

HM INSPECTORATE OF PRISONS

Report on HMP Edinburgh

October 2005

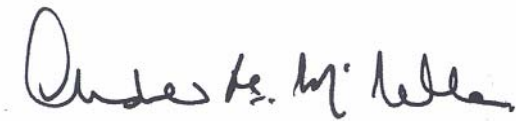


SCOTTISH EXECUTIVE

The Scottish Ministers

In accordance with my terms of reference as HM Chief Inspector of Prisons for Scotland, I forward a report of a full inspection carried out at HMP Edinburgh between 22-26 August 2005.

Eight recommendations and a number of other observations are made.

A handwritten signature in black ink, appearing to read "Andrew R C McLellan". The signature is written in a cursive style with a large initial 'A'.

ANDREW R C McLELLAN
HM Chief Inspector of Prisons
for Scotland

October 2005

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1. PREAMBLE

1.1 Slopping out ended in Edinburgh Prison on 2 June 2005. The improvement in living conditions for prisoners who had been subject to slopping out is enormous. The improvement in working conditions for prison staff is also considerable.

1.2 All prisoners in Edinburgh now live in decent conditions. All prisoners now have access to toilets and many live in conditions which are very good. The completion of two large new residential blocks within the last two years has transformed the prison. There are eight prisons in Scotland which hold fewer prisoners than Ingliston House, the latest of these new blocks.

1.3 The transformation of the prison has also resulted in the opening of 'The Hub', a building designed to hold the Health Centre, the Learning Centre, the Links Centre and much else besides. This is an excellent facility, although the report suggests that it will take time to learn how to make the best use of it.

1.4 The benefits to prisoners and staff of investment in living and working conditions have been recognised in several reports in recent years. This report confirms that other things tend to be better when living and working conditions are better. This report also recognises how well Edinburgh prison is managing the changes which have been taking place.

1.5 In the context of all of these improvements, it needs to be acknowledged that there are costs and consequences. This report asks some serious questions.

1.6 First, the rebuilding programme means that there is not at present appropriate space for work for prisoners. The best possible use has been made of the old Forth and Pentland Halls as a temporary site until new accommodation is built. But the report shows that it is not enough to provide meaningful activities for every prisoner, particularly remand prisoners and prisoners serving up to 60 days.

1.7 Second, remand prisoners now live in the least good accommodation in the prison. When Glenesk House was opened in 1998 it signalled a determination that remand prisoners should be held in good conditions, as is appropriate for their status. However, remand halls

are more difficult to keep clean and well furnished. This report suggests that remand prisoners are in danger of being left behind in the new Edinburgh prison. The argument is not that they should be moved whenever a new hall is opened: but that the cleanliness, bedding and furniture of their hall should not be worse than that of convicted prisoners.

1.8 Third, in Ingliston House, the newest block, some long-term prisoners are sharing cells (which are designed for that purpose). As far as possible, the Scottish Prison Service has tried in recent years to provide single-cell accommodation for long-term prisoners. During the inspection several prisoners expressed frustration about their move from single cell accommodation in other prisons, although only one formal complaint had been made. It will be important to monitor the effects of regularly holding long-term prisoners in shared accommodation.

1.9 Fourth, life-sentence prisoners near the end of their sentence and preparing for release no longer have the distinct identity and opportunities which were theirs in Pentland Hall. Since they now live on one floor of a much larger hall, they do not have the physical separation nor the free access to the open air which they had before.

1.10 Since the last inspection the number of long-term prisoners in Edinburgh has increased very considerably. It is too early to say whether or not the needs of these prisoners are being met; but the report does show that a good beginning is being made in terms of Sentence Management.

1.11 A worrying aspect of this report is its account of provision for mental health, provision which is very poor indeed. Despite the best efforts of staff, prisoners who arrive in Edinburgh prison with mental health problems are not well served.

1.12 The induction programme is a model of good practice. Particularly important is the family induction, when parents or partners are invited to the prison to see inside its walls for themselves, and to meet prison staff. The induction programme is also one example among several of the use of “peer prisoners” to help other prisoners to learn.

1.13 There is good evidence that Edinburgh is a safe prison: evidence from statistics, from the SPS Prisoner Survey, from the experience of inspection, and from the comments of every prisoner group met during the inspection.

2. POPULATION, ACCOMMODATION AND REGIMES

Introduction

2.1 HMP Edinburgh has made enormous progress in improving the fabric of the prison. Eighty five years of slopping out ended on 2 June 2005. Forth Hall, 'A' Hall and Pentland Hall have closed in the past year and new fit for purpose accommodation – Ingliston House – opened. Parts of Pentland Hall and Forth Hall were being converted for use as temporary workshops. At the time of inspection 'A' Hall had been demolished and work had started on the construction of new catering and reception facilities.

2.2 The agreed capacity for the prison is now 756 although it can hold up to 816 if required. On the first day of inspection there were 765 prisoners unlocked, and numbers went above 800 during the week for the first time.

2.3 Edinburgh now has three accommodation blocks described below.

Glenesk House

2.4 Glenesk House opened in 1998. It holds male adult remand prisoners. It also holds male prisoners under the age of 21 who are on remand, convicted awaiting sentence and newly convicted awaiting transfer to HMYOI Polmont. Adult and young prisoners are held separately with levels one and three holding adults and level two under 21s.

2.5 Glenesk has a design capacity of 125 with a capacity of 184. On the first day of inspection there were 168 prisoners living there, 46 of whom were aged under 21.

2.6 The hall is divided into three floors with two sections on each floor. Grille gates separate each section although they were not closed over at any time during inspection and there was no evidence that the gates were used to manage prisoners. The atmosphere in the hall was relaxed.

2.7 The cells with two beds are the same size as those with one bed. The beds are not bunk beds so they take up a great deal of floor space leaving nowhere to sit, eat or read. Each

cell has integral sanitation, in cell power, a kettle and a television. Terrestrial TV channels are available.

2.8 Although the hall was re-decorated in November 2004 the cells were shabby and dirty. Staff put this down to the transient nature of the prisoner population. The communal areas looked better.

2.9 Many of the prisoners themselves were dishevelled and untidy. Their prison clothes were often torn or washed out. The bedding was also very shabby. This is in stark contrast to the brand new clothing and bedding issued to prisoners in Ingliston. **It is recommended that remand prisoners should have access to the same quality of clothes and bedding as convicted prisoners.**

2.10 There are three telephones on each floor, and showers and recreation equipment in each section. Recreation consists of pool tables and table tennis. Prisoners have access to recreation every afternoon and evening. There is also a multi gym on the top floor, which prisoners can access on a rota basis. In the central area on each floor there is a well equipped pantry. All of the pantries were clean.

2.11 Outside exercise is available every morning. There are two sessions, one for under-21's and one for adults. The system works well.

2.12 A very good initiative is a 'legal hot line'. Lawyers can contact their client directly using a line available in the middle floor staff workstation. The service was well used. This is an area of **good practice**.

Hermiston House

2.13 Hermiston House opened in 2003. It holds all convicted long and short-term adult admissions for assessment and induction. Levels one and two are classified as the Progression Unit; Level three is the Admissions and Induction Unit; and Level four is an Enhanced Unit.

2.14 Hermiston has 226 cells with a capacity of 283. On the first day of inspection there were 274 prisoners unlocked.

2.15 Hermiston is built to an 'L' shape, with four storeys on one side and three on the other. Levels one and two are run as one Unit with an open gallery design; prisoners move here from the Admission Unit before moving to other parts of the prison. Level three is the Admissions and Induction Unit, Level four houses the Enhanced Unit, which gives prisoners access to slightly wider regime opportunities.

2.16 The building is well maintained, the cells are generally clean and tidy with communal areas maintained to a good standard. All cells have in-cell sanitation in separate cubicles; in cell power; and TVs. There are three telephones per section, which can be accessed when prisoners are unlocked. Recreation facilities are television, pool and table tennis. There is an exercise yard adjacent to the hall, as well as two astro-turf football pitches available on a rota basis. Each section has its own food servery and prisoners can choose to eat at the fixed tables in each section (with the exception of prisoners in the Admissions and Induction Unit) or eat in their cells. Additionally, there are microwaves where goods bought in the canteen can be heated. Each section has four showers. Hermiston House continues to provide a clean and well-maintained living environment.

Ingliston House

2.17 Ingliston House opened on 2 June 2005. This ended 85 years of slopping out in HMP Edinburgh. It holds convicted adult long-term and protection prisoners. Level one holds up to 85 prisoners in need of protection. Level two is the former Pentland Hall and is a National 'Top End' for 88 long-term prisoners at the pre-release stage of their sentence. Level three provides an enhanced regime for 87 prisoners. Level four provides a 'progression' regime for 88 prisoners.

2.18 Ingliston has 284 cells with a capacity of 348. On the first day of inspection there were 312 prisoners unlocked.

2.19 Ingliston is similar in design to Hermiston (described above). The sections sit at right angles to each other in an 'L' shape.

2.20 Each level has 16 “double-cells”. There are also two four-person “buddy cells” on level one, although these are only used under specific circumstances and are therefore not included in the capacity number.

2.21 When the hall is at its capacity of 348 there are 128 prisoners sharing cells. This means that long-term prisoners in Edinburgh are routinely sharing cells for the first time, recognising that these cells are designed for two. Having said that, facilities are excellent. There is integral sanitation in every cell as well as in cell power, a kettle and a television. Each level has its own showers, recreation facilities, pantry areas and interview facilities. There is a limited amount of office space for staff.

2.22 Outside exercise is available daily on the astro-turf pitches adjacent to the hall. They are also used in the evenings and at the weekends.

2.23 The prisoners have all been issued with new clothing to match their new surroundings. The laundry system in place also ensures that they are able to keep their clothes clean.

