

**COVID-19 PANDEMIC EMERGENCY**

**LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS**

**REPORT ON A LIAISON VISIT TO HMP Low Moss**

**Wednesday 5 - Thursday 6 August 2020**

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 HM Inspectorate of Prisons for Scotland (HMIPS) during the COVID–19 pandemic emergency and was conducted under HMIPS' new, albeit temporary, [Liaison Visits Framework for Prisons and Court Custody Units published in April 2020](#).

## Background Information

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

HM Chief Inspector of Prisons for Scotland (HMCIPS) 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 one day visits, core elements of each of the nine Standards as set out in HMIPS' [Standards for Inspecting and Monitoring Prisons in Scotland](#) will be reflected in the COVID-19 commentary and are designed to provide information to prisoners, prison staff, and the wider community on the areas that have been looked at during the course of a liaison visit.

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

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



## **REPORT ON A LIAISON VISIT TO HMP LOW MOSS UNDERTAKEN ON WEDNESDAY 5 AUGUST 2020**

Prior to undertaking the liaison visit, HMIPS undertook a risk assessment to determine both the selection of the prison to visit but also the priority areas or focus to discuss with the GIC.

HMP Low Moss was selected based on the HMIPS prison risk algorithm results over the past few weeks and the need to visit all prisons over time.

On entering HMP Low Moss, HMIPS met with the Governor-in-charge (GIC). The inspectors were given evidence in line with our reporting standards which was informative and an excellent format with which to navigate through each Standard.

The GIC complemented this document with an informative briefing, highlighting the challenges and successes since the COVID-19 lockdown. The discussion was both detailed and thorough. Inspectors also welcomed the transparent and honest approach to the issues, so that nothing discovered during the visit was contrary to the briefing provided to inspectors.

The prison came across as calm and orderly, with a regime that was restricted but safe. It was also clear that the prison was working hard to provide more opportunities and reduce restrictions.

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

In terms of the PANEL principles:

**Participation.** Following advice from Health Protection Scotland (HPS) the prison was running an extremely limited regime, but there were attempts to ease this with an increase in time in fresh air and increasing the numbers attending sessions. The arrival of in-cell telephony and virtual visits technology has encouraged more participation with family and friends. Similarly the return to face to face visits, although under Scottish Government (SG) guidelines, was a return to a more normal visit environment and should radically improve participation in family life. Recreation allowed for more personal engagement within the section (household). Prisoner Information Action Committee (PIACs) continued to run throughout the restrictions with minutes submitted to the inspectors. This is commended as one of the most regular and comprehensive set of PIAC records we have seen. However a common theme was that some of the actions, particularly with regards to canteen changes, appeared to take a number of PIACs for this to be resolved. The streaming of two funerals in the link centre during lockdown is also commended in helping those grieving the loss of a friend or family member.

**Accountability.** Similar to other visits, the prison management team and staff were aware of their responsibilities regarding human rights, balancing that against that responsibly for adhering to HPS guidelines. There was a clear commitment and evidence of planning towards a more normal regime, increasing

time in fresh air, planning the reopening of work parties, the reintroduction of face to face visits, a return to education and other purposeful activity. The prison had endeavoured to continue Risk Management Teams (RMT) and Individual Case Management (ICM) work to minimise the disruption to progression plans and liberation for prisoners arising from the COVID-19. Despite this there are backlogs for those requiring a case conference, affecting the critical dates for some prisoners.

**Non-discrimination and equality.** Similarly to other liaison visits, the inspection team did not have time to assess this thoroughly but will do so at the next full inspection. Similar to other visits there was little in the way of information being translated into a language other than English. Pictures on notices describing hand washing and two metre distancing did help prisoners to understand issues around keeping safe. Staff informed the inspectors that where they had a prisoner who disclosed they could not read or a foreign national prisoner in the care they would ensure that the person understood the information. Inspectors did find evidence through talking to foreign nationals that translation was not always met. An example of this was in the rule 41 area where two foreign prisoners struggled to understand they were being offered time in fresh air. When this was brought to their attention, staff assured the inspector they would explain this to the prisoners to allow a better understanding of what was being offered. HMIPS would like to see SPS information being translated and circulated to all prisons.

**Empowerment.** With the prison under limiting restrictions it is difficult to empower prisoners particularly when they spend so much of their day locked up in their own cell. A significant impact on empowerment was the cancellation of all external partners including education, prison based social work psychology and a number of third sector partners. The prison took steps to facilitate phone calls between the prison and social work to complete court reports. Prisoner attendance and team engagement at Talk to Me case conferences also evidence the support to prisoners in making life choices. Accordingly we welcome the steps being taken to return to a more normal regime which will allow more engagement.

**Legality.** Similarly to other visits, HMIPS noted that although under the current lockdown restrictions there is a tension between the rights set out under Article 3 of the European Convention on Human Rights and the restrictions having to be imposed it was pleasing to see HMP Low Moss easing restrictions in a responsible manner, while still adhering to the advice given to them by HPS. Whilst acknowledging that time out of cell was limited and that prisoners were only afforded 45 minutes to one hour per day in fresh air, plans were in place to increase this by set review dates. Due to showers in cells and in cell telephony those under rule 41 for COVID-19 issues weren't so critical but it's imperative that those under these restrictions are allowed access to fresh air, similar to other areas of the prison.

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

## **COVID-19 commentary**

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

### **Visit findings**

On the day of the visit, HMP Low Moss had no prisoners isolating with COVID-19 symptoms but two prisoners quarantined. At the outset of the pandemic, HMP Low Moss made an executive decision to allocate management of COVID-19 quarantined prisoners in one unit, level 1 D Section in Clyde Hall. In contrast to many other large establishments in the early days of the COVID-19 pandemic, where access to phones and showers was even more heavily restricted, HMP Low Moss has in-cell showers and all prisoners were given access to fresh air and phones. HMIPS welcomed the extension of the regime to one hour's exercise and a further hour recreation (indoor and outdoor) with a clear published plan for the continued easing of restrictions. HMP low Moss also accepted three prisoners who were shielding from other establishments to allow them access to in-cell showers.

