

COVID-19 PANDEMIC EMERGENCY

LIAISON VISITS – PRISONS AND COURT CUSTODY UNITS

REPORT ON A LIAISON VISIT TO HMP DUMFRIES

7-8 APRIL 2021

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

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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 the [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 and Action Points from this report can be found at Annex A; and Annex B lists all acronyms used in this report.

REPORT ON A LIAISON VISIT TO HMP DUMFRIES

HMP Dumfries was built in 1863 as a local prison to serve the catchment area of South West Scotland. In 1951 it was converted for use as a borstal and in 1965 was changed to a Young Offenders Institution.

Currently, HMP Dumfries serves the local courts of Dumfries and Galloway with a population capacity of 195 in five halls. HMP Dumfries holds up to 60 men who are remanded to custody for trial and those convicted but remanded for reports. Short-term convicted male offenders may be retained at HMP Dumfries or transferred to another establishment according to their length of sentence and the availability of spaces. HMP Dumfries also provides a national mainstream facility for holding up to 135 long-term and short-term men who require to be separated from mainstream offenders. Following a serious outbreak at the time of the inspection HMP Dumfries had a population of 169.

HMP Dumfries suffered a second significant COVID-19 outbreak immediately prior to the inspection and had experienced significant staff and management shortages. The strong relationships forged between the GIC and NHS was evident and there was a clear sense that the staff team at all ranks rallied round to respond to the extreme challenge. Applying modern infection control procedures and care home methods to a complex care environment was greatly inhibited by the design and fabric of the Victorian establishment.

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. In common with many prison environments, the measures imposed to reduce the risks of COVID-19 transmission placed a significant challenge to human rights compliance. Concerns with progression and purposeful activity are common across Scotland's prisons and HMP Dumfries is no exception.

However, in all other respects, this was a positive and encouraging inspection, evidenced by the quantity of good practice observed. All the staff at HMP Dumfries deserve commendation for their professionalism, resilience, and continued commitment when facing the ongoing significant challenges of COVID-19 in a Victorian prison that cannot be viewed as fit-for-purpose. Of particular note were the strong relationships between the NHS and the SPS; the communication structures that kept staff and prisoners fully informed; the good staff prisoner relationships supporting prisoner compliance and the perception by prisoners that they felt safe.

HMIPS takes a human rights based approach to scrutiny ensuring that people's rights are put at the very centre of policies and practices. The 15 Quality Indicators (QIs) are summarised in the PANEL principles of Participation, Accountability, Non-Discrimination, Empowerment and Legality.

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

The restrictions imposed by the Scottish Government, Health Protection Scotland (HPS) at various times since March 2020 had inhibited meaningful engagement with the prison population. Understandably the main objective within the SPS Pandemic Plan was to ensure that those within the SPS estate were safe, but this at times reduced opportunities for participation. PIACs and food focus groups had taken place during 2020, and dates for 2021 had been published but had then been pushed back due to a recent outbreak. Their reintroduction was part of the prison recovery plan.

Physical visits were suspended other than by exception using the 'reasonable excuse' criteria on a case-by-case basis. The HMIPS view is that all family visits should automatically take place. To combat the suspension of physical visits virtual visits had been taking place. However, uptake was low at around 10% of the population. There appeared to be a number of reasons for low uptake: prisoners preferred to use their SPS mobile phones; families did not always have the technology or knew how to use it; and the booking system was problematic, an issue the prison and external partners had looked to resolve.

The availability of in-cell telephones was welcomed by those in HMP Dumfries who reported the benefits of being able to conduct private conversations in their cell rather than out in residential areas and access to family at times that suited them. The use of the Email a Prisoner Scheme had also increased throughout the pandemic.

Attendance at work parties had been affected at various times since the original lockdown. Both outbreaks saw only essential work parties open to ensure the prison functioned and other purposeful activity was severely affected. However, there were plans in place for recovery to closer to the norm in place.

Participation in learning was similarly affected with the closure of the Learning Centre in March 2020. Prisoners were provided with in-cell activity packs and although most prisoners reported that the packs were helpful during isolation, prisoners with a higher degree of education felt the packs could have been more challenging. These comments were addressed during the recent lockdown when education staff worked effectively with colleagues to produce more specific learning packs of a higher quality. The Education Centre had reopened in April 2021 with only half of the opportunities being offered prior to March 2020. Even then attendance was low with half the spaces taken up. Education staff have attended residential areas to offer and encourage prisoners to return to an educational setting.

With the suspension of gymnasias in all prisons HMP Dumfries offered in-cell physical activity regimes and also offered outdoor circuit classes in small groups.

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

HMP Dumfries held the safety of those that live and work in the prison as their number one priority. This was evident in the suite of COVID-19 Safe Systems of Work (SSOW) and Standard Operating Procedures (SOPs) that had been developed. During the liaison visit it was apparent that staff had a good knowledge of the processes introduced. Despite the processes in place, the prison still experienced outbreaks of COVID-19 that severely impacted on the normal running of the prison. HMP Dumfries worked closely and effectively with local NHS partners on the Local COVID-19 Response Group and Incident Management Team to deal with these difficult situations. Although HMIPS appreciate the pressures involved in keeping those in the prison safe, the recent lockdown restrictions did have a significant effect on access to fresh air on a daily basis for some prisoners isolating, which contravenes the spirit of human rights legislation, although we recognise the need to prioritise the protection of life.

HMP Dumfries had a good Talk to Me (TTM) assurance policy in place where files were reviewed and were accessible on the SharePoint site. To ensure the prison was up-to-date with national TTM developments the local TTM co-ordinator attends the National Suicide Prevention Co-ordinator's meetings and reports back with an overview of the points discussed at the local suicide prevention meeting, with the minutes also available on SharePoint.

Bullying and Violence had been kept to a relatively low level according to the statistics and although only 45% of staff had been trained in Think Twice, staff sounded confident when explaining how they would deal with inappropriate behaviours. The Violence Reduction Group meets regularly to analyse incidents and consider any strategies or actions to be taken to reduce bullying and violence and reports into the Tactical Tasking and Co-ordination Group (TTCG).

There was a good working relationship between the prison management team and the Health Centre staff which was really important in dealing with the complex issues facing the prison. Support from Public Health Scotland (PHS), the Local Infection Control Team and others within NHS Dumfries and Galloway has been evident and this included their input to the pandemic plan.

Non-discrimination and equality: we will look at the prison's Equality and Diversity Strategy, its implementation and consultation with prisoners. 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.