2.24 Despite the hall having only been open for a few weeks prior to inspection the impact on those who had been transferred in from the old Forth Hall, ‘A’ Hall and Pentland Hall was very evident.

2.25 The former Pentland Hall prisoners were taking some time to adjust because of the relative freedom they had experienced in Pentland. They are now located on one floor of this large hall. It has not been possible to replicate some parts of the regime from Pentland, such as the opportunity to walk in the open air in the evenings. Prisoners were also taking time to settle into being in larger sections in a very large hall covered by CCTV. The prisoners can still have their cell doors unlocked if they wish and as they settle into their new environment other opportunities to develop the regime may be identified.

2.26 Edinburgh now holds significantly more long-term prisoners than previously and most of these prisoners are in Ingliston. Many said that they felt like they were being treated like short-term prisoners and this was a frustration to them. The prison should make sure that it

has a regime in place suited to the needs of long-term prisoners. The prison should also monitor the impact of long-term prisoners routinely sharing cells.

Summary

2.27 The opening of Ingliston House, combined with the high numbers of long-term prisoners required the creation of a suitable regime of internal progression. This has, in the short term, meant:

- Long-term prisoners who previously had cells of their own now share a two-person cell.
- Higher numbers of long-term prisoners located in a large single residential houseblock.
- Perceptions on the part of Pentland Hall staff and prisoners that their regime has been curtailed and that they have been moved to “normal” conditions brought about by living in accommodation similar to that of prisoners starting their sentences. These feelings have been influenced by the existence of CCTV and reduced access to unsupervised outside recreation due to the need to maintain security barriers for non Pentland prisoners located elsewhere in Ingliston House.
- A significant increase in prisoner numbers combined with a need to reduce numbers attending daily work activities whilst training/work parties transfer to new temporary accommodation, has resulted in greater numbers of prisoners than would be normal, staying in the hall during weekdays.
- An increased requirement for Sentence Management due to the increased long-term prisoner population.

3. CUSTODY AND GOOD ORDER

Security and Safety

3.1 There have been no escapes since the last inspection.

3.2 In 2004-05 there were four serious prisoner-on-prisoner assaults against a target of nine. There were 48 minor prisoner-on-prisoner assaults in the same period. There had been one serious assault and nine minor assaults in the period April 2005 to the time of inspection. There had been one serious prisoner-on-staff assault against a target of zero and 19 minor assaults in 2004-05. There had been one serious prisoner-on-staff assault and six minor assaults between April 2005 and the time of inspection. There were no incidents of concerted indiscipline.

3.3 The prison has a well developed Anti-Violence Strategy in place, and this has contributed to a reduction in the number of assaults over the past 18 months. The strategy also aims to stop other forms of anti-social behaviour. Edinburgh actively promotes the use of the SPS Anti-Bullying Strategy, evidenced by the posters displayed across the prison.

3.4 There were no suicides in 2004-05 and none between April 2005 and the time of inspection. ACT documents were initiated on 258 occasions in 2004-05 and on 68 occasions from April to mid July 2005. An ACT coordinating group is in place chaired by the Deputy Governor. This Group meets bi-monthly and comprises representatives from Social Work, Psychology, Chaplaincy, Mental Health and Listeners.

3.5 Relationships between staff and prisoners were very good, as reported by groups and in the SPS Prisoner Survey.

Prisoner Complaints Procedure

3.6 The Prisoner Complaints procedure is well managed. The prison takes a slightly different approach from most other prisons and this seems to have had a positive effect on the quality of answers given to prisoners and the number of complaints submitted or taken to the Internal Complaints Committee (ICC) stage of the process.

3.7 When a prisoner submits a CP1 in Edinburgh, a First Line Manager rather than an officer gives the first response. If it proceeds to the next stage a Unit Manager writes the answer. It then reverts to SPS procedures. The quality of answers is very good.

3.8 In 2003-04 there were 1521 complaints submitted, in 2004-05 this reduced to 1403. Between 1 April and 15 August 2005 only 375 had been submitted. Even more striking has been the reduction in ICC's. There were 377 in 2003-04, 279 in 2004-05. Between 1 April and 15 August 2005 there had only been 61.

Prisoner Disciplinary System

3.9 The Segregation Unit houses the main Orderly Room for the prison. The area is custom designed for this and provides a fairly relaxed setting for disciplinary hearings. Disciplinary hearings are usually held by unit managers, although senior managers also conduct a few. In addition to the hearings held within the main Orderly Room, hearings are also conducted within the accommodation areas.

3.10 Disciplinary proceedings were observed by inspectors and found to comply with SPS procedures. Those prisoners involved were treated in a respectful manner and were well informed of what was going on. They were given opportunities to ask questions and to make statements on their own behalf. The disposals made were appropriate.

3.11 All records from hall-based disciplinary hearings are collated by segregation staff, recorded in the Segregation Unit and then transferred to staff in the Security Unit who are responsible for placing the information on the Prisoner Record System and for storing the paper records.

Segregation Unit

3.12 A new Segregation Unit opened in 2003. It is an excellent facility. There are fourteen "normal" cells with integral sanitation and in cell power. There were 11 prisoners living in the Segregation Unit on the first day of inspection. Prisoners are provided with a hi-fi on request by the staff. They do not have televisions or kettles. Staff provide flasks or cups of hot water as required.

3.13 The unit is divided into two sections of seven cells. There is a “special” cell in each section. These are rarely used and only in specific circumstances, for very short periods of time. All cells have a proper bed.

3.14 Staffing consists of one First Line Manager and three officers. Officers do not wear the normal prison uniform: they dress more casually. The unit is fully staffed from 7.15am to 5.45pm. It is on patrol outside these hours. While this arrangement is becoming more common in Segregation Units, it means that prisoners do not have access to the telephone or other parts of the regime in the evenings.

3.15 The facilities themselves are excellent. There is a multi gym available on a rota basis. This is very popular with prisoners. There are showers in each section and three spacious exercise yards. Visits must be booked, and are restricted to afternoon sessions, including weekends.

3.16 A case conferencing system is used to manage prisoners in the Unit. Links are maintained with the area of the prison (or other prison) where the prisoner came from, and established with the place it is planned for him to go to next.

3.17 The Segregation Unit is a good facility. It is a safe and appropriate place for prisoners who have caused problems or who are experiencing difficulties in coping in normal circulation.

Night Duty

3.18 Edinburgh is patrolled by one manager and 10 staff at nights. This is comparable to other prisons of a similar size and prisoner type. Night duty instructions were available in all areas and were, in the main, up to date and user friendly. The emergency equipment available was excellent. Boxes containing essential equipment are held in a cupboard in the Hub.

3.19 A regular occurrence during the night is a prisoner requiring to be escorted to hospital. It happened twice during inspection. The staff complement during this time has to be reduced by two (20%) to carry out the escort. When the complement is reduced the ability

of staff to carry out their full range of duties is compromised. There are fewer patrols, cell alarms are answered more slowly and there are fewer staff to respond to an emergency. This should be addressed.

4. ADDICTIONS

Management and Policy

4.1 There is a strong commitment to addiction services within the prison. The Governor is a member of the local Drug Action Team and the addiction manager is also a member of several of the Drug Action Team sub-groups. The prison has made important links with external drug services to develop throughcare addiction services for prisoners. In addition to addictions duties the addictions manager also has social inclusion as part of his remit and is responsible for Glenesk House. This is not an uncommon mix of responsibilities for addiction managers but it does make it more difficult for each manager to give the time to addiction that might be needed. There is a Drugs Strategy Group in place consisting of the Governor, the addictions manager, the health care manager and the addictions team manager. This group has not always met regularly and needs to do so to ensure management and co-ordination of a complex process within the prison.

4.2 There is also a fortnightly addictions case management meeting to discuss complex cases. While this is a useful and important process it does not perform the same function as the Drug Strategy Group.

Addiction Treatment Process

4.3 The prison has a clear, if complex, addictions treatment process adapted from the national addictions treatment process. This process was still in draft at the time of inspection as a result of Phoenix House taking over from Cranstoun, and also changes to throughcare. The outline process looks a very positive one, from Reception through health care to national harm reduction sessions, core screening and Phoenix assessment, addictions case management and a variety of interventions through to community integration.

4.4 The addiction treatment starts at Reception where checks are made about methadone maintenance, for those receiving methadone prior to sentence. Checks include questions about whether the prisoner's methadone maintenance will be picked up when they are liberated. No one has been started on methadone for many months as none of the medical or nursing staff are trained in this aspect. This should be addressed. Prisoners are placed on a

detoxification regime or continued maintenance on methadone. At the time of the inspection there were 121 prisoners detoxifying and 71 on methadone maintenance. Prisoners are seen by a doctor who prescribes detoxification. Detoxification medication is administered in the halls and this was described by one person as “feeding time at the zoo”. Prisoners are offered a national harm reduction session delivered by Phoenix within five days of admission, the KPI target for this is 95% of those with addiction issues, which is met.

4.5 A very useful initiative in Edinburgh is that one prisoner helps with addiction induction: the ‘peer support worker’. This is an area of **good practice** described throughout this report.

4.6 After going through the core screening process, Phoenix becomes involved with those prisoners who want help with addiction problems. Prisoners serving under 31 days and those on remand do not receive a full specialist assessment but are offered some kind of help, for instance referral to outside agencies. Phoenix then put together a care plan and are responsible for monitoring the care plan for each individual prisoner. The addictions case management group meets fortnightly to discuss more complex cases.