The occupancy levels have at least temporarily dropped from the height of overcrowding, when the establishment had been required to introduce a further 100 beds into what were really single cells, but the remand population has worryingly doubled. The reception has processed over 320 admissions since week one of the pandemic restrictions (23 March 2020). There is a set of standard operating procedure (SOP) for admission staff if a prisoner is received with either suspected COVID-19 symptoms, from abroad or has had close contact with COVID-19 in the community.

Despite every effort by the NHS and SPS, there had been one COVID-19 related prisoner death in HMP Low Moss.

NHS Greater Glasgow and Clyde (GG&C) was one of the last health and social care partnerships to routinely test prisoners who were symptomatic, and with the overcrowding in place this resulted in a number of prisoners required to isolate for up to 14 days. The introduction of testing had helped reduce the number of days prisoners were required to isolate (apart from those quarantined after returning from abroad). Pressures from COVID-19 were clearly articulated by the GIC. They ranged from having to manage so many different cohorts in one hall, to staffing concerns if the absence levels continued and the regime was to move away from the restricted COVID core day.

## **COVID-19 commentary**

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

### **Visit findings**

The GIC gave a very helpful and comprehensive summary at the start of the visit on the number of staff who were on sick leave or special leave, isolating or shielding in relation to COVID-19. At the time of our liaison visit the number of staff absent was considerably reduced from the start of the pandemic, from 56 absent due to COVID-19 down to 6. Overall the numbers from March had reduced from a high of 79 staff absences to a commendable 40. HMIPS were pleased to note the number of staff who had consistently been at work throughout. However following the visit, it became apparent that Low Moss had a member of staff who had tested positive. On advice from Track and Trace this temporarily resulted in significantly increasing the number of staff absent and placed significant pressure on the establishment to continue to run the regime.

The COVID related core day introduced across Scotland had contributed to the ability of Low Moss to safely operate and maintain reasonable staffing levels despite the initial high staff absence. The overwhelming impression was of a calm and orderly atmosphere in the prison, and a regime that was restricted but safe. The next major staffing challenge will come when Scottish Government (SG) and Health Protection Scotland (HPS) guidance shifts to the point that they could consider moving back towards a more normal regime, which would require more staff to return to work. Further planning was in place to prepare for a gradual return to normality.

The NHS GG&C staff team in HMP Low Moss should be commended for their response to maintaining the core service. HMIPS recognise this was assisted by the flexibility of staff willing to work additional hours and the introduction of the reduced core day. However the increase in remand prisoners and late arrivals from court that initially occurred when the courts reduced to ten hubs, placed an undesirable pressure on the reduced healthcare team. HMIPS were very concerned that reception screening by healthcare staff was greatly inhibited.

HMIPS welcomed the improved relationships at the strategic level between the NHS and the SPS, with the NHS appreciative of the support offered by the Governor in Charge, but both recognised that further work is needed to improve the culture of working amongst front line staff.

## **HMIPS Standard 1 - Lawful and Transparent Use of Custody**

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

**The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. The prison co-operates fully with agencies which have powers to investigate matters in prison.**

### **COVID-19 commentary**

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

### **Visit findings**

The entrance to HMP Low Moss is a large open area and so it is easier than other prisons to keep within the social distance (SD) guidelines. Markers on the floor indicated the two metre distance, which was consistent throughout the prison. Notices reminding staff and prisoners were also in abundance throughout the prison. The wide residential areas and corridors also allowed for SD to take place. Similar to other liaison visits (LV), SD was less evident within the residential areas and during fresh air, however as restrictions have eased within the establishment these areas are treated more as households and so SD in these areas is less of an issue. Prisoners attend recreation and take fresh air in these households. Those identified as possibly having COVID-19 symptoms on admission go directly to an area identified for this situation where the admission process is completed. A SOP is in place for staff to refer to. An admission from court was observed during the LV who was suspected of having COVID-19 and was admitted directly into the COVID-19 designated area. In general staff were adhering to SD guidelines, but there were examples when this was not the case.

## HMIPS Standard 2 - Decency

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

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

### COVID-19 commentary

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

### Visit findings

During the visit, the lunch meals were checked and found to be of a good quality with a variety of choice. Soup and a hot meal or sandwich and milk portion was on offer. The menu had not changed from pre-COVID-19 despite a reduction in the prisoner catering party, which was not the case in other LVs and should be commended. Inspectors did not receive any complaints regarding the meals and pleasingly prisoners stated that they were satisfied with the standard and choice. Theme nights had been introduced, including a Mexican and Indian meal, which was appreciated by the prisoners and they hoped that this would carry on after COVID-19. HMP Low Moss had recently celebrated Eid Ul Fitr with a curry night for the whole of the prison. Food heat probes were evident in the residential areas and logs were kept on a daily basis indicating that the food was being served at the appropriate temperatures. As part of the recovery plan, a return to social dining in households has been agreed with SPS HQ and this will hopefully be reintroduced shortly.

Due to the pandemic, the regime had been shortened to a more restricted 'COVID day'. Apart from essential workers attending their work parties, the new prison regime only offered time out of cell for fresh air, meals, recreation or virtual visits. Prisoners accessed the exercise yard up to four sections at a time, with short term prisoners given 30 minutes and long term prisoners given 45 minutes. Inspectors observed high uptake of outdoor exercise despite adverse weather conditions. HMP Low Moss have in-cell showers, sinks and toilets, allowing for prisoners' recreation time out of cell to be spent accessing the phone, associating with others and cleaning their cell. Prisoners informed Inspectors that staff made an effort to offer additional recreation time in the morning after medication was distributed. Prisoners were kept within their own section during recreation. Prison regime



timetables were not seen on the halls. However, there were copies held behind the staff desks and prisoner notices were issued. Communication to prisoners of changes to the regime happened primarily through notes under cell doors, however both prisoners and staff highlighted some issues with regards to the timeliness of these notices. Learning centre staff cautioned that while education would start to be offered to small groups in the coming weeks, this would still leave insufficient opportunities for prisoners to engage alongside recreation and visits.

