HMIPS
HM INSPECTORATE OF PRISONS FOR SCOTLAND
INSPECTING AND MONITORING

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A LIAISON VISIT TO HMP INVERNESS,

12-13 May 2021

Inspecting and Monitoring
https://www.prisonsinspectoratescotland.gov.uk/

DO NO HARM - STAY SAFE - TAKE PERSONAL RESPONSIBILITY

Introduction

This report is part of a programme of liaison visits of prisons to be carried out by Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) during the COVID–19 pandemic emergency and was conducted under HMIPS - Liaison Visit Framework - Prison and Court Custody Units.

Background Information

The adapted inspection methodology incorporated into the design of the prison liaison visits, will contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies; known as the National Preventive Mechanism (NPM); which monitor the treatment of and conditions for detention. HMIPS is one of 21 bodies making up the NPM in the UK.

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

Process

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

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

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

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

REPORT ON A LIAISON VISIT TO HMP INVERNESS

HMP Inverness was built using prison labour and opened in 1902, having relocated from nearby Inverness Castle to the rural parish of Porterfield. Now sitting in a built-up area it serves a large and diverse catchment area from the Highlands, Islands and Moray. The prison has a design capacity of 93, with an agreed operating capacity of 120, and manages remand and convicted prisoners and can hold young people. There is a small community integration unit initially designed to hold women but at the time of the inspection had been empty for some considerable period.

The accommodation has seen a number of upgrades over the years but remains an aged Victorian prison with fabric and condition that is no longer considered fit-for-purpose by the Inspectorate. The fabric inhibits modern infection control and a number of areas require refurbishment, in particular the Separation and Reintegration Unit (SRU) and holding cells. Thankfully the funding and site have been secured and the new purpose-built HMP Highland is due to open in 2024.

.

During the inspection the establishment was managing, in common with the practice in many other prisons, a particularly challenging foreign national prisoner with apparent significant mental health concerns in the SRU. The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. The measures imposed to reduce the risks of COVID-19 transmission placed a significant challenge to human rights compliance, particularly access to daily fresh air, showers and virtual visits during the COVID-19 outbreaks. Like other small establishments during an outbreak HMP Inverness also required staff assistance from other areas to manage their absence figures.

However, in all other respects, this was a positive and encouraging inspection, evidenced by the quantity of good practice observed. Communications were highlighted by prisoners, staff and external partners as being comprehensive and very effective. Staff prisoner relationships stood out as positive with prisoners reporting they felt safe and appreciated the support offered by staff. The relationships with the NHS, community, drug and alcohol support, and the Community Integration Plan (CIP) initiative for release also deserve mention.

All the staff, NHS and SPS at HMP Inverness deserve commendation for their professionalism, resilience, and continued commitment despite the ongoing significant challenges of COVID-19 in a Victorian prison.

COVID-19 commentary

In looking at the 15 Quality Indicators (QIs) below we will take account of the following PANEL principles.

Participation: prisoners should be meaningfully involved in decisions that affect their lives.

It is inevitable that where restrictions are in place such as those in the SPS Pandemic Plan that follow the guidelines of the Scottish Government (SG) it limits the opportunities for prisoners to participate in the decisions that affect their lives.

HMP Inverness made great efforts to minimise the reduction in opportunities where they could. Although Prisoner Information and Action Committees (PIACs) on food had only just restarted there were opportunities on a daily basis for prisoners to discuss any issues with food at the serving area as there was always a member of the catering team in attendance. Residential PIACs had also reconvened with the minutes clearly displayed around the prison. Prisoners confirmed that out with PIACs staff did speak to them if they wished to take forward any issues and had been provided with responses.

There were still reasonable opportunities to participate in family life. Face-to-face visits had restarted and there were two 45 minute sessions each afternoon seven days per week which appeared to meet the needs of the population. Other than during the outbreak, virtual visits had been available seven days per week with adequate spaces for uptake. Although uptake was low it had been increasing recently and was appreciated by those whose families were unable to attend the prison. This system had also allowed a prisoner to see his ill child in hospital while visiting arrangements were being made. However, due to both face-to-face and virtual visits taking place in the same room prisoners reported that at times it was difficult to hear their virtual visitor; the introduction of new headsets improved the situation. The Email a Prisoner Scheme was well used, but most popular in keeping in contact with family and friend was the introduction of the in-cell telephony. Due to the size of the population there were no time slots seen in other prisons which allowed for greater access to family and friends.

Access to social engagement through recreation was seen to be generally fair and equitable throughout the prison, although multiple households (pods) in B Hall did restrict opportunities from time-to-time.

Prisoners had good support prior to liberation and were involved in planning prior to their release. This was supported by a multi-agency group which met weekly. The early stages of the initial lockdown saw education being withdrawn. Access to learning had been reintroduced in August 2020, although numbers were restricted due to physical distancing requirements. Learning opportunities were reduced to a few subjects and due to prisoners being in small household bubbles (pods) attendance was sometimes lower than expected. However, to mitigate some of the reduction in learning opportunities, learning packs had been developed covering a number of additional subjects. Work parties were operating based on the operational requirements of the prison, but this allowed most prisoners entitled to

work to have employment opportunities. Encouraging some remand prisoners were also employed.

For many prisoners access to the gym is another key participatory test. As these were closed during lockdown aligned to SG guidance, Physical Training Instructors (PTIs) worked creatively to find alternative approaches to support prisoners to exercise both in-cell and in the open air. The Gymnasiums are now open and accessible to all seven days per week on a rota system. Participation in religious practice had also been curtailed with regards to face-to-face services, but the Chaplaincy Team had produced weekly DVDs and a sheet containing some religious content including quizzes and information on service provision.

Accountability: there should be monitoring of how prisoners' rights are being affected as well as remedies when things go wrong.

HMP Inverness put the safety of those that live and work in the prison at the forefront of what they do on a daily basis. Safety is paramount and a good suite of Standard Operating Procedures (SOPs) and Safe Systems of Work were in place.

There were good operational assurance processes to monitor the rights of those in their care. A Local Coronavirus Response Group had been established early in the pandemic which developed a local Pandemic Plan. The GIC has chaired recovery meetings since May 2020, which has allowed the prison to adjust the prison regime in line with national SG guidance.

Talk to Me (TTM) was well managed with robust assurances in place and inspectors were impressed by the knowledge and the manner in which the staff dealt with those in crisis. The SPS anti-bullying policy 'Think Twice' was not used in HMP Inverness however the inspectors were satisfied that protecting those that felt vulnerable from bullying was effective. The management of those involved in violence through the violence reduction strategy and the Tactical Tasking Co-ordination Group was effective.

Communications were highlighted by prisoners, staff and external partners as being comprehensive and very effective. An example of this was that at the start of the pandemic, the healthcare team had sent letters to all prisoners providing reassurance about the continuation of healthcare services and highlighting possible delays due to coronavirus restrictions. Agencies also reported positively on communication from the GIC during the pandemic; this ensured agencies were up-to-date with the restrictions which assisted external partners to maintain contact with prisoners.

Non-discrimination and equality: all forms of discrimination must be prohibited, prevented and eliminated. The needs of prisoners who face the biggest barriers to realising their rights should be prioritised.

There were sufficient accessible cells for the current needs of the population, but little flexibility if the number requiring an accessible cell increased. Although the lack of disabled showers in A or B Hall for those with mobility issues was not ideal, there was access to walk-in showers elsewhere in the establishment.

HMIPS are always keen to see equality of access to the basic entitlements for individual or groups of prisoners. The prison was meeting prisoners to discuss their needs in regards to dietary, cultural, religious or lifestyle choices for food. Prisoners were supported in their different faiths with a range of religious services and celebrations such as EID taking place during the year.

Access during isolation is always keenly observed by HMIPS. Those placed in the SRU were treated lawfully with all entitlements offered. HMP Inverness had recently suffered an outbreak of the COVID-19 virus affecting a large part of the prison population. Some of those affected by the lockdown confirmed that although restrictions were indeed tough they understood the importance of the guidelines. It was recognised by the prison that in certain areas such as on admission social bubbles were that small that it was not always possible to offer showers daily but two days was the maximum wait. Everyone received an in-cell phone and wellbeing activity packs. Medical services were also deemed to be equitable to what would be received in the community or even better. An example of this was that there was no waiting lists for mental health services.

However there was some concern at the lack of access to translation/interpreter service, both in healthcare and the prison, as well as documents available in other languages especially around COVID-19. Although it was clear that foreign nationals were not left isolated and were able to engage in recreational activities with other prisoners, more could have been done to make it easier for them to understand the regime and ensure they were able to access healthcare and other services. Being able to medically refer one's self is important and therefore HMP Inverness must address this as a priority to ensure all prisoners have confidential access to healthcare.

Healthcare staff have been trained to deliver COVID-19 vaccinations and an in-house vaccination programme had begun with all prisoners eligible for the vaccination having had their first dose and a programme to administer the second dose was underway.

Empowerment: everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.

The COVID-19 restrictions have had a negative impact on the empowerment of prisoners. HMP Inverness had made real efforts to keep prisoners informed and so enable them to challenge any issues arising. Access to management by prisoners was excellent with the senior management team (SMT) being visible in the residential areas on a daily basis. The catering manager being available at meal times also gave prisoners the opportunity to challenge or discuss food issues instantly and resolution being found quickly.

