two video links for prisoners, which were well used.

Recommendation: HMP Barlinnie should ensure prisoners have access to relevant information and forms to safeguard themselves against mistreatment. Where they feel it necessary to remove forms, notices should be in place to inform prisoners how to get them.

Recommendation: HMP Barlinnie should improve access to information for non-English speakers to allow equal access to information to safeguard themselves against mistreatment.

5.7 The prison complaints system works well.

Rating: Generally acceptable performance

As stated in QI 5.6, the lack of available complaint forms was a concern as prisoners could possibly be denied access to the formal complaints procedure. Prisoners who knew to ask staff for forms when they were not available indicated that they felt an increased pressure not to complain as staff would know they were complaining. However, HMP Barlinnie had received 385 complaints since January 2019, so it appeared that several prisoners were gaining access to the complaint forms. Of the 311 PCFs received 72 had been escalated to the ICC. A number of prisoners indicated that it took a considerable time to get a response to their complaint or that it had disappeared. Because there is no formal receipt when a complaint form is received from a prisoner it was difficult to conclude this was happening. On reviewing a sample of the complaint forms it appeared that most were completed to an acceptable standard.

The management of the complaints forms was the responsibility of the Business Improvement Co-ordinator and the system appeared well organised and robust, ensuring that in most cases the relevant timescales were met.

The Business Improvement Co-ordinator was also responsible for organising the ICCs which were also well organised with timings being met. Unfortunately logistics prevented inspectors observing the two ICCs held during the week of the inspection. Inspectors therefore interviewed both complainants who reported that although the outcomes were not what they had hoped, the rationale for the decision was well explained and both had accepted the decisions and would not progress to SPSO. Both knew the next step having had it explained to them during the ICC and they felt they had been dealt with compassionately and sensitively.

Inspectors were concerned however that those who had lower levels of literacy may struggle to access the complaint system. Prisoners cited positive support from staff on duty, but would have been more comfortable receiving support from peer supporters. Those who could not speak or read English appeared to be at a disadvantage due to a lack of information in any language other than English. Staff gave examples where they had used other prisoners of the same nationality to translate. Although this was done with the best of intentions, staff could not be assured that the right messages were being relayed and there was a danger of breaches in confidentiality.

Recommendation: SPS HQ should introduce a system that tracks each complaint to ensure they are answered and within the timescales.

Recommendation: HMP Barlinnie should ensure that those that have lower levels of literacy are supported to complete complaints paperwork, without reliance on other prisoners, unless it is a peer supporter.

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

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

Rating: Poor performance

In line with comments made during other inspections, not all prisoners knew about IPMs or were able to source information or get access to them. An IPM notice was displayed in the reception area of Barlinnie, and although the red IPM request boxes were available in the residential areas all the notice boards bar one had been removed some months ago by the prison and not been replaced. Therefore a lack of information was available on who and what IPMs could offer.

Inspectors were only able to source request forms in one area within the residential function without having to ask staff. Prisoners knowledge of IPMs was poor and it was rare to find a prisoner who had used the service. Prisoners who knew about the request forms and were having to ask staff stated that it would be unlikely they would ask for one for fear that staff would think they were complaining about them. Some prisoners remembered the IPM process from induction but not all prisoners had attended induction to gain that knowledge.

Feedback from prisoners spoken to who had been in contact with IPMs was largely positive, but reported that having seen a IPM, staff would ask them what they had been speaking to them about which again minimised the usage of the service.

Recommendation: HMP Barlinnie should ensure that the IPM notice boards are replaced as soon as possible.

Recommendation: HMP Barlinnie should ensure that IPM request forms are available in all areas of the prison to prevent prisoners having to ask for them.

Recommendation: HMP Barlinnie staff should be discouraged from asking prisoners why they have contacted IPMs.

HMIPS Standard 6

Purposeful Activity

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: Poor performance

There were insufficient employment and training opportunities for the number of prisoners in the establishment. This in itself justifies a poor performance rating. At the time of the inspection, there were 479 jobs allocated to prisoners with a waiting list of 132. There were around 900 convicted prisoners in the establishment eligible for work. A recent initiative to redeploy work party officers to hall duties for one hour each morning allowed HMP Barlinnie to more safely manage the volume of prisoners who were electing to return to the hall for exercise, whilst still providing work opportunities for the majority of the morning period. This also facilitated the delivery of staff engagement sessions. However, it led to a reduction in hours of purposeful activity.

Overall, there was an appropriate range of employment and training opportunities available to prisoners. These included the following work parties: bike shed; kitchen; gardens; laundry; hall and prison-wide pass duties; radio station; recycling; ironmongery; timber development; timber machine; and welders. Most of the work parties had their available places allocated with lengthy waiting lists. Prisoners were able to receive basic vocational training certificates in a few of the work parties, including industrial cleaning, hairdressing, plumbing and painting. These qualifications were unlikely to enhance employment opportunities in the community as they were at a very basic level. There were no opportunities to progress to more advanced levels.

There were good examples of the prison taking steps to remove proactively barriers to participation in employment for some prisoners. For example, in the kitchen work party, prisoners with language barriers were buddied with another prisoner who spoke their language and this enabled them to work and earn a wage.

There was an issue around the lack of training in food hygiene for hall passmen, and in particular for those who served the food at the hall pantry. Not all of these prisoners had completed a food handling qualification and there was a lack of clarity around which prison officers were responsible for ensuring hall passmen had completed this training. This presented a potential health risk to prisoners and requires to be addressed.

Recommendation: As a matter of urgency, prison managers must take measures to increase the number of employment and training opportunities within the prison to ensure a greater number of prisoners are more fully engaged in purposeful activity. This may not necessarily include or be limited to employment and training opportunities.

Recommendation: As a matter of urgency, the SPS and prison managers must review their systems to ensure all hall passmen who handle food have undertaken appropriate food hygiene qualifications.

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: Generally acceptable performance

The prison had a well-established labour allocation process which worked well overall. Prison staff carried out appropriate checks on prisoners eligible for work to determine which work parties they might be able to join. However, convicted prisoners with sentences of less than six months or greater than four years were not routinely allocated to a work party, although there were some exceptions.

An Employability Officer held individual employability assessment interviews with prisoners who were eligible for work parties, during which suitable vacancies were indicated. Often vacancies in specific work parties were limited due to waiting lists. Prisoners had the option to request a change of work party but were encouraged to remain in their work party for six weeks before making this request. There were many examples of prisoners who had changed work parties after consultation with Employment Services staff.

However, the allocation of all jobs was not always sufficiently systematic and transparent. For example, hall passmen were allocated by the hall manager following consultation with hall staff, and this did not involve an interview with the Employability Officer. Similarly, if a prisoner returned to the establishment after a short period away, it was possible for him to be fast-tracked to his previous work party, bypassing the waiting list.

Recommendation: HMP Barlinnie should ensure that prisoners who return to the establishment join the waiting list for work.

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

Rating: Generally acceptable performance

The Learning Centre was too small for the overall size of prison population, although actual attendance levels at education were poor at the time of the inspection, averaging around 55% of those registered for classes. More should be done to encourage and facilitate attendance. The temperature was not easy to regulate and external noise was occasionally problematic. Prisoners described significant difficulties in finding out about education from hall staff and being released for education once they had enrolled. However, they spoke very highly of their experience in the Learning Centre once they managed to access it. Prison managers must implement measures to ensure that hall staff inform prisoners about education options and release them to attend classes. In addition, prison managers should explore options to create additional space for learning to serve the needs of the whole prison population.

The highly motivated and committed Learning Centre Team provided education to all categories of prisoners, including those on remand. Despite the constantly fluctuating prison population, the curriculum was well-planned, consistent and relevant to prisoners' needs. An appropriate range of courses were available, including some higher level programmes delivered through distance learning by a college and the Open University. Many units and programmes were certificated by external awarding bodies, including the SQA. Prisoners found their achievement of such certificates highly motivating and discussed them with pride. The Learning Centre celebrated prisoners' success through monthly award ceremonies. Teaching and learning activities delivered in the Learning Centre were of high quality. Relationships between prisoners and staff were trustful and respectful. Prisoners appreciated the help they received from tutors and frequently spoke highly of the extent to which tutors had helped them.

Learning Centre staff provided a helpful induction to education, during which prisoners completed a skills assessment exercise and discussed their interests with tutors. All prisoners completed a Personal Learning Plan, which was reviewed with tutors regularly. Prisoners took part in monthly focus groups within the Learning Centre to explore their learning experiences and discuss specific themes and projects happening across the prison.

Learning Centre staff engaged in proactive and effective promotion of their current and planned activities. They used the prison radio well and ensured that leaflets and posters were passed promptly to all halls for display and distribution. Assistant Tutors from the Learning Centre made regular visits to halls to promote and discuss learning activities. However, there was evidence that hall staff did not routinely promote and circulate these materials. Learning Centre staff proactively monitored attendance levels from each hall. However, their attempts to ensure prisoners' attendance were not supported consistently by staff in halls.

Learning Centre staff worked very effectively with internal partners across the prison, resulting in a joint approach to cross-prison themed events and activities, which worked well. They also worked very well with external partners, who regularly visited the prison, contributing to or leading valuable events and activities within the Learning Centre or across the prison.

Recommendation: HMP Barlinnie must implement measures to ensure that hall staff inform prisoners about education options and release them to attend classes.

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

Prisoners had regular access to good quality sport and fitness facilities which catered for a wide range of interests, needs and abilities. The prison had two separate gyms which were well-equipped with a suitable range of exercise and training equipment, including weights and cardio-vascular machines. Prisoners also used an indoor games hall for activities such as volleyball and carpet bowls. An outdoor all-weather football pitch was used extensively by prisoners. Prisoners were able to access good showering facilities in the changing rooms following activities.

