

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A LIAISON VISIT TO HMP YOI GRAMPIAN,

4-5 NOVEMBER 2020

Inspecting and Monitoring
<https://www.prisoninspectatescotland.gov.uk/>

DO NO HARM - STAY SAFE - TAKE PERSONAL RESPONSIBILITY

Introduction

This report is part of a programme of liaison visits of prisons carried out by Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) during the COVID-19 pandemic emergency and was conducted under HMIPS's new, albeit temporary, [Liaison Visits Framework for Prisons and Court Custody Units published in April 2020](#).

Background Information

The adapted inspection methodology incorporated into the design of the prison liaison visits, will 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. The UK National Preventive Mechanism (NPM) under OPCAT monitors the treatment of and conditions for detention. HMIPS is one of several bodies making up the NPM in the UK.

Her Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a pre-defined set of Standards. These Standards are set out in the document [Standards for Inspecting and Monitoring Prisons in Scotland](#).

Process

Prior to undertaking a liaison visit, HMIPS will undertake a risk assessment to determine both the selection of the prison to visit but also the priority areas or focus to discuss with the Governor-in-Charge (GIC). As these are two day visits, and grounded in human rights principles, core elements of HMIPS's [Standards for Inspecting and Monitoring Prisons in Scotland](#) will be reflected in the COVID-19 commentary and are designed to provide information to prisoners, prison staff, and the wider community on the areas that have been looked at during the course of a liaison visit.

These liaison visit reports will also provide assurance to Ministers and the wider public that scrutiny of the treatment and conditions in which prisoners are held has been continued during the pandemic.

The findings of these liaison visits will be reported to the appropriate bodies for information and action, and published on our website.



REPORT ON A LIAISON VISIT TO HMP YOI GRAMPYAN UNDERTAKEN ON WEDNESDAY, 4 NOVEMBER AND THURSDAY, 5 NOVEMBER 2020

Prior to undertaking the liaison visit, HMIPS undertook a risk assessment to determine both the selection of the prison to visit but also the priority areas or focus to discuss with the GIC. All prisons in Scotland will be visited by HMIPS by June 2021.

The GIC provided a helpful presentation and the prison provided a comprehensive self-evaluation against our liaison visits framework. Reducing the routine body searching of women to reduce the incidence of re-traumatisation and the introduction of recruitment and training policies specifically for working with women were noted by HMIPS.

Overall findings of visit under Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality (PANEL) principles

In terms of the PANEL principles:

Participation. Following advice from Health Protection Scotland (HPS) HMP YOI Grampian, like all other prisons in Scotland, had been forced into running a limited regime. However, as lockdown eases, reflecting the guidelines set out by Scottish Government (SG), HMP YOI Grampian had been opening up the regime opportunities available to prisoners. Prisoners getting together to meet for Prisoner Information Action Committees (PIACs) or focus groups proved difficult, but there was some good examples where this had taken place or where prisoners were asked their views on a one-to-one basis. Family contact is important and the introduction of mobile phones and virtual visits had been appreciated by a number of prisoners, especially for those whose families lived far from the prison. Those with whom inspectors spoke hoped that virtual visit technology would still be in place when normality returned. However, when checking numbers applying for virtual visits, HMIPS noted that capacity was rarely fully utilised. In-cell telephony has also been seen as a benefit, especially given the restrictions in the revised core day inhibiting evening access to the communal phones.

Accountability. The safety of those who worked and lived in HMP YOI Grampian were clearly the management priorities. COVID-19 Safe Systems of Work (SSOW) and Standard Operating Procedures (SOPs) had been developed and were accessible through SharePoint. Although there was a backlog of annual integrated case management (ICM) cases, an Offender Outcomes Recovery Plan had been implemented to address this. Similar to other prisons, pre-release and pre-Parole ICMs had always been maintained, but the extent and quality of input from Personal Officers to the ICM process was variable and HMIPS welcomed the use of a mentoring scheme. Inspectors were pleased to see that in response to a recommendation made during our last full inspection offence and non-offence protection prisoners had been relocated within the prison, facilitating a safer and better regime for these cohorts. Progress with regime recovery appeared to be appropriate and in line with the national SPS recovery framework. However, inspectors were concerned about the amount of

purposeful activity that could be provided while still adhering to social distancing (SD) guidance and whether remand prisoners were sufficiently encouraged and facilitated to engage in rehabilitative and purposeful activities.

Non-discrimination and equality. It is important that the rights of all those in the prison's care are upheld, especially during COVID-19 restrictions; although the two day inspection does not allow for a full investigation of discrimination, inspectors felt that in general all those within the prison were being treated equally. HMIPS did not have any complaints with regards to discrimination, and when speaking to the more vulnerable groups they confirmed their rights had been upheld. This confirms the establishment's lack of complaints in this area. Understanding of the changes and processes are an important part of living safely within a prison. Although it is acknowledged by HMIPS that face-to-face engagement took place when explaining processes such as COVID-19 restrictions, there was little in the way of translated documentation. Nevertheless, most prisoners and all staff with whom inspectors spoke were content with the level of communication provided. There were a number of SPS staff with language skills who were utilised when translation was required. The prison helped minimise COVID-19 risks with posters explaining steps to keep safe in picture form. More generally, reception and the catering staff had evidence of translated information with the menus available in other languages. HMIPS continue to believe that to ensure consistency, translation of material should be carried out by SPS HQ rather than the individual prison arranging for their own translations. The menus were also noted as meeting the prison population's cultural/dietary needs.

Empowerment. It is inevitable that the restrictions caused by COVID-19 have resulted in a reduction of empowerment. Enabling prisoners to make a choice is therefore reduced but opportunities to be heard, such as making complaints, did not appear to be affected by the restrictions. Although inspectors did not sit in on any Independent Complaint Committees, evidence supplied showed a good robust complaints system. Complaints appeared to have been handled fairly with good rationale recorded for decisions made. Communication is also important to allow prisoners to make choices and within HMP YOI Grampian, communication was found to be appropriate, with no complaints from prisoners during the visit. Due to the minimal access to the communal phones, SPS should look to have all Freephone numbers found on the communal phones transferred to the in-cell telephony so that greater access to more organisations are available, including Independent Prison Monitors (IPMs). It was noted that the Samaritans helpline is accessible 24 hours a day. A system should also be looked at to allow prisoners to top-up their in-cell phones for greater family contact and allow for 24 hour access.

Legality. Although COVID-19 restrictions are designed to keep all those living and working in HMP YOI Grampian safe there are inevitable tensions with core human rights. Access to fresh air, food, legal advice, and family contact are fundamental rights of prisoners and HMP YOI Grampian looked to ensure that where possible prisoners have access to all their entitlements as set out by the UN Standard Minimum Rules for the Treatment of Prisoners ("Mandela Rules") and the Statement of Principles relating to the treatment of persons deprived of

their liberty in the context of the coronavirus disease (COVID-19) pandemic issued by the CPT of the Council of Europe.

Access to fresh air was evident with multiple sessions allowing at least 60 minutes of fresh air per prisoner per day. Family contact, although not always utilised, is on offer face-to-face and through virtual visits. Access to legal representatives, both face-to-face, by video conferencing and telephone, was also available.

A full list of Action Points and Good Practice from this report can be found at Annex A; and Annex B lists all acronyms used in this report.



COVID-19 commentary

1. COVID-19 updates: HMIPS seeks to understand any issues, challenges or good practice from the impact of COVID-19 that includes testing and tracing, numbers of prisoners tested positive for COVID-19 and the regime for those shielding, isolating or being isolated.

Visit findings

HMP YOI Grampian had established a local COVID-19 Response Group, which had met daily at the start of the pandemic, but was only having to meet once per week at the time of our visit. The group had overseen development and implementation of a local Pandemic Plan, which had been accompanied by various risk assessment exercises and the displaying of signs and posters to encourage compliance with the latest HPS guidance.

The prison had moved to a core day within one week of the lockdown in March 2020 and isolation areas had been established within Ellon Hall and Banff to accommodate anyone needing to self-isolate.