Although there was a disabled shower in every area which was able to accommodate a wheelchair, concerns were raised on the limited amount of cells available to accommodate prisoners with mobility issues. Inspectors were informed that an accessible cell would be built later this year and it was recognised that more would be required in the future.

For those wishing to choose a particular lifestyle choice, the menu's met prisoners' dietary requirements and cultural needs, although fruit and salad were limited and vegan menus not particularly varied. The catering manager had confirmed that providing a good vegan menu had been challenging as they were very limited in what could be obtained from the supplier.

One concern was the lack of information and support available to foreign nationals. There was no evidence of key information about the regime and their entitlements being translated into other languages. There were a number of individuals being held in the prison for a number of weeks who had clearly very little use of English and although a dictionary had been bought for them it was difficult to establish their understanding of the regime, their rights, complainant's process, etc, which also affects their empowerment. Although other prisoners were being asked to translate to them, there could be no assurance that the information was being accurately given. There was no evidence that the translation line had been utilised since their admission. Accordingly, access to opportunities available to the prison population could be lost due to their lack of understanding.

Although the Chaplaincy Team were unavailable to meet with inspectors during the visit, the prison supplied evidence that the team had remained active during the pandemic. However, face-to-face worship had been restricted throughout the pandemic and suspended completely when necessary. The team had used a number of methods, including the use of the prison TV, to support those devoted to their faith in different religions.

Although opportunities had halved and numbers were low when the Learning Centre had reopened, a restructured timetable allowed for more equity of access, including remand prisoners, and this approach had attracted some new prisoners to learning.

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

Empowerment can be judged in an inspection by the information available to prisoners. The COVID-19 restrictions during lockdown inevitably impacted on opportunities to promote empowerment. Great efforts were made to keep everyone informed and involved in the day-to-day running of the prison. However, user voice groups had been cancelled during the various lockdowns.

There was an induction process currently running and information was given to prisoners on topics such as regime for those on Rule 41 and TTM. Each hall was found to have a good standard of information available, albeit not in other languages. Complaint forms and access to the Scottish Public Services Ombudsman (SPSO) were readily available and posters on the walls explained how to contact Independent Prison Monitors (IPMs).

Integrated Case Management (ICM) meetings continued to run during the pandemic but due to physical distancing a paper-based process was introduced to enable prisoners to have their views shared. For both ICMs and Risk Management Teams (RMTs) there was mixed views within the prisoner groups, with some prisoners

preferring to write to the ICM/RMT and have a written answer back on any decisions made, whereas others would have liked to appear in person to present their case verbally and get quicker feedback on any decisions made. What was concerning was that the backlog of Generic Programme Assessments (GPAs) that had been in place prior to lockdown had increased. This inhibited progression and needs to be addressed.

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

The restrictions put in place to keep people safe during the pandemic create tensions in upholding the fundamental rights of prisoners set out by the UN Standard Minimum Rules for the Treatment of Prisoners (“Mandela Rules”) and the [Statement of Principles](#) relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic issued by the CPT of the Council of Europe. In particular, point seven of the principles includes “the right of daily access to the open air (of at least one hour)”, which was not always protected during the recent outbreak. However, other parts of the principles were met well with regards to family contact through in-cell telephony and virtual visits.

Prisoners’ rights to legal representation was upheld with both face-to-face and remote access available throughout the pandemic. Prison Rules were available on request in the residential areas with other documents required being sourced on request. A number of Prison Rules were tested during our visit and were lawfully complied with including the management of those under Rule 95.

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. **HMIPS Standard 8 – Organisational Effectiveness**

Visit findings

HMP Dumfries was the first prison establishment in Scotland where a COVID-19 outbreak was officially declared (30 March 2020), although the prison quickly got on top of the outbreak and restricted it to just four positive cases. Throughout 2020 the prison continued to manage COVID-19 transmission risks effectively in line with Scottish Government and HPS guidance and in line with the SPS's own national pandemic planning guidelines. It is commendable that after this initial outbreak in March 2020 no other prisoners tested positive for COVID-19 during 2020.

Unfortunately, a second outbreak among the prison population had to be declared on 8 February 2021, when the more contagious new COVID-19 variant was sweeping north from England, with 37 prisoners testing positive during the first three months of 2021 out of 287 tests conducted during that period. The number of staff at HMP Dumfries testing positive for COVID-19 also increased sharply between 2020 and 2021 from 10 positive cases in 2020 to 34 positive cases in the first quarter of 2021. COVID-19 related staff absences also increased from a peak of 39 in April 2020 to 61 in February 2021, which represented about one-third of the total staff complement.

This second very significant wave of COVID-19 infection within the prison and staff absences, which included a number of the management team, imposed very significant difficulties for HMP Dumfries. Large parts of the prison had to be put effectively into full lockdown, with only the most basic regime available to prisoners, partly as a result of staff having to take over the running of all essential work parties such as the laundry, kitchen, waste management and cleaning of the establishment.

Throughout the pandemic the prison management team have worked closely and effectively with local NHS partners on the Local COVID-19 Response Group and Incident Management Team. HMP Dumfries management team attested to the fact that they felt well supported by NHS colleagues, particularly with regard to the

introduction of COVID-19 polymerase chain reaction (PCR) testing and rapid turnaround of results, and that the guidance received and positive working relationship assisted with getting to grips with the outbreak. HMP Dumfries management team also welcomed the speedy arrival of detached duty support from other establishments when this was requested.

Nevertheless the requirement to follow the strict guidelines imposed by the Incident Management Team created conflict with core human rights around access to showers and fresh air for those required to self-isolate. HMIPS were concerned about this and the conflict with core human rights being extended further when isolation periods rolled forward as others in the same household bubble tested positive. However, HMIPS recognise that these restrictive measures did assist with containing virus transmission and helped secure an end to the outbreak by 22 March 2021. Not unreasonably the prison had felt compelled to prioritise action to safeguard the right to life.

Appropriate preventive infection control measures and processes were clearly visible during our visit, including adherence to social distancing and rigorous cleaning of the establishment using chlorine products.

All staff were clear on their roles and what was expected of them in responding to the pandemic. Both staff and prisoners confirmed that communications and information provided around the pandemic had been good. The very positive staff/prisoner relationships witnessed in all parts of the prison, which were such a feature at our last full inspection, were still very evident during this visit and were undoubtedly assisting the steady flow of information.