## HMIPS Standard 3 - Personal Safety

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

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

### COVID-19 commentary

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

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

### Visit findings

Since COVID-19, June had recorded the highest number of prisoners on Talk to Me (TTM) with 21 with July recording 20. Five prisoners were on the TTM on the day of the visit. Inspectors checked the paperwork on a number of case files and found them to be of a good standard. A case conference was attended by an Inspector who observed a caring, compassionate and non-judgemental approach by the first line manager (FLM) and other attendees. The prisoner was given ample opportunity to discuss how best he could move forward in being removed safely from TTM. The case conference listened to the prisoner's concerns and agreed a way forward in managing him during this crisis. On conclusion of the case conference the Inspector spoke to the prisoner who stated that he thought that he had been treated reasonably well during his time on TTM. He did feel that at times staff could treat him better, but these issues had been brought up at the case conference and a plan put in place to address his concerns. The inspector was confident that the First Line Manager (FLM) would ensure a more consistent approach to the prisoner's needs would be put in place.

Those suspected of COVID-19 are situated in an identified area within the Clyde residential area. There were two prisoners on the COVID -19 rule 41 with another prisoner admitted on the day. Similar to other prisons, the area was resourced where possible by the same staff, allowing a consistent approach to managing those situated there. Staff managing these prisoners wore full Personal Protective Equipment (PPE) when dealing with them. Inspectors, in full PPE, spoke to two prisoners who were being managed under COVID-19 rule 41 who were both foreign nationals. One prisoner could speak reasonable English whereas the other could not. They were both arrested together and appear to be related. On questioning the prisoner he understood why he was being managed under this rule and the expected timescale for being removed. He confirmed he had use of the phone. When

questioned about fresh air, the prisoner seemed slightly confused by what was meant by this, as he said it was exercise. He finally realised I was asking him about access to open air and stated that he had not been offered to go outside. Inspectors spoke to staff who evidence a daily assurance sheet indicating that all prisoners are asked if they require fresh air in the morning. It seems there was a miscommunication as to what was being offered. Staff assured the inspector that they would be asked in a different way in future to allow a better understanding of what was being offered and that they would get access to fresh air. If these guidelines and instructions on their rights were translated into their language or in picture form it would minimise miscommunication.

The daily assurance sheet indicates an offer of fresh air on a daily basis to all prisoners. However the safe systems of work for dealing with those under this rule states that the prisoner should be offered exercise (fresh air) up to three times a week. This is contrary to the European Convention on Human Rights Article 21:

21. (1) Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits.

or Rule 23 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).

For those that take fresh air under this rule HMP Low Moss has identified and marked out an area to this purpose.

**Action point 1:** All those managed under COVID-19 rule 41 should be offered exercise (fresh air) on a daily basis in a way they understand.

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

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

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

### **COVID-19 commentary**

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

### **Visit findings**

As with all LVs, Inspectors visited the SRU which was occupied by 11 prisoners under rule 95, with one out at hospital. One cell was left empty as a contingency for the prisoner at hospital due to their behaviour. Of the 11 prisoners, one prisoner was on rule 95(1), six prisoners were on rule 95(11), and four prisoners were on rule 95(12).

The routine and regime had remained since COVID-19 other than access to the gym as per HPS guidelines. All prisoners were offered daily access to fresh air, a shower, a telephone (in cell), meals and virtual visits. The SRU was found to be clean, well-organised, with knowledgeable and committed staff who showed real compassion and thought in their treatment of the prisoners in their care with a particular interest in their desire to find the triggers to stop people coming to the SRU again and again. A number of rules were sampled on PR2. All were found to be lawful with comprehensive narratives.

## **HMIPS Standard 5 - Respect, Autonomy and Protection Against Mistreatment**

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

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

### **COVID-19 commentary**

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

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

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

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

### **Visit findings**

Face to face visits with family and friends recommenced two days before the liaison visit. They were taking place from 14:00 each day, with four sessions lasting 45 minutes each. Inspectors observed that the route to the Visits Room and the room itself had been set up to meet all of the Scottish Government (SG) COVID-19 guidelines. The seating areas were adequately spaced out, additional cleaning had been introduced and the SG guidance was attached to each table top. Prisoners and visitors were being well briefed on the revised processes on arrival at the establishment. The room could accommodate up to five prisoners and their family/friends per session and the establishment hoped to increase this to 10 in the coming weeks. Prisoners could take up to two visits per month. The revised process will be reviewed in four weeks.

Virtual visits were taking place each morning between 10:00 and 12:00, there were six booths available and each session lasted 30 minutes. Again additional cleaning was taking place between sessions. It was recognised that the take up for virtual visits was slowing now that face to face visits had restarted. However, the establishment planned to continue to offer them as they felt it would benefit prisoners whose family/friends were unable to travel to the establishment. Prisoners could take up to two visits per month, but this could be increased if they did not take face to face visits. Staff and the FLM in the visits area reported very good communication from management during the pandemic with regards to changes in processes. Prisoners had been provided with mobile phones, and whilst those spoken to reported some connectivity issues, they were pleased to be able to contact family and friends more readily. Prisoners spoken to did highlight that where they shared a cell, they sometimes felt awkward in using the in cell phone due to the lack of privacy or not wanting to disturb the other occupant. This also results in less opportunities to contact their families as the cell shares the same time slots. Without single cell accommodation this would be difficult to address. The establishment had an issues log in place and was working through them. Each prisoner was being provided with a £2.50 top up to their pin phones on a weekly basis until 31 August 2020. This was in addition to the mobile phone (300 minutes per month).