The Prison complaints process worked well with good access to the forms in the residential areas, minimising the need for prisoners to ask for forms and therefore maximising confidentiality, particularly when making a complaint to the GIC. Access to the Scottish Public Services Ombudsman (SPSO) forms were also readily available as was referral forms to the health centre. Access to the Independent Prison Monitors (IPMs) was by the residential prisoners'

phone. Prisoners confirmed they knew how to access complaints and this was covered at local induction on admission. There was no significant increase in complaints from previous years. Only one complaint had been dealt with by the SPSO which was rejected.

The opportunity to engage with staff was clear when talking to those prisoners involved in the more restrictive measures such as those on TTM, Rule 95, and Rule 41(a). Prisoners were very complimentary and appreciative of the staff's efforts under difficult circumstances. There was good evidence that all prisoners were involved in planning prior to release supported by a multi-agency group thus ensuring where possible that prisoner needs were addressed and support offered on their liberation. Prisoners also had good access to drug and alcohol support from the local councils.

Legality: approaches should be grounded in the legal rights that are set out in domestic and international laws.

There will always be a tension between the restrictions required to keep those who the SPS care for safe against COVID-19 and upholding core human rights. Restrictions introduced will not always adhere to the UN Standard Minimum Rules for the Treatment of Prisoners ("Mandela Rules") and the Statement of Principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic issued by the CPT of the Council of Europe.

HMP Inverness managed these competing tensions as best they could and made great efforts to ensure where possible that human rights were upheld.

HMP Inverness had recently experienced a significant outbreak for a prolonged period of time however they managed to contain this within one area. The lockdown posed some challenges to meeting the entitlements of the population managed under Rule 41, where it was not always possible to facilitate a shower or allow access to fresh air daily, but they did ensure access at least every second day. Access to virtual visits had been suspended. The paperwork for those held on Rule 95 or 41 (a) (COVID-19) was checked and found to be lawful.

Legal entitlements are imperative and having access to legal representation had not been disrupted during the pandemic; indeed the introduction of virtual appointments between legal representatives and their clients had been well received, minimising the number of long journeys. Access to the courts during this difficult time had sometimes been achieved through virtual visits, which were up 600% with a good process in place. However, staffing might be a problem in the future as staff manning the virtual courts had been taken from posts suspended during COVID-19 which would nevertheless come back on line when restrictions ease.

As part of legal entitlements, prisoners could access prison rules in the residential areas and the library as well and other legal documents when requested.

1. COVID-19 Commentary: we will look to understand any issues surrounding staffing and prisoners from the GIC or single point of contact (SPOC) that includes numbers of prisoners being isolated and SPS staff absent numbers and their impact (some of this information will be supplied by SPS HQ on a daily basis). We will look to establish if staff understand their roles and what is expected of them. Are staff updated on any changes and knowledgeable of the present position of the establishment. How is the prison managing COVID-19 restraints (including physical distancing and the impact of the increase in prisoner contact and how groups, e.g. households or bubbles, are managed. We will look at preventative measures being enacted, such as screening on admission, quarantine and liberation. How are the prison managing their recovery plan.

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

Visit findings

At the start of the liaison visit the GIC and Deputy Governor took the inspection team through the key events of the pandemic. A Local Coronavirus Response Group had been established on 18 March 2020 and an HMP Inverness Local Pandemic Plan developed in March 2020. The prison had adopted a system of small pods or bubbles of six prisoners on 23 March 2020 and introduced a single core day shift pattern on 23 April 2020. The regime was initially highly restricted (see section 3) but they had managed to contain transmission risks and minimise the number of outbreaks, with no COVID-19 related deaths amongst prisoners.

At the time of our visit there had been 39 positive COVID-19 cases, with 108 cases having to be managed under either Rule 40(a) or Rule 41.

The number of staff absences for COVID-19 related reasons was high in March/April 2020 with around 23 staff affected, declined during the summer before reaching a new peak of 37 staff absences in March 2021. The prison was able to cope during the first peak without assistance, but was forced to seek detached duty support from other establishments to manage the second outbreak in March/April 2021. The staffing situation had improved since then. Nevertheless at the time of our visit the prison still had six members of staff suffering from long COVID-19.

Recovery meetings, chaired by the GIC, had commenced on 27 May 2020 and recovery plans for different functions and areas were in place and kept up-to-date, with adjustments in line with changes to national SG guidance.

Communication with both staff and prisoners about COVID-19 was clear and effective. Updates from HQ were circulated to staff and prisoners were kept informed about changes in regime and changes in COVID-19 protocols.

An information booklet was available to prisoners at induction and prisoners testified that residential staff were helpful in explaining issues and responding to queries.

The one communication issue that left inspectors concerned was support for foreign nationals such as Vietnamese prisoners who spoke little English, with no sign that key information had been translated into their language and little recent use made of translation services. Although it was clear that foreign nationals were not left isolated and were able to engage in recreational activities with other prisoners, more could have been done to make it easier for them to understand the regime and ensure they were able to access healthcare and other services.

> **Action Point 1**: HMP Inverness should ensure that foreign nationals have access to key information about the prison in their own language and make full use of translation services.

HMIPS Standard 2 - Decency

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

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

COVID-19 commentary

2. Basic living requirements: we will check if meals are of good quality, whether there is an appropriate choice, and that food hygiene standards and dietary needs of prisoners are adhered to. Confirm that supplies of clothing, bedding, facility maintenance and food is continuing.

3. Regimes: we will look to obtain detail of the daily regimes and the progress made against the SPS recovery plan. We will continue to look at the human right standards for every prisoner including those in isolation: access to showers where there is no in-cell shower facilities, access to time in the fresh air and access to communal phones. We will also monitor the amount of hours out of cell particularly for vulnerable populations. We will also check that there are sufficient accessible cell spaces for the population.

Visit findings

Inspectors observed all meals served during the visit. People working in the kitchen and serving meals wore the appropriate Personal Protective Equipment (PPE). At the time of the visit, HMP Inverness had returned to serving meals to all prisoners directly from the hot plate in B Hall. The kitchen was located directly behind the hot plate resulting in the food being fresh and hot. Prisoners wore masks to collect their meals then returned to their cells to eat it. Although space was tight, there was adequate seating available for those sharing a cell. To reduce the risk of cross contamination, during the COVID-19 outbreak in March this year meals were delivered to prisoners doors in disposable containers. SOPs were in place to support this process. The two staff working in the kitchen during the outbreak should be commended for the hard work and long hours they worked to ensure prisoners received meals.

HMP Inverness catered for all cultural and dietary needs and met with those prisoners individually to agree a special menu. All prisoners spoken to were very complimentary about the food being provided. Fresh soup was served daily and the kitchen took advantage of fresh produce from the garden where possible.

A member of the SMT visited the kitchen every day to taste the food. PIACs had only just restarted, although prisoners had the opportunity to discuss any issues with

food at the serving area. A celebration of EID theme night was taking place on the Friday after the inspection.

Inspectors were concerned at the length of time between dinner and breakfast being served. It is a long time to go without food for those that cannot afford to buy from the canteen. Prisoners spoken to often eat their breakfast cereal, provided with their dinner, later in the evening then have to wait until lunch for their first meal. HMIPS would like to see lock-up packs being provided as they were at the start of the pandemic.

All kitchen staff were trained to an appropriate standard in food hygiene.

The prison laundry worked well, despite a reduced work party to allow for physical distancing. There was a sufficient supply of bedding and clothing and items that were damaged or old were replaced during the laundry process. There was a process in place to launder for those in isolation. SOPs were in place.

HMP Inverness was built in 1902. The current issues with the building include leaking roofs above the laundry, library and kitchen. They are about to be replaced but other roofs in the estate were also leaking. There was also an issue with the guttering above A Hall that had damaged the wall to the right of the staircase. During the height of the pandemic, three out of the four maintenance team staff were shielding. Two agency workers were brought in to assist and only essential repairs were taking place. The agency workers are in the process of being made permanent and those shielding have returned, which takes the team back to full complement.

As with other establishments in following national guidance they had been forced to close the gym and stop all but essential work parties, and partner organisations like Fife College and Department for Work and Pensions had taken staff off-site. During this first lockdown the regime had been severely affected; it had not been possible to organise recreation in B Hall due to the large number of different categories of prisoners and different household bubbles and the need to focus on the basics of food, showers and access to fresh air and outside exercise. The regime timetable was not always visible due to the need to individualise it to accommodate so many different bubbles in B Hall. Nevertheless the prisoners with whom inspectors spoke were content that they broadly knew when different activities would happen and that staff were helpful in relaying information about the regime.

Access to shared showers, telephones and fresh air was available to all prisoners, although there were challenges in providing daily access to showers for those on Rule 41 (see QI 5 on page 14) and recreation was also now available in all areas.

Discussions with different prisoners indicated that time out of cell varied considerably, with a minimum of three hours, but could be considerably more than that if the prisoner was accessing education or taking part in work.

There was one accessible cell in F Wing, which was well laid out, and another accessible cell in B Hall. There were no accessible showers for disabled prisoners on the main halls, but it was possible to access a room with walk-in showers elsewhere. As with other Victorian prisons, HMP Inverness works as best it can with

what it has, but it is not as well suited to accommodating disabled prisoners as a more modern prison.

Action Point 2: HMP Inverness should introduce a lock-up pack to give to prisoners with their dinner to see them through until breakfast the following day.

Action Point 3: SG to continue to provide funding to keep the prison fit-for-purpose until the new prison is up and running.

HMIPS Standard 3 - Personal Safety

The prison takes all reasonable steps to ensure the safety of all prisoners.

All appropriate steps are taken to minimise the levels of harm to which prisoners are exposed. Appropriate steps are taken to protect prisoners from harm from others or themselves. Where violence or accidents do occur, the circumstances are thoroughly investigated and appropriate management action taken.