The one exception to this otherwise positive assessment was that inspectors were concerned about the information and support available to foreign nationals, particularly for a number of Vietnamese prisoners who had been held in HMP Dumfries for a number of weeks and clearly had very little use of English. There was no evidence of key information about the regime and their entitlements being translated into their language, and the translation service had not been used in 2021 and only 11 times in 2020. Some of these foreign nationals were relying on other prisoners to translate for them. Inspectors were pleased to note, however, that a Vietnamese–English dictionary had been ordered, and that a project was planned by the education team to develop infographics to convey key information about the regime more visually. Moreover, inspectors were pleased to observe that foreign nationals were still engaging in social and recreational activities with other prisoners and were not therefore left isolated.

Good Practice 1: the resilience and flexibility shown by the management team and front line staff in dealing with the sustained pressure exerted by the second outbreak is highly commendable; the positive working relationships developed between staff and prisoners also helped with the management of an extremely difficult situation for those working and living within the establishment.

Action Point 1: HMP Dumfries to review the support available to foreign nationals including increasing the use of translation services and increasing the availability of core regime information in other languages.

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

At the time of the visit, HMP Dumfries was running a temporary menu due to a recent COVID-19 outbreak that had resulted in the prison being locked down. For a period of time prior to the visit, the kitchen had been staffed by SPS staff and food was being delivered to prisoners cell doors. Therefore menu options had to be transportable whilst trying to maintain good quality, and had been reduced to two choices for lunch and dinner to help achieve this. Credit should be given to the SPS staff who worked particularly hard during this time to provide meals to prisoners.

At the time of our visit, communal dining was suspended and prisoners were eating meals in their cell. Food was being transported via a lift from the kitchen directly to the hall where the food was placed onto hot plates and served. Prisoners attended the serving area in small numbers and collected their meal before returning to their room to eat. Physical distancing was observed to be followed. Inspectors would like to see communal dining reintroduced as soon as possible. However, we recognise that it would need to be done in sittings and that this is challenging with the shortened core day.

Meals were observed being served by inspectors and there was a reasonable choice on offer. The food appeared to be of a good quality and served at the required temperature. The majority of the prisoners spoken with throughout the visit were happy with the food being provided. People working in the kitchen and serving meals wore the appropriate Personal Protective Equipment (PPE).

The menu rotated every three weeks and was reviewed three times per year. There were menus available to meet prisoners' dietary requirements and cultural needs. Inspectors observed that there was limited fruit and salad being provided. Inspectors were concerned that the vegan menus were not particularly varied and the sandwich fillings were poor. The catering manager confirmed that providing a good vegan menu had been challenging as they were very limited in what could be obtained from the supplier. They are looking at purchasing directly from local suppliers but the costs are high and procurement processes are complex. They will continue to work towards improving the vegan menu.

Inspectors were also concerned at the length of time between dinner and breakfast being served. Due to the shortened core day, dinner was being served between 15:30 and 15:50 which meant prisoners were not being provided with their next meal until breakfast. Many prisoners reported that they had put on weight due to unhealthy snacking on canteen products in the evening. The catering manager informed inspectors that she was working on providing a substantial lock-up pack and inspectors look forward to this being provided in the near future.

The establishment was moving through its recovery plan and returned to three meal choices the Monday after our visit. Bain Marie's had been installed in the halls to allow homemade soup to return to the menu, which was welcomed.

Apart from SPS staff manning the kitchen during the outbreak, the work party had been unaffected by COVID-19.

Food focus groups had taken place during 2020, but were suspended during the outbreak. The next focus group was planned for June 2021 to consult with prisoners on the summer menu.

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

There was a sufficient supply of bedding and clothing and there were plans in place to upgrade all mattresses and bedding. If items were damaged or old, prisoners could request replacement items from the Store Room. The laundry process worked well despite shortages in the working party at times. This sometimes resulted in a reduction in items being washed. This did not result in any complaints and returned to near normal levels from the Monday after the visit. The Laundry had also been run by SPS staff during the lockdown period. There was a process in place to launder for those in isolation.

HMP Dumfries is located in a primarily Victorian building. The main concern with the fabric of the building was water ingress as a result of the flat roof covering some residential accommodation, the gymnasium, reception, the links centre and the work sheds.

A development plan was in place and the establishment had recently entered into a joint contract with HMP Greenock to have both roofs replaced. On present plans they will be replaced later this year. Fortnightly meetings were taking place with SPS HQ and the local Estates function to discuss the improvements required. Apart from the roofs, inspectors were advised that the building was generally in good condition. In recent years almost all of the flooring in the establishment has been replaced and the reception area and kitchen has been upgraded. The underground pipes and boiler had also been replaced. The establishment had also been provided with funding to replace cell furniture over the next three years. The next project is to upgrade the gym and a bid has been made for this work.

During the lockdowns the facilities maintenance team put in place excellent processes to prevent further spread of the pandemic, including placing workmen in bubbles that only visited certain areas of the prison.

There were few cells available to accommodate prisoners with mobility issues. Inspectors were informed that an accessible cell would be built later this year and it was recognised that more would be required in the future. There is a national project being undertaken to look at accessible cells. There was a disabled shower in every area which was able to accommodate a wheelchair.

The regime available to prisoners had been restricted during the periods of national lockdown, particularly so during February and March 2021 during the second COVID-19 outbreak. At the time of our inspection in April 2021 the position was starting to recover, with access to showers and opportunities to take fresh air exercise for all prisoners. Some residential areas in HMP Dumfries do not have in-cell toilets or showers, but prisoners in these areas confirmed they were still getting access to communal facilities during the day and night. At the start of our visit the daily regime was not visible in all residential areas and, although this improved during our visit, we encourage HMP Dumfries to always ensure full visibility of the regime timetable for all prisoners.

There was wide variation in the length of time out of cell, ranging from a minimum of around one and three quarter hours per day for some prisoners in some residential blocks to several hours in other residential areas. An enhanced regime with greater time out of cell was evident in E Hall for example, and the staff there spoke of their plans to go further and provide outside tubs in the rather sterile exercise area for prisoners to grow their own salads and vegetables.

The prison management team were gearing up for the relaxation of restrictions in line with the Scottish Government road map for national recovery, with the expectation that this would provide further opportunities for prisoners in future. Nevertheless, delivering the sort of time out of cell and opportunities for purposeful activity that existed before COVID-19 will be extremely challenging within the confines of the current core day and staff shift pattern. While we are confident that SPS HQ will be working on national recovery plans for the whole prison estate, some further dissemination of information would provide much needed assurance to prisoners and staff on the mechanics and timescales for full recovery.