Prison staff organised a balanced programme of activities which were both recreational and purposeful. For example, a “Fit for life” programme, designed in conjunction with the University of Glasgow, provided groups of prisoners with certificated programmes linked to health improvement and wellbeing. Weight management activities, delivered in partnership with NHS colleagues were valued by prisoners. And a productive partnership with the “Street Soccer” organisation had resulted in a six-week course for prisoners involving both practical football coaching sessions and theory work. Importantly, prisoners gained the opportunity to continue links with the organisation upon release at their drop-in centre in Glasgow.

Staff regularly sought the views of prisoners about the types of activities in which they wanted to participate during gym sessions and used this information to plan future activities and programmes.

In conjunction with Glasgow Life, the prison ran a scheme which provided prisoners on release, free access to local gyms for a period of time. This was a positive initiative to encourage prisoners to continue with physical exercise once they had left the prison.

Good practice: The positive scheme with Glasgow life which provided liberated prisoners free access to local gyms for a period of time.

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: Poor performance

The Library was situated within the Communications Hub, alongside the prison radio and a large underused recreation area. It was too small to serve the prison population and, until very recently, was used by only three of the six halls, which denied the population of three halls access to books and other resources. Although library staff promoted access times to the halls, many prisoners were unaware of when their library visits had been scheduled. A very recent regime change had enabled an increased number of prisoners to access the Library for the first time. There was no seating area with tables for prisoners to read and choose books and materials, resulting in rushed opportunities to make choices and no suitable facility to use resources that could not be removed from the library. This also severely restricted prisoners' opportunities for socialisation.

Despite the inadequate environment, officers in the Library and passmen provided a welcoming and efficient service. The library had a long-standing and highly effective partnership with Glasgow Life, whose librarians provided professional advice, and fittings and materials for promotions. They also maintained an overview of library stock, ensuring that it was up to date and of an appropriate range. As well as standard books and DVDs, the library stocked books in large print, audio books and a small number of legal and reference texts. There was also an appropriate range of texts and resources in other languages, which reflected the prison population. Staff worked well with the nearby Learning Centre, with work parties and other areas of the prison to ensure that prisoners had the opportunity to access texts and resources required for other activities. When the required resources were not in stock, the library was able to order them quickly from Glasgow Life, ensuring that prisoners received the resources they needed. Furthermore, this partnership provided prisoners with library cards on liberation for their local library. As well as enabling them to access local libraries, this also ensured that prisoners were able to access and find information on other support services.

Library staff ensured prisoner participation and engagement through regular competitions with prizes and suggestion boxes. Staff responded well to prisoners' suggestions. Prisoners valued highly the monthly focus groups held by the Governor or his deputy. They helpfully used these opportunities to represent views of prisoners in their halls.

Recommendation: As a matter of urgency, prison managers must take measures to extend significantly the size of and facilities within the Library.

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

Rating: Generally acceptable performance

There was no centrally co-ordinated peer support system in the prison. As a result, prisoners were not able to access valuable support to help them cope with a range of challenges. However, there were examples of such schemes operating successfully at a local level within work parties, the Gym and the Learning Centre. This worked particularly well in education, where peer support was regularly provided by prisoners to other prisoners undertaking ESOL classes. Prison managers should implement a peer support scheme across all areas of the prison, taking good practice from local areas where this currently works well. The system should be centrally coordinated, monitored and evaluated.

Although there was a good range of events and activities across the prison, prisoners were not routinely asked for the views on events that had taken place. Feedback was anecdotal, which limited the opportunity to improve further the range of cross-prison events and activities. Prison managers should implement a structured system to enable prisoners to provide their feedback.

The prison had recently reintroduced a Listeners Programme to reflect the re-establishment of the initiative across the national estate. At the time of the inspection there were three Listeners in total, all of whom were about to receive certification for completion of their training by the Samaritans. The prison recognised that more Listeners were required. An officer with the role of Listener Co-ordinator was in place and was actively seeking to increase numbers quickly as possible.

There was a very good range of cultural and self-help events and activities across the prison, although recreational opportunities were limited. The programme of events and activities was wide and varied in type and purpose, which added greatly to life in prison. These events often resulted from good partnership working, involving various areas across the prison, as well as with a growing number of external agencies and groups. Some activities were led by prisoners as part of a learning project. Prisoners also took part in well-organised self-help activities provided by external agencies, such as mental health and addiction support groups. The range of events accommodated the diverse range of prisoners' interests and needs. The wide range of events included: festive and all-faith events organised by the Chapel; musicals and comedy acts; mental health awareness fun run; Vox Luminous; family contact sports day; Tough Talk, and authors' visits amongst many others.

Events and activities were planned well by a member of the Offender Outcomes Team, taking account of security, safeguarding, promotion and resourcing issues. However, not all events were planned using this central system, resulting in the lack of a cross-prison overview. A full overview of the prison's growing range of events is required in order to ensure that they are promoted well to prisoners.

Recommendation: HMP Barlinnie should implement a peer support scheme across all areas of the prison. The system should be centrally coordinated, monitored and evaluated.

Recommendation: HMP Barlinnie should implement a structured system to enable prisoners to provide their feedback on prison events and activities.

Recommendation: A full overview of the prison's growing range of events is required in order to ensure that they are promoted well to prisoners.

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: Satisfactory performance

All residential areas at HMP Barlinnie ensured that all individuals had the opportunity for at least one hour in the open air daily. Where there were higher levels of risk associated with outside exercise, rosters were used to ensure equity of access and this was well understood by residential officers. Opportunities were made available in the evening to increase the amount of time given to access open air as part of evening recreation. The exercise yards were well attended. Efforts had been made to ensure that those with mobility challenges were located on the ground floor for ease of access. During the inspection no individuals were identified as being separated from others under Rule 95 out with the Separation and Reintegration Unit, and Officers were able to articulate the processes in place to ensure that in these instances exercise in the open air was offered and supported.

The provision of clothing given to individual's consisted of denim jeans and fleeces. Prisoners communicated that the denim jeans were uncomfortable and too warm in the summer months and that the fleeces offered little protection from inclement weather conditions.

Recommendation: A review should be undertaken into what alternative prisoner clothing can be provided for inclement weather.

6.8 Prisoners are assisted in their religious observances.

Rating: Generally acceptable performance

It was clear that efforts were made to ensure that prisoners of all faiths had access to prison chaplaincy services across the establishment. All individuals had their religious views identified on PR2 and religious services were well attended. At the time of the inspection all religions held by prisoners were supported.

Officers had an understanding of the needs of different religions and understood the processes in place to maximise contact for prisoners with the chaplaincy services. Officers were also able to demonstrate how they could find out additional information if required. The chaplaincy team was composed of representatives of the major faiths present and cover arrangements were in place when representatives were not available. Pastoral visits were well established across the prison and appropriate chaplaincy processes were in place for those new to custody and for those who

request a visit from a chaplain. During the inspection, prisoners raised a number of queries about how links to the community could be strengthened. There did not appear to be any formal focus group or prisoner participation that supported a channel of communication for this.

Religious festivals were celebrated across the establishment and prisoners reported that there were no barriers in gaining appropriate articles of faith. Inspectors noted that protection and mainstream populations attended the same service. Services were provided as required by religion. The catering department had a strong knowledge of the religious dietary requirements to meet the needs of those resident.

Recommendation: Focus groups should be consistently undertaken by members of the equality and diversity group to ensure that opportunities are available for individuals to fully participate in aspects pertaining to religious observance.

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

The visit times and allowances were well communicated to prisoners, and processes were in place to ensure that prisoners were made aware of the visit arrangements in the link centre. All prisoners received their legal entitlement of visits and efforts were made to allow prisoners to have additional visits above the legal entitlement where practicable. Child specific visits were available at an appropriate time and the intervention with Early Years was very positive and well received by the individuals and families taking part.

Processes were in keeping with child protection expectations and the policy was clear in regards to supporting the visits of children. The waiting areas was child friendly and the introduction of the 'Tea bar' was positive. Information for visitors in the visit room and waiting room was limited. The lack of infrastructure meant that services specifically for visitors were established in the waiting room, with very little appropriate space for sensitive conversations.

Staff were knowledgeable on alternative visits, including double and virtual visits, and the facilities allowed these to take place and to be appropriately managed.

Overcrowding meant that phone use was limited for prisoners and at the time of inspection a number of telephones were not working or in disrepair. This meant that phone calls to family and friends were limited and individuals in custody were given specific times to access the telephones under significant time constraints. Efforts were made to ensure that everyone that required to use the telephone systems were able to do so.

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: Generally acceptable performance

There was a supportive and welcoming waiting area. Partners did not have infrastructure which meant that they were located in the waiting area to ask questions. Visitors communicated that during busy times car parking was difficult which could result in them being late to attend a visit.

Staff practices and knowledge were positive and the atmosphere in the visit room was friendly. Officers were able to explain how they supported visitors of different protected characteristics and were aware of how to gain access to reasonable adjustments such as hearing loops if required. Security into the entrance of visits was also positive and well managed. Officers were aware of good practice and were helpful and diligent.

The Family Contact Officers were welcoming, friendly and passionate about supporting parents and were very person-centred in their approach. It was evident that they monitored the interactions of families and although the Play Station support was not available at the time of inspection, visitors reported this was well established and had a positive impact on the overall atmosphere of visits. The soft play area and smaller visit area were well-utilised and regularly updated to reflect seasonal themes and events.

There was a changing area for babies in the waiting area toilet, and a further changing facility immediately at the visits room, but it lacked privacy and was located beside refuse. The visits room itself did not have any toilet facility near to it. Although officers could use their discretion for visitors to use the staff toilet, the nearest appropriate visitor toilet was some distance away. Using this toilet could have a significant impact on the length of the visit, particularly as visitors had to wait to be escorted.