COVID-19 commentary

4. Violence Reduction: we will check that there is an appropriate and ongoing process in place for people subject to Talk to Me (TTM) and those that self-harm. We will look at the trends and impact since COVID-19. We will also check that there is appropriate and ongoing process in place for those subject to the Think Twice policy (anti-bullying).

5. Rule 41 paperwork and those on Rule 40a: we will check that the revised process for people being detained under Rule 41 and Rule 40a due to COVID-19 are being adhered to. Looking at processes in place to ensure people are receiving the appropriate human rights entitlements, and that there is in-cell distraction activity available, such as a television, reading material, fitness advice and other support mechanisms.

Visit findings

There has been a significant decrease in the numbers managed on TTM since 2019; 86 were managed on TTM in 2019, which had reduced to 61 people in 2020, with the number being at 12 at the time of our visit in May 2021.

Self-harm had also decreased over the same period with seven incidents in 2019, six in 2020 and only one in the first four-and-a-half months of 2021.

Inspectors were impressed by the knowledge of the staff dealing with those in crisis and observed excellent interactions between staff and those on TTM.

At the time of the visit there were two people on TTM. One was located in their own cell and one in a safer cell. Both reported that they had been treated well and highlighted the positive and supportive engagement they had experienced with both prison and NHS staff. An individual who had been placed in a safer cell since his admission two days previously had been very reluctant to leave his cell, feeling nervous on his first time in prison. He confirmed to inspectors that staff had offered support and persuaded him to take a shower, which was progress in getting him into the prison routine. It was pleasing to note that both people had individualised care plans; for example the person in the safer cell on 30 minute observations, dressed in stronger clothing, still had access to reading material.

An inspector also attended a TTM case conference and was impressed by the way this was conducted. The ultimate decision of the care plan focused on the prisoner's

views, where he requested that his observation intervals remained at 30 minutes despite the rest of the attendees concluding that they could be relaxed to an hour.

Live files were examined and found to be completed to an excellent standard. The assurance processes for TTM was robust. Daily checks are carried out by First Line Mangers (FLMs) and visiting members of the SMT, weekly assurance checks are carried out as part of the duty manager's responsibilities. Monthly assurance checks are carried out by the Suicide Prevention Co-ordinator, and a secondary assurance of this process is carried out by an independent member of staff who writes a report and sends out reminders to staff of the process if it has not been followed.

On reviewing case files it was clear the HMP Inverness followed the guidance and initiated support packages for those being liberated while on TTM, with a number of support mechanisms in place for the person released.

Staff competency was near 97% and when questioned and observed staff appeared very knowledgeable on TTM.

Similar to other prisons, the safer cells were clean and ready for to occupation but they looked austere. The mattress rested on a cement plinth low to the floor, the only media was a radio and there were no privacy screens to protect the person's dignity when using the toilet. It is HMIPS's view that although it could be classed as a safer environment than a normal cell it is not conducive to improving the person's wellbeing and funding should be sought to improve the setting.

Part of the TTM policy is the support given by the listener's scheme supported by the Samaritans. The scheme is not currently running due to the prison being unable to match the criteria for a listener with their current population. However prisoners do have access to the Samaritans by phone. The prison also offers self-help materials and access to the NHS mental health team if required.

Although HMP Inverness do not use the recognised anti-bullying 'Think Twice' policy, they have a zero tolerance towards bullying and violence within the prison. Posters adorn the walls explaining how to report acts of bullying or violence, which is managed through the violence reduction strategy.

The Tactical Tasking Co-ordination Group are responsible for managing the strategy and meet regularly to review acts of bullying, violence and any potential risks to the prison. Where violence occurs the strategy indicates that a Post Violence Incident Review (PVIR) takes place, carried out by the FLM in that area. The inspector was told that this review is now carried out by the Intelligence Management Unit (IMU) manager. This would appear to be a rational change due to the IMU manager being responsible for the management and completion of PVIRs, it would therefore be beneficial for the strategy to reflect this.

Violence is relatively low with 27 recorded acts of violence since start of the year. The current number of incidents are similar to the previous two years. The trend for violence is mostly spontaneous, related to issues in the community or related to prisoners suffering from mental health.

Staff knew of the strategy and their local knowledge of issues around external feuds was beneficial in keeping factions apart and so minimising the opportunity for enemies to meet. Prisoners reported that they were confident and trusted staff that when they reported issues around inappropriate behaviour it would be addressed.

Although HMP Inverness do not have a resident Police Liaison Officer, the IMU are in daily contact with Police Scotland to assess the risk that incoming admissions could have in the stability of the prison.

During the visit there was no one on Rule 41 due to COVID-19. HMP Inverness had recently experienced a significant outbreak for a prolonged period of time, but this was contained within one area. The lockdown identified some challenges to meeting the entitlements of the population managed under Rule 41, where it was not always possible to facilitate a shower or fresh air. Access to virtual visits was suspended. However, staff endeavoured to offer a shower and fresh air as often as they could, with most prisoners having access at least every second day.

Out with the outbreak, F Wing was identified as the area where prisoners suspected of COVID-19 were managed. A comprehensive SOP – Guidance for those held in isolation due to COVID-19 was available for staff to refer to. Inspectors reference practice against the SOP by undertaking a walkthrough of the processes and found them to be very satisfactory. The inspectors were impressed by the knowledge of staff. The areas where staff donned and doffed PPE was appropriate with excellent supplies of PPE, hand sanitiser, cleaning materials and hand washing facilities. Admissions from court were brought straight to F Wing, with the admission process taking place in this area, along with anyone suspected of COVID-19 from the residential areas.

Hand sanitiser was available in the office for those entering the area and this should be moved to the entrance. Although clean, the area where the doffing of PPE took place had two bunk beds and the removal of these would assist in keeping the area clean.

Inspectors spoke to some of those affected by the lockdown. Prisoners reported that it had been tough, but they had understood the rationale for the action taken by the prison to keep the population safe and were appreciative of the difficult job staff had to undertake during these trying times. Access to a mobile phone was considered one of the most important things that helped prisoners to cope with long periods in isolation. Another important part of wellbeing was the distraction or activity packs distributed by the prison.

Confront packs designed for assisting those who self-harm were utilised by the prison and given to people who the prison felt needed a step-up in their care due to their mental health.

In HMIPS's view keeping the outbreak to one part of the prison was an achievement and the management, staff, NHS and prisoners should be commended for this.

> **Action Point 4:** SPS should provide HMP Inverness with sufficient funding to upgrade the safer cells to make them more conducive to a caring environment.

HMIPS Standard 4 - Effective, Courteous and Humane Exercise of Authority

The prison performs the duties both to protect the public by detaining prisoners in custody and to respect the individual circumstances of each prisoner by maintaining order effectively, with courtesy and humanity

The prison ensures that the thorough implementation of security and supervisory duties is balanced by courteous and humane treatment of prisoners and visitors to the prison. Procedures relating to perimeter, entry and exit security, and the personal safety, searching, supervision and escorting of prisoners are implemented effectively. The level of security and supervision is not excessive.

COVID-19 commentary

6. Rule 95 paperwork: we will look to visit the Separation and Reintegration Unit (SRU) as the place most likely to hold those managed under Rule 95. We will check that those under this Rule are treated lawfully and with humanity, and there is a sufficient regime in place and procedural processes and human rights entitlements are adhered to.

Visit findings

Similar to other smaller prisons, HMP Inverness does not have a traditional SRU but has two holding cells to manage those held under Rule 95 conditions.

On entering the cell area it was bright and reasonably clean. There was a shower but access to a phone was in the nearby hall, which meant that when a prisoner wished to use the phone the area had to be cleared. There was a separate area to take fresh air. To access the holding cells there was an outer door which could be shut over and an inner door which accessed the cell.

HMIPS could not see any reason why these double doors were in place. They serve no purpose other than to present unnecessary barriers to communication and observation as an officer cannot observe the prisoner without opening the outer door. The doors also offer other challenges such as when locating someone under Control and Restraint techniques having to navigate through two doorways and the doors give the impression of being silent cells. One set of doors should be removed.

The cells were a decent size, there was natural light from a window but the interior of the cells require upgrading. The toilet had no privacy screen. The floor in the cells was damaged and required relaying. HIS inspectors observed that the fabric would make it difficult to keep clean and required immediate attention (see QI 15 page 35).

During the visit there was one prisoner being held under Rule 95 (11) conditions. His behaviour was challenging and unpredictable. He was a foreign national and staff informed the inspector that he struggled at times to communicate as his English was not good and he often disengaged completely.

An inspector was able to talk to the prisoner in the Link Centre after attending a virtual court (VC). The prisoner was able to communicate reasonably well and was able to explain why he was being kept in the holding cell. He confirmed that he had attended his case conferences and had been offered his entitlements on a daily basis, although he reported that he rarely took up the offer of a shower or fresh air. He reported that when he did not get his way or was frustrated he would behave in a negative manner to try manipulate the situation to receive what he wanted and this was confirmed by staff. A daily assurance process was in place that recorded that those held are offered their entitlements both in a diary and on the daily narrative in PR2.

Paperwork was checked on a number of prisoners who had recently been on Rule 95 using the SPS prisoner records system (PR2). All were found to be in order.

> **Action Point 5**: SPS should ensure funding is released to refurbish the holding cells including the removal of the second set of doors.

HMIPS Standard 5 - Respect, Autonomy and Protection Against Mistreatment

A climate of mutual respect exists between staff and prisoners. Prisoners are encouraged to take responsibility for themselves and their future. Their rights to statutory protections and complaints processes are respected.