HMIPS welcome the fact that in response to our last full inspection report the prison had secured funding to refurbish one cell as a fully accessible cell, although it seems likely to HMIPS based on current trends that more accessible cells will be required in the future.

Good Practice 2: the maintenance workmen being split into bubbles to reduce the spread of the pandemic.

Action Point 2: HMP Dumfries should look to reintroduce communal dining where possible.

Action Point 3: HMP Dumfries should introduce a snack pack to give to prisoners with their dinner to see them through until breakfast the following day.

Action Point 4: HMP Dumfries should continue their work to improve the quality and choices on the vegan menu.

Action Point 5: the Scottish Government to continue to provide funding to keep the prison fit-for-purpose, including an increase in accessible cells.

Action Point 6: HMP Dumfries to ensure full visibility is maintained for all prisoners of the regime timetable currently in operation

Action Point 7: SPS HQ to provide further information on their recovery plans so that staff and prisoners have a clearer understanding of mechanics and anticipated timescales

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

Staff were knowledgeable in the policy for TTM and were able explain clearly the actions they would take to keep someone safe and supported.

Two staff were awaiting refresher training and one member of staff was on a career break which resulted in 96% of staff being compliant in TTM training requirements.

Due to the cancellation of national induction due to COVID-19 restrictions, officers handed out TTM information leaflets to every admission.

Data indicates that there was a slight decrease in the numbers managed on TTM with 22 people managed on TTM in 2019 compared with 18 people in 2020.

Since January 2021 up until the visit there had been three further people placed on TTM.

A slight decrease in self-harm was also reported with a number of reported incidents carried out by the same person. There had been no incidents of self-harm for some time.

During the visit an inspector spoke with a person on TTM who reported that he had been treated well. He had attended his case conference where he was able to engage fully in discussions and decisions that dealt with his crisis. His case file was

of a very good standard, with the processes recorded as being followed correctly and the narratives informative.

HMP Dumfries had a good TTM assurance policy in place. Files were reviewed on a monthly basis as part of the duty manager's responsibilities and kept on SharePoint with any issues noted and actioned. The local TTM co-ordinator attends the National Suicide Prevention Co-ordinator's meetings with an overview of that meeting discussed at the local suicide prevention meeting. Minutes are to be found on SharePoint.

The inspection team visited two designated 'safer cells'. They both appeared clean and ready for occupation with the appropriate lilac coloured stronger clothing available. The furnishings were plastic and rounded to reduce ligature points. Each cell had a raised plastic plinth for a bed and a thick safer mattress. A privacy screen was in place and there was good lighting as well as access to natural light. There was an intercom to allow contact with officers 24 hours a day and unlike a number of other safer cells visited recently, there was access to a TV and music which could be changed remotely by an officer. A nice touch was the motivational statements on the walls. Records show that the safer cells were only used sparingly, with concerted efforts made during case conferences to keep people out of these cells and are only used as a last resort.

To support the TTM policy, a listener scheme provides access to prisoners trained by the Samaritans who can assist those in crisis. Due to the restrictions following the COVID-19 pandemic, the scheme has been significantly disrupted. However, refresher training had taken place and the support meetings with the Samaritans had resumed in between the outbreak periods with ongoing support carried remotely. Samaritans can also be accessed free on the in-cell telephony. Due to liberations and lack of training opportunities there are currently no listeners within the short-term prisoner group. Where there is a request for a listener from within this group, a listener from the long-term prisoner group will meet them, utilising the area used for the orderly room, following COVID-19 guidelines. Recruitment has begun to coincide with the recovery plan, with three long-term and one short-term prisoner listed for training.

Think Twice is the strategic approach to encouraging respectful behaviour in prison which was launched in April 2018. Although only 45% of staff had been trained on Think Twice, there was good awareness of the policy amongst staff. If someone reports that they are being bullied a suspected bullying report (SBR) should be raised and the situation discussed with the First Line Manager (FLM) responsible for that area. If the decision to intervene is made then the SBR should be completed and if no intervention is required at that time the SBR should be kept to monitor the situation. During our visit no one was being managed on Think Twice or had been since the start of 2021. From March 2020, 12 SBRs had been completed where an intervention took place. No one had been removed from the prison or even moved to another area due to any interventions taking place.

It is difficult to judge the extent of bullying within HMP Dumfries as staff are familiar with those who may perpetrate such actions and quickly challenge inappropriate

behaviours without SBRs necessarily being raised. It is encouraging that prisoners confirmed that knowing and trusting staff when reporting any inappropriate behaviour gave them confidence that any issues would be dealt with quickly and robustly. Although the actions by staff are commendable, SBRs should still be raised to allow the prison senior management team to monitor and assess trends and therefore HMIPS would encourage the prison to increase Think Twice awareness and the raising of SBRs even if no interventions are required.

Since March 2020, 30 incidents of violence had been recorded within the prison. The Violence Reduction Group meet every seven weeks. During this meeting they analyse incidents, consider strategies and agree any actions to reduce violence. An action plan and outcomes are shared at the quarterly meeting of the Tactical Tasking and Co-ordination Group (TTCG). As part of the TTCG all incidents are discussed and any residual actions are fed back to the FLMs where the incident took place.

HMP Dumfries had recently experienced a significant outbreak for a prolonged period of time which resulted in all prisoners being held under Rule 40a or Rule 41(a) conditions at some point. During this time prisoners had access to showers and phones, however access to fresh air, recreation and virtual visits had been suspended under Prison Rule 87(5). As the situation developed different areas had their restrictions eased with regards to fresh air initially and finally recreation. Although HMIPS recognise the challenges that total lockdowns pose in prisons, the opportunity to access one hour of fresh air each day is a fundamental human right which must be maintained for all prisoners.

Initially E Hall and C2 had been identified as isolation “hubs” where individuals who tested positive were located, all in single cell accommodation. Staffing was increased to manage the two isolation hubs to allow more access to phones and showers, which also gave the opportunity for a more normal regime. The area identified to manage under Rule 41(a) was then moved to B Hall basement.

At the time of the visit, no one was being managed there under this policy. Inspectors carried out a walk through with staff when dealing with a suspected COVID-19 case. The inspectors were impressed by the knowledge of staff and the systems in place. There was a good donning and doffing of PPE procedures carried out within the recognised guidelines. PPE was readily available, as were cleaning materials. Those being kept in this area on isolation had access to a daily shower, cleaned after every use, a mobile phone or prison PIN phone if required, and access to fresh air, which involved being taken to a designated area away from the rest of the population. However, there was no access to virtual visits. There was an induction process for those on isolation with a regime plan, which included asking the prisoner if they wished their family to know they were in isolation.