The prison had been operating a system of household bubbles to facilitate some social contact and interaction while managing transmission risks. Bubble size had gradually increased over time to about 30 at the time of our visit. The increase had helped with the promotion of social interaction and the running of activities, which was inevitably made more difficult by the need to respect physical distancing limits, which the prison was clearly doing.

During the period March to October 2020, 116 male prisoners and 22 female prisoners had been isolated under Rule 41(a). Twenty-nine prisoners had been tested and only one had tested positive on admission. The prison welcomed the co-operation of NHS Grampian Health Board, and the speed with which test results came back, which allowed the vast majority of prisoners to be quickly returned from isolation to their residential areas.

HMP YOI Grampian had performed strongly at restricting spread of the virus and deserve credit for their success in managing these risks. The GIC acknowledged his appreciation of the efforts made by staff to respond to these new challenges and that the co-operation of prisoners had also helped. The prison management team were acutely aware, however, of the need for constant vigilance and the risk of fatigue or complacency amongst staff and prisoners in managing these risks.



COVID-19 commentary

2. Staff absence: we will seek to understand the SPS/NHS staff absence numbers and their impact (some of this information is supplied by SPS HQ on a daily basis).

Visit findings

At the start of the pandemic, child care and shielding were major concerns for staff and the number of SPS staff absent for COVID-19 related reasons peaked at 44 in April 2020. However, by keeping in touch with staff who were absent so they were up-to-date with developments, and following absence management protocols with compassion, COVID-19 related absences had dropped from 44 to seven at the time of our visit, with a 44.5% reduction in overall staff absences. This is highly commendable.

We also welcomed the significant strides in recruitment and retention of staff, with a 67% reduction in staff turnover. This no doubt in part due to introduction of a HMP YOI Grampian Development Programme, with 47 staff currently engaged on the programme, along with a mentoring scheme which had helped support 14 individuals move from C to D band posts, and doubling the number of recognition awards to value staff contributions. These initiatives had combined to give a much more solid and stable resourcing platform on the SPS side than was the case at the time of our last full inspection and represents significant progress, with staff reporting that they were confident in the roles expected of them, which was not always the case at the time of our last full inspection.

Recruitment challenges and staff absences remain a concern for healthcare staff despite the ongoing commitment from the Health and Social Care Partnership to seek solutions for staffing. There was, however, stability among a small core staff group, but this group of NHS staff reported that they felt tired, over-stretched, and stressed and this is a key concern.

Unfortunately, the position was not so positive on the NHS side, with a depleted healthcare team having to manage with a significant number of vacancies and staff absences, with those present reporting that they felt tired, over-stretched and stressed.



HMIPS Standard 1 - Lawful and Transparent Use of Custody

The prison complies with administrative and procedural requirements of the law and takes appropriate action in response to the findings and recommendations of official bodies that exercise supervisory jurisdiction over it.

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. The prison co-operates fully with agencies which have powers to investigate matters in prison.

COVID-19 commentary

3. Social distancing: we will check how social distancing is being managed in areas such as dining halls, recreation, reception, time in the fresh air, and especially admissions and cell sharing. This will also include looking at preventative measures being enacted, such as screening on admission and liberation. We are particularly interested in the measures to mitigate the detrimental effects of social isolation or quarantine.

Visit findings

It was clear that social distancing (SD) was taken seriously within HMP YOI Grampian from the senior management level to those in their care from access to egress. On entering the prison, all staff and visitors are handed a mask and also encouraged to use the hand sanitiser. The vestibule was of a good size to allow SD to take place and access was carried out in a controlled and safe manner. On exiting the prison, controlled numbers were seen at the key vending area where limited numbers were allowed in at any one time. Throughout the prison signage could be seen informing every one of the SD guidelines. Arrows on the floors indicating which side and direction people had to travel, and one way systems, enabled the best possible reduction of the spread of COVID-19.

Notices were on display in picture form to enable those without a good understanding of English to understand what was required for basic hygiene. It was clear that staff and prisoners were used to wearing face coverings where it was appropriate. There was no evidence during the visit that this did not take place. HMP YOI Grampian had a substantial portfolio of SSOW and SOPs that had been COVID-19 proofed.



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.

COVID-19 commentary

4. Meals: we will check if meals are of good quality, whether there is an appropriate choice in particular on religious grounds, and that food hygiene standards and dietary needs of prisoners are adhered to.
5. Regimes: we will look to obtain detail of the continuation of daily regimes, including access to showers where there are no in-cell shower facilities, access to time in the fresh air and access to family contact.

Visit findings

Meals were observed being served in the majority of halls and were found to be of a good quality, with a good variety of choice and served at the required temperature. Fruit was available with every meal. The kitchen staff and servers on the halls checked the temperature at the appropriate times and records were held.

Prisoners were supposed to collect their meals from the serving areas one or two at a time. Inspectors observed occasions where this did not always happen, but prisoners were always seen to be wearing masks. The social dining areas were closed during the visit, with all prisoners returning to their cells to eat their meals. The prisoners serving meals were observed to be wearing appropriate personal protective equipment (PPE). The full menu changed twice per year, and within that it was rotated every three weeks. Due to COVID-19 restrictions it was not possible to consult with prisoners on designing a new Autumn/Winter menu, therefore a decision was taken by the prison management team to use last year's Autumn/Winter menu. Menus were available in other languages and to meet prisoner's cultural/dietary needs. The Kitchen Manager met with every prisoner who had health-related dietary requirements to agree an individualised menu that was suitable for them. This was confirmed through discussions with prisoners. All prisoners spoken with during the visit were content with the food on offer and had no complaints. The first co-production meeting was held a few weeks prior to the visit, to consult with prisoners about the Christmas menu. The Kitchen Manager informed inspectors that the pandemic had little effect on the running of the kitchen and that there had been no issues with low staffing or prisoner attendance levels. The kitchen area was clean and inspectors saw the monthly cleaning schedule for the kitchen areas. All

kitchen staff were trained to diploma level in food hygiene and every new admission to the prison received food hygiene training.

Due to the pandemic, the daily regime had been shortened to a more restricted 'core day' running from 06:30 to 18:00. Inspectors did not see the regime displayed in any of the halls. When discussed with staff they said that they advised prisoners of the regime when they arrived on the hall, and prisoners spoken with confirmed they relied on hall staff telling them what happened and when. HMP YOI Grampian should consider displaying the regime in communal areas so that prisoners are aware of the daily timetable and any subsequent changes. The current regimes offered time out of cell to attend work parties, visits, to collect meals, 90 minutes recreation time with access to hall phones, and one hour exercise. Every cell in HMP YOI Grampian had in-cell showers.

Action Point 1: HMP YOI Grampian should display the regime in communal areas so that prisoners are aware of the daily timetable.



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.

COVID-19 commentary

6. Talk to Me live cases: we will check that there is an appropriate and ongoing process in place for people subject to Talk to Me procedures and prisoners and staff are using referral systems.

7. Rule 41 paperwork: we will check that the revised process for people being detained under Rule 41 due to COVID-19 are being adhered to. We will enquire into processes in place to ensure in-cell activity is available, and a television is available to those who are isolated. We will also be interested in the numbers of people on Rule 41 and the length of time held under this Rule.

Visit findings

Evidence shown to inspectors on comparisons of those on Talk to Me (TTM) in 2019 and 2020 for those women in the care of HMP YOI Grampian noted that the numbers had reduced from the figures in 2020. For those in the male part of the prison, however, it was almost identical to those recorded in 2020.

The inspectors spoke to a number of prisoners who had been or were currently on TTM. These prisoners reported that they had felt well treated and had been listened to during their case conferences. However, one individual said that although she had been treated well by staff with regards to the care plan, she felt that during the initial stages of admission, when she had been suffering from hallucinations, it was not helpful to be reassured that there was no one in her cell so she could not be harmed. The individual appreciated that staff were trying to calm and reassure her, but it had in fact made matters worse. This individual also reported insufficient access to fresh air, but appreciated that her risk may have warranted this and accepted the situation.

Speaking to staff in the area who managed the individual, they confirmed that the individual was not always in a position, due to their presentation, to attend fresh air. On describing her admission due to the crisis she was suffering, it was clear an individualised approach had been taken, where the reception area had been bypassed and she had been taken straight to the residential area as the risk to the individual and staff was considered too great. The admission process had then been undertaken in the residential area later. HMP YOI Grampian have to be commended for this. TTM case files were looked at and found to be in order; processes were carried out as per guidelines and narratives were comprehensive.