Throughout the prison, staff and prisoners have a mutual understanding and respect for each other and their responsibilities. They engage with each other positively and constructively. Prisoners are kept well informed about matters which affect them and are treated humanely and with understanding. If they have problems or feel threatened they are offered effective support. Prisoners are encouraged to participate in decision making about their own lives. The prison co-operates positively with agencies which exercise statutory powers of complaints, investigation or supervision.

COVID-19 commentary

7. Access to families contact: we will look at the SPS recovery planning and confirm the access prisoners have to keep in contact with friends and family. Monitoring the implementation and impact of agreed actions such as the availability and take up of virtual and face-to-face visits, the provision of access to and use of in-cell telephony, and incoming and outgoing mail including email. We will also monitor attitudes and progress towards the introduction of tablets or in-cell technology.

8. Access to recreation: we will check what type of social interaction takes place, that recreation is being run within the current regime, the amount of time and access by different cohorts and those with protected characteristics.

9. Access to legal representative: we will check that agents and other statutory visits are being facilitated even when prisoners are isolated under medical grounds for COVID-19 and that copies of the prison rules are readily available throughout the prison.

10. Access to information: we will look at the access to books and CDs and other information, for example the complaints system, access to Independent Prison Monitors (IPMs) and the free phone and Scottish Public Service Ombudsman (SPSO). We will also check the PANEL principle of participation and empowerment and confirm that Prisoner Information and Action Committee (PIACs) are regularly taking place and demonstrate progress.

Visit findings

Face-to-face visits had restarted and there were two 45 minute sessions each afternoon. Inspectors observed that there was a good and safe process for bringing visitors into the establishment, and a process for cleaning in between sessions. SOPs were in place.

There were three virtual visit booths available, with thirty minute sessions taking place four times a day during weekdays and twice at weekends. Attendance was

steadily climbing. Virtual visits were much appreciated by prisoners whose friends and family were unable to attend the establishment. This had allowed one prisoner to see his critically ill child in hospital whilst an application for special escorted leave was being arranged.

Face-to-face and virtual visits were taking place in the same room, and inspectors observed it to be noisy and therefore difficult for face-to-face visitors to hear each other and have a private conversation. New headphones were being used for virtual visits which prisoners confirmed made it easier to hear their visitor. The visit room was also very stark. Inspectors acknowledge it is difficult to address these issues with the limited accommodation available, the size of the room and layout required to meet the SG COVID-19 guidance. There was equity of access to visits for all prisoners.

A new family contact officer was due to take up post later in the month and would help drive forward the establishment's Family Strategy Action Plan.

HMIPS were pleased to hear that the Visitor Centre located in the city centre and run by Action for Children was working on providing a virtual visits service to prisoner's friends and family who didn't have internet access.

Mobile phones were working well and prisoners continued to have access to hall phones that were disinfected after each use.

Prisoners were aware of the Email a Prisoner Scheme. Overall usage was low but those that used it appreciated it.

No issues were reported with prisoner mail.

Inspectors observed a number of recreational sessions and spoke with a range of prisoners from different halls. Recreation had been completely curtailed in B Hall during the first lockdown but some recreation had recently been introduced there on a rotational basis.

At the time of our visit it was restricted in B Hall to 30 minutes twice per week, but this was perceived by prisoners as an improving picture, and the rotational nature supported fairness and equity of access. The less complex prisoner population in A, C and E Hall made it easier to run recreation there, so from the outset of the pandemic recreational opportunities were considerably better in these residential areas than in B Hall.

It is to the prison's credit that it had been able to provide outdoor aerobics and purchased equipment to run indoor curling and indoor carpet bowls, which had proved popular. The prison had organised quizzes and consulted the prisoner population about what DVDs and board games they would like the establishment to purchase.

The prison was running the same regime seven days per week so there was no reduction in opportunities at the weekend. Whilst the complex mix of prisoners in B Hall was restricting access to recreation and other activities in relation to some

other residential areas, the prison was committed to providing opportunities for all categories of prisoner while maximising opportunities for everyone wherever possible.

It is important that prisoners have access to their legal entitlements, including the prison rules and other legal documents when requested. On checking various areas throughout the prison it was found that prisoners had easy access to the prison rules and other legal documents could be sourced on request. Where there was an area that did not offer access printout of the prison rules could be made available.

There has been full access to agents and legal visits throughout the pandemic. In the main agents visit area, face-to-face visits have taken place seven days per week offering 30 minute slots four times per day. Uptake of these face-to-face visits have been low due to HMP Inverness encouraging agents to contact their clients either virtually or by phone line managed in the Link Centre. There has been no record of an agent being refused a face-to-face visit during the pandemic. The feedback from agents has been really positive, particularly due to the geography of the prison and agents not requiring to make long journeys during the pandemic to see their clients. Evidence would suggest that this system continues after the pandemic is over.

The booking system is straight forward with contact made by the agent, the slot booked by the operational staff confirmed to the agent and the prisoner informed of the pending interview.

Another aspect of legal entitlements is appearing at court. Since the Pandemic, attendance at court by way of VCs had risen by 600%. HMP Inverness had developed an excellent process for the delivery of VCs with good information contained on SOPs on how to conduct a VC. Information was also available to contact partner agencies. There appeared to be a good relationship between the prison and the courts which was confirmed by a visit to the local Court Custody Unit (CCU) during the liaison visit.

It is the view of HMIPS that it is almost unmeasurable the benefit of having access to court without having to leave the prison. For HMP Inverness prisoners, trips to areas such as Wick, Aberdeen, the islands and Glasgow have been avoided due to the use of video conferencing. One of the more significant benefits of VCs is that it minimises the stress and trauma of spending long periods in a van and at a CCU. It reduces transportation, therefore reducing the carbon footprint) and resources. Issues such as prisoners arriving at the court only to be informed they are not required is also minimised. With the long distances involved, it reduces the risk of returning to prison after lock-up without a proper assessment of the person's needs including TTM management.

The benefit for those most vulnerable in not having to attend court can be realised by an example observed during the visit. A prisoner who was being managed under Rule 95(11) was due to attend court. Due to his unpredictable behaviour, episodes of anger, disengagement and engaging in 'dirty protests' (using his faeces to cover himself and the cell walls as a way of protest), he presented a number of risks and logistical issues. Managed under SRU conditions, it requires three people to be in attendance at all times both in the prison, during transportation and once in the CCU

and also appearing at court. The likelihood was that he would be out all day and could have caused considerable disruption and taken up considerable resources. However these risks were mitigated by his attendance via a virtual court hearing. It was a slick operation where the prisoner was able to speak to his lawyer first then attend his hearing. He was out of his cell for 45 minutes and escorted by three prison officers and the whole situation went ahead without any disruption. It is HMIPS view that even after COVID-19 no longer affects the judicial system that virtual courts remain.

There was good access to information on each of the halls, and prisoners spoken to felt they had been kept up-to-date with changes during the pandemic.

The information booklet for new prisoners has been adapted throughout the pandemic and staff used it to undertake one-to-one induction with new prisoners, to explain how the prison worked and the daily regime.

Prisoners spoken to were aware of the help available from IPMs and the SPS complaints process. Some prisoners spoken to said that most issues were resolved via good staff/prisoner relationships.

PIACs had only just restarted and minutes of the April meeting were displayed around the prison. Inspectors were informed that staff spoke to different prisoners in each area whilst they were suspended to take forward any issues and provided a response.

Prisoners had access to books and DVDs on the hall, and the Library when they requested it. Highlife Highland, the library services provider, had not been on-site during the pandemic but hoped to return within the next few months.

The prison was able to access Language Line to communicate with foreign national prisoners.

> **Action Point 6**: HMP Inverness should consider how they can better accommodate face to face visits alongside virtual visits.

HMIPS Standard 6 - Purposeful Activity

All prisoners are encouraged to use their time in prison constructively. Positive family and community relationships are maintained. Prisoners are consulted in planning the activities offered.

The prison assists prisoners to use their time purposefully and constructively and provides a broad range of activities, opportunities and services based on the profile of needs of the prisoner population. Prisoners are supported to maintain positive relationships with family and friends in the community. Prisoners have the opportunity to participate in recreational, sporting, religious, and cultural activities. Prisoners' sentences are managed appropriately to prepare them for returning to their community.

COVID-19 commentary

11. Education, Employment and Physical Education (PE): we will check the progress of the SPS recovery plan for this element including the availability of purposeful activity for all cohorts in the prison. We will understand the impact of the COVID-19 restrictions on purposeful activity and check the percentage of prisoners receiving purposeful activity. We will check access to the gym, if the gymnasiums are available, including satellite gymnasiums and /or information sheets for prisoners to keep fit and healthy. We will also check access to outside PE facilities.
An advanced data request by the Education Inspectorate will be used to collate figures prior to the liaison visit. (Standard 6 - Purposeful Activity)

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

Visit findings

Prisoners had been able to access the Learning Centre since the return of Fife College staff in August 2020 with extra safety precautions put in place. The maximum capacity of the Learning Centre had been reduced from 15 to eight prisoners to take account of two metre social distancing measures.

To manage this reduced capacity, the number of classes that individual prisoners can attend had been reduced to ensure equity of opportunity. Class sizes have also been restricted in numbers due to the pod system being operated to manage mixing of prisoners. The pods reduce the number of people a prisoner may come into contact with but it also restricts the number of available learners for an education class. As a consequence, classes were often being run with only a few prisoners in each class. The curriculum on offer was limited to core skills, English and humanities, with a few prisoners involved in art projects.