4.7 A variety of interventions are available including detoxification, methadone maintenance, motivational interviewing, alcohol counselling, programmes (including Lifeline, Alcohol Awareness and Drug Action for change) safer injecting, paraphernalia advice and attendance at Alcoholics Anonymous and Narcotics Anonymous. Drug testing is available from the MDT Unit

4.8 Approximately eight weeks prior to liberation Phoenix refers to the Throughcare Addiction Service (TAS) Edinburgh, managed by SACRO, and might also refer to the local methadone maintenance facility. The plan is to hold a ‘community integration conference’ with a Phoenix caseworker and someone from the Throughcare Addiction Service. A pre-release harm reduction session might be available, a care plan for life after release is put together and there is a pre-release meeting with TAS and the client. The success of this community integration process will depend, in part, on links with the community. This seems to be well developed in Edinburgh.

4.9 Phoenix play an important part in this process but only weeks prior to the inspection had taken this function over from Cranstoun Drug Services. The staff employed by Cranstoun are now employed by Phoenix to ensure continuity. There are plans for the future including the introduction of single shared assessment on the SPS prisoner records system (PR2) in March 2006 as well as a review of the CAART. The links with the community services such as SACRO also seem very positive. Another initiative being set up is a strategy meeting with the addictions manager, the health centre manager and the Phoenix manager. Phoenix also intend involving prisoners in customising the addictions treatment process.

Mandatory Drug Testing

4.10 The team consists of three officers full time. However, this process was, at the time of inspection, in a state of change and uncertainty. Random drug testing was not taking place across the SPS following guidance from SPS Headquarters. Other testing: suspicion, risk assessment, frequent, reception, liberation and voluntary were still taking place. In 2003-04 random testing was 74% clear and in 2004-05 78% clear. The 2004-05 figure was against a KPI of 85%. Fewer tests were being done because some of these tests take longer than random tests, paper work had increased and it was taking longer to collect people for testing.

Programmes

4.11 Programmes are an important part of the treatment and care process for people attempting to deal with their drug problems. The prison runs a 'Lifeline' programme. Last year's KPI was 24 completions and 26 prisoners achieved this. An 'Alcohol Awareness' programme is in place with a KPI of 40: 43 prisoners achieving, and the 'Drug Action for Change programme' with a KPI of 39: 39 prisoners achieving. The prison has tried to focus more on alcohol in the recent past recognising the importance of alcohol in offending behaviour. Prisoners with addiction problems can also take part in other programmes – 'Independent Living Skills' and 'Relationship Skills'.

Community Links

4.12 Edinburgh describes itself as Scotland's first "Community Prison" and has strong and positive links with agencies outside the prison, many of whom have sessions in rooms in the Hub. These community links, with bases inside the prison include mainstream services such as housing services and benefits services which allow prisoners with addictions to begin to

sort out problems in advance of being liberated. There are also important links with addiction agencies in Edinburgh and the other Lothian and Borders authorities who use the rooms in the prison to meet prisoners and to provide access to community services in preparation for release. This is an area of **good practice**.

4.13 There are other important community links. There is a proposal for a very innovative project: a ‘Community Links Centre’ where some of the services described above would be available in a “one stop shop” type facility in the community where prisoners could go for help after release. This project has support from the prison, the local drug action team, the local SACRO Office and the Scottish Executive who are hopeful that this project might get off the ground soon. Another aspect of good community links from Edinburgh is the community integration process described above which Phoenix House manages as part of the enhanced casework process but which needs support from local criminal justice social work services to succeed. This community integration process is also forming strong links with the local community drug treatment service both at the admission and release stages for prisoners.

Alcohol

4.14 The prison is beginning to focus more on help with alcohol problems for prisoners, recognising the importance alcohol plays in offending behaviour. There is now an Alcohol Awareness Programme, Phoenix offers a specialist assessment for prisoners with alcohol problems, and Alcoholics Anonymous has a presence in the prison.

5. PRISONER MANAGEMENT

Reception

5.1 The Reception is a modern purpose-built area. There are two holding rooms (one general and one for those requiring to be separated from other prisoners); an open reception counter where warrants are checked; a search area with three cubicles; a variety of offices; and a store with mechanical racking. At the rear of the Reception there are further holding areas and separate cubicles. On admission, prisoners are held in communal holding rooms, which are relatively bright and have a range of information on display. There are also televisions within the rooms (although they were not in use when the Reception was inspected). When prisoners' details have been checked they are strip-searched, issued with clothing, individually interviewed in an office set aside for that purpose, and finally examined by a nurse (who is on duty from mid-afternoon until the reception closes).

5.2 A feature of Edinburgh is that prisoners waiting to be escorted to the halls can access a peer support worker who is also a prisoner. A small working area has been set aside where individuals may sit and speak with the peer support worker. As described elsewhere in this report the use of peer support workers is an area of good practice.

5.3 Prisoners leaving the prison are held in a communal holding area at the rear of the Reception. Although there are individual cubicles it is not practice to use these. The system of laying out property and property cards on a table at the rear of the Reception where property can be issued or bagged and labelled is effective.

5.4 With the introduction of the escorting service by Reliance Custodial Services most prisoners leaving Reception do so in the custody of Reliance staff. Prisoners, having already been strip-searched, are routinely given a "rub-down" search and are checked with a hand-held electronic detector. All prisoners exiting are handcuffed to a member of Reliance Custodial Services and led to the escort vehicle. It is unclear why prisoners require to be handcuffed to be moved the short distance from the Reception to the vehicle. The need for this practice should be established.

5.5 Generally, the relationships between SPS and RCS staff are relaxed and business-like. However, two issues regarding escorts arose while the Reception was being inspected. In the first, a group of prisoners were being escorted from HMP Edinburgh to HMP Durham to the custody of HM Prison Service England and Wales. As the vehicle was ready to leave it was identified that a prisoner had not been escorted from Cornton Vale to Edinburgh. Consequently, a decision was taken that the vehicle would go from Edinburgh to Cornton Vale to collect the missing individual and then proceed to Durham. The net effect of this was to increase the journey time spent in cubicles within the escort vehicle by up to two hours.

5.6 The second issue arose when RCS staff were due to escort a prisoner to hospital and did not have a set of handcuffs with a chain long enough to allow individuals to go to the toilet whilst still being in the custody of the officer. Arrangements were made by Edinburgh to provide the chain, however this was a piece of equipment which the escorting staff should have had.

5.7 The Reception operates with a First Line Manager and three staff operating in two shifts from 7.00 am until 9.30 pm (or later when demand is heavy). The staff work in a very flexible way to ensure that the Reception is cleared as early as possible each evening. Changes to staffing practices mean that the untried hall unlocks at 7.00 am giving a fairly tight timescale for prisoners to have their breakfast, and for those on medication to receive medication and/or detoxification, to be collected and transferred to reception, strip searched, clothing issued and handed over to Reliance. It is the case that many prisoners will not have the opportunity to have a shower before attending court. **It is recommended that a shower is offered to all prisoners prior to departure for a court appearance.**

5.8 The situation for prisoners who may require to be collected from the convicted halls can be difficult, since the staff in these halls now start their shift later than the staff in Reception and in the untried hall. Anecdotally, staff indicated that the times for handing over to RCS have occasionally been breached. Reception staff are reliant on other staff to assist them in collecting prisoners in order to ensure that escorts depart on time. A further issue around escorting is the time which can elapse between prisoners receiving a disposal at court and them returning to the prison. Periods of three to five hours are not unusual and periods in excess of six hours have occasionally been recorded. Since these times are predominantly from local courts it would appear that there may be an issue, either with the routing of escort

vehicles or the scheduling of prisoners being uplifted from the court. **It is recommended that processes are put in place to minimise the time spent, either in court, or in escort vehicles after individuals have been disposed of by the courts.**

5.9 For those prisoners arriving in the prison who do not speak English, the telephone translation service is available. Charts are available in a range of languages, prisoners identify the language which they speak and telephone contact with the central translation service is then made. This is carried out within the Reception Manager's office and to ensure that both the prisoner and the manager are aware of any issues a speakerphone has recently been installed. This is an example of a simple but effective idea to ensure good communication and is an area of **good practice**. When a prisoner has been identified as having a poor grasp of English, Reception immediately notifies the relevant manager within the prison. There is no stock of information leaflets in languages other than English within the Reception although these are available within SPS. It would appear that the introduction of the translation system has taken over from the provision of such information. However, as a back up for individuals, information leaflets in the most common foreign languages should be available for prisoners within the Reception.

Induction

5.10 The very good induction process, which was identified at the time of the last follow up report has been maintained or improved. All prisoners serving over 30 days are identified from a local database and are offered the Induction Programme, which runs from Monday to Friday. The cut-off for the following week's course is admissions on the Tuesday evening. To cover the intervening period there is an induction booklet available in each area. Additionally, each prisoner will receive the SPS Core Screen Assessment which is administered in the residential areas, and will also be assessed for level of security supervision. As a result of this Core Screen Assessment, the prisoner may be referred to a range of interventions while they are waiting to be placed on the Induction Course.

5.11 A feature of Edinburgh is the use of "peer support" workers, prisoners who are able to provide support to other prisoners. In Reception, prisoners can access a peer support worker who is based in the area and has, in addition to the induction booklet, a range of information about the prison. The peer support worker approaches prisoners in order to ensure that they

understand what is likely to happen to them in the near future. In addition to this, the support worker will make contact with individuals in the untried hall within 24 hours of admission. This is an excellent system, which allows prisoners to receive information from other prisoners, which they may be more able, or ready, to accept. It is of specific help to those with poor literacy skills and it provides a number of prisoners with the opportunity to do some work designed to help their fellow prisoners.