In relation to COVID-19 both the male and female populations have been affected whereby 58 male and 11 female prisoners have been isolated. Out of that number, 29 have been tested with one male prisoner returning a positive test. Both residential areas have an area dedicated to support those being isolated under Rule 41(a). Inspectors visited both areas and found good processes in place.

Inspectors spoke to a male prisoner currently under COVID-19 restrictions who reported that he had been treated well, was able to choose his own menu, had access to TV, had an in-cell telephone, access to a shower in his cell and access to fresh air. However, fresh air was offered first thing in the morning, whereas he would have liked a choice of going out later in the day.

Inspectors spoke to a female prisoner who had been on Rule 41(a) restrictions who also reported that she had been treated well. She had been kept in her own cell for the first night and then moved to the COVID-19 area the next day. Due to fast turnaround of testing she had been removed from restrictions within 48 hours following a negative test.

Both prisoners reported that they had been asked if their families should be contacted following Rule 41 (COVID-19) guidelines. HMP YOI Grampian evidenced their swift actions on placing groups under Rule 40a when there was a suspected COVID-19 case, but also swift action in removing these restrictions when negative test results were returned.



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.

COVID-19 commentary

8. Rule 95 paperwork: we will check that those under this Rule are treated lawfully and with humanity, and there is a sufficient regime in place and adhered to. The Separation and Reintegration Unit (SRU) is a default check by HMIPS at all times.

Visit findings

Inspectors visited the SRU known as Dyce to find it clean and orderly. It is unlike most other SRUs, in that the cells are not split between the staff office and are all to one side of the building with two cells separated as stronger cells.

Dyce holds the majority of those held on Rule 95, although some Rules are managed within the residential area but not at the time of the visit. There were seven individuals held at the time of the visit, slightly less than the usual average of nine. One prisoner was on three days cellular confinement, two individuals were on Rule 95(11) and three were on Rule 95(12). Dyce staff were also looking after an individual managed under Rule 41 for mental health issues. One individual was on special security measures. One individual was attending education and a work party as part of his reintegration.

Talking to staff it was clear that apart from a slight adjustment to their weekend shift, which had been extended slightly to coincide with the core day, COVID-19 had not affected the good running of the unit. Dyce kept an assurance sheet recording access to showers, exercise and visits and, where a prisoner did not have an in-cell telephone, use of the communal phone. However, prisoners were still allowed use of the communal phone if they wished to contact family or friends out with their designated time slots.

All Rule paperwork could be found on PR2 and these were checked by the inspector and found to be lawful. Weekly rather than daily narratives were recorded in PR2 unless there was something significant that had occurred, which would be recorded on the day. Due to the shift handover on a Wednesday the recording of the weekly narratives were carried out by staff that had not been on for the whole reporting week. Although staff assured the inspector that a comprehensive verbal handover took place, there was no evidence of a hard copy record to remind staff of what to

record in the narrative. There is a risk that information could be missed if the system relies on staff memory. On checking PR2, it was observed that there were some good examples of informative narratives, including the recording of significant incidents both on positive and negative actions of individuals, but there were also gaps as long as 14 days between recordings.

Inspectors spoke with one individual in Dyce who confirmed that he was offered his daily entitlements but did not always take up the opportunity to take fresh air. He confirmed that he had attended his case conferences, was offered opportunity to submit self-representations, and was clear as to where he was in relation to leaving Dyce.

Banff in the women's part of the prison also had two cells which could be used for separation and reintegration. Neither were being used at the time of the visit for Rule management. On visiting the designated cells they were clean and ready for use.

Action Point 2: HMP YOI Grampian should ensure that where a weekly narrative is recorded on PR2 for those in the SRU, a daily record should also be kept by staff to inform the weekly narrative.

Action Point 3: HMP YOI Grampian should ensure that where weekly narratives are updated on PR2, there should be no gaps between weeks.



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.

COVID-19 commentary

9. Access to families contact: we will look at what access prisoners have to telephones or other measures (for example, email a prisoner, video link, mobile phones, etc.) in order to keep in contact with friends and family. Monitoring the implementation and impact of agreed actions such as increased availability of virtual visits or the provision of access to mobile telephones, tablets, and incoming and outgoing mail is a default position for HMIPS.

10. Access to recreation: we will check what type of social interaction takes place, and opportunities for fitness, distraction, and learning.

11. Access to legal representative: we will check that agents and other statutory visits are being facilitated even when prisoners are isolated under medical grounds for COVID-19.

12. Access to information: we will look at the access to books, DVDs, CDs, including reference material. In particular, we will look at the complaints system and the quantity and quality of prisoner information on COVID-19 and the prison's response.

Visit findings

The route to the Visit Room, for both prisoners and visitors, and the room itself had been set up to meet SG COVID-19 guidelines. The seating areas were adequately spaced out, a one way system was in operation, and the vending machines had been put out of use to reduce movement. Additional cleaning had been introduced within the Visit Room and cleaning records were kept. Face-to-face and virtual visit start and finish times were staggered to prevent too many movements at the same time.

There was space in the Visit Room for six prisoners to have face-to-face visits, and there were four, one hour sessions available, seven days a week. Prisoners could take up to two visits per month. Visitors were being briefed on the revised processes on entry to the prison. Visitor numbers were low and had dropped significantly since

the pandemic started. There was a daily capacity for 24 prisoners to have visits and on the Wednesday of the LV there were only three booked in. The prison had received feedback that families were concerned about visiting the prison during the pandemic and the travel restrictions had also had an effect.

There were six virtual visit booths in the Visit Room, and there were six, 30 minute sessions available seven days a week. Prisoners could request two visits per month, but there were examples of additional visits being offered. The uptake had been steadily rising following some initial difficulties that families/friends encountered making bookings and providing sufficient ID to participate. The prison had carried out a piece of work to assist families with this, including outreach work through the Visitor Centre. However, in line with face-to-face visits, the service was underused. With a daily capacity for 36 prisoners, only nine were booked in on the day inspectors visited.

Prisoners spoken with were content with the visits process and felt there was sufficient access for those who wanted it.

Staff spoken to in the visits area reported good communication from management during the pandemic with regards to changes in processes.

There was an excellent Visitor's Centre located within the prison grounds which remained open for families to use prior to visiting the establishment. However, it was disappointing to note that this facility was only open Monday to Friday 11:00-15:00. Staff were carrying out a number of outreach visits to vulnerable families prior to opening and after closing when required.

In-cell telephony had been introduced since lockdown and those spoken to were pleased to be able to contact family and friends more readily. There were some ongoing signal issues, but inspectors were informed that boosters were being installed around the prison. Access to communal phones in the residential areas was also available if required.

The Email a Prisoner Scheme was available and there were posters in the halls advertising it. Prisoners spoken to were aware of it and how to access it, and said it worked well.

There were no issues reported with incoming or outgoing mail.

HMP YOI Grampian's core day regime offered four opportunities for recreation per day totalling 90 minutes. At the time of the visit, male prisoners were restricted to staying within their section of the hall during recreation, where they were offered it in the morning on one week and the following week in the afternoon. All female prisoners were offered it at the same time every afternoon. Male prisoners spoken to played table tennis, pool, used the hall phones, cleaned their cells and associated with one another during recreation. Inspectors observed good bubble numbers out of their cells. The female prisoners reported that they did not have much to do apart from associate with other women. Inspectors observed some women making up breakfast packs for Ellon Hall and PIACs were being set up to look at other ideas.

Some male prisoners reported that it could be a long day with both exercise and recreation being offered in the morning or afternoon, rather than one in the morning and one in the afternoon. However, inspectors recognised that this was to allow people to also attend education and work.

Agents' visits, and those by other statutory organisations, were all being facilitated. In one recent case the prison had been obliged to restrict the number of people who could take part in the consultation with the prisoner to remain in line with COVID-19 related physical distance guidance.