There was a clear process for those arriving at the prison suspected of having COVID-19. Similar to other prisons the person would bypass the reception and go directly to B Hall basement where the admission process is carried out. All processes were backed-up by comprehensive SOPs which were available on the local prison SharePoint site.

Inspectors spoke to a number of prisoners throughout the visit who had been affected by the recent outbreak. The general view was that the period of lockdown was tough to deal with, but almost all prisoners understood that the restrictions had helped keep them safe. Several prisoners said that the positive staff/prisoner relationships had been helpful during this difficult time and that they had been kept well informed. The withdrawal of virtual visits and access to the gymnasium appeared to be the biggest loss to them. Distraction or activity packs were available to those isolated to minimise boredom and enhance mental health, however there was a mixed view on these packs as explained in QI 11.

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

HMP Dumfries does not have a traditional SRU and instead utilises an area in B Hall basement which has three cells allocated for holding prisoners managed on Rule 95. The cells were of a reasonable size, clean and ready for occupancy.

B Hall basement is not widely used, and in most cases prisoners are held there for less than 72 hours, but it will hold prisoners for longer periods if required. There is a process in place with other prisons to transfer those who are not likely to be reintegrated back into the prison but in most cases at the end of their Rule prisoners are returned within HMP Dumfries. There was access to a phone, shower and a separate area to take fresh air. Since 23 March 2020 up until our visit 71 prisoners had been held in this area.

During the visit there was one prisoner being held under Rule 95(11) conditions. His paperwork was checked on the SPS prisoner records system (PR2) which was all in order and daily narratives were up-to-date.

A daily assurance process recorded that those held are offered their entitlements which was confirmed when the prisoner was interviewed. He stated that he had been treated well, was very clear as to why he was removed from mainstream, had attended his cases conferences and was fully involved in discussions around returning to a normal regime.

There was a reintegration/management plan available in hard copy but it was not recorded in PR2.

HMIPS Standard 5 - Respect, Autonomy and Protection Against Mistreatment

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

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

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 is 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 Prison Information and Action Committee (PIACS) are regularly taking place and demonstrate progress.

Visit findings

Face-to-face visits were suspended at the time of the visit. However, they could be allowed on an exceptional basis using the 'reasonable excuse' criteria, where requests were considered on a case-by-case basis from residents. The HMIPS view is that family visits should automatically take place. Prisoners reported that access to face-to-face visits had been good when they were running.

The visit area had been set up to meet Scottish Government COVID-19 guidelines. The seating areas were adequately spaced out and additional cleaning had been introduced.

Three stations were set up in the visits room for virtual visits. There were three sessions of 30 minutes Monday to Sunday, with the exception of a Friday where there was one session, allowing for 55 visits each week and equity of access across the halls. Prisoners were permitted up to two visits per month and extra in special circumstances. Uptake was low, with around 10% of prisoners using it and it tended to be the same group of prisoners. Prisoners spoken to throughout the visit were aware of it, and the main reason given for not making use of it was that they were happy to use their mobile phones to maintain contact with their friends and family. Inspectors were pleased to hear that improvements had been made to the booking system to allow the prison and the visitor to liaise directly over visit timings. It was encouraging to hear that Third Sector partners had been working with prisoners' friends and family to provide them with the IT required to have a virtual visit.

Prisoners welcomed being provided with mobile phones and those spoken to were happy to be able to contact family and friends more readily and in a confidential setting. Inspectors were particularly pleased to hear that prisoners could access their phone at any time up until 22:00, which is not the case in other establishments. Prisoners also had sufficient access to the hall phones.

The Email a Prisoner Scheme was available and was well used. Prisoners spoken to were aware of it and how to access it, and said it worked well.

There were no issues with mail reported to inspectors during the visit.

Inspectors observed a number of recreational sessions and spoke with a range of prisoners from different halls. Prisoners were able to mix in small groups within their residential areas for recreational activities such as pool, darts and chess, and a small selection of the simpler and more popular board games was available. Inspectors noted that the atmosphere during these recreational periods was relaxed, adding to the sense that most prisoners felt safe in HMP Dumfries and were not worried about leaving their cell.

While some of the smaller residential areas were able to provide greater flexibility around time out of cell and recreation, the same minimum amount of time out for recreation (one and three quarter hours per day) was being applied across the prison and there was nothing to suggest that any particular cohort or group with protected characteristics was being disadvantaged in this regard. Nor did inspectors receive any complaints from prisoners that they were being disadvantaged relative to others. Inspectors were content therefore that the principle of equality of access was being applied.

Full access to agents and legal visits has been available throughout the pandemic. The bookings are taken by the staff manning the entrance desk at the prison. It was observed by inspectors that this can be a busy post, however staff seemed to cope

well when dealing with as well as the other tasks relating to the role. There was a good process in place for prisoners and agents to confirm the booking. PR2 clearly indicated that these visits were recorded.

The capacity for face-to-face visits allowed for three agents' visits to take place at any one time but, if the need arose, more space could be provided in the main visits room. In order to adhere to physical distancing, where an interpreter or a second agent was required these appointments were also facilitated with in the main visits room.

Agents' visits can also take place as a 'walk in' but this is subject to space. It was reported that it was unusual for agents' allocation to be full on every session so 'walk in' appointments were easily facilitated. Telephone appointments could also be made to agents, which took up one of the session spaces in the agents visit area.

During the visit an agent appointment session was observed, which ran very smoothly adhering to physical distancing guidelines. There is also capacity for one virtual agent's visit per session as well as provision for one virtual court.

Inspectors confirmed that prisoners had access to a hard copy of the Prison Rules accessible in the residential areas, SharePoint for staff to print off a copy and also there was a copy in the library, however access to the library at this time was limited. Other legal documents could be sourced on request.

There were noticeboards throughout the prison holding up-to-date and relevant information for prisoners. Each hall also had a prisoner information folder that contained recent prison notices and other useful information. The SPS and SPSO complaints processes and the relevant complaint forms were available to prisoners, and the IPM process was displayed. Prisoners spoken to understood the processes. However, inspectors did not see any information translated into other languages, and there were foreign nationals in the prison at the time of the visit (see Action Point 1 under QI 1.1).