5.12 The induction booklet provides information for prisoners who may have to wait up to seven days to begin the induction programme. Although other work will happen in this period, the induction booklet is the main source of information. The books are specific to each area where a new admission may be located and contain a wide variety of information about prison routines and what is available. The booklets are extremely comprehensive, but would pose difficulties for those with reading difficulties. A review of the format of the induction booklet should be undertaken. The first few days in prison can be extremely difficult and may be a time when people are beginning to recover from fairly chaotic episodes in their life, or feeling particularly vulnerable. A process should be put in place to ensure that a nominated member of staff sees admissions within each residential area to ensure that they understand the key information in the induction booklet prior to the individual attending the induction programme.

5.13 The Induction Programme takes place in a dedicated classroom and resource area. The room itself is bright and has information displayed on all boards and available to prisoners. The interaction between staff and prisoners is relaxed and informative. The programme allows key agencies and individuals within the prison to meet with the prisoners and explain the various sources of assistance available to them during their time in prison. Additionally, the programme provides an opportunity to double-check that the Core Screen Assessment has been carried out and that referrals have been made. It also ensures that prisoners understand what is available to them. There are formal and informal contacts with the Links Centre, given that the Induction Manager is based within the Links Centre.

5.14 One of the most imaginative aspects of the programme is the Friday morning Family Induction/Awareness Visit where families are invited to attend the prison, receive a presentation from the visits manager and the Family Contact Development Officer, then have a one-hour family visit including refreshments. This provides families with an opportunity to

raise questions and concerns and also provides a very relaxed and informal setting for a family visit at the start of the sentence. An examination of the evaluation sheets completed by those involved reveals that these visits are clearly highly valued. Family Induction Awareness visits are an area of **good practice**.

5.15 At the end of the induction course itself, prisoners also complete an evaluation sheet, from which changes to the programme are regularly made. These suggestions and comments during induction have led to a number of initiatives being put in place. These include: the creation of Prisoner Information Points round the prison, the development of the “Bullying Shirt”: a very graphic anti-bullying message; the development of induction booklets; changes to the Family Awareness Visit arrangements; the very imaginative use of the prisoner canteen sheet as an information sheet highlighting significant changes or information to prisoners; and the development of the peer support approach. The induction process at Edinburgh is an excellent model for SPS, the enthusiasm and commitment of the staff involved is to be commended, and it is an area of **good practice**.

5.16 Protection prisoners are seen separately and receive a condensed version of the induction programme on a Thursday afternoon.

Sentence Management

5.17 Prior to the opening of Ingliston House there were two significant groups of long-term prisoners at Edinburgh: those held in mainstream accommodation who would usually move on to long-term prisons and the very long-term prisoners in the national top end (Pentland Hall) who were at the stage of their sentence when they would be assessed for community placements and who would move to open conditions prior to release.

5.18 With the opening of Ingliston, the prison has committed itself to being a “Community Prison” for prisoners from Edinburgh, the Lothians and the Borders. This means that significant numbers of long-term prisoners will now be held at Edinburgh and may well spend the bulk of their sentence there until they are ready to move, either to liberation or to open conditions prior to liberation.

5.19 All long-term prisoners are subject to the SPS Sentence Management Scheme. This has meant that the provision of Sentence Management at HMP Edinburgh has had to be expanded rapidly in order to meet the increase in the long-term prisoner population. The growth in the long-term prisoner population poses problems in providing sufficient staff trained both in the Sentence Management process and in the personal officer role, both of these previously being confined mainly to Pentland Hall.

5.20 As a temporary measure, the prison has created a temporary Sentence Management Unit staffed by one First Line Manager and one Sentence Management Officer. They are responsible for initiating the Sentence Management casework for those prisoners who are not part of the national top end. The Sentence Management Unit is responsible for ensuring that all initial assessments are completed and that an Action Plan is prepared, the Action Plan then becomes the responsibility of the Personal Officer. There are gaps in this part of the process at present while plans for training sufficient Personal Officers are put in place. The system is also temporary since a review of the national Sentence Management System is underway. A development into an integrated case management approach is being planned by SPS. An examination of the Sentence Management files, within the Sentence Management Unit, reveal that these are in the main being completed to a consistent and acceptable standard. Edinburgh has a high completion rate against Sentence Management targets.

5.21 The area where the former Pentland Hall prisoners are now held continues to keep and manage its own Sentence Management files. An examination of a sample of these files revealed considerable variation in content, style and level of completion. There may be some case for considering that all files are kept within the Sentence Management Unit; given the Unit currently has accountability for managing the Sentence Management process within Edinburgh. **It is recommended that a system of audit is put in place to ensure that all Sentence Management files are completed to the same standard.**

5.22 The additional demand on Sentence Management provided by the increase in long-term prisoners should not be underestimated and, while the current Sentence Management Unit is seen as a temporary measure consideration should be given to formalising this arrangement.

Throughcare

5.23 The most striking aspect of the links area is that it is located in the new purpose-built 'Hub'. Throughcare and Pre-Release are located together on one floor. What had previously been an MDT area has been converted to an area used by the Chaplaincy Team, a Living Skills Area, two Waiting Rooms and an Office. One side of the floor provides an open plan staff office with three meeting rooms of various sizes. Adjacent to the staff offices and facing on to the corridor are twelve interview rooms, which are available to the various agencies which attend the prison. There are eight rooms which are used as a variety of offices and classrooms and, in addition two waiting rooms. The area is bright and spacious although some of the rooms are small for group activities. Some 300 to 350 prisoners per month attend the Links Centre mostly on an appointment basis.

5.24 In addition to the prison's own Programmes Unit, which is also based in the Links Centre, thirteen external agencies are based there for anything up to five days per week. These include services for the homeless; for prisoners with addiction issues; and for debt and employment issues. This does not include the range of additional agencies who are accessed by the agencies attending the Links Centre and who will attend "as needed".

5.25 As indicated elsewhere in this report all prisoners are assessed using the Core Screen Instrument, and the completed Instrument plus its Action Plan is submitted to the Links Centre where administrative staff enter the information on the Prisoner Records System. From the information generated lists are made for referrals to agencies within the prison, agencies which visit the Links Centre and to the Prison's Programmes Unit. Depending on the length of time a prisoner is serving, Action Plans are reviewed after six months, although all Action Plans are reviewed within two weeks of release. This also coincides with the two weeks pre-release course during which Action Plans are reviewed and if required referrals made. The Links Centre is managed by the Social Inclusion Manager who also manages addictions. Additionally, there is close working with the Manager responsible for 'Restart Living Skills' and Induction. Consequently, there are clear and workable lines of communication between those working with the various elements of assessment and response to prisoner needs. The Manager responsible for the Links Centre also has responsibility for the Programmes Unit.

5.26 The Links Centre is purposeful and clearly provides a useful service to prisoners. The response from those agencies who attend the Links Centre is also enthusiastic. However, with all of the building work going on in the prison, it is sometimes difficult to arrange for prisoners to be brought to the Links Centre. Consequently, the Links Centre works through a series of appointments, with prisoners being brought in groups and returned to the halls by staff who then bring the next group of prisoners. With each transfer of prisoners time is lost to the agencies involved, as the links staff are not available to supervise prisoners, consequently no prisoners are in the area during the period of transfer. **It is recommended that ways are found to allow the Links Centre to operate on a more continuous basis.**

Pre-Release

5.27 As part of the Throughcare system, two weeks of pre-release courses are run. Week one is a Restart course; Week two is a Living Skills course. Three weeks prior to liberation staff from the pre-release course interview all prisoners who are due for liberation to encourage them to take part in the courses. If individuals do not wish to take part then an attempt is made to ensure that any basic needs they have have been met, or that referrals have been made. Prisoners are often critical of the fact that with two weeks left before liberation they may have issues which have not been dealt with. In many cases, this is because external agencies are only able to deal with individuals one week to two weeks prior to them returning to the community. The Restart Course has been running since January 2004; the Living Skills Course since March 2005. The Restart Course is relatively settled, the Living Skills Course is still being developed. The Restart Course includes input from a range of agencies and looks at such issues as finance; life choices; developing a CV; dealing with adverts and applications; telephone and communication skills; progress to work; interview preparation; and mock interviews. The sessions are presented both by Restart staff and by internal and external agencies including the learning centre. The Living Skills Course includes the National Harm Reduction Presentation by Phoenix House, issues around food and nutrition, debt management, managing the transition back to home life; safety; health promotion and a range of domestic skills including food and nutrition.

5.28 These courses provide a wide range of opportunities for individuals. However, it is not altogether clear whether the courses are based on a formal needs analysis, and there is no evidence that the two courses in themselves have a statement of purpose which the various

elements have been assessed as meeting. With the creation of the Links Centre and with the involvement of so many agencies, including the Learning Centre, a review of the two courses should be carried out in order to ensure that a clear objective is being met and to provide a statement of outcomes.

Community Placements

5.29 There was one Lifer Liaison Officer (LLO) and three deputy LLOs in post at the time of inspection. These duties were in addition to others held within the prison. During the inspection there were 244 long-term prisoners being held, of whom 81 were serving a life sentence.

5.30 Prisoners serving long sentences who are near the end of their sentences and who have been assessed as suitable may be given the opportunity to carry out work placements outside the prison. The prison is dependent upon the good will of the community as it tries to find appropriate placements. Such placements include churches, community centres, charity shops, hotels and golf clubs.

5.31 At the time of inspection sixteen prisoners were on placement at ten different places. Staff operating the scheme believe that the number of placements is sufficient for the present needs, but that it may need to be increased soon.

5.32 The preparatory work before a placement is good. Security checks are carried out and clear information is given to the placement supervisor and the prisoner about what is allowed and not allowed. Continuing support and supervision of the placement by the prison is not so thoroughly carried out: the number of regular visits to a placement has been reduced. Nevertheless it is clear that prison staff are very familiar with the placements and their supervisors.