Recommendation: The visits area should have access to toilets for both prisoners and staff and baby changing facilities that are appropriate and adjacent to the visit room.

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

Officers and partners agencies had a comprehensive knowledge base of different ways that families could sustain relationships. The virtual visit suite was easily accessible and the e-mail a prisoner communication pathway was signposted in various parts of the establishment. Double, assisted and accumulated visits were also available. Officers understood the criteria for these to be granted as well as the process through which they were allocated.

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

A daily allocation of visits was made for individuals housed in the SRU in order to maintain social relationships. Where risk level allowed, individuals recently housed in the SRU could continue with visits previously allocated before the application of Rule 95. The visits team were keenly aware of the value of visits and the importance of good family relationships. The use of the 'closed' visits function was well monitored. All closed visits were reviewed monthly and the rationale given and signed off by both FLM and Unit Managers in order to ensure that closed visits remained a proportionate response to risk. Efforts were made to encourage family attendance at Integrated Case Management (ICMs), with an average of 14% in attendance in recent months. Officers and managers associated with visits all articulated that the practice of banning visitors was a rarity and in the instances where this was required it was evident that processes were appropriate.

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: Generally acceptable performance

There was a broad range of therapeutic and cognitive development opportunities available to prisoners across a range of functions. The recovery ethos was delivered with passionate and informed staff alongside appropriate stakeholders. The recovery café initiative was held bi-weekly and was well received by participants. Although infrastructure limited the volume of those in attendance at alcoholics anonymous, both narcotics anonymous and cocaine anonymous were well embedded. It was also shown that there were plans to introduce SMART recovery following the inspection.

The introduction of the Short Term Intervention Programme for short-term prisoners was positive as it met an identified need in the short-term population and was popular among those eligible to attend. The Links Centre managed the core-screen case load to a good level and provided assurance that appropriate referrals were made in a timeous manner.

Social and organisational skills were promoted through initiatives such as Street Soccer and the wider gymnasium programme, which reinforced a health ethos and accreditations were also available. Links with Glasgow Life meant that opportunities were available to participate in gyms in the Glasgow area post liberation.

The day-care suite offered social and relational support for individuals with more complex needs. Activities includes certificated educational classes – with a monthly certificate presentation; art & music groups; TAIKO drumming weekly in the prison chapel and horticulture classes.

The Personal Officer system was well established in the NTE but less so in closed conditions, with reports that officers were having difficulty with the quality expected of the new Annex 'A' paperwork for progression. Although most of the social and cognitive skills training was of a high quality, in some cases only small pockets of prisoners could access these initiatives. In the evenings it was evident that recreational activities were restricted to being either locked up in-cell or an opportunity given for additional time in the outside air. The lack of recreation and lengthy periods in cell was a barrier to the strengthening of social skills and can only have a detrimental effect on cognitive development.

Recommendation: HMP Barlinnie should take action to further embed the personal officer scheme and the SPS should improve access to social and cognitive skills training initiatives

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: Generally acceptable performance

The case management of long-term prisoners at HMP Barlinnie took into account the individual needs and risks associated. Prisoners participated in case management and the completion of prisoner representations was common practice. There were also clear communication channels to prisoners of the decisions taken regarding their individual case management. The Prison Case Management Board adhered to expectations and utilised national waiting lists to ensure that programme availability took recognition of critical dates. There was clear evidence that efforts were made to support and inform individuals who had to transfer to HMP Barlinnie in order to attend prisoner programmes.

Since April, 93 Parole dossiers were completed and 14% of these were submitted late for varying reasons. Family involvement was actively encouraged. Both progression to NTE and those returning to closed conditions were considered with an individualised approach and the statutory ICM process was well established. There was evidence of a clear drive to maximise progression with plans in place to increase the knowledge and skills of officers. Since February, seven individuals had progressed from closed conditions with an active case load of over 20 for consideration. This was further evidence that the mechanisms for progression at HMP Barlinnie were in place. There was evidence that additional support was given, as required, to maximise participation in case management.

Recommendation: Parole dossiers should be submitted on time when reports are not available. These should then be submitted at a later time as a late submission.

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

Systems and procedures for release and periods of leave were in place for statutory prisoners. Prisoners and staff explained that the completion of prisoner representations (Annex Bs) were routine, but these were rarely saved on the prisoner records system.

There were strong links between psychology and officers in the management of OLR prisoners. Identified Psychologists co-ordinated OLR monitoring. Personal Officers for OLR prisoners had received or it was planned to receive OLR awareness training in order to ensure that appropriate information is captured for risk management measures.

Since National changes were made to Home Detention Curfew Guidance (HDC) from October 2018, HMP Barlinnie had released less individuals on HDC. In 2019, there had been approximately 11-18 individuals on HDC from the establishment at any given time.

Community Work Placements from Letham House were of a high quality and efforts were made to build upon the existing skills and preferences of individuals in order to further develop social capital.

Recommendation: Prisoner Representations should be uploaded to the Prisoner Records System in keeping with Case Management Guidance.

HMIPS Standard 7**Transitions from custody to life in the community****Quality Indicators**

7.1 Government agencies, private and third sector services and facilitated to work together to prepare a jointly agreed release plan and ensure continuity of support to meet acceptable standards.

Rating: Generally acceptable performance

Senior managers demonstrated a sound understanding of the roles and responsibilities of partner agencies in supporting long-term prisoners transition from custody to life in the community. Structures were in place to support partner agencies working to deliver jointly agreed release plans. Senior managers chaired multi-agency meetings that discussed the services offered within HMP Barlinnie and in the community to support prisoners. These were well attended by a wide range of community-based partner agencies. However, there was very little evidence of this being done for short-term prisoners. When inspectors looked at progression, there was evidence that the risk assessment process was inhibited by the lack of information available from partner agencies e.g. Prison and Community-based Social Work and Health.

The Link Centre had key partners based within it, such as the Department of Work and Pensions and Local Authority housing staff. Some Local Authorities out with Glasgow had staff attending on a regular though not on a permanent basis. These agencies and staff provided a specific support to prisoners preparing for their release. Inspectors saw evidence of use of translation services and written material in a wide range of foreign languages. The prison was about to launch a new initiative where prisoners could access Riddrie Community Library to receive support to register for benefits, and access other supports and services.

As with other areas of HMP Barlinnie, the Link Centre building was dated. According to staff it was not ideal for interviews to be conducted as it was possible to overhear other prisoners' conversations during interviews. Inspectors witnessed this during the inspection and were concerned that it did not allow prisoner confidentiality.

Where proper transition planning was in place for prisoners, ICM and Risk Management Team (RMT) meetings were held in line with SPS guidance, as evidenced in the audit of prison records last year. However, updated social work reports such as home background reports and risk assessments were often not submitted. There were also problems receiving thorough and up-to-date reports from some health professionals, particularly the Mental Health Team. This delayed prisoner progression. For example, in the National Top End unit, when reports were not submitted on time a prisoner's progression to HMP Castle Huntley could be delayed. Prisoners reported that this caused a great deal of frustration to them. Prison staff confirmed that meetings could be postponed due to delays in staff not submitting reports on time, or that they had to rely on older, potentially outdated reports. These issues were described by prison staff as a challenge, though both

prison and social work staff inspectors spoke to cited the pressure of volume as being the cause. While this was evident, it meant that transition planning was taking place without up-to-date and valid assessments, especially in relation to risk. Prisoner participation in the preparation for transition was limited. The prisoners inspectors spoke with said that they did not meet with anyone prior to planning meetings, and very few had any knowledge of what ICM should provide, this was different to those involved in pre-release and MAPPA. This meant they had a lack of opportunity to influence and inform the content of reports to be discussed during the meeting. Staff within the prison confirmed that it was difficult for them to find the time to meet with prisoners to prepare their CIPs, outside of the actual meetings. This was described as being due to the high turnover and volume of prisoners within HMP Barlinnie.

Prisoners told inspectors they felt there was an acceptance that given the pressures on the system, delays would inevitably happen and prisoner participation was not possible in most cases. The tighter adherence to ICM guidance within the prison may address these issues if properly and fully implemented across the prison. However, there was no timescale for this to take place.

Recommendation: HMP Barlinnie should monitor where prisoner progression has been hindered by a delay in receiving reports, and plans should be put in place to reduce these delays.

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

Rating: Satisfactory performance

For prisoners subject to post release supervision, ICM was generally well embedded in practice and was delivered in accordance with standards. Pre-release ICM meetings were always attended by Prison-based Social Work (PBSW) and usually attended by Community-based Social Work (CBSW).

Where MAPPA arrangements were in place, planning was robust. PBSW staff and Psychologists worked closely with prisoners to help prepare their pre-release plans, which took account of how they could keep the individual and communities free from potential harm. Prisoners were actively involved in contributing to their pre-release plans by addressing key issues around risks and their needs with professionals.

ICM coordinators understood the ICM process well, but personal officers working within the halls did not consider supporting the ICM process part of their role. This meant prisoners were not getting the opportunity to discuss the support they needed for release out with ICM meetings with their personal officers. The planned introduction of ICM training to staff across the prison should increase the knowledge of the ICM process and the role of personal officers. However, staff were unclear where they would find the time to undertake the support expected, given the number and turnover of prisoners.

Prison staff told inspectors that the continued use of paper forms as opposed to electronic forms was a barrier to effective and swift working practices. It slowed the process of getting reports in time to discuss with prisoners prior to ICM meetings.

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

Rating: Generally acceptable performance

Prisoners were referred for a Generic Programme Assessment through the Link Centre. There were a range of programmes available to meet the needs of prisoners living with substance misuse, addiction or trauma related issues and others which helped prisoners address offending behaviours. 69% of prisoners who were surveyed about the programmes said they helped them address their offending behaviour. Due to the waiting lists for programmes, many short-term prisoners were unable to access them and therefore lost out on the positive benefits the programmes could offer. The waiting lists also meant that there was the potential for delays in progression for long-term prisoners, as completion of programmes was an integral part of their ICM plan.