The establishment had made use of prisoner notices and hall staff to keep prisoners up-to-date with changes to procedures as a result of COVID-19. Focus groups were also held to consult prisoners on what more the establishment could do during the pandemic. PIACs and focus groups had taken place during 2020 and dates for 2021 had been published but then pushed back due to due to the outbreak and staff shortages. Now that the establishment was recovering it intended to restart them.

Books and DVDs were available on all of the halls and prisoners could make a request to visit the library via the hall staff. The prison were in the process of appointing a new library/activities officer.

Action Point 8: SPS HQ to ensure prisoners in all establishments can access their mobile phones until 22:00.

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

Prior to the pandemic, there were sufficient employment opportunities for almost all prisoners in the establishment, with attendance rates at around 70%. During periods of lockdown, all non-essential work parties were suspended. Essential work parties for cleaning, gardens, laundry and catering continued throughout the COVID-19 restrictions with reduced numbers. These work parties offered employment opportunities for half of the total number of prisoners eligible for employment. The work parties unavailable to prisoners at the time of our visit were placements, induction, joinery/projects and waste management.

The Life Skills training area was closed due to COVID-19 restrictions. This facility provides prisoners with an opportunity to gain pre-release life skills and Barista training. All vocational training has been paused, including the Royal Environmental Health Institute Scotland, Elementary Food Hygiene, Manual Handling and British Institute of Industrial Cleaning Services. However, prison managers confirmed that all prisoners in work parties hold the appropriate regulatory certificates for their employment. All suspended work parties, vocational training and access to Life

Skills programmes were expected to resume on 26 April, in line with plans for the relaxing of national restrictions.

Prior to the COVID-19 pandemic, the Education Centre offered learning opportunities to all prisoner cohorts, including remand prisoners, with around 60% of the prison population attending education classes. When education ceased in March 2020, prisoners were provided with in-cell activity packs, which received a mixed reaction from prisoners. Some prisoners found the activities interesting and helpful during long periods of isolation. However, other prisoners, particularly those with experience of higher education, did not appreciate the value of these packs. During the second lockdown period, education staff worked effectively with colleagues from other prisons to develop standardised, subject specific in-cell learning packs. These learning packs were of a much higher quality and have been received well by prisoners.

The Learning Centre resumed classroom-based activities in September 2020, however the number of learning opportunities were halved due to social distancing restrictions. Education managers took the opportunity to thoughtfully restructure timetabled sessions to provide a more equitable education offer across all prisoner cohorts. By limiting long-term prisoners to one core session and one optional session per week, more opportunities for short-term and remand prisoners were made available. This change, along with shorter timetabled sessions, was very popular with the majority of prisoners. The refreshed approach attracted new prisoners and appealed to those who were traditionally hard to engage, maintaining participation rates at around 60% of the prison population.

Most of the subjects offered prior to COVID-19 restrictions recommenced in April 2021, with an English for Speakers of Other Languages programme added for foreign nationals. Within the Education Centre, and in lessons, there were good prisoner to staff relationships and a positive approach to learning. However, prisoner attendance at the Education Centre was low and variable with around half of the available learning opportunities not taken up. This was due partly to prisoners becoming comfortable again when mixing with other prisoners and staff, and with prisoners readjusting to a more structured regime. Education Centre staff have recommenced visits to the residential halls to support prisoners with their learning. This provides opportunities for staff to encourage prisoners to return to timetabled activities.

The prison continued to perform well in the Koestler Awards, submitting nearly 30 entries last year, three quarters of which were highly commended or commended.

During lockdowns, the prison suspended all physical education opportunities for prisoners in the gymnasium and sports hall. During these periods, prisoners were supplied with in-cell body-weight exercise sheets, including armchair aerobics for older prisoners. However, prisoners were not provided with DVDs for in-cell workouts, such as Insanity and T25.

During periods when lockdown restrictions were relaxed, Physical Training Instructors (PTI) provided outdoor circuit classes for small groups of prisoners and

less intense activities such as walking for older prisoners. When indoor activity was permitted, prisoners were able to attend the gymnasium and sports hall in lower numbers for cardio and spin classes. At the time of our visit there was no access to any indoor exercise equipment, or the two small satellite gyms in two residential halls.

PTIs have identified that the enforced changes to physical education regimes attracted interest from a more varied spectrum of the prison population. Previously, most prisoners attending physical exercise preferred to engage with heavy weights. These numbers have declined, to be replaced by a wider variety of interests and age groups. This changing dynamic has provided opportunities for PTIs to tailor exercise activities to small groups and individuals. PTIs welcome this adjustment as it provides them with opportunities to educate prisoners about physical health.

Unfortunately, no one from the Chaplaincy Team was available to meet with inspectors during the visit. Therefore inspectors had to rely on the evidence provided by the prison and discussions with prisoners. The Chaplaincy Team had remained active during the pandemic. Face-to-face worship had been restricted throughout the period and suspended completely when necessary. The Chaplains had made use of the prison DVD channel and religious services had been provided every Sunday via the in-cell televisions. Four DVDs had been produced by the Chaplaincy Team every week, and from Easter to mid-summer 2020 DVDs were being produced and screened every day. In addition to the weekly Roman Catholic and Reformed Services, material from different denominations had been shared with prisoners. Two DVDs were produced for Muslim prisoners and material for Buddhists and Hindus had also been provided. Face-to-face worship resumed at Easter and the Chaplaincy Team was looking to adapt to the changing landscape.

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 COVID-19 restrictions the prison has continued to prioritise key processes for prisoner progression. The RMT meetings have been sustained out with the national suspension. Attendance at these meetings has been remote for most participants and this was observed during the visit as a well-functioning multi-agency group. This and other processes benefit from well-developed relationships between key agencies, and the meetings enable effective decision making based on evidence gathered and presented. There were no reported concerns about the provision of timeous assessments and reports from social work or psychological services and contributions from health and case management staff were usually delivered in person.

The ICM process has also been able to continue throughout the pandemic and this has extended to all ICM meetings. This continuity has been enabled by the development of a 'paper based' process where the prisoner and all agencies contribute to the review in writing prior to the due date. Where required, prisoners are supported to have their views shared. The 'paper-based' review also mitigated against any significant impact when case management staff were redeployed within

the prison to address the needs of the prison. At different stages ICM meetings have been restarted and then suspended again during the recent COVID-19 outbreak. The development of the paper-based model has ensured that formal planning has continued throughout.