The email a prisoner scheme was available and prisoners indicated they were aware of it and how to access it. There were no issues reported regarding incoming or outgoing mail. All incoming mail was going through a Rapiscan machine before being passed to prisoners.

Death of a loved one can be stressful at the best of times but being in prison only magnifies this. To alleviate the loss felt by prisoners at these times, HMP Low Moss had been able to facilitate two live streams of family member's funerals in the links centre.

All prisoners were being offered recreation for between 45 minutes and one hour each day. Prisoners had access to pool tables and table tennis. There were also fitness opportunities offered to prisoners in cell, including lunchtime Insanity classes being shown on the establishment DVD channel. Activity lists had been issued to all prisoners with in-cell workout suggestions, although prisoners reported this was difficult for those sharing a cell with another prisoner. Prisoners had been offered haircuts from other prisoners in their hall whilst the barber's workshop was closed. Prisoners and staff spoken to reported that some in-cell learning had been offered whilst the Education Centre was closed. This consisted mainly of the national generic learning packs designed by Fife College and five additional learning packs produced by the local education staff.

Prisoners were offered the option of closed or open meetings with their legal representatives, with the consent of both parties required for an open meeting to take place. Open visit rooms had been reorganised to follow SG guidance. In instances where more than one legal representative is present, they are asked by staff to wear a mask. Visit rooms are cleaned after every use by legal representatives themselves and prison staff and rooms have been receiving additional cleaning at the start and end of each day. Virtual visits with lawyers were also available, with staff reporting some initial connectivity issues but that the system

was now working well. In waiting rooms, prisoner numbers were limited to allow for SD, however, Inspectors observed no SD markings were in place. Staff reported that markings had been in place but these had been removed or damaged by prisoners and not replaced. Staff stated that they were simply encouraging prisoners to spread out and SD in the waiting room.

The prison library was closed to prisoners, as a result of following SG / HPS guidance, but the prison was operating a remote library service, where prisoners could request a book, CD, DVD or hand held electronic game from the library. A range of different DVDs and box sets were being shown regularly in each hall in addition to what was available on the Sky channel. There was evidence that the complaints process was operating as normal, and being monitored.

**Action point 2: HMP Low Moss to replace social distancing markings in legal visit waiting room.**

## **HMIPS Standard 6 - Purposeful Activity**

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

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

### **COVID-19 commentary**

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

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

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

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

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

### **Visit findings**

HMP Low Moss had recently moved from 30 minutes to 45 minutes of fresh air a day. This is less than other prisons we have recently visited but is in line with HMP Low Moss's easing of restrictions. Previously only one section was out at any one time. This had progressed to two sections and then four sections in one session. HMP Low Moss hoped that as staff and prisoners get used to larger numbers attending fresh air this can increase to 60 minutes per session. This will be reviewed monthly. Prisoners are instructed to keep within their section households or at least two metres apart but it is difficult to judge adherence to this when taking fresh air. Unlike other prisons recently visited, fresh air sessions are not varied for different times of the day throughout the week to allow fresh air to be taking alternatively in the morning on some days and the afternoon on others. We would encourage HMP



Low Moss to consider scope to provide all prisoners with some morning and afternoon slots, particularly as the mornings will be getting colder.

There was good evidence that information about regime changes and other impacts of the pandemic had been communicated regularly and clearly to prisoners to help them understand the situation, the response by the SPS, and what they needed to do to keep themselves safe. The inspectors found no evidence of important notices related to COVID-19 being translated into other languages to accommodate those where English is not their first language. Without information that can be understood, there is a risk that these important messages will be missed. Where information comes from SPS HQ then these notices should be translated for all prisons. If there is information that's particular to the establishment, then they should ensure this is carried out locally. Information for families was provided through the national SPS website, supplemented by information clearly displayed locally in relation to revisions to procedures for the reintroduction of face to face visits.

The Education Centre was closed at the time of the visit, but scheduled to reopen on Monday 10 August 2020. During their closure, national generic learning packs designed by Fife College had been made available to prisoners, either at the hall staff desk or by putting them under cell doors. Five additional learning packs had been designed and produced by the local education staff whilst working from home. They placed Activity Pack Sign-up Sheets in each of the halls and had received 250 requests for packs so far. They also issued a newsletter to all prisoners on the Monday before the visit, to make prisoners aware that the Centre was reopening and to share their plans. A tear off slip was included in the letter for prisoners to complete and return to the Education Centre if they wished to speak to the Education Team directly. The education staff had regularly visited residential halls since their return to work, to keep prisoners up to date with their plans. During the restricted regime, one prisoner had continued to be supported with an Open University course and staff were able to submit estimated grades for five Scottish Qualification Authority learners, all of which gained higher qualifications.

The education staff spoken with reported very good support and communication from HMP Low Moss with the reopening of the Education Centre. A member of the Senior Management Team held information sessions with education staff and provided them with a very clear explanation of the new processes that were operating within the establishment.

The new learning timetable is understandably a much reduced service. Although staff will be present five days per week, the Centre will only be open three days per week and offer two sessions per day, with space for five prisoners in each. The sessions will last two hours. This reduced timetable is likely to last for some time as prisoners can only be moved to other areas of the prison within their household and the SPS need to make staff available to escort them back and forward. Protection prisoners do not currently have access to the Education Centre. The education staff had started small groups on the halls but that had stopped due to the pandemic. HMP Low Moss should consider how protection prisons can be offered access to education.

Moving forward, the SPS and Education Centre staff were in agreement that more learning needs to take place in the halls, and they are looking at options. They also want to make more use of IT, and Fife College are looking at learning DVDs that can be shown on the prison DVD channel. One member of staff who is working from home is preparing a DVD on virtual visits to museums around the world to share with prisoners. They are also looking to replace the whiteboards in the Centre with smart televisions. On their return, staff intend to address a backlog of inductions and also hold focus groups with the prisoners that attend to get their view of what learning they would like to receive.