The Recovery Café was a positive initiative that promoted the participation of prisoners. It encouraged prisoners to take ownership of the group; it appointed a chair and vice chair and candidates were screened for their readiness to benefit from the programme. Prisoners discussed how they were feeling, raising concerns and anxieties they had, and others offered advice and encouragement where appropriate. Eighteen members of the Recovery Café continued to link with community-based Recovery Cafes on release and four have found work placements through it. Due to its funding ceasing, it was to be shut down. This meant that the positive input it had for prisoners in custody and those who had been released would be lost.

Recommendation: Funding should be made available to continue or resume the Recovery Café.

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: Poor performance

Long-term prisoners subject to post release supervision had well-co-ordinated plans, with multi-disciplinary meetings in place prior to release through the ICM process. However, there was limited meaningful prisoner involvement reflected in ICM minutes. The minutes concentrated on details of the offence, at the expense of a more full discussion on rehabilitation.

The majority of prisoners in HMP Barlinnie were serving short-term sentenced and had experienced limited opportunity to contribute to plans for community integration. Prison officers indicated they did not have time to discuss rehabilitation due to the volume and turnover of prisoners. Several prisoners and staff used the term ‘warehousing’ to describe the situation in the halls. There was no formal mechanism to review how well CIPs had assisted prisoners to address their specific needs. The only feedback the prison received was from prisoners who returned.

Recommendation: HMP Barlinnie should seek to have co-produced throughcare plans.

Recommendation: The SPS need to undertake workforce capacity modelling to ensure the rehabilitative needs of all prisoners are addressed.

7:5 Where the prison offers any service to prisoners after their release, those services are well planned and effectively supervised.

Rating: Good performance

The prison Throughcare Support Service was delivered by a small team who targeted short-term prisoners. They provided a valuable service which was acknowledged by prisoners and staff. Throughcare Support Officers took time to understand what prisoners needed on release and worked hard to build trusting relationships. Together they developed plans to approach things differently in the community to support successful transition. As a small and intensive service, they were limited in the number of prisoners they could support at any given time. This meant many short-term prisoners were not able to access the TSO service.

Referrals to the TSOs were mainly through the Link Centre and from prison staff who thought someone may benefit from this service. Some prisoners told inspectors they were not aware of the TSO service, which demonstrated that information about it was either inconsistent or not available for prisoners to access themselves.

TSOs understood the importance of building relationships with community agencies to help support and sustain released prisoners after the TSO support had ceased. They helped prisoners access housing, healthcare, welfare advice and opportunities to use their time constructively, prior to withdrawing their service. Prisoners who had experienced this support were clear that without the additional support the TSOs offered they would not have succeeded within the community.

The TSO service ceased on the 6 September 2019. This left a gap in the support for transition from prison to the community. This will be a loss to prisoners, as the service provided clear and tangible benefits. The prison had developed a plan around addressing the gap, anticipating that community initiatives such as those run by New Routes would fill the void left by the removal of TSO. Though it was unclear whether there was additional resource for these initiatives to increase their capacity.

Recommendation: The impact of the suspension of the TSO service should be kept under review and the service resumed at the earliest opportunity.

HMIPS Standard 8

Organisational Effectiveness

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: Poor performance

The 2016, the HMIPS inspection report on HMP Barlinnie raised a number of concerns about E&D, noting that the establishment had not yet developed its own E&D Strategy, and a forum on E&D had not met regularly, and did not have any prisoner representation, despite it being sought. It was disappointing to note, that despite seeking prisoner representation, to date no prisoner had attended the Forum and regrettably the position had not improved significantly since 2016. At the time of the inspection, the prison rested on the E&D Strategy and outcome documents developed nationally by the SPS, which would be appropriate if it had developed an associated action plan to embed the principles locally. Unfortunately no action plan existed at the time of the inspection. An E&D Committee had been established, with Ambassadors for each of the nine protected characteristics appointed to promote awareness of those who may require support. However, attendance at the committee meetings had been disappointing, particularly at Governor level and still had no prisoner representation (although E&D had been discussed at some PIAC meetings).

A revised prisoner information pack was being developed, which it was anticipated would help embed E&D principles. E&D training was part of staff core training. A new online module on E&D had been launched in April 2019, albeit only 33% of staff had completed the module at the time of the inspection.

Focus groups with foreign nationals highlighted concerns about their induction arrangements and access to books in their own language and menu translations. Although they welcomed the efforts made to ensure they shared cells with prisoners of the same language and nationality. It was noted that a number of foreign Nationals were placed on TTM, although usually for only a short period upon arrival, and it was pleasing to note that a separate PIAC session had been run with foreign nationals to explore what more could be done to assist in this regard.

Given the size of the prisoner population in HMP Barlinnie, the continuation of concerns raised in the previous inspection report, and the inherent challenges from the Victorian infrastructure in relation to supporting disabled prisoners (with only one accessible cell per hall and none in NTE), there is an urgent need for senior management to provide visible leadership and support for the E&D agenda. An action plan should be developed, setting out clearly for staff and prisoners how the national SPS E&D Strategy and outcomes will be embedded locally. Ideally a full-time E&D Manager for the prison should be appointed. If that is not practical,

then other arrangements need to be put in place to support the current post holder to free up more of their time to focus on this agenda. Inspectors welcomed the planned temporary secondment of an officer to support the E&D agenda, but believe a more permanent solution is required.

Recommendation: Senior Management should provide more visible direction and support for the E&D agenda through attendance at E&D committees, ensuring prisoner representation on the Committee and development of a clear action plan, with improved support for the E&D Manager.

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

Rating: Satisfactory performance

An action plan had been developed in response to the 2016 HMIPS inspection report and there was evidence of action being taken and progress reviewed.

Local PRL audits were carried out routinely by FLMs, and done on a cross functional basis to provide a fresh pair of eyes and more independent perspective. Internal SPS HQ audits were carried out by a team from HQ. All these actions fed into an Action Plan tracker, with progress reviewed at the monthly Business Review meeting, which included the Governor, Deputy Governor and full senior management team.

Minutes of these Business Review Meetings were taken, but would benefit from further detail on the key points discussed to assist the understanding of those unable to attend.

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: Satisfactory performance

Action to improve performance against these standards was wrapped into an overall Business Plan and Business Improvement Plan, which was created each April 2019 and set out the prison's objectives for the year. This was available on SharePoint and cascaded to staff. A good range of graphs and other data was provided to the Business Review Meetings to inform discussion and action planning.

Senior management had recently introduced a series of staff engagement sessions, to ensure that staff were aware of developments and engage with them in shaping the future. This should start to address the very low scores in the most recent staff survey, which in many areas were well below the SPS average. Senior management were convinced that face to face communication with staff, even if that meant restricted numbers, was more effective than emails to all staff.

Given the challenges facing the prison at present, not just from overcrowding, inspectors welcomed the introduction of these staff engagement sessions and strongly encourage their continuation.

Recommendation: HMP Barlinnie should continue the programme of staff engagement sessions, promoting constructive two way dialogue, and ensure that as wide a range of staff as possible are able to access them.

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

Rating: Generally acceptable performance

The corporate strategy was published and available to all staff, and set out the direction and aims of the organisation. Job descriptions, personal objectives and the appraisal system are the main building block for ensuring that staff are clear on the contribution they are expected to make. The poor rate of return of annual appraisals is therefore a concern.

Since April 2019, individual training requirements were managed through the new MYLO e-learning system, supported by monitoring through local line managers. Prior to that a training database had been maintained by the Staff Training Manager. The new system, with automated reminders when refresher training is due, should make monitoring of uptake and non-compliance much easier.

Nevertheless, the new system was still bedding in, and did not currently take account of those who were unable to complete training due to being on sick leave. Accordingly rates of non-completion of training were artificially high at the time of the inspection in comparison with similar figures at the end of March 2019. Even taking this into account, however, the rates for staff missing compulsory refresher training and therefore out of compliance appeared high at the time of the inspection e.g. 64% for C&R supervisor officer training, 60% for Atlas training, 38% for PPT refresher training and 41% for TTM. The latter was undoubtedly affected by awaiting development of the new TTM module by SPS HQ. Similarly, 67% were still to undertake the new E&D module. It was clear that a series of training events were planned and efforts being made to ensure that staff fulfilled their compulsory training requirements. This needs to continue until out of compliance statistics have improved.

HMP Barlinnie offered opportunities to act up to FLM to assist with staff development as well as manage vacancies. An FLM forum helped support training on particular aspects such as encouraging staff to respond in different ways to incidents on the halls.

Nevertheless, there was no single overarching training plan where staff training needs were assessed collectively and strategically, and training proposals for the next year or next three years set out.

There was good evidence of HMP Barlinnie being effective on a daily basis in adopting contingency plans to deal with the overcrowding and fluctuations in prisoner numbers and staffing shortages. This was a real strength, albeit often resting on ex gratia (overtime) payments, which was recognised as not being a sustainable solution in the long-term. The Senior Management Team were also clearly aware of the age profile of the staff and the challenges coming down the track from staff now being expected to work beyond age 60. However, whilst succession planning was rightly deemed to be dependent on recruitment and promotion boards run by SPS HQ, HMP Barlinnie should continue to seek opportunities to develop staff so they are ready to move up or step into new roles.

Recommendation: HMP Barlinnie should develop a more strategic training plan to address longer term training needs, while continuing to prioritise activity to ensure compliance with core training requirements.

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

Rating: Generally acceptable performance

Regular cross functional meetings took place at Senior and FLM level, where issues could be discussed and resolved. The FLM forum and the monthly Business Meeting provided opportunities for understanding roles and challenges faced by colleagues, as did meetings on H&S, Good Order and partnership meetings.