For both RMT and ICM meetings the pandemic has not had a significant effect on functioning, but it has impacted on the way people can take part. This has been positive for some where attendance remotely is much more manageable where they would usually have to travel a distance. Some prisoners may also prefer to contribute to a pre-prepared submission and be notified of decisions following the meeting event. However, others would prefer to take part in a physical meeting where they can contribute verbally and hear about decisions first hand and immediately.

Whilst a backlog of GPAs and waiting lists for programmes pre-date the beginning of lockdown, both have been further affected by restrictions imposed. Plans to train more staff to undertake GPAs have been delayed and the delivery of group programmes has been suspended. For prisoners in HMP Dumfries this will have an impact on their ability to access programmes identified as part of their plans for progression.

Prison-based social workers have continued to come into the prison during the lockdown and have ensured that the service has been able to fulfil its role and responsibilities. They have been well supported by the prison and the local authority employers to do this safely. They have also been able to work from home during this time. Access to prisoners has been difficult and there is a recognition of the difficulty developing relationships with prisoners with no or little direct contact.

The restrictions imposed during the pandemic has meant that some staff have not been able to come into the prison. This has highlighted the challenge of working remotely where there is no access to SPS systems. This means that social work staff working at home cannot access case management systems, including the core Level of Service/Case Management Inventory (LS/CMI) assessment. It also means that staff working remotely do not have access to internal communications which have been important to ensure all staff are up-to-date with what can be a quickly changing picture. We heard that staff have quickly developed ways of securely working round the access issues, but there is little doubt that this has caused additional work.

Video conferencing has become the default method for meeting with all agencies, whether this is internally arranged or externally hosted meetings. Ensuring that all key staff have access to the platforms used by whoever is hosting the meetings has been a challenge. There are limitations in terms of the equipment to access all platforms. We heard a view that more could be done to ensure that the platform used by the host did not affect the ability of all staff to contribute. This could also be extended to include the need to consider how prisoners could be involved in meetings they would normally have the opportunity to attend.

All the agencies spoken with commented that the 2019 loss of the Throughcare Support Officer (TSO) role has been accentuated during the pandemic. Their

experience in liaising with external agencies, encouraging engagement and providing direct support would have been a significant resource for individuals leaving prison where community-based agencies are only available for remote contact.

HMP Dumfries has attempted to mitigate the impact of the suspension of the TSO service by bringing together all agencies involved in supporting prisoners on release. The Multi Agency Community Reintegration Board (MACRIB) is a well-established forum. These meetings pre-date the pandemic but they have expanded over the last 12 months and representatives from all relevant agencies are taking part remotely. All the agencies we spoke with during the visit felt that this meeting worked well. Although temporarily stopped during the height of the pandemic, these meetings have now resumed and are held virtually.

The MACRIB looks holistically at prisoners' needs and how these needs will be met. The multi-agency approach ensures that there should be no gaps in meeting prisoner needs. There was a recognition that some prisoners, such as older people or those with mental health issues, may require specific individualised types of support and these were met very well by individual agencies. The prison and the agencies were seen to be proactive in identifying these needs and met these needs well. It was acknowledged that the MACRIB was needs-based and not outcomes-based, with no formal way of measuring the group's success other than informal feedback on some liberated prisoners. This, however, does not detract from the premise of the group and its success in meeting needs.

The MACRIB supported continued good communication and networking opportunities for all of its members. It was clear from discussions with the agencies that communication with the prison was good and was felt to be inclusive, always keeping agencies in the loop. Both formal and informal links have been established between the prison and the external agencies. HMP Dumfries is a relatively small prison with a fairly consistent staff group, and there has been little turnover either in agencies staff, which has also contributed to the good communication networks in place and underpinned flexibility amongst agencies in meeting prisoner needs.

For the early release scheme HMP Dumfries worked closely with community partners to ensure that individuals were supported appropriately. The core agencies group developed to take this forward - including community-based social work, the police, SPS and prison based social work – continued to have oversight of all prisoners due for release when the MACRIB was temporarily suspended.

On a logistical level, HMP Dumfries and local social work services were taking an active role in ensuring that individuals get where they need to be and local agencies were doing what they can to be available. All agencies were able to give examples of support on the day of liberation which has been maintained despite COVID-19. We heard a number of examples where prison staff or social work staff (community and prison-based) have provided direct physical support on the day of liberation whilst maintaining COVID-19 safety.

Face-to-face agency contact with prisoners was affected by restrictions and this has had an impact on the experience of prisoners on liberation. Packs are provided to individuals with the information they need and for some they also receive a mobile phone to facilitate contact with key agencies. However, the lack of direct contact due to community restrictions will affect the engagement of individuals and the development of support relationships.

The active involvement of key services in the MACRIB appears to have ensured that the housing needs of individuals have been prioritised. The MACRIB meeting review those discussed at the previous meeting and are able to receive updates on outcomes for individuals. From this and the discussions we had with key services during the liaison visit it was apparent that HMP Dumfries were effectively ensuring that prisoners were not being released to 'no fixed abode' but were usually clear about their housing arrangements prior to liberation.

HMP Dumfries has committed itself to learn more about outcomes for those released from their custody. The discussion at the MACRIB following release is an informal example of this. A more formal attempt is being made to learn from experience of individuals through an initiative led by the GIC to consider a group of individuals who have returned to HMP Dumfries. Through this they will be able to consider the effectiveness of pre-liberation planning and, alongside community-based agencies, the engagement and impact of planned supports.

During the height of the pandemic, prison officers had taken on some of the roles of the external agencies. Agencies were confident that prison officers had enough knowledge about the support available that there would be no detrimental impact to prisoners. The prison also ensured that information about external agencies was available in several different formats for prisoners for example leaflets, posters or via prisoner TV. The prison was proactive in supporting prisoners to contact external agencies themselves or contact was made, with their agreement, by prison officers.

Virtually all of the external agencies are now back physically in the prison offering a face-to-face service. Agencies were confident in what the prison had put in place to ensure COVID-19 safety. Agencies had been informed of what was happening at the prison throughout the pandemic and had been offered walk rounds to show them exactly what safety measures were in place for their safe return. The prison also very quickly adapted the Link Centre appropriately to enable COVID-19 safe visiting and meeting spaces.

Good Practice 3: the flexibility of the ICM process at HMP Dumfries has allowed the case management team to ensure systematic, multi-agency planning for individual long-term prisoners continued throughout the pandemic. Mitigating the restrictions placed on all agencies and the temporary redeployment of case management staff.