Some members of the chaplaincy team had been on site throughout the pandemic, providing pastoral one to one consultations through a request system, but several members of the chaplaincy team were away shielding at the start of the pandemic and had only recently returned to the prison. At the time of our visit the Imam had not been able to visit the prison for some weeks, leaving Muslim prisoners less well supported. However, Muslim prisoners had been able to observe Ramadan and Eid had been celebrated to mark the end of Ramadan in May.

In line with SG guidance no services were currently being conducted or group work carried out, but the chaplaincy team had enthusiastically embraced the idea of producing material to be shown on the DVD channel and wanted to ensure a continuation of this service when normal physical services resumed

In line with HPS guidance, the gym remained closed. However, inspectors observed some SD outdoor circuits sessions with Physical Training Instructors (PTIs) on the football field. Each section currently had the opportunity of two of these sessions per week, which PTIs reported would be increased shortly to three sessions a week. Once HPS guidance permits the reopening of gyms, the PTIs have plans to offer this facility by SD the fitness equipment within the main gymnasium. Inspectors observed the distancing of the machinery and were informed that the staff joinery instructor has begun making multiple sanitation 'pods' for the reopening of the gym, with paper towel dispenser and disinfectant spray to wipe down the fitness equipment and a hand sanitising point.

**Action point 3:** HMP Low Moss should consider scope to give some morning and afternoon slots for fresh air for all prisoners

**Action point 4:** SPS HQ should ensure that important information regarding COVID-19 is translated into the most common languages to accommodate those where English is not their first language and disseminated to all prisons. If there is information that's particular to the prison, then the prison should ensure this is carried out locally.

**Action point 5:** HMP Low Moss should consider how protection prisons can be offered access to education.

**Action point 6:** HMP Low Moss to consider what else might be done to assist Muslim prisoners until the return of the Imam.

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

Prisoners are prepared for their successful return to the community.

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

### **COVID-19 commentary**

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

### **Visit findings**

Pre-release planning was continuing despite significant numbers of staff having to be redeployed to residential duties and some partners not currently being on-site, with prisoners being signposted to appropriate services on liberation. The early release scheme had reinforced the value of checking 48 hours before liberation whether there had been any change in address and whether appointments with key services, such as Department of Work and Pensions, Housing Social Work and NHS, remained appropriate. The prison had been able to reintroduce pre Parole Board Integrated Case Management (ICM) meetings and was working towards being able to start up initial ICMs again. Families were being invited to participate in ICMs via conference calls. Annual ICM reviews, however, were still to start up again.

## HMIPS Standard 8 - Organisational Effectiveness

The prison's priorities are consistent with the achievement of these Standards and are clearly communicated to all staff. There is a shared commitment by all people working in the prison to co-operate constructively to deliver these priorities.

**Staff understand how their work contributes directly to the achievement of the prison's priorities. The prison management team shows leadership in deploying its resources effectively to achieve improved performance. It ensures that staff have the skills necessary to perform their roles well. All staff work well with others in the prison and with agencies which provide services to prisoners. The prison works collaboratively and professionally with other prisons and other criminal justice organisations.**

### COVID-19 commentary

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

### Visit findings

Throughout the visit inspectors spoke to staff in different areas of the establishment. Staff reported they were comfortable with their role during the COVID day and what was expected of them. There were mixed views in relation to continuation of the COVID day or a return to the previous shift pattern of an early and back shift. Officers from regimes, who had been supporting their residential and operational colleagues since lockdown, were keen to return to facilitating work for prisoners and had started to look at how to get prisoners to the work sheds whilst keep everyone safe. Some staff did express frustration at prisoners being informed of changes before them, but this appeared to be partly down to shift patterns. With information being distributed to prisoners in late afternoon, staff on rest days or annual leave had no opportunity to familiarise themselves with any updates before they came on shift. Staff indicated that it would be beneficial to be informed of any major changes before they started their shift.

**Action point 7:** HMP Low Moss should consider holding briefings with staff prior to the start of shift to update them on any changes.



## **HMIPS Standard 9 – Health and Wellbeing**

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

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

### **COVID-19 commentary**

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

### **Visit findings**

#### **HIS Liaison visit to HMP Low Moss 6 August 2020**

This section sets out the findings from Healthcare Improvement Scotland (HIS)'s liaison visit to HMP Low Moss which took place on 6 August 2020. The inspection focused on the health aspects of how the prison was functioning during the COVID-19 pandemic, particularly in terms of access to care, governance, leadership and staffing; and infection prevention and control. HIS' findings below align with Standard 9 of the 'Standards for Inspecting and Monitoring Prisons in Scotland'.

#### **How we carried out the liaison visit**

HIS asked NHS GG&C staff at HMP Low Moss to complete a proforma in advance of the liaison visit regarding the healthcare provision during the pandemic. HIS inspectors then held a teleconference meeting with healthcare staff to discuss the completed proforma and to help inform the key lines of enquiry for the visit. During the LV, two inspectors spoke with members of staff and viewed the care environment within the health centre. The inspectors did not speak with or come into contact with any patients given restrictions on the movement of prisoners and also to safeguard prisoner and staff safety.

#### **Access to care**

Initially patients who were symptomatic of COVID-19 were relocated to a designated unit and isolated in single cell accommodation with healthcare provided in the cells. To date 68 people have been cared for in these conditions. Staff were allocated to this area from both SPS and the NHS board during this time to reduce the risk of transmission. Due to the low level of demand the segregated area has been reduced to five identified cells, with contingency to expand this resource if required. We saw good systems and processes for prisoners arriving at reception. Nursing staff have

been trained in COVID-19 testing and a track and trace system is in place. Multi-disciplinary assessments are carried out in the cells where patients are symptomatic to reduce the potential risk of transmission. During our visit we saw a collegiate response from both SPS and healthcare staff in attending to a patient in their cell who had presented as symptomatic. This is good practice to avoid risk of COVID-19 transmission to the health centre and other communal areas.