The College produced a number of Cell Learning Packs which offer activities for prisoners who do not wish to engage with the Learning Centre. The packs were distributed to prisoners via residential hall staff and covered a range of topics including geography, science and politics.

All of the work parties were operating in the prison, providing employment opportunities for around 40 prisoners. The work parties were based entirely on the operational requirements of the prison: kitchen; laundry; waste recycling, barbering; barbering; and hall and prison-wide pass duties. Most prisoners entitled to work were offered employment, including convicted and offence and non-offence protection. A few untried prisoners had pass duties. The pod system limited some prisoner choice of work party, but overall the system was working well in the current restricted circumstances.

The prison still did not offer prisoners any certification for their training with accredited awarding bodies in vocational areas such as manual handling, food hygiene or industrial cleaning. This was a missed opportunity to ensure prisoners were better prepared for release with qualifications that could assist employment. However, plans were well advanced for officers to undertake appropriate training to offer British Institute of Cleaning Science (BICS) awards which would then be offered to prisoners.

Regular access to the gymnasium and fitness equipment is important to assist prisoners with health, fitness and wellbeing. During lockdown when the gymnasium was closed, PTIs worked creatively to find alternative approaches to support prisoners to exercise. They devised cell workout programmes which were distributed to all cells, so that prisoners could workout at any time. These programmes were revisited regularly to ensure the activities were inclusive for all types of participant and levels of ability. PTIs also developed a range of circuit training sessions on the small outdoor, all-weather football pitch, such as Metafit, Step and Kettlebells, that did not require contact between participants to allow for infection control processes to be met. PTIs also made good use of existing spaces within the prison to offer indoor curling and carpet bowls to prisoners who were unable to exercise outside.

Currently, all prisoners have access to gyms and fitness equipment at various times throughout the week, including weekends. A rota timetabling the different halls and prisoner pods was in operation and ensured that social distancing measures within the different areas of the prison were followed. Cardiovascular equipment and weights have been reorganised within the gym to create four individual workout stations. Other measures included no paired working and stringent cleaning of all equipment before and after use. All users had to complete a revised induction session which outlined hygiene and social distancing protocols prior to accessing the facilities following their reopening.

During restricted periods the Chaplaincy Team had worked hard to produce weekly DVDs that were played on the in cell TV system in A and B Hall and loaned to prisoners in C and E Wing. The DVDs provided information, communications and a weekly Sunday service. They also provided a weekly sheet containing some religious content, information about the next service, quizzes and a tear-off sheet to request to attend a face-to-face service when restrictions allowed it. Junction 42 had also produced in-cell packs for prisoners.

Prisoners spoken to who used religious services were satisfied with what was being provided, but looked forward to returning to face to-face services. The prison fellowship had plans to return to the establishment every Monday from 30 May.

The Chaplains acknowledged there was only so much they could offer within the 20 hours of resource available to them.

HMIPS Standard 7 - Transitions from Custody to Life in the Community

Prisoners are prepared for their successful return to the community.

The prison is active in supporting prisoners for returning to their community at the conclusion of their sentence. The prison works with agencies in the community to ensure that resettlement plans are prepared, including specific plans for employment, training, education, healthcare, housing and financial management.

COVID-19 commentary

13. Progression: we will look at the progress SPS has made through the recovery plan on progression. This will include looking at sentence planning, Risk Management Team (RMT), Integrated Case Management (ICM), National Top End (NTE) and transfers. We will check the access to offending behaviour programmes and the waiting lists and concerns. We will check that all processes are in place to ensure progression is being managed and understand the inhibitors and shortfalls. Some information will be sought remotely and prior to the liaison visit.

14. Prisoners on release: we will consider throughcare arrangements, including links between prison based and community based social work services. We will look at reintegration plans developed with those leaving custody regarding access to housing services and how many prisoners are released to no fixed abode. What health and social care support they will receive, contact with family support and welfare services pre-release, and opportunities to utilise their time constructively**.** Some information will be sought remotely and prior to the liaison visit. The Care Inspectorate representative will be supported by a colleague undertaking telephone and video interviews both prior to and during the liaison visit.

Visit findings

During the pandemic only a small number of individuals had been considered for progression at HMP Inverness. Developing the knowledge and experience of staff is a challenge where this is the case. There is a need to ensure that all staff involved in the process have an opportunity to improve their knowledge. It is equally important that staff not involved in meetings are aware of their role in providing information to prisoners, encouraging their full engagement in assessment of risk and need; and having their voice heard in meetings discussing plans to meet their needs and manage risks. Where knowledge and experience are underdeveloped, this can contribute to missed or delayed opportunities for individuals to move to less restrictive conditions.

The momentum of improvement in RMT and progression has been affected over the years by changes at management level and in the past year impacted by restrictions imposed during the pandemic. A national RMT/Progression event was cancelled at the early stages of the lockdown which may have given some impetus. During the pandemic, and in lieu of this event, HMP Inverness has taken the positive step of making links with other establishments to support them with their development plan.

The Integrated Case Management process benefits from knowledgeable staff and good engagement of all relevant partners. Out with the national postponement of ICMs and the relaxation of timescales, the ICM process has been sustained during the different stages of lockdown and related restrictions. Attendance at ICMs by prison based and community based social workers has been maintained and these meetings are informed by up-to-date assessments and reports. We heard that relationships between different agencies were very good, and this is reflected in the commitment given to case conferences and planning for individuals.

During the restrictions imposed in response to the pandemic, access to relevant technology has been key. This has maximised the involvement of partners in internal meetings but has also enabled SPS staff to attend externally arranged meetings, for example Multi-Agency Public Protection Arrangements (MAPPA) meetings. Getting access to those platforms most in use by external partners has taken time but was in place prior to the visit.

Accredited programmes are not delivered at HMP Inverness, but they do provide 'approved activities' including the 'SMART' group work programme. During the pandemic group work has been suspended and the exponential increase in VCs in the Link Centre continues to impact on the availability of key staff. One-to-one work with individuals, including offence focussed activity, has continued with SPS and prison based social work (PBSW) working together where appropriate and we heard that there were imminent plans to enable staff to restart group work activity.

There was good evidence that all prisoners were involved in planning prior to release, and this was supported by the regular meeting of a multi-agency group looking at plans for prisoners due for release. This meeting has been less regular during the pandemic, but the use of technology has allowed them to be re-established as weekly meetings. The prisoner's support needs on liberation are identified and the agencies will put these in place. This would include housing needs, benefits and general advice. Link Centre staff have well established links with local agencies and are proactive in engaging with individuals six to eight weeks prior to liberation. Agencies also reported positively on communication from the GIC during the pandemic ensuring agencies were clear about restrictions but also encouraged to maintain contact with prisoners.

HMP Inverness responded fairly quickly to ensure external agencies continued support to prisoners as they prepare for liberation. Whilst all face-to-face contact was stopped at the height of COVID-19 and had only recently resumed, the prison established a paper based 'referral and response' process. This helped individuals to arrange telephone contact with external agencies to ensure prisoners got the support they required. Despite agency concerns about privacy, noticing non-verbal cues and vulnerabilities, and establishing trusting relationships, all were satisfied that prisoners were not unduly disadvantaged by the alternative communication methods in place. However, extending the use of virtual contact to key agencies could have given more options to prisoners.

Prisoners with drug and alcohol problems have been particularly well supported during the pandemic. There were examples of good joint working between the prison health unit and the PBSW addiction worker. Prisoners were triaged by health

and social work to ensure drug and alcohol issues were managed by the appropriate professional. There was also good practice in relation to drug and alcohol community based social work services in both Highland and Moray following prisoner care and support into the prison and resuming care on liberation so that a person's support was seamless. The addition of a Third Sector support services commissioned by Moray Council indicates a coherent concerted effort by local authorities to provide the support people need both in the establishment and back in their home communities. Both these services have been impacted by restrictions imposed due to the pandemic with face-to-face contact suspended. However, phone contact has been supported and early community appointments were made for relevant individuals.

There are some pressures on services supporting prisoners on release. For some individuals there has been some uncertainty about accommodation on release. The numbers of prisoners released from HMP Inverness in any given month with no fixed abode is small, but all partners should aspire for all individuals to have clarity about accommodation and housing prior to liberation so they can be "confident, optimistic and motivated about returning to the community with a positive destination." Advice on benefits and welfare is a specialist area and HMP Inverness has benefitted from a well-established link with DWP and Citizens Advice Bureau. This has been reduced to phone contact during the pandemic and funding to advice services locally have also impacted on the available support.

Link Centre staff have worked hard to mitigate the impact on prisoners at HMP Inverness and this effort will be required ongoing.

We were encouraged to hear about a CIP project which will offer continued support of the prisoner for up to one year post liberation and identified staff providing a continuity of care. The project's key aim is to promote desistance and successful reintegration. Ten prisoners have volunteered to take part in this project and have to fit a set criterion at this time. They also agree for the project to gather data on outcomes for each participant. This is likely to give the establishment valuable data on the effectiveness of planning for prisoners due for release and the supports provided in the community. The project uses recognised and well evaluated evidence-based tools that support and measure change when working with people. The tools promote and measure individual change and support learning at an individual, service, and organisation level.

> **Good Practice 1**: well developed working relationships with community partners is ensuring that during the pandemic, prisoners on release are getting good access to drug and alcohol services.
>
> **Good Practice 2**: to maximise learning from the experience of prisoners, HMP Inverness have established a way of gathering data on outcomes. Using this and the findings from the CIP Project will enable them to consider the effectiveness of planning and support for individuals. We will be interested to hear about the findings of this project at future visits.