Although COVID-19 restrictions prevented prisoners from going to the library and browsing as they would have done before the pandemic, the librarian was working hard to compensate for this by providing a trolley service round the halls and taking requests as a more mechanical version of the 'click and collect' service available in communities. The librarian estimated that about two-thirds of prisoners were still accessing a library service using the new system, less than the 87% accessing the service before the pandemic but still commendable in the circumstances. Prisoners were also able to access a large supply of DVDs.

Prisoner Complaint Forms (PCFs) were accessible in all of the halls and there was clear evidence that PCFs 1 and PCFs 2 were being investigated and responses provided. At the time of our visit, 32 complaints, representing 8% of the average prison population, had been submitted in relation to COVID-19 restrictions. Over 90% were resolved at First Line Manager (FLM) level, with none escalated to the Scottish Public Services Ombudsman (SPSO).



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.

COVID-19 commentary

13. Access to fresh air: we will look at the provision for fresh air for all prisoners and note where access is denied and the authority to do so.

14. Communication: we will look at the communications/information that is in place regarding any changes to the regime, or other functions within the prison, for all relevant parties including prisoners, their families, and other relevant agencies regarding the COVID-19 pandemic, ensuring that all communications/information is in a format/language people can understand.

15. Access to education: we will look at what access prisoners have to education, and if prisoners are able to continue with their current education or start new ones. Initiatives in education and learning will be documented.

16. Access to religious services: we will look at any initiatives involving religious services including pastoral visits, remote linked services, information loops on in-house media, or religious information pamphlets.

17. Access to gym and fitness: we will look at what the establishment has in place for fitness. In particular, we will inspect any alternative fitness initiatives, for example in-cell fitness activities, circuit training, satellite gyms, etc.

Visit findings

HMP YOI Grampian's core day identified four, one hour sessions of fresh air per day for male prisoners. Each male prisoner could attend one session per day, which would be a morning session on one week and an afternoon session the following week, allowing equality of access. Female prisoners were offered a session at 09:00 each day and women spoken to were content with this time. Inspectors observed reasonable numbers out for exercise throughout the visit, noting that the male numbers were restricted due to prisoners being offered it one section of a hall at a time. All prisoners had been provided with their own warm jacket for use during the colder months, and were observed to be wearing them during the visit.

HMP YOI Grampian provided a range of evidence to demonstrate the good communication that had taken place with prisoners around the COVID-19 restrictions and changes in regime. Although information had been provided in notice and leaflet format, the prison management team focussed primarily on supporting and encouraging face-to-face communication between staff and prisoners. While this was appropriate, it would be helpful for information on the current regime to be more prominently displayed in each hall to aid prisoner understanding of when activities should occur.

As with other prison LVs, while there was evidence of information being translated into other languages, and translation services being used, HMIPS continue to believe that translation of more material centrally by SPS HQ might be more effective. Nevertheless, most prisoners and all staff with whom inspectors spoke were content with the level of communication provided. Partner agencies were particularly appreciative of the communication provided and the efforts made to engage with them when they were off-site or considering returning to on-site working.

The Learning Centre was up and running and offered learning opportunities to all prisoners. The classes were full, albeit with low numbers due to the capacity of the classrooms being reduced to observe SD and safe working practices. Inspectors noted that prisoner learning hours were less than half what they were this time last year, but were increasing month-by-month. On the two days of the inspection only 49 prisoners and 21 prisoners respectively attended education.

Mainstream prisoners accounted for the majority of the prisoner population within HMP YOI Grampian and so were offered six sessions per week. The female population were offered four sessions per week (two in Banff) and protections two sessions per week.

The staff had taken this opportunity to maximise learning out with the Learning Centre, and tutors were now meeting with prisoners in the work sheds, gymnasium, residential halls, SRU, and Community Integration Units (CIUs). This had been successful in allowing them to reach people who would not normally engage with the Learning Centre. An example of this was working with a prisoner in the SRU twice per week as part of their reintegration plan. They were also piloting a life skills course for progression prisoners as part of their pre-release programme.

They had carried out a lot of work to publicise their service, such as making use of the prison radio and TV channel. They had also completed focus groups with prisoners to get their views on the way forward with learning in HMP YOI Grampian.

Staff reported that it had been more difficult to engage with women, which may be linked to clashes with their recreation time. To address this tutors had commenced delivery of two new sessions, sewing and health and wellbeing within the female hall and both had received positive feedback. They had recently made up a trolley to take onto the halls advertising their services and carrying activity packs to hand out to prisoners.

The Learning Centre's biggest challenge was to increase the amount of prisoners visiting the Centre each day, but it was recognised that moving prisoners within their section was restricting this. There were waiting lists for some sections as their allocated numbers were full. The Centre had prepared over 40 different activity packs that were being issued to prisoners and had been well received. They had also produced family learning packs to help entertain children during visits. Educational DVDs were also being offered on various themes.

Prisoners were completing various qualifications within the Centre, in the work sheds or self-study in-cell. Staff sent off 71 Koestler Awards entries prior to lockdown and there were 24 winners. They also provided existing learners with activity packs prior to lockdown to keep them busy during what they thought would be a three week closure. Other learning initiatives included World Heart Day, a Halloween project, and Breast Cancer Awareness.

The Learning Centre staff reported good relations with the SPS and said that they were kept well informed of changes in processes and were now attending COVID-19 meetings. They were invited to attend a familiarisation visit before returning to work which helped them feel safe on their return. Prisoners spoken to during the visit were very positive with regards to the education being provided.

All work parties were back up and running with some changes. Prisoners were attending every day but for shorter sessions. Rather than the full day, they attended either in the morning or afternoon to allow more people to attend. The parties were made up of the two sections forming a work bubble.

By adopting a timetabling approach to work attendance the same number of people were accessing work parties external to the Hall as in October 2019. However, for half the amount of time.

According to figures received for the month of October 2020, out of a possible average population of 396 only 192 prisoners were allocated employment. Out of that number 154 mainstream prisoners attended work, with 109 employed out with the residential areas. Only 15 out of 29 offence protection prisoners were employed out with the residential area and 11 out of 13 of those who were non-offence protection had employment out with the Hall.

Remand prisoners were not offered employment although some of those that were on a full committal warrant were employed in the residential area.

The female prisoners accounted for approximately 9% of the population but only one prisoner was employed out with the Hall in the electrical refurbishment party. Nineteen prisoners were employed within Banff as cleaning and food operatives as well as participating in Hall painting, the Hairdressers, Laundry, card-making, and breakfast packing.

The Chaplaincy were kept busy by supporting both prisoners and staff, although at the start of the pandemic they had periods where team members had to self-isolate which meant engagement was difficult.

During lockdown, where it was not possible to meet prisoners face-to-face, the Chaplaincy would interact through the intercom. Although it was acknowledged by the Chaplaincy Team that this was far from ideal due to a lack of privacy, it was believed to be better than no interaction at all. The Team continued to correspond through letters and also circulated a number of information sheets and a weekly 'Chaplaincy chat' newsletter which included religious instruction, psalms, word games, and quizzes which was excellent.

Reform, and the Roman Catholic Chaplaincy (lay person) attend the prison most days with a Roman Catholic priest attending once per month to carry out a service. The Imam attends the prison on a Thursday to carry out Muslim prayer. Where there is a request for religious support out with the Team, contact will be made with the relevant religious organisation for them to attend the prison.

There is a comprehensive itinerary of service provision throughout the week with Reform services now being delivered on a Sunday morning and afternoon for men, and on a Monday for the women prisoners. Roman Catholic services take place on a Friday with two sessions for the men and one for the women. Due to the SD guidelines a maximum of 10 prisoners can attend at any one time. It was reported by the Chaplaincy that not all sessions are filled but this may be because attendees are not allowed to sing and there is no after-service meeting.

The Chaplaincy Team also offers one-to-one for those suffering bereavement, additional religious support, or where the person is just struggling to cope. To allow greater access to religious services, the internal TV service carries both Christian and Muslim content.

Similar to all other prisons, the gymnasium was closed at the start of lockdown. During the first week of lockdown, a deep clean took place in the gymnasium and some painting had been carried out, however within a week of the announced lockdown the Physical Training Instructors (PTIs) had developed a fitness programme to coincide with the new prison regime, which was commendable.