The healthcare team uses Attend Anywhere (a secure NHS video call service for patients also known as Near Me) for specialist appointments and clinics such as the psychiatrist clinic and GP consultations. Attend Anywhere/Near Me is available within each residential hall and in the health centre, and plans are in place to make it available within the segregation unit. There are challenges using Attend Anywhere/Near Me as a member of the healthcare team has to be present in the room with the patient. This places additional burden on nursing resource.

All patients who had been required to shield received guidance and had a care plan in place. Healthcare staff meet with these patients each week to review their care. A standard operating procedure is in place for patients in isolation. SPS staff are informed of patients requiring to isolate to ensure that SPS staff wear PPE during any interactions. HMP Low Moss has been identified as a 'safe' prison for vulnerable people shielding or requiring additional care needs, and as a consequence has taken transfers from other establishments. This is good practice.

#### Primary care

There has been no change to the self-referral process for patients. Forms are available within the residential areas and triaged by nursing staff each day with referrals distributed to the appropriate specialities. Although GP clinics have been suspended during the pandemic, the primary care team discusses urgent referrals with the GP, and consultations are available face to face or through Attend Anywhere/Near Me. Nursing staff use their clinical judgment to screen triage referrals and where immediate care is not indicated, an acknowledgement letter is sent to patients explaining this. There is no current waiting time for primary care services. Patient referrals continue to be passed to the other appropriate services and there has been no change to the out-of-hours service.

The healthcare team moved to a single shift roster and amended medication dispensing times to align with the new SPS regime. Each residential hall has an allocated nurse for the shift who is responsible for dispensing medication, triaging referrals and planning further care. The last medication round is delivered around 17.00 hrs and overnight in-possession medication is provided to patients. The healthcare team intends to continue this practice as it enables patients to have more autonomy over their medication to support their sleep patterns. This is good practice. Long-term health conditions clinics run by nursing staff were not taking place in HMP Low Moss prior to COVID-19 due to staffing and resource issues. Patients with long-term health conditions are identified on admission and their care is planned accordingly. We saw evidence of care plans for patients with complex needs, which are written in conjunction with social care services. Patients have scheduled appointments with nurses or GPs where delivery of essential care continues during the pandemic. Patients requiring dressing and routine bloods will attend the health centre. Palliative care services are ongoing as required supported by anticipatory

care plans. Access to secondary care appointments continues via Attend Anywhere/Near Me, telephone or in person. Urgent transfers to hospital take place as per existing protocols.

Nursing staff have good oversight of vulnerable patients during medication rounds and told us that SPS staff also alert healthcare staff of any concerns about a patient's health and wellbeing. Ailsa Care Services, commissioned by SPS, continues to provide social care in the prison. Guidance has been developed for patients to support dental health improvement through active prevention. Triage is undertaken for dental referrals and emergency dental treatment is provided by the NHS board's community emergency dental team.

### Mental Health

The mental health team has continued to provide emergency and routine assessment and review appointments throughout the pandemic. The mental health nursing team has been supported with additional staffing resource from HMP Barlinnie. Psychological therapies were paused in March 2020 due to COVID-19 and the psychology department provided self-help materials to patients. Patients on the waiting list for psychology have been kept under review, which is undertaken by the mental health team. There were 55 patients waiting for routine assessment and the mental health team aims to complete these within 28 days (**see Action 8**).

The demand for mental health services has increased despite the prison population reducing initially at the start of the pandemic. This is being kept under review. Lifelink relaxation services have ceased, however plans are in place for this to recommence pending the completion of risk assessments. All patients were provided with self-help literature to support them during the pandemic. The mental health nursing team has also been proactive in arranging activity packs for prisoners such as crosswords and colouring books to help keep them occupied, alleviate stress and support relaxation.

Appointments with a Psychiatrist have continued using Attend Anywhere/Near Me and closed visit facilities (such as partitions to avoid physical contact). There has been a flexible response to the need for these consultations where patients have been identified by the mental health nursing team as requiring specialist assessment. Transfer to an in-patient mental health unit is arranged as required. The number of patients transferred from HMP Low Moss to secure mental health settings has increased together with an increase in referrals since the beginning of the pandemic.

Mental health staff time is protected to delivery their core service. An area for an office for the mental health team has also been identified by SPS to enable social distancing.

### Substance Misuse

Routine harm reduction clinics have been suspended. The addiction service was limited to emergency cases only, equitable to the service provided in the community. The criteria used by the service to determine the level of need was clearly described. For example, a brief assessment would be offered for patients identified as having recently fallen out of treatment, had chaotic substance use and were at risk of overdose. Addiction staff remained in contact with the community providers

throughout the COVID-19 pandemic. With some patients coming from areas which are not usually served by HMP Low Moss, this required extending links with external agencies.

On admission, patients are asked about substance use and offered a urine drug screen. Individuals are commenced on harm reduction plans in line with identified criteria and Opiate Replacement Therapy has continued to be prescribed where clinically indicated. Blood Borne Virus testing and treatment has restarted and dry blood spot testing is offered on admission. HMP Low Moss is following the NHS board guidance on moving to the new drug 'Buprenorphine' in the longer-term, in response to recent national guidance for Opiate Substitution Treatment.

For patients with a planned liberation date, addictions staff offer individual Naloxone training (Naloxone is a drug used to reverse the effects of opiate overdose) and Naloxone kits are placed alongside their belongings. The health improvement team created a support services leaflet for liberation and a through care document to support community agencies when a prisoner is released. We saw evidence of community service information leaflets and individual planning for community follow up.

#### Patient admissions

The recent increase in court activity has posed some challenge for the healthcare team within HMP Low Moss and we acknowledge that this is a national issue. Staff reported that this is not a regular occurrence, however there have been instances where prisoners have arrived into the prison after the nursing shift finishes at 21.00 hrs. SPS has been maintaining good communication with healthcare staff to alert them to any anticipated late arrivals, but this is not always possible.