Action Point 7: HMP Inverness should continue to identify opportunities for all staff to improve their knowledge and gain experience of the RMT process to ensure that individuals are not subject to unnecessary delay in progression.

Action Point 8: HMP Inverness should ensure all staff engaged in preparing prisoners for release have sufficient time dedicated to this role to fulfil it effectively.

Action Point 9: in line with the SHORE standards, HMP Inverness should engage with local authorities to ensure that pre-release prisoners have more clarity about accommodation and housing prior to liberation so they can be "confident, optimistic and motivated about returning to the community with a positive destination".

HMIPS Standard 9 – Health and Wellbeing

The prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.

All prisoners receive care and treatment which takes account of all relevant NHS standards, guidelines, and evidence-based treatments. Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and wellbeing of all prisoners.

COVID-19 commentary

15. Healthcare issues: we will check that there is a daily assessment on wellbeing in a way that maintains the health and safety of all parties, and that there are measures in place to ensure healthcare continues to be managed under the principle of equivalence. Checking processes are in place to support people with pre-existing health conditions and that access to vital healthcare is available to all cohorts. We will gain an understanding of the mental health challenges.

Visit findings

How we carried out the liaison visit

Healthcare Improvement Scotland (HIS) asked healthcare staff at HMP Inverness to complete a pro forma regarding healthcare provision during the pandemic and held a teleconference with them in advance of the liaison visit to discuss healthcare delivery. Inspectors then developed key lines of enquiry for the visit. Two inspectors attended the prison on the site visit and spoke with members of staff and viewed the care environment within the health centre. Given the current restrictions on the movement of prisoners and to safeguard both patients and staff, inspectors did not speak with or come into contact with any patients during the visit.

Access to care

All new admissions to HMP Inverness are assessed by a nurse at reception where a history and healthcare assessment is carried out. COVID-19 symptomatic and close contact individuals are tested in line with national guidance. All patients with a positive COVID-19 test result are isolated in a dedicated wing within the prison.

In early 2021, HMP Inverness had an outbreak of coronavirus. At the time of the outbreak, HMP Inverness had between 73-89 prisoners although it can accommodate up to 102 prisoners. Healthcare staff responded well with guidance from the local health protection team and mass tested all prisoners which resulted in 24 positive cases of COVID-19 across the prison population. Healthcare staff monitored COVID-positive patients on a daily basis and medications were delivered directly to the cell. Nursing staff had access to appropriate PPE which they donned and doffed, using a dedicated cell on each floor to deliver treatment to the patients before returning to the health centre. Throughout the outbreak, patients only showed mild symptoms of COVID-19 and none of them became unwell.

During the outbreak, SPS managed individuals in pods across the three floors of the prison to limit the movement of prisoners. Not all pods are single cell occupancy, some are two bedded cells.

If individuals in a pod became symptomatic and tested positive, nursing staff would then test everyone within the pod. Patients continued to be treated in the health centre (where required) with support from SPS. All prisoners who are able to wear masks are prompted to do so when moving around the prison, and we saw this during our visit. We also saw evidence of steps taken by staff to limit the number of prisoners within the heath centre at any time, and restricted availability of seating.

Patients considered as being in higher risk groups or vulnerable are supported using policies such as TTM or Management of an Offender at Risk due to any Substance (MORS) where there is an identified need.

At the start of the pandemic, the healthcare team sent letters to all prisoners providing reassurance about the continuation of healthcare services and highlighting possible delays due to coronavirus restrictions. During our visit, there were prisoners requiring interpreter services or access to literature in different formats or languages. Although staff described accessing interpreter services for these prisoners when required, there was no access to referral forms in alternative languages or formats. **This is a concern**. HMP Inverness must address this as a priority to ensure all prisoners have confidential access to healthcare.

Access to secondary care for urgent cases continued during the pandemic and transfers to hospital continued in line with existing protocols. A number of secondary care appointments continued through use of Near Me (a secure NHS video call service for patients), video link or telephone, which is facilitated in the health centre. This is challenging for staff as the health centre is very small and only has one treatment room. The internet connection was not always maintained for the duration of consultations which at times prevented its effective use. When secondary care appointments are taking place, staff are unable to deliver face-to-face healthcare within the health centre. With remote appointments providing access to secondary care and specialist input, both the location and the quality of these were not always fully meeting the needs of the patient within HMP Inverness. NHS Highland must work with SPS to seek IT solutions in order to increase access and quality of calls for patients having remote consultations.

At the time of the visit, staff described the plans being discussed to relocate staff groups in order to create a further treatment room in the health centre to accommodate both virtual appointments and face-to-face clinics simultaneously. This had been agreed with SPS. At the time of our visit, there were no agreed timelines for this work to commence. We look forward to reviewing the progress of this plan at a future inspection.

Staff have been trained to deliver COVID-19 vaccinations and an in-house vaccination programme has begun with patients being vaccinated in line with Joint Committee on Vaccination and Immunisation guidance. All prisoners eligible for the vaccination have had their first dose and a programme to administer the second dose is underway.

Since early January 2021, all nursing staff within HMP Inverness have been completing twice weekly Lateral Flow Tests (a rapid test for COVID-19 that does not require laboratory equipment).

All nursing staff have been offered the vaccine through their local NHS board.

Patients access healthcare by completing a self-referral form; requesting to be seen whilst attending for medication or through verbal request via SPS staff. There is good oversight of prisoners' health and wellbeing from all staff.

SPS and healthcare staff have a collegiate relationship and work in partnership to facilitate healthcare. A triage system is in operation and nursing staff collect referral forms twice a day for distribution to the appropriate service such as GP appointment or review. GPs continued to attend the prison each day supported by the daily nurse-led triage service. Nursing staff discuss patient cases and any medication requirements with the GP. Nursing staff also attend the daily GP clinic, order medication and plan care accordingly following the consultation with the GP. During the pandemic, patient appointments with the GP were undertaken by telephone, Near Me, video link or face-to-face when required. At the time of the visit, there was no waiting list for access to the primary care team or the GP.

HMP Inverness has a transient population. Many prisoners move on to other establishments within a short period of time, although movement was restricted during the pandemic.

Patients with long-term conditions continued to be managed on an individual basis during the pandemic. These patients are identified at admission and receive a GP assessment the following day. Care planning is in place and the nursing team carry out reviews for long-term health conditions which are equitable with the community provision and in some cases ahead of time. Patients who were appointed for such reviews during the pandemic were risk assessed and if symptomatic, would be seen following any requirement to self-isolate. The number of patients with long-term conditions in HMP Inverness is low.

While the primary care team does not have any structured specific long-term condition clinics in place, a process was being formalised for this at the time of the visit. The primary care team are looking to introduce specific clinics such as cardiac assessment, asthma, diabetes and epilepsy clinics. These will be nurse-led by primary care staff and staff have been extending their current roles to undertake training in specific long-term conditions. One member of staff is embarking on a prescribing course. Patient Group Directives (PGDs) were implemented with the support of the medicines management team to enable nurses to provide medications based on clinical judgment without having to see the GP during the pandemic. **This is good practice**. The health centre is currently not suitable for delivery of long-term condition clinics due to lack of space. There are plans in place to reconfigure the environment and move staff groups to allow a second clinic room to be opened up for use by primary care staff. We will review the progress of this at a future inspection.

Physiotherapy and neurology appointments continued via telephone or Near Me. Sexual health was the only healthcare service that stopped throughout the pandemic, however, any issues for this service were managed by the GP or Nurse. These services are remobilising in line with community provision.

Although palliative care services were not required during the pandemic, arrangements were made to obtain any required medications to support this service.

Medications are administered from a dispensary within the health centre. Patients are brought to the health centre by SPS staff, while any symptomatic patient would have medications and meals delivered directly to their cells. Many patients within HMP Inverness are on in-possession medication, which **is good practice** and encourages autonomy. This practice was in place prior to the pandemic and compliance is reviewed regularly by healthcare staff. Primary care nursing staff within HMP Inverness order patient medications, which is time-consuming and reduces the time available to carry out other nursing duties, such as scheduling patient reviews. The medication ordering role could be better supported by pharmacy assistant staff.

Routine dental procedures were suspended in the early stages of the pandemic in line with the community provision. However, emergency dental services continued via access to external dental centres if required. No Aerosol Generating Procedures (AGPs) were undertaken in the prison dental suite during the pandemic. At the time of the visit, the healthcare team were waiting on a report from the external dental service to confirm that AGPs could be undertaken within the dental suite going forward.

A double cell is available at HMP Inverness for individuals with a disability. At the time of the visit, there were no individuals requiring an accessible cell or social care. Social care would be organised by SPS for patients if required. The healthcare team had a process in place with NHS Highland for arranging patient assessments and access to occupational therapy if needed.

<u>Mental Health</u>

Mental health services continued during the pandemic. Fortnightly Consultant Psychiatrist clinics were held using Near Me - the limitations of this in the current location have been highlighted in this report. SPS supported attendance at the health centre for patients to access this service.

Patients identified on admission as requiring mental health or addictions service were referred for follow up. Nursing staff attended the halls for patients who were isolating and communicated with these patients at the cell door. We heard there was a responsive approach to mental health referrals, and this had been improved by asking SPS staff to ensure that any requests to see patients was recorded on PR2 to support the allocation of healthcare staff. A system of allocation between mental health nursing staff and the Drug and Alcohol Recovery (DAR) nurse was operating on a weekly basis, with any urgent patient referrals being seen on the same day. Routine appointments were being offered usually within a week. At the time of the visit, there were no waiting lists for mental health services.