In the early stages, fitness classes were offered to prisoners during their time in fresh air. However, these opportunities were developed so that prisoners were able to take part in fitness classes during recreation time so that access to fresh air was not interrupted. The timetable for fitness allowed each household bubble to attend at least one session per week.

A running club had commenced twice per day for 45 minutes, which allowed each section to participate once per week. Fitness DVDs were shown on the prison TV channel and handouts with over 60 exercise programmes were circulated. These programmes were tailored to groups of prisoners, some targeting those that wished to have a lighter fitness workout such as the women in Banff Hall.

To adhere to SD guidelines, equipment in all areas of the gym was spaced at least two metres apart. To maximise capacity, the equipment that was removed to allow SD was situated in the Main Gym Hall as four individual 'satellite gyms'.

Attendance at the gym is through a booking system and the rules of attendance are clearly displayed. The timetable for attendance allowed for equality amongst the prison population as there was an opportunity to attend three times per week. Alternative exercise such as badminton is also offered.

Hand sanitiser and spray and wipes were clearly available throughout the establishment. Prisoners attending the gymnasium were required to wear masks but could take them off during exercise reflecting gymnasium rules in public gyms. The staff at the gym all wore masks to move about as per current policy.

The satellite gyms in the residential areas were also open for use through a booking system. Each gym had a dedicated passman assigned to clean the gym area after use, so reducing the risk of cross-contamination.

Good Practice 1: the PTIs had developed a fitness programme to coincide with the new prison regime, which was commendable.



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 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.

COVID-19 commentary

18. Prisoners on release: we will look at the plans developed with those leaving custody regarding access to services, that is housing, healthcare, welfare services, and opportunities to utilise their time constructively.

Visit findings

An Offender Outcomes Recovery Plan was being implemented and helping to co-ordinate related activities in this sphere. There was a backlog of 16 annual ICMs still to complete as a consequence of the lockdown, but pre-release and pre-Parole ICMs had always been maintained. It was reported that the extent and quality of input from Personal Officers to the ICM process was variable, but management were looking to develop a mentor scheme for all new residential officers, which would hopefully assist in this regard.

The Multi-Agency Case Management Board was operating remotely. Inspectors observed one meeting which was conducted very professionally, with a comprehensive exchange of information in relation to prisoners who had recently been liberated or were about to be liberated. All external partners were highly positive in their feedback to inspectors about the quality of the interaction and communication with HMP YOI Grampian; one partner said that communication with HMP YOI Grampian was better than with any of the other prisons they dealt with, while another organisation described it as representing the 'gold standard' which they wished to emulate in their own relationships with other partners. We commend this good practice, which is in line with the positive feedback received during our last full inspection.

No doubt partly as a consequence of the strength of these relationships with local authority housing partners, almost all convicted prisoners appeared to be successfully linked into accommodation on release, with very few homeless on release. The position was not so positive with regard to those liberated at court after being on remand, but responsibility rested here with other community justice partners. The Early Release Scheme looked to have been operated effectively by HMP YOI Grampian. In terms of pre-release planning, HMP YOI Grampian was able to provide case studies demonstrating a successful reintroduction into community from their CIU, with support provided to secure employment.

Inspectors met one individual from the CIU who was attending an outside work placement.

On speaking to the individual it was clear that continuing with his placement was beneficial to him, as he was getting used to dealing with COVID-19 restrictions on the outside, which would prepare him for his release. We commend HMP YOI Grampian for continuing with outside placements during the pandemic. However, staff were fully aware that such successes were not always achieved, with a large number of repeat offenders quickly returning to chaotic lifestyles and offending behaviour; staff thought the return of Throughcare Support Staff would help with the problem of the 'revolving door'.

The lack of availability of programmes and the limited options for progression were a major concern in HMP YOI Grampian as they are across the SPS estate. HMIPS are aware that the SPS are working to address these issues, but the adverse impact on prisoners' prospects when seeking parole and on efforts to address and demonstrate risk reduction cannot be underestimated. Nor can the impact on the mental health of prisoners when they can see their own prospects diminished by a lack of such opportunities.

In HMP YOI Grampian the programmes team had been depleted from a complement of nine to just two members of staff, while the team of two psychologists were trying to manage the work of three posts. Psychology is a national resource and so much of the workload in HMP YOI Grampian is supported by a wider psychology resource. The recruitment of more staff in both these teams must be a priority for HMP YOI Grampian and SPS HQ.

It is commendable that despite the resourcing pressures in these teams the backlog of generic assessments for programmes had been addressed, and the prison was still supporting Risk Management Teams (RMTs) and Multi-Agency Public Protection Arrangements (MAPPA) processes. Nevertheless, the fragility in the resourcing of these teams against complement leaves vulnerabilities that must be addressed swiftly.

Good Practice 2: the relationships and communication by HMP YOI Grampian with partner agencies and organisations around pre-release planning and the immediate post liberation period was highly commendable.

Action Point 4: SPS and HMP YOI Grampian need to address the shortfalls in the staffing of the programmes and psychology teams as a priority.

Action Point 5: SPS HQ to work creatively to address the backlog in prisoners awaiting offender management programmes and ramp up opportunities for securing progression across the prison estate.



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.

COVID-19 commentary

19. Staffing and regime: we will look to establish if staff understand their roles and what is expected of them. Are staff updated on any changes and are knowledgeable of the present position of the establishment.

Visit findings

When speaking to staff, inspectors found them to be knowledgeable in dealing with COVID-19, were clear in what was expected of them and had an understanding attitude towards the new shift pattern of a core day.

The inspectors found a good working relationship between SPS and NHS staff as well as other external partners.

Inspectors found staff to be motivated and were informed that due to restrictions in place, staff were able to find more time to deal with those in their care and build more positive relationships. This was an area staff report they had struggled with in the past due to the speed of the regime.

Staff noted an appreciation for the visibility of the management team from FLM up to the GIC. A common example was the positive way they had been treated while being off due to COVID-19 related issues. Staff reported that good communication had been maintained, with regular updates throughout the pandemic crisis. Staff informed inspectors that they had been consulted in areas like shift changes to reflect the easing of restrictions outside and the results of these consultations were fed back to staff via the GIC and the Prison Officers Association Scotland local branch. Other updates such as why staff had to wear masks were also appreciated.



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.

COVID-19 commentary

20. Healthcare issues: we will check that there is a daily assessment on wellbeing in a way that maintains the health and safety of all parties, and that there are measures in place to ensure healthcare continues to be managed under the principle of equivalence including health checks on admission, liberation, and transfer and escalation procedures. Checking processes are in place to support people with pre-existing health conditions.

This section sets out the findings from the Healthcare Improvement Scotland (HIS) LV to HMP YOI Grampian on 4 November 2020. The inspection focused on the health aspects of how the prison was functioning during the COVID-19 pandemic. In particular, access to care, governance, leadership and staffing, and infection prevention and control. The HIS findings below align with Standard 9 of the ‘Standards for Inspecting and Monitoring Prisons in Scotland’.

How we carried out the LV

In advance of the LV, HIS asked NHS Grampian staff at HMP YOI Grampian to complete a pro forma regarding healthcare provision during the pandemic. Follow-up teleconferences were held with NHS Grampian to discuss the completed pro forma and to discuss pregnancy and maternity services within the prison. Inspectors then developed key lines of enquiry for the visit. During the LV, three inspectors spoke with members of staff and inspected the care environment within the health centre. Given the current restrictions on movement of prisoners and to safeguard both patients and staff, inspectors did not speak with or come into contact with any patients during the LV.

HIS undertook a full inspection at HMP YOI Grampian in February 2019 and a subsequent follow-up visit in October 2019 where it was identified that recruitment and retention of staff was a significant challenge for the healthcare team. Our LV in November 2020 identified that this remains an issue and that staffing levels are currently fragile with healthcare managers reporting their biggest challenges being workforce resilience, capacity, and the general wellbeing of their staff. Our findings are detailed in the ‘Governance, leadership and staffing’ section below.