5.33 Those placement supervisors interviewed were very enthusiastic about the opportunity. They expressed no reservation about the level of support received from the prison. There was no sense that the placements felt they were getting something for nothing: rather there was a creditable sense of social conscience: the placement supervisors felt they might be contributing to the reduction of re-offending.

5.34 The placements were valued highly by the staff who administer them; and very highly indeed by prisoners. Prisoners who have not been outside prison for over twenty years spoke of “learning to meet ordinary people in an ordinary way” and of the difficulties and the importance of being given some responsibility and being trusted. These placements are well administered at Edinburgh and form an important part of preparation for release for prisoners who are serving long sentences.

6. HEALTHCARE

Physical Environment

6.1 The Health Centre is among the best in the SPS. It is purpose-built, bright, spacious and adequately provided with equipment to meet the healthcare needs of prisoners. The location of the Health Centre, in the Hub, also allows for more immediate communication over areas of shared concern for staff.

6.2 However, the Health Centre is very under-used and it has already 'lost' one designated health care room to the chaplaincy centre. Most interaction between nursing/medical staff and prisoners still seems to take place in the residential areas. Prisoners go to the Centre for dental and psychiatrist appointments. Indeed, the ground floor of the building feels more like an office suite than a working Health Centre.

6.3 It is recommended that the opportunity to make full use of a custom-built health centre should not be missed.

Access to Healthcare

6.4 In line with practice throughout the SPS, prisoners must complete a form requesting a medical appointment. They are then triaged by nursing staff in the residential areas each morning.

6.5 The residential areas have a consulting room where medical staff see prisoners. As happens elsewhere in the SPS, nurses tend to stay in the room during consultations, but will leave at the prisoner's request. Nurses staying with medical staff during prisoner consultations should be the exception rather than the rule and even then for good clinical reasons only, prisoners should not have to request that they leave.

6.6 Afternoon medications, mostly related to drug detoxification and maintenance programmes, are also dispensed in the residential areas from a designated pharmacy area. The physical arrangements for this are unsatisfactory. Prisoners are called from the cell areas four to six at a time. They then queue outside the room to sit on a chair, still outside the

room, facing the barred door, through which the medicine is passed. While the security concerns around the whole process are appreciated, it should still be possible to improve this situation.

6.7 Waiting times to see a doctor are four to five days, sometimes rising to seven depending on circumstances.

Nursing Services

6.8 The nursing service is not up to full complement, (17 full-time equivalent), although new staff have been and are being recruited. The Health Centre has its fourth Manager in four years.

6.9 While the nursing staff were committed to providing a good service they felt that they were constantly in ‘fire-fighting’ mode as a result of shortages of staff.

6.10 Due to the current shortage of nursing staff, health promotion efforts are not what they could be and not what they have been in the past. Nursing staff do however participate in the living skills programmes.

6.11 All of the healthcare staff said that they felt safe in the prison.

Medical Services

6.12 Medical staff feel that the health centre is under-used. They also commented that to deliver a consistent service across the prison, they need another two sessions of medical staff time. For example, there is no medical session on a Monday morning and so Tuesdays are exceptionally busy. Bringing prisoners to the Health Centre and developing nurse-led clinics would also free up medical staff time to do more health promotion, more addictions work and more chronic disease management.

6.13 The introduction of the G.Pass system across SPS will allow better access to prisoners health records.

Mental Health Services

6.14 A Multidisciplinary Mental Health Team (MDMHT), chaired by the Deputy Governor meets twice per month and oversees the mental health provision in the prison. The establishment of this group provides an excellent opportunity for close liaison both within and outwith the prison. Consideration should be given to providing the MDMHT with input from a psychiatrist.

6.15 However, there is only one dedicated nurse working in mental health. As outlined above the healthcare team are generally in ‘fire fighting’ mode due to staff shortages. More concerning is the fact that when the primary care team are struggling to meet the demands of physical health care delivery, the mental health resource is called upon to help out. There is a feeling amongst health care staff that mental health is not given the priority it requires, for example, the mental health nurse has been called away from an ACT case conference to cover a medication run in one of the residential areas. Mental health provision can only respond to crisis situations.

6.16 Liaison with NHS Lothian’s Orchard Clinic is very good. The relationship which has been built up over a period of time, ensures a quick response from this service. Given the good relationship there is both an opportunity and a willingness to develop a more proactive mental health service.

6.17 Overall, despite motivated mental health professionals, staff are unable to provide prisoners with mental health problems an adequate level of care and treatment. **It is recommended that support for prisoners with mental health problems is improved.**

Suicide Prevention

6.18 In the year prior to the inspection there have been no suicides at the prison. Incidences of self-harm have reduced this year, with the Listener Service being cited as a contributory factor.

6.19 An ACT policy group is in place and meets bi-monthly. It is in the process of preparing for the introduction of new ACT paperwork. The MDMHT discusses specific

cases on ACT and this is a good forum for raising concerns about prisoners mental health care. At the time of the visit one prisoner was on ACT high risk and 12 prisoners were on ACT low risk.

6.20 It is the responsibility of Hall Managers to call ACT case conferences but on many occasions this is left to the mental health nurse to arrange. This issue needs to be addressed but in general the ACT procedures appear to work well in the prison.

Dental Services

6.21 The equipment in the new healthcare facility is excellent. However, the dentist is currently employed one day per week which does not fully meet the needs of prisoners: the current waiting time is around nine weeks.

6.22 The logistics of prisoner movement means that the effective use of the dentist's time is not maximised. The dentist is mainly attempting to get prisoners 'dentally fit' but in many cases this is not achieved due to the fact that some prisoners are in the prison for relatively short periods of time. There is no system in place for long-term prisoners to have routine dental treatment or check ups.

Pharmacy

6.23 Pharmacy is organised through the SPS Contract with Moss Pharmacy and the pharmacist visits prison once a week to provide advice on the storage, administration and handling of drugs, maintain the emergency equipment and review the pharmacy financial reports. The input from Moss appears to work very well.

6.24 However, the storage of medications in the residential areas is inadequate. For example eye ointments are left by window ledges as they have no fridges to store them in. This should be addressed.

6.25 Self-medicating prisoners have personalised pre-packed medications which are double checked and sealed prior to them being dispensed by a qualified nurse. Whether or not this is

the best use of qualified nursing time needs to be considered. Despite concerns expressed by officers the move towards fortnightly and monthly prescriptions seemed to be working well.

Optician

6.26 An optician is contracted for one session per month. The waiting time for the optician had at one point reached nine months due to a period of no cover. This has been resolved and waiting time has reduced to three months.

Podiatry

6.27 A podiatrist is contracted for one session every six weeks. The waiting time is approximately five weeks.

Physiotherapy

6.28 A physiotherapist is contracted from the NHS to provide 81 sessions per year: which averages six hours per week. The resource was considered adequate and there was a six week waiting list. Many complaints are neck and back pain and the physiotherapist has highlighted that bad pillows and hard mattresses may contribute to this. The physiotherapist makes links with the Physical Education Instructor and refers many of these cases on for Yoga or other interventions.

Counselling

6.29 'Cruse' provide a counselling service for prisoners when they experience a bereavement. This service can be accessed on request and is well used.

7. LEARNING, SKILLS AND EMPLOYABILITY

Background

7.1 All aspects of learning, skills and employability (LSE) came under the responsibility of the Prisoner Employment and Training Unit Manager. A Regimes Manager was responsible for activity programmes, including skill-based learning workshops. The Learning Centre Manager was responsible for learning provision. The SPS contract for the provision of LSE in Edinburgh Prison had started on 1 April with Lauder College. The prison and the College were still adapting to the new provisions within the contract, although Lauder College was the previous contract holder for education provision. All aspects of LSE had been significantly affected by the ongoing renovation programme.

Staffing and Resources

7.2 All staff involved in LSE were suitably qualified and enthusiastic. Almost all learning centre staff were registered with the General Teaching Council (GTC) and all regimes staff had completed their TDLB D32/33 assessors awards. Staff had completed a wide range of development opportunities and training courses including Community Sports Leader Award (CSLA) tutor training, and relevant industry qualifications. LSE staff were committed to delivering a high quality and relevant service to prisoners, and were focused on continuous improvement. Managers provided effective leadership to their teams, and were communicating a clear vision to staff about the future shape of LSE provision. However, LSE provision would be further improved by closer working between regimes staff and the learning centre.

7.3 Accommodation for the learning centre was new and purpose built. It offered a high standard of accommodation for learning, including specialist areas for ICT and art. Some teaching areas were small, and the lack of air-conditioning caused some areas to feel uncomfortably warm. The accommodation used by skill-based workshops was temporary pending further building works. Commendably, staff had responded extremely well to this challenge and effectively adapted unsuitable accommodation to ensure a minimal impact on the prisoners' learning experience. Accommodation for physical education was more limited, but once again staff were making the best use of what was available to them.

7.4 Prisoners and staff had access to a good range of resources to support LSE activity. These were well suited to the client group. The learning centre had access to an adequate number of PCs, and an interactive whiteboard although this was not yet operational. Skill-based workshops were using sufficiently up-to-date and relevant equipment for current employment. PE had seen their budget increase fourfold for the current year. Prisoners did not have access to the internet which resulted in them being unable to complete certain qualifications.

7.5 The library was situated in the learning centre and was supported by Edinburgh City Council as part of their libraries service. It had a good range of up-to-date and relevant resources organised using an electronic booking system. Prisoners had good opportunities to access these resources both through scheduled visits and through a library request form.