The recent staff engagement sessions had helped engage residential and industries staff.

Focus group discussions held with staff during the inspection process suggested that staff respected colleagues working in other areas of the prison and the challenges faced by colleagues.

However, some NHS staff indicated concerns to HIS inspectors about their relationship with SPS staff, with some individuals being accused of disrespectful behaviour. SPS had intervened appropriately when such incidents had been drawn to their attention.

HMIPS welcomes the agreement reached during the inspection for senior management in the SPS and NHS to hold regular monthly joint operational planning meetings to improve communication and address shared concerns.

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: Generally acceptable performance

There was a sound process for recognising good performance through a series of recognition events, which were then highlighted in staff bulletins. HMP Barlinnie had its own Awards and Recognition Group and Governor and Chief Executive Awards were regularly given out.

There was also evidence of appropriate steps being taken to address long and short-term sick absences in a supportive way, with the overall number of staff absences being brought down from over 70 to 40 or under per week. Poor performance procedures had been enacted, but appeared to be rarely required.

What was concerning was that 57% of staff appraisals due by the end of April 2019 had still not been completed at the time of the inspection. While the Personal Performance Management System appeared to lack credibility with some staff, it remained the foundation stone for formal assessment of performance in the SPS.

Recommendation: Senior management should remind staff of the importance of completing appraisals and recording them on the PPMS, and carefully monitor the situation until completion rates have improved significantly

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: Satisfactory performance

There are strong relationships with other parts of the prison service and wider justice system, such as the Glasgow Community Justice Group, with representation at senior management level. HMP Barlinnie was also actively engaged with a Glasgow Community Planning Partnership group looking at improving outcomes post liberation, and working proactively with the Poverty Alliance on similar initiatives, recognising that the direct cost of reoffending to the public purse in Glasgow is estimated to be £580 million each year, and that 44% of people released from prison to Glasgow are reconvicted within a year. The temporary suspension of throughcare services is therefore disappointing, but this was a national decision.

Glasgow City Council have a housing officer based in HMP Barlinnie to assist with securing accommodation post liberation, as that remains a major challenge for many prisoners on release.

HMP Barlinnie worked constructively with a very wide range of third sector organisations. Examples include working with NG Homes on personal development work centred on rugby and repairing bikes. Similarly HMP Barlinnie were working with community groups on a project to honour Wallace, the famous mascot dog of the Glasgow Fire Brigade, with a metal sculpture to be created in the Barlinnie work sheds. HMIPS commend HMP Barlinnie on these initiatives.

However focus group discussions with third sector organisations indicated that some partners were not aware of the prison's strategic vision and that communication could be improved, with changes in arrangements not always communicated fully. Some inter-agency meetings, such as a family strategy meeting, had stopped in recent months and partner organisations would like to see these reinstated. HMIPS encourage HMP Barlinnie to do that.

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

Rating: Satisfactory performance

Most engagement with local and national media was co-ordinated and provided by the SPS HQ team. However, HMP Barlinnie had collaborated successfully with others on:

- consultation with the public on the proposed new HMP Glasgow
- a local schools outreach intervention programme
- hosting visits from MSPs, the Justice Minister and various government agencies
- a history of the prison and the Special Unit at Kelvingrove
- bringing the relics of St Therese of Lisieux to HMP Barlinnie, working with the Catholic Church to hold a celebratory mass in the prison chapel, streaming the event live and publicising it with local and national media

HMIPS commend HMP Barlinnie for remaining committed to working with others on shared agendas such as these, and those highlighted under QI 8.7, despite the intensive pressures facing the prison at present.

HMIPS Standard 9**Health and Wellbeing****Quality Indicators**

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: Good Performance

On arrival to HMP Barlinnie the immediate health and wellbeing needs of all patients were assessed using a standardised assessment screening tool. Any patient identified as being at risk of suicide was placed onto TTM. If someone was found to be unfit to be in custody, arrangements were made to transfer them out to secondary care. Screening of opiate withdrawal was only carried out if a patient reported that they were actively using drugs.

Staff were observed to treat patients with respect and maintained their dignity throughout their health screening. They took the time to explain the screening process, listened to any concerns raised by the patient and offered reassurance and support. During their initial health screening, information was provided to the patient verbally or with the use of language line or an interpreter if required.

The health screening process informed the patient's care planning, and with the patient's consent referrals were made to the relevant services. All health screening information was clearly recorded onto the Vision patient electronic record.

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

Rating: Unacceptable Performance

Following their initial health screening on admission, patients were seen by a GP at the first night in custody clinic. Patients with long-term conditions were identified at this clinic and patients had the opportunity to discuss any medical concerns, including the risk of self-harm and suicide. If the patients emergency care summary was available, medications would also be prescribed at this time. All information was directly entered onto Vision.

Patients could self-refer to healthcare services and forms were available in most halls. Although the forms used simple language and pictures, they were not available in different languages or suitable for patients with literacy issues. The majority of officers spoken with told inspectors that, rather than patients placing their completed form in the locked post-box, they did this on behalf of the patient. Although patients could ask for an envelope, not all patients were aware of this. These practices breached patient confidentiality.

All new self-referrals were initially triaged by the hall nurse. Patients attended the hall triage clinic where an initial assessment and medical history was undertaken. Onward referral to other members of the healthcare team was agreed and documented onto Vision. Routine GP appointments were also arranged at the clinic. More urgent referrals were discussed with the health centre GP or clinical manager and, if necessary, the patient was asked to attend the health centre. Other appointments were made by administrative staff who sent these to the patient in a sealed envelope marked 'confidential'.

Patients were given information explaining the range of health services available, and how they could be accessed. The self-assessment form listed the range of services that patients could self-refer to and posters were displayed in the halls describing other services, such as health promotion, peer support through the Listeners scheme, narcotics anonymous and independent advocacy. However, information was not available in alternative languages or in a format accessible for those with literacy issues.

A number of HMP Barlinnie officers were based in the health centre and were responsible for escorting patients to appointments held there. Staff told us that patients who refused to attend an appointment were required to complete a "refusal form" and that staff had been informed by some patients that they had not refused to attend their appointment, rather they had not been collected by one of the officers. Inspectors were told that the frequency of this was having a negative impact on waiting times, especially for dental services, and had been reported through the Datix incident reporting system as well as being discussed at informal meetings between senior healthcare managers and HMP Barlinnie staff.

An electronic referral system was used to refer patients to secondary care services. Inspectors were shown evidence that appointments were often missed, as well as an internal SPS document which highlighted that, due to staffing issues, plans were in place to reduce the routine escort service provided by GEOAmey. The Chief Inspector of HMIPS escalated concerns about these missed appointment to SPS Headquarters, Glasgow City Health and Social Care Partnership, NHS Greater Glasgow and Clyde, GEOAmey and the Governor at HMP Barlinnie. Inspectors were told that the chief officer of the health and social care partnership had written to Scottish Government about the issue of GEOAmey and missed secondary care appointments. The escalation required patients to be informed of their missed appointments and the issue was reported on the Datix incident reporting system. The Chief Inspector received a response and plan of action from the SPS that disruption to appointments would be minimised. It is important to note that external escorts by GEOAmey were affecting all prisons on a national level.

HMP Barlinnie officers and healthcare staff made the necessary transfer arrangements if a patient required to be seen by secondary care as a result of a healthcare emergency.

Healthcare staff and social care staff worked collaboratively to identify and meet the social care needs of their patients. The level of social care was good and patients reported that the service met their needs and improved their dignity and wellbeing.

During emergency situations, arrangements were in place to ensure patients received the appropriate care. 'Code red' (for bleeding) and 'code blue' (for breathing difficulties) were used when making emergency calls. Healthcare managers and nursing staff agreed that these calls were made appropriately. However, only one radio was available to healthcare staff in the health centre and was used by the health centre nurse on-duty to alert staff to attend the emergency with all necessary equipment. If further assistance was required to manage the emergency, the nurse would need to call the health centre directly unless a message could be safely relayed via an HMP Barlinnie officer. In addition, as only one emergency bag was available in the health centre, and with the increased risk of an emergency occurring at the same time given the population of HMP Barlinnie, this may result in the equipment necessary to respond not being readily available. The emergency bag contained the appropriate equipment and medication, and the record sheet showed it was regularly checked. The automated external defibrillator (AED) was charged and in full working order.

Only one AED was available from the health centre. Records showed that this was serviced, maintained, and regularly checked. Inspectors were informed that there were nine SPS AEDs available throughout the prison and, despite requesting, no records showing that these machines were regularly checked was provided by the SPS. Inspectors physically checked three of the SPS AEDs and found two to be working and one which required recharging. This was raised at the time of inspection, and inspectors were told that appropriate action had been taken.

A responsive medical emergency service was in place during the day and the night nurse was the first responder for any medical emergencies out-of-hours. Out-of-hours medical advice was provided by the forensic physician.

Recommendation: HMP Barlinnie must ensure that all people detained in prison, and who refer themselves to healthcare services, have their right to confidentiality promoted and maintained:

- **HMP Barlinnie officers must enable patients to post their own self-referral forms into the locked post box and patients must be provided with envelopes if an officer is to do this.**
- **HMP Barlinnie officers must contact a member of the healthcare staff for assistance if a patient requires support to complete their self-referral form.**

Recommendation: HMP Barlinnie and GEOAmey must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance. Under the duty of candour, all patients who miss a secondary care appointment must be informed of the reason why, and what actions will be taken to mitigate the risks to the patient as a result of this.

Recommendation: HMP Barlinnie must ensure that patients are brought to their healthcare appointments in the health centre and halls. If the patient refuses to attend, this must be documented on a refusal form and be submitted to the health centre.