Visit findings

Access to care

On arrival at HMP YOI Grampian, prior to the admission process, nursing staff ask questions relating to COVID-19. If arrivals are symptomatic they would be taken to a designated area within one of the residential halls and the admission process would be carried out. All individuals who are symptomatic would be tested for coronavirus and isolated until results become available. Staff have received online training for COVID-19 testing. All patients who are isolating have a SPS COVID-19 care plan and nursing staff review patients daily. Patients who are symptomatic or confirmed as COVID-19 positive would be treated by nursing staff wearing suitable PPE at the cell door or inside the cell if necessary. SPS staff are wearing face masks at all times and prisoners wear face masks when moving out with the residential halls.

HMP YOI Grampian has not had any COVID-19 positive patients to date, although there has been some individuals who were symptomatic. Patients are no longer advised to shield as per SG advice. However, if patients were considered at high risk they would be given advice. We saw a care plan with COVID-19 advice provided to a patient who was deemed to be at high risk due to a health condition.

Primary care

There was no change to the referral process during the pandemic. Patients continue to complete a referral form which is then triaged by nursing staff. If patients require to be seen by the GP, this is undertaken via Attend Anywhere (a secure NHS video call service for patients). If patients require to be examined they will have a face-to-face consultation within the health centre. There is no current waiting list for GP appointments.

During the initial stages of the pandemic, all non-essential primary care clinics were put on hold in line with changes to the community provision. Clinics such as dental, sexual health, and physiotherapy were temporarily suspended although urgent care was available for emergency cases. Patients requiring wound dressings are seen within the health centre. However, those who had simple wounds were provided with dressings allowing them to manage their own wounds and were assessed by nursing staff on a weekly basis. This helps reduce the footfall within the health centre. The NHS Grampian tissue viability service protocol was used to determine which patients were suitable to manage their own wound dressings. **This is good practice.**

The healthcare team is currently remobilising some of the routine clinics in line with government and NHS Grampian guidance. We saw that the follow-up after admission clinic had restarted with clinic lists made up to the end of November 2020. The waiting list is currently 77 patients. The waiting list has been reviewed to enable the healthcare team to focus on key patients requiring priority review.

A database is in place to identify patients with long-term conditions. The healthcare team described how they are currently reviewing this as well as notes of patients known to have long-term health conditions, with a view to prioritising care needs, including any missed reviews due to the pandemic.

There is an identified nurse within the health centre who is responsible for patients requiring diabetic reviews and we saw that the diabetic clinic had restarted. NHS Grampian diabetic specialist nurses also provided consultations via Attend Anywhere. This ensures all diabetic patients are being reviewed as required.

Due to staffing challenges, sexual health clinics (which include cervical screening) have not yet restarted. While the healthcare team is currently considering how these can be restarted, it is a concern that sexual health clinics, and in particular cervical screening, is not in place. **Action Point 6.**

Social care provision is delivered by the healthcare support workers from the health centre. There are currently two individuals receiving social care.

Access to secondary care for urgent cases continued during the pandemic and transfers to hospital continued in line with existing protocols. Attend Anywhere is used for secondary care such as by the dietician, psychiatrist, or for initial epilepsy appointments.

Work was undertaken with SPS prior to COVID-19 to reduce the time spent delivering medication to patients. The provision of in-possession medication was increased during the pandemic. The healthcare team intends to continue this practice as it enables patients to have more autonomy over their medication and to support their sleep patterns. In-possession medication is monitored through the medicines management group and meetings have been held with the lead pharmacist. We were told that in-possession medication is working well for patients and safes are provided within double cells for secure storage of medication.

Following the February 2019 inspection, the Aberdeenshire Health and Social Care Partnership had recognised the need to have a local pharmacy team within HMP YOI Grampian. On our follow-up visit in October 2019 we were informed that a pharmacy workforce plan had been agreed and arrangements were underway to advertise for a pharmacist, pharmacy technician, and a pharmacy assistant. When we undertook the most recent visit we were disappointed to find that little progress had been made since previous inspections. Without a pharmacy team, nursing staff still have responsibility to deliver the pharmacy service. Given the ongoing challenges with nursing staff resources and the lack of skill set in this area, we see it as a priority for the Partnership to implement the agreed proposal to recruit a pharmacy team to 'free' up nursing staff time and improve the pharmacy service. The Partnership must, as a priority, review how the pharmacy service in HMP YOI Grampian is delivered, to ensure that the service is managed and delivered safely and effectively. **Action Point 7.**

Following previous inspections, HMP YOI Grampian had applied for a controlled drug license. Due to current coronavirus restrictions this remains outstanding. HMP YOI Grampian must ensure that this is secured as a priority as restrictions allow. **Action Point 8.**

Mental Health

When a mental health condition is identified at admission the patient will be allocated a named nurse for follow-up. Emergency or urgent referrals are seen on the same day or at the latest within two days. The mental health team agreed the service priorities at an early stage of the COVID-19 pandemic and have continued to offer both face-to-face appointments and virtual appointments. **This is good practice.** Access to mental health services has been supported through use of Attend Anywhere consultations. Virtual team discussion and meetings have also continued such as for psychology; mental health nursing; speech and language therapy; occupational therapy; and psychiatry. Where necessary, psychiatry visits take place and mental health nursing staff provide nursing input within the halls while complying with PPE requirements.

Following risk assessments by SPS, activity packs and self-help materials from psychology were provided to patients to help support their mental wellbeing.

TTM case conferences and risk management have continued, including the completion of Rule 41 care plans (where patients require to self-isolate). Where a need is identified for the transfer of a patient to an in-patient mental health unit, external assessment is available through virtual means. COVID-19 has not impacted on access to appropriate beds within mental health units.

Access to individual psychology sessions was paused at the start of the pandemic in line with the community provision. This resulted in an increase of people waiting to access psychological therapies. Clinical team meetings, case formulation meetings, and mental health multi-disciplinary team meetings continued using a virtual platform. Referral for clinical psychology is accepted from healthcare professionals, SPS staff, or from social work services. Now that the service has recommenced, we were told that work to reduce the waiting times was underway. The waiting list for psychology has reduced to 10 weeks since March 2020.

Substance Misuse

All admissions, including individuals who are transferring into the prison, are screened by nursing staff on admission and are seen by a GP within 24 hours.

Individuals who request an appointment are seen by the substance misuse team, however general wellbeing/check-up clinics are not taking place due to the pandemic. The substance misuse review clinic was paused due to COVID-19 but is now restarting. Patients identified as misusing illicit substances in the halls are now being seen in the health centre.

Opiate Replacement Therapy (ORT) is prescribed and all individuals receiving ORT are allocated a named nurse. In line with recent national ORT guidance, NHS Grampian introduced the 'Buvidal Injection'. Those receiving Buvidal are seen on appointed clinic days Monday to Friday and/or within 24 hours if they are unstable. Patients who require adjusted prescriptions have individual care plans. Patients who moved onto Buvidal have reported health benefits to staff. There are currently 25 patients who have been changed over to Buvidal and the healthcare team hopes that the majority of ORT patients will move to using Buvidal. A Buvidal clinic is due to recommence in line with the remobilisation plan. HMP YOI Grampian and the primary care team are working with community services to support patients to continue use of the drug on liberation. The reintroduced seven-day assessment clinics will monitor the health needs of patients on ORT or anti-psychotic medication.

Clinics for Blood Borne Virus (BBV) were paused in the initial stages of the pandemic and recommenced in mid-October 2020. While the clinics were paused, advice continued to be available from the BBV nurse and follow-up in the community was maintained. Dry blood spot testing is offered on admission for those consenting and all nursing staff are trained to do this.

Addictions services continued as normal during the pandemic with the exception of group meetings. The service has continued to meet the national waiting time target of 21 days. Addictions staff offer one-to-one Naloxone (a drug used to reverse the effects of an opiate overdose) training to patients on ORT with a planned liberation date. Patients are now offered a choice between a Naloxone injection or a Nyxoid preparation (a nasal spray alternative to Naloxone). The uptake of Nyxoid has been good.