Access to Learning, Skills and Employability

7.6 The prison was at an early stage of implementing a “College Culture” across its LSE activity. This had involved a considerable change to some working practices, including a shift from production to skill-based workshops. A good range of highly relevant skill-based workshops were offered, including plastering, plumbing, electrical and bricklaying. There were excellent links with Jobcentre Plus. A good range of learning activities was available in the learning centre with an appropriate balance between accredited courses and those designed to encourage an interest in education. However, opportunities for meaningful activity were severely restricted for remand prisoners, and for prisoners serving up to 60 days. **It is recommended that remand prisoners and prisoners serving up to 60 days are offered more opportunities to engage in meaningful activities.**

7.7 Almost all prisoners were briefed on the range of LSE activities available during induction. The prison operated a “prisoner journey” approach to allocating activities. This approach attempted to make best use of available resources relevant to a prisoner’s point in their sentence. Activity was allocated in full-time blocks agreed at an Activity Allocation Board attended by the prisoner and representatives of programmes, employability, education and PE. The prison made good use of financial incentives to encourage dedication by prisoners to their activity.

7.8 The prison was using a system of peer tutors to improve literacy and numeracy skills. Peer tutors were trained by the learning centre and were encouraged to provide support to other prisoners in skill-based workshops. Staff and prisoners felt that this had worked well, but due to prisoners moving not all workshops had access to peer tutors. A new training course was being planned to replenish numbers. Management should consider how best to support, co-ordinate and quality assure the work of peer tutors to ensure greatest impact.

Assessment of Need

7.9 All prisoners attending induction completed an Alerting Tool intended to highlight significant need in literacy and numeracy. This was further researched by use of the Basic Skills Assessment where required. The learning centre used this, and other, information from the prisoner to create an agreed Individual Learning Plan or Learning Log as appropriate.

7.10 Staff also used the Prisoner Journey pro forma, and the meeting with the prisoner by the Activities Allocation Board, to identify the most appropriate LSE programme for each prisoner. It was not always possible to place a prisoner on a popular programme immediately, and certain activities were restricted to prisoners at particular points in their sentence. This ensured that practical skills and certificates, such as driving a fork lift truck, were gained as close to release as possible.

Delivery of Learning

7.11 Almost all staff were engaging well with prisoners, capturing their enthusiasm and using an appropriate range of methods. Staff prepared very well for activities and classes, making good use of pre-prepared materials which were well designed. Staff used a range of approaches to maintain interest and to match the needs of the group, including groupwork, direct teaching, practical work and simulation. Staff were aware of prisoners' needs and aspirations and spent time ensuring that the learning experience was relevant to them. In a number of activities and classes, prisoners were pursuing individual programmes or projects which kept them motivated and committed.

7.12 The contracts of both regimes and learning centre staff did occasionally cause difficulties in delivering activities and classes. Regimes staff worked three out of every four weeks, and it was not always possible to cover this and other absences. During the inspection both bricklaying and monoblocking workshops were closed. The contracted weeks of

learning centre staff also made it difficult to ensure continuity, particularly during normal holiday periods.

Prisoners' Learning Experiences

7.13 Staff in skill-based workshops had created a very effective learning environment from accommodation that was not always ideal. They made good use of available space and encouraged prisoners to decorate their areas where appropriate. Classrooms in the new learning centre were still sterile with little use made of prisoner's work or other relevant materials. The art room, however, had been transformed into an effective learning environment.

7.14 Prisoners were very positive about their experiences in LSE. They were enthusiastic and fully engaged in their activities and saw the relevance to their future employment prospects. Staff maintained regular contacts with local employers and agencies to ensure that the activities offered matched local employment prospects. Learning in the maths class reflected strongly prisoner's previous experiences and skills. One prisoner intended to start his own business on release, and was completing a Royal Bank of Scotland Business Plan with support from staff.

Achievement

7.15 The number of accredited courses available to prisoners had significantly increased over recent months with further increases planned. During the year 2004-5 prisoners had achieved 358 SQA Awards. This had increased to 409 for the period from 1 April 2005 to the inspection. Where prisoners were undertaking non-accredited programmes the prison recognised achievement through internal certification.

7.16 Very good use was made of accredited courses in physical education including the Community Sports Leader Award, Gym Instructor qualifications and First Aid. Skill-based workshops had introduced Scottish Progression Awards (SPA) in February 2005. They were currently offering SPA in Building Crafts and were introducing an SPA in Engineering. A good range of accredited courses were offered in the learning centre.

7.17 Staff recognised achievement through awards ceremonies organised on a regular basis. These proved to be popular with prisoners and had motivated them to continue with

their learning. However, there were insufficient links between LSE activity and overall Sentence Management.

Ethos and Values

7.18 Relationships between staff and prisoners in LSE activity were almost universally good. This was particularly evident where constructive and well planned activity was taking place. Relationships amongst prisoners in workshops and classes were very positive and in most cases staff encouraged prisoners to talk to each other and support each others learning. The ethos in LSE activities was relaxed and purposeful.

7.19 Staff were strongly committed to an ethos of achievement and tried to ensure equal opportunities for all prisoners. Prisoners with specific needs, such as limited English language or a disability, were well integrated.

7.20 Staff in skill-based workshops properly referred prisoners with specific learning difficulties to the learning centre when appropriate. However, the quality and comprehensiveness of LSE activity would be further improved by greater teamwork and co-operation between regimes staff and staff in the learning centre.

Quality Assurance

7.21 All staff complied rigorously with the procedures required by awarding bodies for accredited courses. However, both regimes and the learning centre did not operate a quality assurance system to ensure continuous improvement of teaching and the learning experience. In addition, systems for tracking individual learners were limited in detail and scope.

Conclusion

7.22 LSE provision was good and improving. Prisoners experienced dedicated and enthusiastic staff involved in LSE. They enjoyed their learning activities and engaged well with staff. They accessed a good range of accredited courses and were enjoying significant achievements. Regimes staff had made very good use of temporary accommodation to create effective learning environments, and the learning centre had recently moved into high quality accommodation.

8. CARE

Family Contact

8.1 Arrangements for maintaining family contact are good. Prisoners receive their full entitlement to visits, and the visits themselves are easy to book. Unconvicted prisoners receive visits in the afternoon and convicted prisoners receive theirs in the evening. This is a relatively new arrangement and does not appear to have caused any problems: prisoners spoken to did not express any reservations. Visitors arrive at the Visitors Centre located in the car park just outside the perimeter and then make their way into the prison shortly before the visit starts. The Visitor Information System (biometric identification) had not been working for a number of months prior to inspection and a manual checking system was in place. Staff suggested that this had resulted in more banned visitors gaining access to the visits room.

8.2 There are three dedicated Family Contact Development Officers (FCDO) in post. One of these officers is always present during visits. The FCDOs have a clearly marked office in the visits room and they aim to provide advice and support to families as required. There is a dedicated telephone line in this office for families to phone should they require help outside visiting hours. The FCDOs provide an input to the family induction session for convicted prisoners held on Friday mornings. They also hold weekly ‘surgeries’ in the Visitors Centre. They are developing a system of visitor feedback to help target their services. The family induction session on Friday mornings continues to be a major success.

8.3 The visits room itself is bright and spacious. Staff supervise the visits in a sensitive manner while retaining appropriate levels of security. A shop offering light refreshments is operated by ‘Friends of Edinburgh Prison’. A children’s play area is run by ‘Toybox’. There is suitable access for disabled visitors. The visits room was coping with the demands placed on it by the additional long-term prisoners.

8.4 Prisoners did not raise any concerns when asked about how their privileged correspondence was handled.

Physical Education

8.5 The PE Department has one manager and five PEI's. There are also Sports and Games Officers in the residential areas who sometimes help out with recreational PE sessions. The gym employs three prisoners for cleaning the various equipment and facilities.

8.6 Recreational PE sessions are available every morning, afternoon and evening during the week and in the morning and afternoon at weekends. The timetable in place ensures fair access to all areas. Facilities consist of a weights/cardiovascular room and a small gym. Changing and showering facilities are limited. A new gym is part of the next phase of the development plan. The PE staff make use of the astro-turf pitches adjacent to the residential areas. Recreational PE consists mainly of weights, circuit training, football and volleyball. All convicted prisoners are seen during induction by a PEI. All prisoners attending the gym are given an induction to make sure they exercise safely before they are issued their membership card. The gym has a "no card no entry" system.

8.7 Despite the ageing facilities, PE is vibrant. Plans are in place to improve the service to prisoners in terms of access to qualifications and learning as well as the planned improvement in facilities. Relationships in the gym were very good, and prisoners spoke highly of the experience.

Social Work

8.8 The social work department is well staffed at present. The recent contract review agreed that the complement be increased by two posts. There is therefore one team manager, one senior social worker, 6.5 full time equivalent social workers, one senior administrator and one support assistant. In the last year the social work staffing levels were low because of difficulty in recruiting. One locum social worker will leave in October and it is hoped to replace this post with a new initiative: a prison officer secondment into the social work department. This officer would work with the duty service induction process and non-statutory phase two throughcare tasks.

8.9 Social work is housed on the third floor of the Hub. This is an appropriate location as it is close to the Links Centre, programmes, psychology, addictions and other agencies. The

social work department also point out that it is very close to Ingliston Hall where the majority of their clients are housed. There are no problems arranging interviews with the prisoners either in the Links Centre or in the residential areas.

8.10 Social workers carry a caseload of approximately 50 statutory cases e.g. prisoners subject to mandatory post-release supervision and/or Schedule 1 Offenders as well as a range of other work. All statutory prisoners are interviewed on admission, supervising authorities are determined, risk assessments carried out and, when appropriate, child protection procedures put in place. One of the social workers in the team is trained in the “Rolling Stop” programme and regularly co-facilitates this programme in the prison. The department has devised, along with psychologists, a programme for short term sex offenders who are not able to take part in “Rolling Stop”.

8.11 Social work is involved in the induction programme every Thursday morning to inform prisoners entering the prison about their role.