Patients isolating as a result of COVID-19 and who were known to the mental health team were individually catered for and provided with in-cell materials to meet their needs to reduce boredom and improve wellbeing. This had been supported by SPS identifying funding and purchasing materials such as books, mindfulness materials, fidget balls and Sudoku puzzles. This was a collaborative and person centred approach to patient well-being and **is good practice**.

At the time of the visit, the healthcare team did not have a psychology service for patients. We heard there were plans for a Psychologist from the DAR service to offer training and advice to DAR healthcare staff to enable them to support the delivery of low level psychological interventions. Staff were enthusiastic to provide a greater range of interventions. Decider skills training for both healthcare staff and SPS staff had been halted due to the pandemic. It was positive that the Health Centre Manager was actively seeking to have this restarted as soon as possible. Decider[1] is an evidence based skills programme for both individuals and organisations, with therapeutic skills training for clinicians. It also provides life skills training suitable for a wide range of staff in organisations to utilise to promoting mental wellness.

The mental health team had recently joined the North of Scotland Clinical Forum which provides opportunity for discussion and to hear case presentations. This was viewed positively by staff we spoke with.

Where required, transfers to in-patient mental health units continued during the pandemic using the normal patient transfer process. There had been difficulties accessing in-patient beds, including medium secure beds in Scotland and the Intensive Psychiatric Care Unit (IPCU) in NHS Highland. While this was not attributable to the pandemic, there was evidence during the visit of a delay in obtaining an IPCU bed, resulting in HMP Inverness providing a 'Place of safety' for an individual requiring inpatient mental health treatment while this was awaited. This resulted in the use of TTM to ensure adequate observation of the patient and impacted on the resources available within the mental health team.

Substance misuse continued to be provided during the pandemic. This included availability of Blood Borne Virus testing. Opiate Replacement Therapy (ORT) and the management of patient prescriptions with community teams also continued with no delays in commencing ORT. There was a change to ORT being dispensed in the morning which has been positively received by patients. Links to community DAR services were described as good.

Commencement of patients onto the drug Buvidal (in line with national ORT guidance) continued to take place where indicated. Although we heard that numbers were low, we saw evidence of an individual approach by the addictions team to support the patient's decision to use Buvidal and to evaluate the outcomes.

Training on the use of Naloxone (a drug used to reverse the effects of an opiate overdose) continued for patients with a planned liberation date and Naloxone was available in both nasal and injectable form. We heard there were geographic factors

which influenced the choices made by patients, however both forms of Naloxone were available. The addition of a DAR Nurse has increased the ability to develop the substance misuse service. Planning for the recommencement of groups was at an early stage but will form part of the remobilisation work.

We heard that until recently there had been no addictions consultant working within the addictions team. At the time of the visit, a Community DAR Consultant was providing input via Near Me. This had recently been introduced and was expected to continue which was a positive development.

On entering the prison, we observed appropriate infection prevention and control measures, including alcohol-based hand sanitisers and bins for disposal of PPE. Good signposting was in place to limit the number of people allowed in an area at the same time.

Areas where healthcare is delivered are cleaned by trained pass men who clean the clinic every day. The provision and standard of cleaning was very good and the healthcare team had no concerns about the cleaning provision. Staff told us that due to the nature of the transient population, the turnover of pass men delivering cleaning can be frequent. Pass men were visible during our visit and were cleaning frequently touched surfaces such as door handles. At the time of the visit, correct cleaning products (in line with national guidance) were available and in use throughout the healthcare environment and the residential areas.

However, we were told that during the pandemic cleaning products had changed and chlorine releasing tablets had been removed and unavailable for use in residential areas for a period of time. This had since been resolved.

Due to its age and design of the building, there is limited accommodation in HMP Inverness to provide healthcare services. The only clinic room available in the health centre is used daily by the GP, and other services such as the Psychiatrist, Blood Borne Virus nurse, sexual health and visiting specialists. Nursing staff have limited access to the clinic room and have to work round room availability to carry out duties. The lack of space has been an issue since the last Healthcare Improvement Scotland inspection in 2017 but, as indicated earlier, a request for an additional clinic room was being progressed.

The fabric of the building remains unchanged since the last inspection in 2017.

There is visible chipping on both radiators within the GP room which would benefit from being resealed through painting to ensure they can be effectively cleaned. The area where medications are dispensed also remains unchanged since the 2017 inspection. This area is not used to deliver clinical care, however there is damage to walls and work surfaces. The cabinets in this area are kitchen cupboards which have exposed and damaged wood. While there is a good system and process in place for cleaning these cupboards, they cannot be effectively cleaned in their current state. We have requested a risk assessment be put in place detailing how this will be mitigated. A request has been approved for the health centre to be repainted and this work is due to commence shortly.

The residential areas in HMP Inverness have varying degrees of damage to walls. The unit used for segregation has damaged floors and walls and is not fit-for-purpose and cannot be effectively cleaned. **This requires immediate attention**.

Equipment used by nursing staff was clean and ready for use. Staff described how they decontaminated equipment in between use, as well as the process and materials required when cleaning a blood or body fluid spillage. Clinical and domestic waste receptacles were available in clinical rooms.

The healthcare team was supported by telephone during outbreaks by public health, infection control and incident management teams who provided advice and guidance regarding outbreak management. Advice for setting up infection control processes was taken from NHS Inform as the healthcare team was sharing approaches with SPS. The healthcare team talked with Public Health Scotland on the phone on an ad hoc basis for guidance and support. It was not clear during the visit how infection control teams support HMP Inverness in a structured way. For example, it was unclear when the last infection control audit was completed by NHS Highland and whether a rolling programme of structured audits was in place to support the prison, given the age and fabric of the building as well as the planned refurbishment. **This is a concern**. NHS Highland must provide infection control support in a structured way to HMP Inverness to provide guidance oversight and assurance.

There have been significant changes within the management structure in HMP Inverness with staff changing roles recently, including the recent change in senior management with the post holder in post for one week. We discussed our concerns and queries and we are assured this will be taken forward. We will follow this up at our next inspection.

During the pandemic, the Health Centre Manager made efforts to reduce the number of staff required to be in the health centre due to it being a very small area. A role was developed for a Band 6 member of staff to focus on infection control processes within the prison as well as health promotion for prisoners. This role has been a success with this member of staff taking responsibility for ordering PPE, reviewing the latest guidance and feeding back to staff when any guidance changes. **This is good practice.** Contingency was put in place in the event of staff being absent. Competent witness training was provided for a member of administrative staff to enable medication rounds to proceed without delay in the event of staff absence. **This is good practice**.

Staff have access to guidance about COVID-19 and are made aware of relevant updates at the daily handover or by email. We saw evidence of efforts taken to reduce the patient footfall in the health centre as required by physical distancing requirements.

All staff had access to and received training on the use of PPE. Staff were signposted to the NHS inform video regarding donning and doffing of PPE and reminder posters were appropriately placed within HMP Inverness.

The majority of nursing staff have been face-fit tested for FFP3 masks and up-to-date electronic records for the testing are kept. AGPs are not undertaken by healthcare staff therefore FFP3 masks have not been required to date.

Governance, leadership and staffing

Highland Health and Social Care Partnership has adopted a lead agency model, with NHS Highland responsible for adult health and social care services and Highland Council responsible for children's health and social care services. Prison healthcare falls under NHS Highland's governance structure which has clear lines of reporting and accountability.

At the onset of COVID-19, NHS Highland established structures to support decision-making and oversight of prison healthcare. HMP Inverness healthcare has representation at weekly NHS Highland silver command meetings, which enables the healthcare team to raise issues. This allowed normal escalation and governance processes to continue during the pandemic. While lines of communication were evident between the NHS board and prisoner healthcare to discuss workforce, clinical demand and the allocation of resources, this was sometimes undertaken on an informal basis. There has been significant staff changes within the management structure within HMP Inverness with a newly appointed Service Manager and the Health Centre Manager being appointed in August 2020. Staff in HMP Inverness described a supportive culture, ongoing clinical supervision and an 'open door policy' with the Health Centre Manager. Due to the changes in senior management, there was no agreed process in place for supervision for the Health Centre Manager, although a clear reporting structure existed by phone. At the time of the visit, plans were in place to introduce more structured communication via formal regular meetings to support the Health Centre Manager and the healthcare team. We will further review this at a future inspection.

At the start of the pandemic, SPS set up a coronavirus response group which the Health Centre Manager attended. Weekly meetings were held with SPS and discussions took place with the Incident Management Team during the outbreak. Regular meetings were held for the healthcare team and resources were put in place to support them facilitated by SPS. Staff felt well supported throughout the outbreak.

A small dedicated nursing team supports the provision of healthcare within the prison. A Band 6 nurse post is currently being advertised to support the Healthcare Manager. NHS Highland has also confirmed approval for a Band 6 DAR nurse which is due to be advertised. Due to the size of the nursing team, flexibility to cover services in the case of annual leave or other absences was very limited. During the outbreak, there was reduced staffing levels due to members of the healthcare team testing positive for COVID-19 and other staff being on sick leave. Any shortfalls are managed through use of regular bank nurses or by using the mental health nurses to cover essential duties. Any concerns are escalated to the Service Manager.

Shift patterns were adapted to maintain social distancing and allow for a longer meal breaks in alignment with changes to the regime in HMP Inverness. The healthcare team has since changed back to the previous shift pattern as staff may be required to work in the evening. Staff have been very accommodating with the shift

arrangements and are happy to work overtime which is always available. Throughout the visit, all staff informed us of an excellent relationship between SPS and healthcare staff.