A member of the addictions team is the first nurse working in prisoner healthcare to undertake the Queen's Nurse Programme¹ and is due to graduate in November 2020. As part of the programme, the nurse is working on the development of pathways for alcohol addiction. For example, diagnosis of Korsakoff's Syndrome (a form of alcohol-related brain damage) where a patient can be assessed while not under the influence of alcohol. **This is good practice.**

Patient admissions

The recent increase in court activity has posed significant challenges for the healthcare team within HMP YOI Grampian. Staff reported that there has been instances of 8-10 individuals arriving into the prison after the nursing day shift finishes at 18:00. There has also been instances of late arrivals after the late nursing shift finishes at 21:00. This means that nursing staff are having to work late following a 12-hour shift to admit individuals into the prison. HMP YOI Grampian is looking at a potential interim solution whereby SPS night shift workers will admit late arrivals using Attend Anywhere. There has been technological challenges to arrange for SPS officers to access the NHS IT system, but plans are in place to commence the process within the next month,

¹ <https://www.qni.org.uk/nursing-in-the-community/queens-nurses/>

accompanied by a SOP. The healthcare manager has joined a national group which is looking at late admissions and possible longer-term solutions to address this issue.

Pregnancy and maternity services

Pregnancy or maternity services were not required in HMP YOI Grampian during the pandemic apart from one pregnant woman in April 2020 who had one initial appointment with a midwife before being liberated. The individual was housed in a separate apartment with an identified buddy prior to liberation to support her during the pregnancy.

We saw evidence of the NHS Grampian guidance policies for maternity care staff in the community caring for women during the COVID-19 pandemic. However, while healthcare staff in HMP YOI Grampian were able to describe pregnancy and maternity processes that would be followed if required, there was a lack of formal policies for pregnant women or women with babies in custodial sentence. A formal SOP is required for the care of pregnant women and mother and babies to safeguard patients and to support staff. **Action Point 9.**

An arrangement is in place for pregnant women to be allocated a community midwife. Staff informed us that in the event of a positive COVID-19 diagnosis, communication would be managed with the NHS board midwifery team. Any pregnant woman would be provided with guidance about the risks of COVID-19 and would have an individual care plan and regular input from the midwife. Risk assessments would be planned on the admission of a pregnant woman depending on the circumstances such as her gestation, length of sentence, and individual needs. The healthcare team would also work with the NHS Grampian maternity team to provide Attend Anywhere appointments to ensure the pregnant woman was attending her arranged appointments.

Referrals to specialist services such as for childhood screening, immunisations, developmental monitoring would be undertaken in line with the NHS Grampian maternity services COVID-19 plan. After 10 days postpartum the healthcare team would work with the local health visitor to plan visits via Attend Anywhere to ensure developmental assessment can be carried out.

A qualified midwife employed by the NHS would be able to undertake care if required to ensure assessments are not missed.

Infection control/Health centre environment

On entering the prison, we observed appropriate infection prevention and control measures including alcohol-based hand sanitisers. Clinical waste bins were in place for the disposal of PPE. These were also available for the disposal of PPE outside each of the residential halls.

We visited areas where healthcare was delivered. Although these were visibly clean, we found damage to walls and the edge of work surfaces within the rooms

used to dispense medications in the halls. Staff informed us that planned preventative maintenance was ongoing and repairs were completed in a timely fashion, however healthcare staff had not reported the required repairs in the dispensary rooms. HMP YOI Grampian's healthcare team must ensure that any required repairs are reported to estates in a timely fashion to ensure the fabric of the building is intact to allow for effective cleaning. **Action Point 10.**

Cleaning within HMP YOI Grampian is provided by a private cleaning contractor. The healthcare team reported no concerns with the cleaning provision. Additionally, prisoners have recently returned to clean the floors in the clinic areas. Industrial cleaning work parties are co-ordinated by SPS and individuals on the work parties are trained in biohazard cleaning.

We were told that nursing staff clean the healthcare room within the halls both prior to and after any clinic. During clinics within the health centre staff clean all equipment between patients. The rooms are also cleaned at the end of the day. Cleaning of all areas where healthcare is delivered is in line with national guidance and the standard was high in all areas. Staff do not complete cleaning checklists for any of the rooms within the halls or health centre, however a colour coding system is displayed on the room doors within the health centre which shows when the rooms have been cleaned. This has replaced the cleaning checklists.

Equipment used by nursing staff was clean and ready for use. Staff described how they decontaminated equipment in between use. Disinfectant wipes were available in all clinical areas and chlorine releasing disinfectant was available in the event of a suspected or confirmed case of COVID-19. Each hall had a room allocated for nursing staff to provide medications, triage, and consultations with patients. These were cleaned to a good standard. We saw evidence of posters indicating restricted numbers allowed into rooms and of efforts taken to reduce patient footfall in the health centre to meet physical distancing requirements.

At the beginning of the pandemic, permanent staff received training on the appropriate use of PPE. Video training has been provided to new staff. Staff reported that they have the equipment they need and are aware of the PPE guidelines. During our visit we observed staff using the correct PPE. Aerosol generating procedures are not currently undertaken in HMP YOI Grampian and FFP3 masks have not been required. However, SPS arranged mask-fit testing for staff at the beginning of the pandemic and these are available if required. Posters are in place in the health centre explaining the correct use of PPE.

Support from the infection control team has been limited to one visit at the start of the pandemic. A health and safety visit was undertaken with SPS to ensure the healthcare team had the correct PPE in place.

Governance, leadership and staffing

The prison healthcare team is part of Aberdeenshire Health and Social Care Partnership which falls within the remit of the Aberdeenshire Integration Joint Board.

Prisoner healthcare risks are managed by NHS Grampian and Aberdeenshire Integration Joint Board. The Integration Joint Board and NHS-Grampian have accepted the risk of the reduction of prison healthcare services in response to COVID-19.

There was effective governance structures in place with clear lines of reporting and accountability. This allowed normal escalation and governance processes to continue during the pandemic. In addition, lines of communication were evident between the Partnership and prisoner healthcare to discuss workforce, clinical demand, and the allocation of resources.

Historically, the healthcare team has found it challenging to ensure safe staffing levels due to advertised posts not being filled and a high turnover of staff. This has been compounded during the pandemic with staff requiring to shield plus staff being on long-term sick leave. The current staffing level in the healthcare team is under resourced by 8.8 whole time equivalents. Vacant posts are advertised every two weeks if there are no applicants. A newly qualified Band 5 nurse is currently going through induction and two Band 5 mental health nurses have been recruited and are due to start work in January 2021. Regular staffing meetings are held to ensure a focus remains on recruitment and retention.

Shortfalls are managed through the use of agency and bank staff and there are contingency plans that can be used on a daily basis for allocation of staff and duties. The Partnership has committed to funding agency staff to support safe staffing levels.

The healthcare team were recently asked to use only framework agency staff. This has resulted in more time required to induct and train new agency staff, and has led to a less consistent workforce. The reduced staffing levels has also hampered the recommencement of clinics.

Regular reviews are undertaken of staffing levels and agency spend, and a staffing gap analysis has been undertaken. The lack of staffing has been reported to the clinical and adult social work governance committee and also through the Integration Joint Board. The issue has also been escalated through professional nurse groups, the senior management team and clinical governance and has remained on the risk register since the last HIS inspection in October 2019. We were informed that NHS Grampian is about to embark on a larger piece of work around staffing as there are challenges in recruiting to healthcare across the region.

A range of resources are available to support staff health. Staff have access to the NHS Grampian COVID-19 daily briefing, which keeps them up-to-date with the current guidelines.

An NHS Grampian psychology resiliency hub is also available which offers up to three psychological support appointments for staff as well as advice for accessing relevant services. Wellbeing sessions have also been arranged for staff with the on-site psychologists. An exercise was undertaken with local psychologists early in the pandemic to support team building and it is hoped for this exercise to be

repeated. During the pandemic, staff also had access to the psychology service for support if necessary.

While there are wellbeing support structures in place, our discussions with staff revealed that some staff are very stressed due to the high workload and requirement to undertake additional duties due to the shortfall of staff. The impact of continuing to work under significant staffing pressure, together with additional demands on nursing staff, had led to an increase in work-related stress and sickness within the nursing staff group. As previously said in the report, given the challenges in recruiting nursing staff, the Partnership should as a priority look at ways to reduce the increased demands on nursing time and resources. **Action Point 11.**

The relationship and communication between the SPS and the healthcare team was described as being good during the pandemic with examples of good collaboration such as SPS helpfully providing key training and PPE for agency staff. Regular meetings are held with SPS to discuss issues and share learning.