We identified a significant concern about late arrivals on a LV to HMP Barlinnie on 16 July 2020 which is within the same health board. This was escalated to SG. In response NHS GG&C has confirmed it is currently considering interim measures across its prison establishment to support optimal and timely patient care, such as different rota models, additional bank staff and further use of Attend Anywhere/Near Me through improved IT infrastructure. An interim arrangement has been reached to provide a further nursing shift between 14.00 hrs - 22.00 hrs to cover late patient admissions whilst a sustainable solution is reached via national discussion with partner agencies. We will continue to review the progress of this wider national issue.

#### **Infection Control/Health centre environment**

On entering HMP Low Moss, we saw infection prevention and control measures in place. Anti-bacterial hand sanitisers were available and a system in place to decontaminate the boxes used for personal belongings at security. This is good practice. Furthermore we saw the use of a television screen relaying health promotion and infection control measures such as hand hygiene during the pandemic.

All areas where healthcare is delivered within HMP Low Moss were visibly clean and of a good standard during our visit. The fabric of the building is intact and therefore



can be effectively cleaned. Planned preventative maintenance is ongoing and repairs are carried out in a timely manner. Cleaning of the health centre is provided by an independent contractor who is commissioned by SPS to clean the health centre three hours each day. Waiting rooms are also steam cleaned once a week. Staff reported cleaning is generally of a good standard given the time allocated to a large area. Staff raise any issues about the environmental cleaning with the private contractor.

In a response to the pandemic, nursing staff are frequently cleaning touched surfaces. We saw evidence of completed cleaning schedules available in each room. These do not currently reflect the extra measures undertaken by staff. An audit of cleaning is undertaken once a week by senior staff for assurance and these records are held electronically. The audit records did not identify any issues with the standard of cleanliness. Hard surface disinfectant wipes and Actichlor are used in the clinical areas in line with the NHS board guidelines. Hard surface wipes and hand sanitisers are available in all rooms within the health centre. An emergency grab bag is available with fluid repellent surgical mask, gloves and apron for staff responding to emergencies.

All staff have access to required PPE and received guidance on correct use of PPE. Staff in HMP Low Moss were not mask fit tested and are following HPS and NHS board guidance in attending emergencies as first responders only. Staff have been supported by senior management with adopting this guidance. Aerosol generated procedures are managed externally where possible. We observed staff using correct PPE when they were not able to socially distance. Sign-posting was available throughout the residential areas and health centre, outlining appropriate usage. There was also signage within the health centre advising of how many people should be within a room at any one time to ensure social distancing. We saw that seating in patient waiting areas had been minimised to allow for social distancing and no more than four patients are brought to the health centre at any one time. This is good practice.

Equipment used by nursing staff was clean and ready for use. Staff described how they would decontaminate equipment in between use and the process and materials required when cleaning a blood or body fluid spillage. Clinical and domestic waste receptacles are available in all clinical rooms. Appropriate disinfectants are used in the clinical areas as per the NHS board's infection control guidelines. Rooms are allocated in each hall for nursing staff to provide medications, triage and consultation with patients. Cleaning in these rooms is provided by trained pass men and we noted these rooms were cleaned to a high standard.

### **Governance, leadership and staffing**

The prison healthcare team is part of Glasgow City Health and Social Care Partnership (GCHSCP) which falls within the remit of the Joint Integration board. Escalation and governance processes have been maintained during the pandemic. The Head of Service for prison healthcare attends Adult Services Heads of Service COVID-19 meetings which feed into the daily GCHSCP Executive Group COVID-19 meetings. A range of communications exist with the NHS board and GCHSCP to discuss workforce and clinical demand, and the allocation of resources. There is a

clear reporting and governance structure with NHS GG&C with effective accountability. A recovery plan has been drafted for discussion with Senior Managers, Staff side representatives and SPS to discuss how this will be developed and rolled out towards the end August 2020.

There is a shortage of healthcare staffing resource at HMP Low Moss. Healthcare staff from HMP Barlinnie have been moved to HMP Low Moss to support the delivery of service in line with contingency and continuity plans during the pandemic. Recruitment of staff has been ongoing. A Health Care Manager has been appointed and is due to commence work at the end of August 2020. A Band 7 post for mental health has been advertised. Plans are in place to recruit three Practice Development Nurses posts for mental health, primary care and addiction services. The NHS board is working towards creating a sustainable and flexible workforce across the three prisons within the health board area. A more collaborative approach is taking place within the NHS board area including work to align prisoner healthcare processes and procedures. This will support staff to work across the three prisons.

NHS GG&C provides a range of mechanisms to support staff health and wellbeing. Staff told us that they feel well supported by line managers and through daily huddles and regular team meetings. Clinical supervision is ongoing and access to training opportunities remains available. Staff informed us they felt supported by senior management and communication was good. We were encouraged to hear that nursing staff are being permitted to carry larger bags through security in enable them to change into their uniforms within the prison. This is good practice and we would hope this continues after the pandemic.

Staff rosters have changed on three occasions to meet changes imposed by SPS due to staffing challenges within the SPS regime. The changes and move to a single shift pattern has impacted on some healthcare staff in terms of long hours of work particularly with late arrivals into the prison as highlighted above.

Healthcare staff and senior SPS management told us that there were challenges around communication and relationships with some SPS residential officers and healthcare staff. Healthcare staff described incidents where they have been challenged and verbally abused by prisoners and have felt unsupported by residential officers. Although healthcare staff recognise there are competing priorities for SPS staff, patients are not always brought to the health centre or for medications in a timely fashion. We were informed that this has impacted on the NHS board's ability to retain nursing staff. We were told that investigations are now taking place in response to incidents raised by healthcare staff concerning prison officers. The healthcare team continues to highlight issues to SPS to help ensure the smooth running of the healthcare service for patients. We raised these concerns with our HMIPS colleagues following the visit.