Action Point 10: HMP Inverness must address the lack of referral forms in alternative languages or formats as a priority to ensure all prisoners have confidential access to healthcare.

Action Point 11: NHS Highland must work with SPS to seek IT solutions in order to increase access and quality of calls for patients having remote consultations.

Action Point 12: HMP Inverness must ensure consistency in the products used for cleaning the residential environment in line with national guidance.

Action Point 13: SPS must urgently review the fabric of the building within HMP Inverness to address remedial works in order to effectively decontaminate the residential areas and SRU.

Action Point 14: NHS Highland must provide infection control support in a structured way to HMP Inverness to provide guidance oversight and assurance.

Good Practice 3: Patient Group Directives (PGDs) were implemented with the support of the medicines management team to enable nurses to provide medications based on clinical judgment without having to see the GP.

Good Practice 4: many patients within HMP Inverness are on in-possession medication, which is good practice as it encourages autonomy. This practice was in place prior to the pandemic and compliance is reviewed regularly by healthcare staff.

Good Practice 5: patients isolating as a result of COVID-19 and who were known to the mental health team were individually catered for and provided with in-cell materials to meet their needs to reduce boredom and improve wellbeing. This had been supported by SPS identifying funding and purchasing materials such as books, mindfulness materials, fidget balls and Sudoku puzzles. This was a collaborative and person centred approach to patient wellbeing.

Good Practice 6: a role was developed for a Band 6 member of staff to focus on infection control processes within the prison as well as health promotion for prisoners. This role has been a success with this member of staff taking responsibility for ordering PPE, reviewing the latest guidance and feeding back to staff when any guidance changes.

Good Practice 7: competent witness training was provided for a member of administrative staff to enable medication rounds to proceed without delay in the event of staff absence.

Liaison Visit Conclusion

HMP Inverness is a small Victorian prison where prisoners told inspectors they felt safe and appreciated the support provided by staff. The positive relationships developed by staff with prisoners had undoubtedly assisted the prison during the more difficult phases of the pandemic, particularly when COVID-19 outbreaks had occurred. At one point COVID-19 related staff absences had required the prison to seek detached duty support from other prisons, but generally the prison had been able to work through the challenges unaided.

The encouraging reduction in violence and incidents of self-harm and number of TTM cases all pointed to a calm environment being developed by management and staff, while those who had been on TTM were positive about the support provided. All prisoners who inspectors spoke with were also complimentary about the quality of the meals provided, which is not always the case, although HMIPS were concerned about the length of time between the evening meal and breakfast and would like to see snack bags provided for the evening.

Inspectors identified seven areas of good practice including excellent working relationships with community partners which assisted with getting access to drug and alcohol services on release. An outcome tracking initiative for use with those being released looked particularly promising. With the support of the medicines management team nurses were now able to provide medications based on clinical judgement without always having to see the GP and a member of the administrative team had been given effective training to allow medication rounds to proceed without delay in the event of staff absence.

A few issues did concern us. In particular the safer cells were very austere and need to be upgraded to provide a more caring environment, while the holding cells were in poor condition and need refurbishment despite work apparently having been done on them not so long ago. Unfortunately the SPS will need to continue to invest in maintaining the aged infrastructure until the new HMP Highland comes on stream. The fabric of the building needs to be urgently reviewed to allow more effective cleaning and decontamination of residential areas. More structured support around infection control by NHS Highland would also be helpful, and the SPS and NHS Highland should work together to address technical IT issues affecting the quality of remote consultations.

Support for foreign nationals should improve, with access to key information in their own language and greater use of translation services. In particular there was a lack of referral forms in alternative languages to facilitate access to health services when required.

While support for release planning was generally very positive, staff must be given sufficient time allocated to these important roles to be as effective as possible and expertise should be shared and developed within the team. HMP Inverness should also continue to work with their community partners to make the aspirational aims behind the SHORE standards a reality for every liberated prisoner.

Annex A

List of Good Practice

Good Practice 1: well developed working relationships with community partners is ensuring that during the pandemic, prisoners on release are getting good access to drug and alcohol services.

Good Practice 2: to maximise learning from the experience of prisoners, HMP Inverness have established a way of gathering data on outcomes. Using this and the findings from the CIP Project will enable them to consider the effectiveness of planning and support for individuals. We will be interested to hear about the findings of this project at future visits.

Good Practice 3: Patient Group Directives (PGDs) were implemented with the support of the medicines management team to enable nurses to provide medications based on clinical judgment without having to see the GP.

Good Practice 4: many patients within HMP Inverness are on in-possession medication, which is good practice as it encourages autonomy. This practice was in place prior to the pandemic and compliance is reviewed regularly by healthcare staff.

Good Practice 5: patients isolating as a result of COVID-19 and who were known to the mental health team were individually catered for and provided with in-cell materials to meet their needs to reduce boredom and improve wellbeing. This had been supported by SPS identifying funding and purchasing materials such as books, mindfulness materials, fidget balls and Sudoku puzzles. This was a collaborative and person centred approach to patient wellbeing.

Good Practice 6: a role was developed for a Band 6 member of staff to focus on infection control processes within the prison as well as health promotion for prisoners. This role has been a success with this member of staff taking responsibility for ordering PPE, reviewing the latest guidance and feeding back to staff when any guidance changes.

Good Practice 7: competent witness training was provided for a member of administrative staff to enable medication rounds to proceed without delay in the event of staff absence.

Annex B

List of Action Points

Action Point 1: HMP Inverness should ensure that foreign nationals have access to key information about the prison in their own language and make full use of translation services.

Action Point 2: HMP Inverness should introduce a lock-up pack to give to prisoners with their dinner to see them through until breakfast the following day.

Action Point 3: SG to continue to provide funding to keep the prison fit-for-purpose until the new prison is up and running.

Action Point 4: SPS should provide HMP Inverness with sufficient funding to upgrade the safer cells to make them more conducive to a caring environment.

Action Point 5: SPS should ensure funding is released to refurbish the holding cells including the removal of the second set of doors.

Action Point 6: HMP Inverness should consider how they can better accommodate face-to-face visits alongside virtual visits.

Action Point 7: HMP Inverness should continue to identify opportunities for all staff to improve their knowledge and gain experience of the RMT process to ensure that individuals are not subject to unnecessary delay in progression.

Action Point 8: HMP Inverness should ensure all staff engaged in preparing prisoners for release have sufficient time dedicated to this role to fulfil it effectively

Action Point 9: in line with the SHORE standards, HMP Inverness should engage with local authorities to ensure that pre-release prisoners have more clarity about accommodation and housing prior to liberation so they can be “confident, optimistic and motivated about returning to the community with a positive destination”.

Action Point 10: HMP Inverness must address the lack of referral forms in alternative languages or formats as a priority to ensure all prisoners have confidential access to healthcare.

Action Point 11: NHS Highland must work with SPS to seek IT solutions in order to increase access and quality of calls for patients having remote consultations.

Action Point 12: HMP Inverness must ensure consistency in the products used for cleaning the healthcare environment in line with national guidance.

Action Point 13: SPS must urgently review the fabric of the building within HMP Inverness to address remedial works in order to effectively decontaminate the residential areas and SRU.

Action Point 14: NHS Highland must provide infection control support in a structured way to HMP Inverness to provide guidance oversight and assurance.

Annex C

Acronyms used in this Report

AGP	Aerosol Generating Procedure
BICS	British Institute of Cleaning Science
CCU	Court Custody Unit
CIP	Community Integration Plan
COVID-19	Coronavirus Disease 2019
CPT	Committee for the Prevention of Torture
DAR	Drug and Alcohol Recovery
DVD	Digital Video Disc
DWP	Department for Work and Pensions
FFP	Filtering Face Piece
FLM	First Line Manager
GIC	Governor–in-Charge
GP	General Practitioner
HIS	Healthcare Improvement Scotland
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
ICM	Integrated Case Management
IMU	Intelligence Management Unit
IPCU	Intensive Psychiatric Care Unit
IPM	Independent Prison Monitor
MAPPA	Multi-agency Public Protection Arrangements
MORS	Management of Offenders at Risk due to any Substance

NPM	National Preventive Mechanism
NTE	National Top End
OPCAT	The Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
ORT	Opiate Replacement Therapy
PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PBSW	Prison Based Social Work
PGD	Patient Group Directives
PIAC	Prisoner Information and Action Committee
PPE	Personal Protective Equipment
PR2	SPS Prisoner Record System (version 2)
PTI	Personal Training Instructor
PVIR	Post Violence Incident Review
RMT	Risk Management Team
SG	Scottish Government
SHORE	Sustainable Housing on Release for Everyone
SMT	Senior Management Team
SOP	Standard Operating Procedures
SPSO	Scottish Public Services Ombudsman
SPOC	Single Point of Contact
SPS	Scottish Prison Service
SRU	Separation and Reintegration Unit
TTM	Talk to Me
VC	Virtual Court

HM Inspectorate of Prisons for Scotland is a member of the UK's National Preventive Mechanism, a group of organisations that independently monitor all places of detention to meet the requirements of international human rights law.
http://www.nationalpreventivemechanism.org.uk/

This document is available on the HMIPS website
https://www.prisonsinspectoratescotland.gov.uk/

First published by HMIPS, October 2021

HM Inspectorate of Prisons for Scotland
Room Y1.4
Saughton House
Broomhouse Drive
Edinburgh
EH11 3XD

0131 244 8482