Recommendation: The Partnership must review the provision of emergency bags available for healthcare staff to use. Expert advice must be sought and taken to ensure that this equipment is available to staff when required, in order to deliver the appropriate emergency care.

Recommendation: The Partnership must review the number of radios available for healthcare staff to use, to ensure there are enough to support effective communication, especially during emergencies.

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

Rating: Satisfactory Performance

The majority of patients were offered blood-borne virus (BBV) testing during their first night in custody as an opt-out service. However, patients who were housed in another hall for their first night in prison, rather than in the first-night custody suite, often missed this opportunity for BBV testing and were required to opt-in for testing through the healthcare self-referral system. Inspectors did not see any evidence that a record was kept of those who had missed the offer of BBV testing at this time, to allow staff to follow up with these patients. Treatment programmes were available for patients with HIV and hepatitis C.

A range of national screening and immunisation programmes were available to patients.

Health promotion material was available in different languages and formats including braille. Staff also had access to this material on a shared computer drive.

Patients could self-refer to services such as smoking cessation, Quit Your Way, oral health and Mouth Matters. These services were delivered either in a group or one-to-one setting. Further support was available through specific health promotion activities and events such as the mental health awareness week, designed to raise the profile of, and improve, patient mental health. This was SPS initiative where the planning had involved SPS and healthcare staff, third sector and community organisations and that it was hoped patients would be involved in the promotion and awareness-raising of the event. **This was good practice.**

Quit Your Way groups were timetabled to run seven times per week, but due to the limited provision of SPS escorts only one out of seven meetings generally ran each week. As a result, patients were not receiving the required level of support to complete their programme and did not have access to a service equitable to that in the community. This issue had been reported on the Datix incident reporting system by healthcare staff.

The Recovery Café run by HMP Barlinnie; a charity that provides residential, prison, community and specialist services to help people overcome drug and alcohol problems, had facilitated peer mentors to be trained by Scottish Drugs Forum in the delivery of Naloxone awareness. Six-monthly refresher training sessions in the delivery of Naloxone had also been organised for staff.

In addition, to provide general sexual health support and advice to patients to help them make informed choices, the nurse carried out BBV testing and offered specific support around risk minimisation, harm reduction strategies and practising safer sex. Condoms were available to all prisoners throughout the prison and posters were displayed in the halls and health centre informing prisoners how to access these. However, inspectors were told that since January 2019, only one packet of condoms had been requested.

Peer support was not available to deliver a full range of health promotion initiatives. However, the health promotion team had identified this need and it was hoped that a peer model would commence in the near future to support alcohol brief interventions, safe sexual behaviour and oral health. Prisoners undertaking this support would be able to receive a recognised qualification from Glasgow Kelvin College.

Recommendation: HMP Barlinnie must support and facilitate patients to attend the Quit Your Way programme.

Recommendation: The Partnership must ensure that the opt-out BBV testing service is offered to everyone on their admission to the prison. Those missing this clinic must be followed up.

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

Rating: Good Performance

Equality, diversity and human rights training was an integral part of the staff induction programme and were key components throughout their ongoing training.

During staff and patient interactions, staff demonstrated an understanding of the health inequalities faced by their patients. This was particularly visible in the reception clinic and the nurse-led asthma clinic. All of the patients inspectors spoke with described how staff worked with them to empower them to make informed choices about their healthcare. Staff were also able to describe how they promoted and carried out inequalities-sensitive practice.

All the staff inspectors observed demonstrated a human rights approach to care, which included describing the use of language line and interpreters for patients who did not have English as their first language. Some health promotion literature was available in other languages, including braille.

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: Generally Acceptable Performance

The multi-disciplinary team demonstrated a responsive and flexible approach to the delivery of mental health services across the prison. Psychiatry clinics were held twice a week and offered a range of specialist assessments and reviews. A clinical psychological therapy service was available, and at the time of the inspection the

service had reviewed its referral criteria to support increased access. Access was restricted to those patients who were convicted and support for those on remand was being considered.

The team included the clinical nurse manager and senior nurse both of whom supported the 1.8 WTE mental health nurses and 2.0 WTE clinical psychologists. Weekly team meetings were held for triaging and discussion around patients. The clinical psychologist also provided clinical supervision and led complex case discussions with the team. At the time of the inspection, the consultant psychiatrist's time was being utilised to carry out specialist assessments and reviews, and they did not have time to attend these meetings.

A standardised mental health assessment was used by the nursing team to provide a basis for full assessment. However the recording and assessment of risk was limited to suicidal thought or intent. In addition, the assessment was only used for reference purposes and not scanned onto Vision. Although the Vision records showed that ongoing assessment of risk was being done by staff that was not captured on the validated risk assessment tool. Inspectors heard that the Glasgow Risk Assessment was used at times, but that there was a lack of consistency across the multi-disciplinary mental health team about when this should be completed.

The mental health and addictions teams were observed to work closely and held regular weekly meetings to discuss referrals, assessments and reviews. If appropriate, the addictions nurses would carry out mental health assessments of patients who were on their caseload.

The mental health nurses delivered a wide range of services. These included triaging referrals, carrying out assessments and reviews, running the depot clinics and over-seeing high dose anti-psychotic monitoring and responding to urgent and emergency requests to see patients. It was evident that the increase in prisoner numbers and the resulting rise of referrals was limiting the staff ability to deliver a full range of interventions.

National waiting times and guidance were being met for emergency, urgent and routine referrals, and all patients were notified by letter of the time of their appointment. **This was good practice.**

The patient records on Vision reviewed by inspectors showed that patients were clear about the purpose of their assessments and that they were supported to be fully involved in agreeing their plan of care. However, inspectors saw no evidence of enhanced care planning in Vision records for patients who had been identified as having complex care needs. The inspectors were told that these were being developed at the time of inspection.

Inspectors saw evidence of links between the mental health team and community mental health services, in-patient service and trauma services. A referral to community services was made for patients who required a community follow-up on release from prison. In addition, discharge summaries were completed for primary care health services and there was evidence of a proactive approach taken for contacting patients' services to request information and notes where appropriate.

Recommendation: The Partnership must review workforce planning to ensure the full range and skill mix of appropriate professionals are available within the mental health multi-disciplinary team, to offer and deliver the assessment interventions and reviews.

Recommendation: The Partnership must review their current approaches for assessing clinical risk assessment and management of their patients referred to the mental health team. They must ensure that there is a consistent approach and process.

Recommendation: The Partnership must ensure that all patients on the mental health nursing caseload have a written personalised care plan and regular dates scheduled to discuss and review their care.

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: Generally Acceptable Performance

Patients with a long-term condition were identified at their health screening during admission, through nurse triage and at the GP clinics. Long-term conditions management was equitable to that available within the community, with patients being reviewed annually in line with national guidance, and patients were supported to self-manage their condition.

Specialist GP and nurse-led clinics were available for patients with asthma, diabetes and epilepsy. Patients who received specific anticoagulant therapy could attend an anticoagulation clinic and have blood tests taken to facilitate medication changes.

This was good practice. Patients with other long-term conditions were seen by the GP and at the specialist nurse triage clinics. Patients' records were updated at the time of consultations.

Some staff were qualified to carry out occupational therapy assessments of patients with physical disabilities to support and maintain their independence. Inspectors observed considerable variability in the suitability of some cells designated as being 'accessible' for patients with physical disabilities. Not every cell contained the necessary equipment to enable patients to use toilets and showers independently.

Although patients were generally supported to manage their long-term conditions, personalised management/action plans were not in place to help them decide when they would benefit from referring themselves back to the healthcare team. Patients with complex long-term conditions had basic care plans in place but these were not person-centred or outcome-focussed. There was no evidence that care plans had been discussed and agreed with the patients, neither was there evidence of anticipatory care planning, even though some patients may have had one in place in the community.

Recommendation: The Partnership must ensure that care plans are person-centred and outcome-focussed. Staff must work jointly with patients in the writing of their care plans and setting of goals. Patients should be given a copy of their agreed care plan.

Recommendation: The Partnership must use anticipatory care planning when it is appropriate for patients with a long-term conditions. Any patient who had an anticipatory care plan in place in the community must have this put in place while they are in prison.

Recommendation: The SPS must ensure that all patients with physical disabilities, who have been assessed by healthcare staff as requiring accessible accommodation, are housed in appropriate cells, to maintain their health and safety, medical welfare and dignity. If appropriate accommodation is not available within HMP Barlinnie, consideration must be given to where within the prison estate, suitable accommodation is available, and arrange for the patient to be transferred.

Recommendation: HMP Barlinnie must work with the Partnership to ensure that all patients requiring equipment to facilitate independence in 'regular' cell accommodation, such as the provision of grab rails, are fitted in a timely manner.

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

Patients with drug and/or alcohol dependence were identified during their initial health screening during the admission process. Only patients who reported having drug and/or alcohol dependence were screened for withdrawal (see QI 9.1).

Inspectors were told that methadone was the first line of treatment offered to patients and that the prescribing of Buprenorphine was based on clinical need and not patient preference. Patients with an existing community ORT prescription were able to continue this during their stay in prison. However, patients not already in receipt of ORT in the community, but who requested this on admission to HMP Barlinnie, were faced with a lengthy delay before being considered for, or commencing, treatment. They were expected to demonstrate continued drug use and maintain a drug use diary for several weeks before they would be considered for ORT. The above approach is not in line with the 'Drug misuse and dependence: UK guidelines on clinical management' (Orange Book, 2017) nor does it reflect the choices available for patients in the community.

On reviewing methadone prescriptions, inspectors observed that some patients were prescribed sub-optimal doses of methadone, which staff reported as being the 'patients' choice'. Some of these prescriptions were found not to be at a therapeutic level for the patient, thus reducing the potential benefit gained to patients. Staff should clearly explain to patients the risks of taking a less than therapeutic dose as well, as the benefits they would gain from taking higher dosage and document that this discussion has taken place.