8.12 At the time of the inspection there were 66 unallocated cases. This number had been reduced from more than 100. These unallocated cases are prioritised and consist mainly of long-term prisoners transferred in, prisoners with longer term parole dates and prisoners who are serving a life sentence.

8.13 The social workers have very good relationships with all staff. They have good communications particularly with the gate visit staff and the FCDOs in relation to child protection issues. Any concern is passed to area teams in the community. The social work team is also involved in a variety of meetings within the prison including Mental Health. ACT Co-ordinators group, and the Choose Life Initiative. The manager attends a number of community based meetings.

8.14 The social work department still has some concerns about inappropriate referrals from hall staff in relation to housing matters and benefits. These matters should be referred to the agencies which are present in the Links Centre. The social work department recognises that hall managers have made efforts to resolve this but the problem seems to persist.

8.15 All sex offenders are allocated to caseloads but concern was expressed about the SPS Policy that sex offenders do not qualify for the new enhanced casework addiction services. Sex offenders who have addiction problems would seem likely to benefit from the same services in addition as the other prisoners receive.

Psychology

8.16 The Psychology Department comprises four members of staff, and although it had been under complement by one since January, is now up to full strength. There is no administrative support. The new SPS arrangement (from January 2005) where the Psychology Department reports directly to the Governor of the establishment rather than Headquarters appeared to be working well. It provided the opportunity to extend the range of work on offer.

8.17 The Department is based in the Hub which allows greater contact, communication and integration with other agencies – particularly the Social Work Unit and Addictions Intervention service located nearby. They are involved in five core areas of work:

- Sentence Management
- Programmes ('Lifeline' and 'Rolling STOP')
- Risk assessment and advice
- Mental Health
- Consultancy and advice on prisoner matters

8.18 Within these areas, a major area of work is input to the Rolling STOP Programme which is an intensive programme for sex offenders. This is time consuming for the psychologists.

8.19 Although the Department had not yet been affected, staff anticipated that over time the arrival of the new long-term prisoners would increase the volume of work, particularly in relation to risk assessment, programmes, and Sentence Management.

8.20 The Department was well integrated into the prison and was involved in a number of meetings including Mental Health, Sentence Management, Case Conferences, Residential Unit Managers' meeting, and sometimes the morning meeting for Senior Managers.

Programmes

8.21 The Programmes Unit is located within the Links Centre, and has four programme delivery rooms with separate staff office accommodation. There are seven programmes staff. Available programmes currently include:

- Rolling STOP for Sex Offenders
- Drugs: Action for Change
- Alcohol Awareness
- Relationship Skills
- Lifeline

8.22 The programmes completion target for 2004-05 was 131 and the total achieved was 157. It is too early in the current reporting year to estimate completion however, from 1 April to 30 June 2005, 1,134 hours against a completion target of 4,804 hours had been recorded.

8.23 With the increase in long-term prisoners, the Unit is making preparations to re-introduce the Anger Management and Cognitive Skills Programmes: staff are undergoing training to deliver these. The risk and needs assessments which accompany the Sentence Management for long-term prisoners are now beginning to work through as referrals to programmes. The delivery of programmes at Edinburgh is well organised and managed by a group of experienced staff.

Race Relations

8.24 One Race Relations Manager and eleven trained Race Relations Officers (RRO) were in post. These duties were in addition to others held within the prison. No residential officers were RROs. Two of the RROs were also Family Contact Development Officers and two were located in induction.

8.25 There were 26 ethnic minority and seven foreign national prisoners being held in the prison during the inspection, (over 4% of the total Edinburgh prisoner population). The Telephone Interpreting Service is in place for prisoners who cannot speak English; two ethnic minority prisoners present the Race Relations Policy and general information about the prison

during induction; catering and dietary needs are met; and there is a multi-faith facility with the Hub. Race Relations material is also displayed throughout the prison.

8.26 Despite all of these positive initiatives there was no formal Race Relations Group in place. Given the number of ethnic minority and foreign national prisoners held, the prison should consider setting up such a Group.

8.27 Three complaints had been made through the Confidential Race Incident Reporting Forms: one of these was ongoing and two had been investigated fully and dealt with appropriately.

Chaplaincy

8.28 There were four Chaplains in post at the time of inspection: representing the Scottish Episcopal Church (F/T), the Roman Catholic Church (P/T), the Church of Scotland (P/T) and the Free Church of Scotland (P/T). A member of the Voluntary Salvation Army was also part of the team.

8.29 The team is based in the Hub alongside the range of services described elsewhere in this report. The Chapel is therefore a new building and provides good space for worship and meetings. There is also a multi-faith room, and a classroom for group work located close to the Chapel.

8.30 The Chaplains are proactive in their work, visiting the halls every day and responding to requests and referrals. They enjoy good and positive relations with staff, reflected in the fact that the number of referrals of prisoners by staff was increasing. They were also very positive about relationships with other staff in the prison, saying that they feel well supported by the Governor, his team and uniformed staff. The Chaplains are members of the Multi-Disciplinary Mental Health Team, and are fully involved in ACT.

Visiting Committee

8.31 The members of the Visiting Committee have been active in concern over two matters in particular.

8.32 They have expressed their concern over the inadequate number of staff operating in the health centre. In particular they have expressed fears about the ability of the prison to deliver adequate health care in the fields of addiction and mental health. On these matters their annual report says “the problem is now acute”.

8.33 They have, secondly, taken a particular interest in food. They eat it regularly in the company of prisoners, and representatives have attended meetings of the Prisoners’ Catering Committee. They have received very few complaints about food, but their Annual Report does say “there does appear to be anecdotal evidence that there are frequent complaints from prisoners about food”. They stressed to inspectors their hope for more healthy, nutritious food; and their concern for the lack of increase in the food budget.

8.34 They also, more generally, drew attention to the “relaxed atmosphere in the prison”, and to good relationships between staff and prisoners. They have been impressed with the good management of considerable change in the prison in recent times, in particular in connection with the opening of new buildings.

8.35 The Committee feels well supported by the prison: one sign of this is that there is now a Visiting Committee Room.

9. SERVICES

Estates and Facilities

9.1 As mentioned throughout this report, Edinburgh prison has been transformed in the last seven years. This has led to a major change in the way the Estates Department operates. All building maintenance is out-sourced to a private contractor. This means that the main functions of the Estates Department are managing the maintenance contract, doing any security maintenance that is not in the contract and managing the establishment development plan.

9.2 There is a programme of planned preventative maintenance in the contract. This has included repainting the cells in Glenesk and the stairwells in Hermiston. Communal areas are next on the list. A business case has also been submitted to replace all cell furniture in Glenesk. It is planned to decorate the cells again at the same time.

9.3 In the transition phase of the establishment development plan, estates staff have worked with regimes staff using prisoner work parties when appropriate to decommission some areas and make some temporary changes to make them suitable for another function. The best example of this is the use of the former Forth Hall as a painting and decorating workshop.

9.4 Estates is very integrated into the management of the prison. This seems to be helped by the central role they take in monitoring the building work and working up the future stages of the Development Plan.

Health and Safety

9.5 Health and Safety is well managed. There is a full time co-ordinator and regular meetings are held with representatives from all parts of the prison. The Deputy Governor chairs these meetings. Standing agenda items for the meetings include accident reports, green issues, infection control, workplace inspections, staff training, safe systems of work and Disability Discrimination Act compliance.

9.6 The establishment had recently been subject to an audit by the SPS Health and Safety Adviser and the results of that audit are being used to inform an action plan. It is anticipated that this work will be completed by the end of 2005. None of the matters identified in the audit gave inspectors cause for concern. The number and type of accidents reported in the prison was also not a concern for inspectors.

9.7 There is clear linkage between the Health and Safety forum and other parts of the prison as well as trade union side partners who attend the meetings. Staff training needs are identified and checks on how effective training has been are discussed at the meetings. Examples were given of how training had been effectively used in real situations. Relationships have been made with external agencies to help the prison with some planning and training.

9.8 Minutes of the Health and Safety meetings were viewed and one meeting was attended by an inspector. The commitment to improving performance was apparent and the prison has an excellent grasp of how to deal with legislative and policy developments, develop local strategies to cope with the changes and plan their actions accordingly.

Human Resources

9.9 Edinburgh has one HR Manager, one personnel officer and one administrator. The HR manager also oversees the staff-training department. The main work in the HR department recently has been related to recruitment and resourcing: the main issue here has been resourcing the Health Centre. The HR Manager also plays a significant part in managing absence in the prison.

9.10 The establishment recently achieved the SHAW (Bronze) Award, and has a very active staff recognition committee.

Staff Training

9.11 Staff training is well resourced and well supported. There is a very clear link between senior management and staff training. Line managers take a leading role in developing their staff in partnership with the two training managers who support this. Core competence rates reflect the establishment's commitment to training. All are at a satisfactory level. Even

where there is a small shortfall there is a plan in place to address it. IIP status was achieved in 1999 and re-confirmed in 2003.

9.12 Facilities are excellent. There is a conference facility, two classrooms, an IT room, a Learning Resource room and two training offices. There are also dedicated Control and Restraint and Fire training areas.

9.13 A Friday afternoon training session takes place every week. There is a list of different training modules available and training managers and other functional managers liaise to generate a timetable that best fits the training gaps and the availability of staff. The establishment's move to a "college culture" for prisoners has also affected training for staff. A variety of training has been organised for staff to support the move to a greater amount of training and accreditation for prisoners.

9.14 A new training facility is part of the next stage of the development of the prison and the training managers will be part of the team designing the new facilities.

9.15 Overall, there is a strong commitment to staff training and a significant amount of achievement in a variety of training opportunities in the prison.