Action Point 6: the Aberdeenshire Health and Social Care Partnership must re-instate sexual health clinics and in particular cervical screening to support patient safety.

Action Point 7: the Partnership must as a priority review how the pharmacy service in HMP YOI Grampian is delivered, to ensure that the service is managed and delivered safely and effectively. The Partnership is encouraged to implement the agreed proposal to recruit a pharmacy team to 'free' up nursing staff time and improve the pharmacy service.

Action Point 8: HMP YOI Grampian must ensure that a controlled drugs license is secured as a priority as soon as coronavirus restrictions allow.

Action Point 9: NHS Grampian and HMP YOI Grampian must ensure that a formal SOP be developed for the care of pregnant women and mother and babies, to safeguard patients and support staff.

Action Point 10: HMP YOI Grampian's healthcare team must ensure that any required repairs are reported to estates in a timely fashion to ensure the fabric of the building is intact to allow for effective cleaning.

Action Point 11: given the challenges in recruiting nursing staff, the Partnership should as a priority look at ways to reduce the increased demands on nursing time and resources.

Good Practice 3: patients who had simple wounds were provided with dressings allowing them to manage their own wounds and were assessed by nursing staff on a weekly basis. This helps reduce the footfall within the health centre. The NHS Grampian tissue viability service protocol was used to determine which patients were suitable to manage their own wound dressings.

Good Practice 4: the mental health team agreed the service priorities at an early stage of the COVID-19 pandemic and have continued to offer both face-to-face appointments and virtual appointments.

Good Practice 5: a member of the addictions team is the first nurse working in prisoner healthcare to undertake the Queen's Nurse Programme² and is due to graduate in November 2020. As part of the programme, the nurse is working on the development of pathways for alcohol addiction. For example, diagnosis of Korsakoff's Syndrome (a form of alcohol-related brain damage) where a patient can be assessed while not under the influence of alcohol.

Conclusion

HMP YOI Grampian was performing strongly in its handling of COVID-19 risks and there was clear evidence of appropriate action being taken on physical distancing, use of alcohols, and cleaning of equipment, etc, to minimise transmission risks. It was very encouraging to see the progress that had been made since our last full inspection at securing a solid staffing base on the SPS side, which had contributed to a calm, controlled atmosphere where staff felt confident in their roles.

Recruitment challenges and staff absences remain a concern for healthcare staff despite the ongoing commitment from the Health and Social Care Partnership to seek solutions for staffing. There was, however, stability among a small core staff group, but this group of NHS staff reported that they felt tired, over-stretched and stressed and this is a key concern.

There was good communication, however, between SPS and NHS and the strength of the relationships between the SPS and external parties around pre-release planning was highly commendable. HIS inspectors identified three areas of good practice. This covered action to promote safe self-management of wounds, prioritisation of mental health activities with ability to support face-to-face and virtual visits, and the work of the addictions team including the first prison healthcare team nurse to undertake the Queen's Nursing Programme.

As we have recorded with other prison liaison visits, the backlog in prisoners awaiting offender behaviour programmes is a serious concern; we urge the SPS HQ to address this as quickly as possible and continue to ramp up opportunities for progression across the prison estate. These issues are compounded locally by staffing shortfalls in the progression and psychology teams, which need to be addressed as a priority.

Education and work opportunities were being provided, although not on the same scale as before COVID-19 due to physical distancing restrictions. Although recognising the difficulties facing the prison in ratcheting up capacity further, and applauding the action taken to encourage self-learning, we challenge the SPS to consider what more may be possible given the importance of purposeful activity in supporting good mental health for those who otherwise face too many hours locked in their own cells.

² <https://www.qni.org.uk/nursing-in-the-community/queens-nurses/>

Communication with prisoners was good, but would be further supplemented by ensuring that the daily regime was displayed in all halls so prisoners more easily understood when different activities should happen.

Processes operating in the SRU were lawful and prisoners were getting appropriate access to fresh air, showers and telephones, but we recommend tightening procedures on the communication of information between shifts.

Of the four action points suggested by our HIS inspection partners, the priority ones are to address the nursing and pharmacy staffing concerns discussed above and secure a controlled drugs license at the earliest available opportunity.



List of Action Points

Action Point 1: HMP YOI Grampian should display the regime in communal areas so that prisoners are aware of the daily timetable.

Action Point 2: HMP YOI Grampian should ensure that where a weekly narrative is recorded on PR2 for those in the SRU, a daily record should also be kept by staff to inform the weekly narrative.

Action Point 3: HMP YOI Grampian should ensure that where weekly narratives are updated on PR2, there should be no gaps between weeks.

Action Point 4: SPS and HMP YOI Grampian need to address the shortfalls in the staffing of the programmes and psychology teams as a priority.

Action Point 5: SPS HQ to work creatively to address the backlog in prisoners awaiting offender management programmes and ramp up opportunities for securing progression across the prison estate.

Action Point 6: the Aberdeenshire Health and Social Care Partnership must reinstate sexual health clinics and in particular cervical screening to support patient safety.

Action Point 7: the Partnership must as a priority review how the pharmacy service in HMP YOI Grampian is delivered, to ensure that the service is managed and delivered safely and effectively. The Partnership is encouraged to implement the agreed proposal to recruit a pharmacy team to 'free' up nursing staff time and improve the pharmacy service.

Action Point 8: HMP YOI Grampian must ensure that a controlled drugs license is secured as a priority as soon as coronavirus restrictions allow.

Action Point 9: NHS Grampian and HMP YOI Grampian must ensure that a formal standard operating procedure be developed for the care of pregnant women and mother and babies, to safeguard patients and support staff.

Action Point 10: HMP YOI Grampian's healthcare team must ensure that any required repairs are reported to estates in a timely fashion to ensure the fabric of the building is intact to allow for effective cleaning.

Action Point 11: given the challenges in recruiting nursing staff, the Partnership should as a priority look at ways to reduce the increased demands on nursing time and resources.



List of Good Practice

Good Practice 1: the PTIs had developed a fitness programme to coincide with the new prison regime, which was commendable.

Good Practice 2: the relationships and communication by HMP YOI Grampian with partner agencies and organisations around pre-release planning and the immediate post liberation period was highly commendable

Good Practice 3: patients who had simple wounds were provided with dressings allowing them to manage their own wounds and were assessed by nursing staff on a weekly basis. This helps reduce the footfall within the health centre. The NHS Grampian tissue viability service protocol was used to determine which patients were suitable to manage their own wound dressings.

Good Practice 4: the mental health team agreed the service priorities at an early stage of the COVID-19 pandemic and have continued to offer both face-to-face appointments and virtual appointments.

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³ <https://www.qni.org.uk/nursing-in-the-community/queens-nurses/>

Acronyms used in this Report

BBV	Blood Borne Virus
CIU	Community Integration Unit
COVID-19	Coronavirus Disease 2019
FLM	First Line Manager
GIC	Governor-in-Charge
HIS	Healthcare Improvement Scotland
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HPS	Health Protection Scotland
HQ	Headquarters
HDC	Home Detention Curfew
ICM	Integrated Case Management
IPM	Independent Prison Monitor
LV	Liaison Visit
MAPPA	Multi-Agency Public Protection Arrangements
NHS	National Health Service
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the UN Convention against Torture and other cruel, inhuman or Degrading Treatment or Punishment
ORT	Opiate Replacement Therapy
PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PCF	Prisoner Complaint Form
PIAC	Prisoner Information Action Committee
PPE	Personal Protective Equipment
PR2	Prison Records System
PTI	Physical Training Instructor
RMT	Risk Management Team
SD	Social Distancing
SG	Scottish Government
SPS	Scottish Prison Service
SPSO	Scottish Public Services Ombudsman
SRU	Separation and Reintegration Unit
SOP	Standard Operating Procedure
SSOW	Safe Systems of Work
TTM	Talk to Me
YOI	Young Offender Institution





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