Due to the high numbers of patient referrals, inspectors were told that these were triaged on a daily basis. Patients received an initial triage assessment and then if required, were referred onward for a comprehensive assessment.

To meet the demand of patients requiring support with alcohol addiction, a full-time specialised alcohol addiction nurse had been recruited. This development had the potential to increase support to those requiring support with alcohol addiction.

Weekly clinical meetings were held and attended by the GP, mental health nurses and the addictions worker to discuss new referrals, assessments and review the existing caseload.

At the time of the inspection, a full range of harm reduction and psychological interventions were not being delivered. Staff stated that this was due to the increased prison population and ongoing staffing shortages across the wider nursing team. Inspectors were told that due to capacity issues a robust process was not in place to regularly review patients on the substance misuse team caseload. The increase in demand for addictions services was impacting on the ability of the team to deliver a service comparable with that in the community. Although patients had a care plan they were not person-centred or outcome-focused.

Due to the capacity of the team, pre-liberation harm reduction sessions were only offered on a group basis and were opt-in for prisoners. Inspectors were told that attendance numbers were low. This was a missed opportunity to provide harm reduction support prior to liberation when prisoners are at a higher risk of drug related deaths. However, support was available through the Recovery Café, a charity that provides residential, prison, community and specialist services to help people overcome drug and alcohol problems, as well as a network of external agencies, including Alcoholics Anonymous and Narcotics Anonymous, that offered support within the prison.

The substance misuse team had established strong working relationships with a range of third sector agencies and community groups, and had processes in place to ensure that, leading up to their liberation, patients were linked into the relevant community support prior to leaving prison.

Recommendation: The Partnership must review their processes and timescales for commencing patients onto ORT therapy.

Recommendation: The Partnership must ensure that patients identified as requiring intervention, treatment and support by the substance misuse team receive the regular planned interventions and care planning.

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

Rating: Generally acceptable Performance

Although nurses could request clinical pharmacy advice about their patients, there was no accessible clinical pharmacy service from which patients could seek and receive direct support and advice. Inspectors were advised that the 10 hours per week availability of the Lloyds' clinical pharmacist was to be increased.

During the admission process, medicine reconciliation was carried out using the emergency care summary. For patients already in receipt of ORT, staff confirmed their prescription and last dose with their community prescriber prior to this being prescribed in the prison. All medicines were prescribed in-line with evidence-based practice, local and national protocols, guidance and legislation. However, it was not clear how any changes to local and national guidance was managed, and who was responsible for the implementation of changes in guidance.

Medication was stored in line with national and professional guidance and legislation in all areas of the prison, within the Lloyds' pharmacy dispensary and in the medicine trolleys which were appropriately secured in the halls.

Secure storage facilities were available in cells for patients to safely store any in-possession medication. Cells occupied by two patients contained a separate safe for each patient.

Staff were observed to administer medication safely and prescription kardexes and controlled drug registers were completed and signed at the time of administration. The kardexes in place are used throughout the prison estate in Scotland and do not specify times in the same way as kardexes which are used in the rest of the NHS in Scotland. For example, the prison kardexes state pm and night whereas other NHS kardexes will state times for example 18:00, 20:00 and 22:00. As the prescription chart only stated morning, afternoon, evening and night time, it was not possible to determine the exact times medicines had been administered to patients. There is a risk that this could lead to patients receiving doses too close together.

A prescribing management group provided staff the opportunity to discuss medication and pharmacy issues. The group was attended by senior staff and the Lloyds' pharmacist. HMP Barlinnie was invited to particular group meetings to discuss issues affecting their part of the service.

Although patient group directions were in place, the NHS Greater Glasgow and Clyde lead pharmacist advised inspectors that their compliance was not subject to regular audit.

An almost empty methadone bottle had been inappropriately placed and was not accounted for in the controlled drug register. This was raised with senior healthcare managers at the time, reported through the Datix incident reporting system and resulted in the methadone being discarded appropriately in the dispensary.

Inspectors were concerned that the administration of Buprenorphine in the substance misuse building did not maintain patient confidentiality and could lead to bullying. The process required two patients to stand reasonably close together, thus allowing patients to overhear information about each other's doses.

A process was in place to ensure that required medication, such as insulin and cardiac medicines accompanied patients attending court. Patients prescribed methadone or Buprenorphine had this administered before leaving the prison to attend court.

On liberation, the amount of medication supplied to each patient was assessed according to their clinical need. Patients who had been in prison for more than six months had their liberation medication ordered for them, but patients who had served less than six months were required to order their medication in the usual way from the prison pharmacy. Where patients required a prescription for a controlled drug, a hospital-based prescription was provided for them to take to a community pharmacy on liberation.

Recommendation: The Partnership must ensure that a clinical pharmacy strategy is devised and implemented to better meet the pharmaceutical care needs of the population.

Recommendation: The Partnership must ensure that systems are in place to support patients who require access to their medication at specific times for clinical reasons.

Recommendation: The Partnership must ensure that all controlled drugs are managed according to the Misuse of Drugs Act 1971.

Recommendation: The Partnership must ensure that the timings on the prescription kardexes are detailed enough to ensure that the appropriate gap between medication administration is reliably provided. This will reduce the risk of patients receiving doses of their medication too closely together.

Recommendation: The Partnership must ensure that confidentiality is maintained whilst patients' ORT prescriptions are checked and administered.

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

Rating: Satisfactory Performance

Dental clinics ran four days each week for routine, emergency and urgent referrals, with the latter two being seen promptly. Dental treatment was delivered following national and local health board dental guidelines.

All prisoners were able to refer themselves to dental services using the healthcare self-referral form. These were initially reviewed by the hall nurse who arranged for emergency and urgent referrals to be seen by the GP, if the dental team was not available that day. The health improvement facilitator was also available to provide advice to patients and referred them onto dental services where appropriate. All referrals were then triaged by the dental nurse who then allocated appointments at the dental clinic. All dental emergencies such as significant facial swelling or possible fractures were reviewed by the dentist in-hours. During out-of-hours times these patients were transferred to secondary care for treatment if necessary following a dental review.

A dedicated health improvement facilitator provided help, advice and delivered the Mouth Matters programme to patients and promoted oral health. The health promotion facilitator offered one-to-one support to patients, free toothbrushes and fluoride toothpaste. Support was also available through the Mouth Matters programme for patients after liberation. This was a positive service to patients, promoting achievement and maintenance of good oral health for life.

Patients regularly had to wait up to 16 weeks for an initial dental examination. This was out with the Scottish Government's recommended time of 10 weeks for access to dental treatment in prisons. Inspectors were told that although the service had put on extra clinics in an effort to reduce the waiting time, patients often did not attend their appointment. When asked, patients told staff that they had not refused to attend the appointment but had not been collected by HMP Barlinnie staff.

The dental treatment room was fit-for-purpose, clean and in a generally good state of repair. Patient equipment, such as the dental chair, was clean and in a good state of repair. Clean dental instruments were appropriately stored. Used instruments were decontaminated off-site and were appropriately stored, out of patient access, whilst awaiting uplift.

Recommendation: HMP Barlinnie must ensure that patients are escorted to dental appointments.

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.

There were no female prisoners in HMP Barlinnie so this QI is not applicable.

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

Inspectors were advised that there were no patients with palliative or end of life care needs residing in HMP Barlinnie at the time of the inspection. Inspectors discussed with staff how they would manage the ongoing needs of such patients throughout their stay in prison.

Staff told inspectors that any patients admitted to HMP Barlinnie would have their palliative care and end of life needs assessed using an appropriate standardised assessment tool on admission and throughout their stay in prison. Although staff said they could obtain information and advice from the NHS Greater Glasgow and Clyde palliative care team and could refer patients to the team when required, they did not have a named contact or have a formal route of referral in place. The GP told inspectors that links with the local hospice were in place, although as above these appeared to be informal.

Inspectors were also shown the palliative care register used to record and monitor patients' palliative and end of life care needs using an anticipatory care planning approach. Inspectors were told healthcare staff were supported in meeting a patient's physical, spiritual, social and psychological care needs by the palliative care link nurse, GP and chaplains, and that patients could discuss issues in confidence with another prisoner through the peer listener scheme.

Recommendation: The Partnership must ensure that links between the prison healthcare team with palliative care services in NHS Greater Glasgow and Clyde and local hospices are formalised, to ensure that staff are aware of the correct referral pathways to follow for patients with palliative and end-of-life care needs.

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: Satisfactory Performance

On admission or transfer into HMP Barlinnie, every patients' risk of self-harm or suicide was assessed following the SPS prevention of suicide in prisons strategy.

TTM case conferences were attended by the SPS and healthcare staff involved in the patients ongoing care. Patients were also encouraged and supported to participate in their own case conference. If a translator was required to support the patient this was booked in advance. The addictions mental health nurse was invited to the case conference if they were the patients' case holder, and, likewise, a member of the mental health nurse team would attend if their input was required. All members of the wider primary care nursing team involved in caring for patients had undergone TTM training.

Staff were able to arrange an urgent next day appointment with the psychiatrist for any patient who appeared to be at immediate risk of self-harm or suicide. Although patients had access to the chaplaincy service, access to national telephone support lines or online self-help packages was not available to prisoners.

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, comments and feedback notifications about healthcare services were managed in line with the local NHS complaints handling policy. All notifications were recorded, shared and actioned within the recommended time-frames and in accordance with data protection legislation, were only recorded into the Datix incident reporting system. To protect patient confidentiality, they were not recorded within the patient's Vision record. However, inspectors were informed that, to achieve this, the Partnership was reliant on staff regularly working overtime due to the high volume of complaints. The Partnership informed inspectors that the recruitment of a complaints officer was planned for December 2019 to address the challenges of the current system and to deliver complaints handling training to staff.