Catering

9.16 The catering function still suffers from some of the same issues highlighted in previous reports. The kitchen was built in 1993 as a temporary facility with a 10-year life span. Although it is still clean and there is ample space for equipment it is now showing signs of age. It was, however, pleasing to note that in July 2004 the kitchen received a good report from Environmental Health Inspectors. Their report concluded, "good practice within the kitchens and service areas could not be faulted and can only be beneficial to the prison". A new kitchen is part of the next phase of development for the prison.

9.17 A pre-selection menu system is in place. There are 18 satellite serving points and heated trolleys, but it can take up to 45 minutes to get the food from the kitchen to the residential areas. The food was very good at the point of cooking but had deteriorated by the time it was served. However, this was less marked than in some prisons as Edinburgh try to

keep the time food spends in the trolleys to a minimum. Hall pantries are excellent, all quite new and regularly checked by catering staff.

9.18 Fruit is available on the menu every day but even if a prisoner chose fresh fruit or vegetables every time he could he still would not get five portions a day. This is not unique to Edinburgh. Choices are available every day for Muslim prisoners. A local Imam assists the prison in dealing with any dietary issues.

9.19 The menu cycle rotates every four weeks and the menu is changed every six to nine months. Managers sample the meals in the kitchen most days. The kitchen diary showed that a manager had sampled a meal on 21 of the 30 days prior to inspection. The catering manager for the prison is a member of the SPS Good Food Safety Group. A recently formed project team to look at improving prisoners' perceptions of food across the estate.

9.20 Catering staff felt that attracting the right kind of prisoners to work in the kitchen had become more difficult. This was because prisoners could earn more in the Vocational Training parties. Training opportunities in the kitchen are limited. More in-depth training and qualifications should be available to prisoners working in the kitchen.

9.21 The Administration and Finance Manager chairs the monthly Catering meeting. Staff and prisoners from the halls as well as catering staff attend. This is an excellent model. The minutes demonstrate a clear commitment from the prison to listen to prisoners and staff and try to improve the service where it can. The Administration and Finance Manager also receives a monthly report from the catering manager on matters impacting on the function. This helps to keep the senior management team in touch with this very important area.

Laundry

9.22 The laundry arrangements for Hermiston and Ingliston are very good. A review of the systems in place was carried out in March 2004. This review looked at wash temperatures, care of clothes, stain removing, etc. All laundry staff are trained in the "Guild of Cleaners and Launderers" which means that as well as the skills they can deploy in the laundry, they can provide vocational training for prisoners. Six prisoners are currently completing Module 2 of the qualification. Once five of the six modules has been completed,

prisoners are guaranteed an interview as operatives with participating companies in the community.

9.23 Prisoners in Hermiston and Ingliston can have their clothes and bedding washed on a daily basis (week days) if they wish. Personal items are placed in a bag colour coded by hall. The bags are sealed and delivered to the laundry by residential staff. They are returned later that day. Reports indicated that this system had led to fewer complaints and less pilfering. The bags are, however, quite small and prisoners commented that clothes were occasionally damp when returned.

9.24 The laundry itself was very clean and tidy and was coping with the extra work created by the additional long-term prisoners.

9.25 Remand prisoners in Glenesk are less well served. None of the prisoners are able to “personalise” their prison issue clothing. Clean underwear is available in the hall every day but it is on a first come first served system and seldom is there enough to go round. Personal clothing, sweatshirts and polo shirts tend to be kept in the hall and washed by the prisoners themselves.

9.26 Because the net bag system is not in place in Glenesk the prisoners there do not receive as good a service. The high turnover of prisoners means that clothing becomes used and worn more quickly. Prisoners in Greenock said that it was very difficult to change old and shabby bedding and clothing for new so rather than do without they kept the old.

Canteen

9.27 A well established ‘bag and tag’ canteen system is in place. This provides a good range of items at reasonable prices. Every effort is made to obtain goods not on the canteen list via sundry purchases. On the day of inspection, 164 items of fresh fruit had been ordered for the next day on the Sundries Order Sheet. These are paid for by the prisoner. Greeting cards and chocolates are available for special occasions. Untried prisoners have access to the canteen twice a week, convicted prisoners once a week. A prisoners’ canteen meeting takes place on a regular basis and the discussions are recorded and acted on.

9.28 Prisoners spoke very highly of the canteen arrangements and this was reflected in high satisfaction rates in the SPS Prisoner Survey.

10. GOOD PRACTICE

10.1 The 'legal hot line' located in Glensk House (paragraph 2.12).

10.2 The use of peer support workers, who are also prisoners, in a number of areas in the prison (paragraphs 4.5, 5.2, 5.11, 7.8, 8.25).

10.3 The links with addiction agencies in the community and the fact that these agencies can use rooms in the prison to meet prisoners and provide access to community services in preparation for release (paragraph 4.12).

10.4 A speakerphone in Reception ensures good communications between Reception staff and prisoners who do not speak English (paragraph 5.9).

10.5 The Family Induction/Awareness Visits (paragraph 5.14).

10.6 The prisoner Induction System (paragraph 5.15).

11. RECOMMENDATIONS

11.1 Remand prisoners should have access to the same quality of clothes and bedding as convicted prisoners (paragraphs 2.9 and 9.26).

11.2 A shower should be offered to all prisoners prior to departure for a court appearance (paragraph 5.7).

11.3 Processes should be put in place to minimise the time spent, either in court, or in escort vehicles after individuals have been disposed of by the courts (paragraph 5.8).

11.4 A system of audit should be put in place to ensure that all Sentence Management files are completed to the same standard (paragraph 5.21).

11.5 Ways should be found to allow the Links Centre to operate on a more continuous basis (paragraph 5.26).

11.6 The opportunity to make the full use of a custom-built health centre should not be missed (paragraphs 6.3 and 6.12).

11.7 Support for prisoners with mental health problems should be improved (paragraph 6.17).

11.8 Remand prisoners and prisoners serving up to 60 days should be offered more opportunities to engage in meaningful activities (paragraph 7.6).

12. POINTS OF NOTE

12.1 The prison should make sure that it has a regime in place suited to the needs of long-term prisoners (paragraph 2.26).

12.2 The prison should monitor the impact of long-term prisoners routinely sharing cells (paragraph 2.26).

12.3 The need to reduce the staff complement at night should a prisoner require to be taken to hospital should be addressed (paragraph 3.19).

12.4 The Drug Strategy Group should meet on a regular basis (paragraph 4.1).

12.5 Medical and Nursing staff should be trained to assess whether a prisoner should be started on methadone during Reception (paragraph 4.4).

12.6 The need for the practice of handcuffing prisoners between the Reception and the vehicle taking them out of the prison should be established (paragraph 5.4).

12.7 Information leaflets in the most common foreign languages should be available as a back up to the telephone translation service (paragraph 5.9).

12.8 A review of the format of the induction booklet to ensure it is accessible to prisoners with reading difficulties should be undertaken (paragraph 5.12).

12.9 A process should be put in place to ensure that prisoners understand the key information in the induction booklet prior to the individual attending the induction programme (paragraph 5.12).

12.10 Consideration should be given to formalising the temporary Sentence Management arrangements for long-term prisoners (paragraph 5.22).

12.11 A review of the Restart Course and the Living Skills Course should be carried out to ensure that a clear objective is being met and to provide a statement of outcomes (paragraph 5.28).

12.12 Nurses staying with medical staff during prisoner consultations should be the exception rather than the rule (paragraph 6.5).

12.13 The process of dispensing afternoon medications in the residential areas should be improved (paragraph 6.6).

12.14 Consideration should be given to providing the Multi Disciplinary Mental Health Team with input from a psychiatrist (paragraph 6.14).

12.15 Waiting times to see the dentist should be addressed (paragraph 6.21).

12.16 Systems should be put in place to ensure that long-term prisoners have routine dental treatment or check ups (paragraph 6.22).

12.17 Storage of pharmacy medications in the residential areas should be improved (paragraph 6.24).

12.18 The use of qualified nurses to dispense pre-packed medications should be reviewed. (paragraph 6.25).

12.19 Learning, Skills and Employability would be further improved by closer working between regimes staff and staff in the learning centre (paragraphs 7.2 and 7.20).

12.20 Management should consider how best to support, co-ordinate and quality assure the work of the peer tutors in the learning centre to ensure greatest impact (paragraph 7.8).

12.21 The links between Learning Skills and Employment activity and overall Sentence Management should be improved (paragraph 7.17).

12.22 Both regimes and the learning centre should operate a quality assurance system to ensure continuous improvement of teaching and the learning experience (paragraph 7.21).

12.23 Referrals from the residential areas relating to housing and benefits matters should be referred to agencies in the Links Centre rather than to the Social Work Unit (paragraph 8.14).

12.24 The prison should consider setting up a formal Race Relations Monitoring Group (paragraph 8.26).

12.25 More in-depth training and qualifications should be available to prisoners working in the kitchen (paragraph 9.20).

SOURCES OF EVIDENCE

Written material and statistics received from the prison prior to Inspection

Prison's self-assessment

Governor's briefing

SPS Prisoner Survey

Prison Records

SPS background material

Discussions with prisoners

Discussions with prisoners' families

Focus groups with prisoners

Interviews with prisoners

Interviews with prison staff

Focus groups with staff

Observations

INSPECTION TEAM

Andrew R C McLellan
Rod MacCowan
David McAllister
David Abernethy
Alastair Delaney
Lesley Brown
Rhona Hotchkiss
Sean Doherty
Tom Leckie

HM Chief Inspector
HM Deputy Chief Inspector
HM Assistant Chief Inspector of Prisons
Inspector
Education Adviser
Education Adviser
Healthcare Adviser
Healthcare Adviser
Addictions and Social Work Adviser