**Action point 8:** Continue to monitor and review waiting times for mental health assessment and provision of additional resources to maintain timely interventions, including re-introduction of psychology services in line with NHS GG&C guidance.

## Conclusion

The prison came across as calm and orderly, with a regime that was safe but restricted, and where work was clearly in progress to lift restrictions. The moves to increase access to education and purposeful activity were encouraging, as were the efforts to increase access to fresh air and recreation in larger groups. We would like to see all prisoners being provided with both morning and afternoon slots for fresh air, and protection prisoners offered access to education.

The regularity of PIACs and record keeping around that was deeply impressive, and communication with prisoners appeared strong generally, although we would wish to see HMP Low Moss and SPS HQ do more to translate information for foreign nationals. Similarly we welcome the efforts made by the chaplaincy team to provide access to religious content and pastoral support, but HMIPS would wish to ensure Muslim prisoners are also supported until the return of their Imam.

HMP Low Moss are to be commended that, in contrast to many prison inspections, we did not hear any prisoners complaining about the food.

We commend HMP Low Moss on their efforts to reduce COVID risks, particularly the decisive action successfully taken immediately after our visit when a HMP Low Moss staff member unfortunately tested positive for COVID. We recommend, however, that social distancing measures can be tightened for legal visits.

The assessment of healthcare by HIS was generally very positive, with six elements identified as representing good practice, and only one action point in relation to reviewing waiting times for mental health assessments and provision of additional resources to ensure timely interventions. We welcome the efforts made by the new GIC to improve relations between SPS and NHS staff at the strategic level and hope this will in turn influence a more supportive relationship at all levels.

We noted that some staff expressed frustration at prisoners being informed of changes ahead of them, which appeared largely a result of shift patterns and the timing of email messages to staff, rather than any failure of communication by management. Nevertheless we recommend that HMP Low Moss introduce briefing sessions with staff prior to the start of shifts to ensure staff are updated on any changes.

We recognise that it has been a particularly challenging time to take up the role of GIC, and we commend the interim GIC on the proactive way in which she has gripped the many issues she and indeed her whole team have faced and started to address them.

The full list of good practice identified and action points are listed below in annex A.



### List of Good Practice

**Good Practice:** A collegiate response from both SPS and healthcare staff in attending to a patient in their cell who had presented as symptomatic, to avoid risk of COVID-19 transmission to communal areas.

**Good Practice:** HMP Low Moss has been identified as a 'safe' prison for vulnerable people shielding or requiring additional care needs, and as a consequence has taken transfers from other establishments.

**Good Practice:** Improved autonomy for patients through provision of in-possession medication for use overnight.

**Good Practice:** Continued access to care for mental health, substance misuse and primary care services.

**Good Practice:** Anti-bacterial hand sanitisers are available and a system in place to decontaminate the boxes used for personal belongings at security.

**Good Practice:** Signage within the health centre advised of how many people should be within a room at any one time and seating in patient waiting areas has been minimised to allow for social distancing, with no more than four patients brought to the health centre at any one time.

**Good Practice:** Nursing staff are being permitted to carry larger bags through security to enable them to change into their uniforms within the prison.

### List of Action Points

**Action point 1:** All those managed under COVID-19 rule 41 should be offered exercise (fresh air) on a daily basis in a way they understand.

**Action Point 2:** HMP Low Moss to replace social distancing markings in legal visit waiting room.

**Action point 3:** HMP Low Moss should consider scope to give some morning and afternoon slots for fresh air for all prisoners

**Action point 4:** SPS HQ should ensure that important information regarding COVID-19 is translated into the most common languages to accommodate those where English is not their first language and disseminated to all prisons. If there is information that's particular to the prison, then the prison should ensure this is carried out locally.

**Action point 5:** HMP Low Moss should consider how protection prisons can be offered access to education.

**Action point 6:** HMP Low Moss to consider what else might be done to assist Muslim prisoners until the return of the Imam.

**Action point 7:** HMP Low Moss should consider holding briefings with staff prior to the start of their shift to update them on any changes.

**Action point 8:** Continue to monitor and review waiting times for mental health assessment and provision of additional resources to maintain timely interventions, including re-introduction of psychology services in line with NHS GG&C guidance.

**Acronyms used in this Report**

<b>COVID-19</b>	Coronavirus Disease
<b>GIC</b>	Governor - in - Charge
<b>FLM</b>	First Line Manager
<b>GG&amp;C</b>	Greater Glasgow and Clyde
<b>GCHSCP</b>	Glasgow City Health and Social Care Partnership
<b>HIS</b>	Health Improvement Scotland
<b>HMCIPS</b>	Her Majesty's Chief Inspector of Prisons for Scotland
<b>HMIPS</b>	Her Majesty's Inspectorate of Prisons for Scotland
<b>HMP</b>	Her Majesty's Prison
<b>HPS</b>	Health Protection Scotland
<b>ICM</b>	Integrated Case Management
<b>LV</b>	Liaison visit
<b>NPM</b>	National Preventive Mechanism
<b>OPCAT</b>	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
<b>OST</b>	Opiate Substitution Treatment
<b>PANEL</b>	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
<b>PIAC</b>	Prisoner Information Action Committee
<b>PPE</b>	Personal Protective Equipment
<b>PR2</b>	Prisoner Records System
<b>PTIs</b>	Physical Training Instructors
<b>RMT</b>	Risk Management Teams
<b>SD</b>	Social distancing

<b>SG</b>	Scottish Government
<b>SOP</b>	Standard Operating Procedures
<b>SPS</b>	Scottish Prison Service
<b>SPS HQ</b>	Scottish Prison Service Headquarters
<b>SRU</b>	Separation and Reintegration unit
<b>TTM</b>	Talk to Me