Feedback, comments, concerns and complaint forms were available in all residential halls. There were also posters advising prisoners how to provide feedback or make a complaint in relation to healthcare. Patients were able to view the process for handling complaints as described on the forms, including the expected timelines. Patients were given a copy of the prison's 'Our complaints procedure' leaflet when their complaint was acknowledged. This provided patients with an overview of the complaints process and what they could and could not complain about, as well as when and how to seek independent advice from the Scottish Public Services Ombudsman. The leaflet was available in different languages and interpreting services were available for patients requiring assistance with a complaint. **This was good practice.**

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 associated with delivering healthcare within the prison setting and the requirement for security. They understood their duty to pass on any intelligence that could compromise the health and wellbeing of a prisoner or to the safe running of the prison. Formal processes were in place to ensure that cases of possible physical or psychological harm to prisoners were reported appropriately by staff.

The healthcare administration team was found to be well organised with robust administration processes in place for the management of patient information, including organisation of clinics, appointments and the sharing of patients' records.

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

Rating: Unacceptable Performance

The general state of repair of the health centre and medical rooms in the halls was poor. The environment used for the delivery of healthcare in the prison was not fit-for-purpose. There were multiple areas of damage to the walls, flooring and paintwork. Similarly, the health promotion building had damaged ceiling tiles with exposed insulation. Damage to the internal fabric of areas rendered them unable to be effectively cleaned. This is a significant concern in areas used for healthcare delivery.

Nursing staff were responsible for cleaning near patient equipment. The health centre environment was cleaned by a contractor supplied by the SPS. Colour-coding of areas and cleaning equipment was in place in the health centre, in line with Health Facilities Scotland guidance. **This was good practice.** Inspectors found the standard of cleanliness in the treatment and dental surgery rooms to be generally good. However, some areas, including high-level pipework in the corridor and the stairwell in the health centre, were not clean.

Pass men were responsible for cleaning the medical rooms in the halls. Inspectors were unable to speak with the pass men about any training they had received to undertake cleaning of clinical environments. The standard of cleanliness of the medical rooms in the halls was poor, with dust and debris evident on examination couches, high and low-level flat surfaces and the clinical wash-hand basins. One medical room cleaning checklist and separate assurance checklist were reviewed. The checklists had been completed and electronically signed off and did not state that any areas required attention, however they did not reflect findings of inspectors.

Although the local NHS infection prevention and control team undertook audits in the health centre, they only audited the treatment and dental surgery rooms. Inspectors saw no evidence that other areas used by patients (and staff), such as the health centre corridor, waiting area or medical rooms in the halls were subject to regular infection prevention and control audits.

Inspectors saw no evidence of ongoing maintenance and repair to ensure the physical environment was fit for purpose. The prison governor stated that the responsibility for reporting estates issues lay with the health centre manager. The deputy service manager informed inspectors that the health centre had not been decorated since 2011. Although inspectors could see that some repairs previously reported to the Estates Department had been carried out in the health centre, a number of outstanding repairs were visible in the medical rooms and halls. A regular combined walk-around by healthcare, cleaning, estates and infection prevention and control staff, may provide a more robust approach to management of the healthcare environment.

Not all staff adhered to the national uniform policy or were observed to reliably practice standard infection control precautions. Staff were able to describe how to deal with blood spillages and patients with known infections. Staff spoken with were not aware whether hand hygiene auditing took place.

Recommendation: The Partnership must ensure that staff adhere to the national uniform policy.

Recommendation: The Partnership must ensure that staff adhere to standard infection and prevention control precautions, monitor this through the use of audit and address any non-compliance. Staff must be empowered to challenge others who are non-compliant.

Recommendation: SPS and the Partnership must work together to ensure that systems and processes are put into place to assure themselves that:

- All areas used for the delivery of healthcare are fit for purpose
- The fabric of areas used for healthcare delivery are in a good state of repair with all surfaces capable of being effectively cleaned
- Regular checks of areas used for healthcare delivery are undertaken and any non-conformances reported to ensure maintenance and repair is undertaken without delay.

Recommendation: The Partnership must ensure that in all areas where healthcare is delivered, regular monitoring of environmental and equipment cleanliness is undertaken, with all non-compliances being addressed so that the area is suitable for use.

Recommendation: The Partnership must ensure that standard infection control precaution audits, including hand hygiene, are regularly undertaken by appropriately trained staff, and actions are taken to address any non-compliances. All staff must be informed of the audit results and any actions required to improve practices.

Recommendation: The Partnership must ensure that single use items of equipment are discarded immediately following use.

Recommendation: The Partnership must ensure that equipment sinks are used only for clinical items.

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: Generally Acceptable Performance

Throughout the inspection it was clear to inspectors that staff faced enormous pressures to respond to the needs of their patients due to the increase in population, resulting in an increased demand of services, and ongoing staff shortages.

As described in QI 9.15, the environment within which health care was being delivered was not fit for purpose and offered limited space for staff to see patients.

Inspectors were told that nursing staff, including the clinical managers, regularly worked additional shifts, which was expected to continue, to support and provide clinical service within the prison. Inspectors were concerned that this situation was not sustainable and that action was needed to reduce the current level of pressure on staff.

At the time of the inspection there were eight vacant posts, some had been appointed to and the remainder were being advertised. The process for recruiting to posts was said to be long and protracted, with some posts taking months to be filled or no appropriate candidates being identified.

Inspectors observed the healthcare team were having to prioritise on a daily basis who they deployed and when, based on the configuration of available staff. This meant that there was at times nurses deployed from other disciplines to cover primary care clinics which impacted on their own workload. As a result some interventions had been suspended including the Well Man clinic.

Some measures had been put in place to support the teams, in the form of the clinical manager from HMP Greenock being on site two days per week and a band 6 from the mental health team seconded into the band 7 clinical manager's post.

Despite the challenges faced by staff, it was clear to inspectors that on the whole the healthcare team was functioning as a cohesive and supportive team. This was in part due to staff commitment to their patients and the strong leadership at an operational level.

The clinical managers were frequently visible and present in the halls and within the health centre. Nursing staff told inspectors that they felt supported by managers to undertake their role and inspectors were told and saw that ensuring staff received ongoing support was a priority for senior managers.

Turas is a new staff appraisal system introduced in 2018 across NHS Scotland. It is used for recording staff appraisals, objectives and personal development plans. During the inspection, inspectors saw and were told that 70% of healthcare staff in the prison had had their Turas appraisals carried out by their line manager. Inspectors were told that the delay was in relation to protecting time to arrange meetings.

Evidence was provided to demonstrate that staff had undertaken appropriate role-specific induction training within the prison healthcare team. Inspectors were told that staff could freely access educational courses on the electronic training platform LearnPro.

There was no evidence of a formal approach to the assessment of competency of staff. Competency assessment appeared to be undertaken on an ad-hoc, informal basis, which was not robust.

Inspectors did not see a consistent approach to clinical or line management supervision practiced throughout the healthcare team. For some senior staff, clinical supervision followed an agreed process with documented feedback, while for the majority of nursing staff there was no documented evidence of the supervision process.

A structured meeting schedule ensured that staff were kept informed of operational issues and facilitated staff feedback. Minutes from meetings were available to those staff who were unable to attend.

To mitigate the current risks inspectors were told that the Partnership had carried out an impact analysis of the current pressures within the healthcare team, which had resulted in the development of a business continuity plan. Potential and current risks were recorded on the Prisons and Corporate risk register, which inspectors were told was reviewed regularly.

Inspectors were told that the management team were planning to carry out a full workforce review of prison healthcare across the three prisons, to improve connectivity with the wider HSCP services.

Recommendation: The Partnership must ensure that all clinical staff are clinically competent to undertake their roles, and that there is a regular formal process of assessing staff competencies to maintain patient and staff safety.

Recommendation: The Partnership must ensure that there are robust formal processes in place to ensure that all clinical staff receive appropriate line management and clinical 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: The Partnership must, as a priority, review workforce planning, to ensure the full range and skill mix of appropriate professionals are available within the healthcare team to offer and deliver a full range of health care services. This should be informed by a comprehensive needs assessment.

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

Healthcare staff generally described that they had a good working relationship with HMP Barlinnie officers in the halls. However, there were several incidents recorded on the Datix incident reporting system of instances when HMP Barlinnie officers had been abusive towards nursing staff. Inspectors were told that complainants were not always advised of the outcome of any incidents reported to HMP Barlinnie senior managers.

Incident reporting was a standing agenda item at the clinical governance meetings which fed into the HSCP Clinical Governance forum.

Information relating to the wider NHS board and Partnership was communicated to staff through a staff newsletter, prisoner healthcare team meetings and the notice board within the health centre. When asked about the organisational structure, staff knew the health centre senior staff structure, but could not identify any of the Partnership board leads.

The healthcare managers told inspectors that patients' opinions about the healthcare they receive were not proactively sought.

Given the rise in population, and the impact this has had, and continues to have, on the deployment of resources, inspectors were concerned to find that formal arrangements to discuss operational issues between the health centre manager and HMP Barlinnie management were not in place, and that formal minutes of discussions were not taken. Inspectors were advised that the health centre manger could phone the Deputy Governor to discuss any issues.

The Prisoner healthcare team had established strong working relationships with a range of third sector agencies, community groups and had processes in place to ensure that leading up to their liberation, patients were linked into the relevant community support prior to leaving prison.

Recommendation: The Partnership 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.

Recommendation: HMP Barlinnie and the Partnership must ensure that regular structured meetings take place between HMP Barlinnie senior managers and health centre managers to discuss, manage and discuss common issues.

Recommendation: HMP Barlinnie must improve how they communicate and advise on the outcome of any incidents reported to them by Partnership staff.

Recommendation: HMP Barlinnie must ensure that they work in partnership with the NHS to safely house and manage people admitted into the establishment.



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