Good Practice 4: the instinct to pull together prison-based and community-based partners to plan for release of all prisoners is strong in HMP Dumfries. The MACRIB meeting is the most obvious example of this, attempting to address the absence of ICM processes for short-term prisoners and the suspension of TSOs. During the pandemic this instinct has also

ensured that planning for early release was effectively established quickly and this forum also filled the gap of the temporarily suspended MACRIB.

Action Point 9: SPS should ensure that prison based social work services have appropriate access to SPS systems.

Action Point 10: SPS HQ should consider reinstating the valued Throughcare Support Officers at the earliest opportunity

Action Point 11: HMP Dumfries should continue to consider how best to ensure the voice of individual prisoners are heard in decision making processes. A clear outline of the ways prisoners can be involved should be communicated to all prisoners and a record noted of how they have chosen to take part.

Action Point 12: HMP Dumfries should ensure effective participation in progression processes, by improving the access prison staff have to video conferencing platforms used by external partners.

Action Point 13: HMP Dumfries should continue to explore ways of learning from the experience of individuals who return to their custody and take advantage of the relationships they have with community-based agencies to learn more about outcomes for individuals.

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

HIS asked healthcare staff at HMP Dumfries 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.

HMP Dumfries has faced significant challenges during the pandemic. In March 2020, there was an outbreak of coronavirus within HMP Dumfries with three positive cases across the prison population. A second outbreak occurred at the end of April 2020. A further outbreak happened in March 2021 which was the most challenging with 36 prisoners and 36 members of staff testing positive for COVID-19, including one staff nurse. HMP Dumfries has been supported throughout by public health and infection control teams who provided advice and guidance in outbreak management.

Healthcare staff responded well to the coronavirus outbreaks by mobilising COVID-19 responses and continuing to test people for COVID-19. Mass testing of all prisoners took place at one stage of the outbreak. Nursing staff had access to appropriate PPE and assessed COVID-19 patients on a daily basis, working closely with SPS staff. Nursing staff also completed care plans for patients who tested positive.

All patients who are symptomatic or asymptomatic with a positive COVID-19 test result were isolated in the hub within B Hall basement or within their own cell as required. This includes arrivals into HMP Dumfries. All close contacts are also placed in isolation in line with the SPS pandemic plan. Healthcare and medication is delivered directly to the patient where possible, and if needed, patients are referred to hospital. A number of COVID-19 patients were transferred to hospital over the

past year and there were no issues in transferring individuals when required. In the event of an emergency, patients in isolation would be seen by other healthcare services. The prison has mainly single occupancy cells with some double cells and dormitories. The dormitories had no positive COVID-19 cases.

Patients considered as being in higher risk groups are located within the same residential hall with minimised footfall by SPS and allocated staff.

At the time of the visit, the last positive test for COVID-19 within HMP Dumfries was in early March 2021 and the outbreak was formally 'closed' before our visit. Senior management have commended the response and resilience shown by all healthcare staff during the pandemic. We saw evidence of this being shared through the NHS board communication bulletin. **This is good practice.**

The healthcare team consulted with community partners to discuss what services were continuing or curtailed in response to the pandemic and to ensure equity with community provision. The team liaised with SPS about changes to the provision of healthcare services. Letters were sent to patients twice during the pandemic outlining changes to healthcare provision. There were no prisoners requiring interpreter services or access to literature in different formats or languages. HMP Dumfries has links with NHS Dumfries and Galloway and can provide alternative formats and languages if and when required. Interpreter services were available through Language Line (an interpreting services organisation).

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.

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 has commenced.

All NHS staff within HMP Dumfries are carrying out twice weekly Lateral Flow Tests (a rapid test for COVID-19 that does not require laboratory equipment). At the time of the visit, all NHS staff within the prison had received both COVID-19 vaccinations through NHS Occupational Health Services.

In early 2020, a letter was sent to all prisoners informing them that the healthcare team was moving to a community primary care model in response to the pandemic. This meant the team would continue to see patients face-to-face or in emergency where required, but all other requests would be managed on a triage basis. Patients can access healthcare by asking for their name to be added to the daily healthcare attendance list or by completing a self-referral form. The self-referral triage form was set up at the start of the pandemic to reduce the footfall within the healthcare facilities and around the prison. **This is good practice.**

GPs continued to attend the prison each day supported by a daily nurse-led triage service. Nursing staff discuss patient cases and any medication requirements with the GP, and patient appointments with the GP are 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.

Patients with long-term conditions continued to be identified on admission. Long-term condition clinics are usually undertaken on a six month or annual basis. Some of these clinics were suspended during the pandemic, however, the nursing team and visiting specialists continued to review the patient case notes, and wound dressings and routine bloods continued. Healthcare staff have good oversight of their patients during medication administration and reported that SPS staff will alert them to any changes in a patient's condition that cause concern.

Secondary care appointments that were suspended and could not be carried out using Near Me were managed by the administration team. This team has excellent links with the NHS board to ensure patients are reappointed in line with the remobilisation of services. Routine referrals continued to be made by GPs and were managed by the administration team.

Any patients who required to attend urgent secondary care appointments were accommodated to do so during the pandemic. In order to reduce risk, any patients leaving the prison for appointments are given a PCR test (a test performed to detect genetic material from a specific organism, such as a virus) and will only leave the prison if the result is negative. **This is good practice.**

Supervised medication is provided to patients three times a day as required. Following discussion with patients, in-possession medication is provided where appropriate with monitoring by NHS and SPS staff. **This is good practice.** Patients are risk assessed before receiving in-possession medication as a seven-day supply and patients sign a medication agreement form. Medications are regularly discussed with the GP and pharmacy staff and compliance is reviewed regularly by both healthcare and SPS staff. A Clinical Pharmacist from the Specialist Drug and Alcohol Service is also available for advice when needed. The additional Clinical Pharmacist role is a recent and welcome appointment for HMP Dumfries and a service level agreement was being written at the time of the visit to fully define the role.

Routine dental procedures were suspended in the early stages of the pandemic in line with the community provision. However, emergency dental services continued with access to treatment in external dental centres. No Aerosol Generating Procedures (AGPs) were undertaken in the prison dental suite during the pandemic, however, the dental service has recently resumed elective treatments and will carry out AGPs if required. A risk assessment will be undertaken for such procedures to support SPS officers, such as the use of FFP3 masks. There is clear signage outside the dental room that indicated when staff can re-enter the area following an AGP to allow the correct fallow time in line with national guidance.

Two patients (in single cells) are on continuous positive airway pressure therapy (CPAP) and independently manage a machine to help them breathe more easily during sleep. As CPAP is an AGP, a risk assessment was put in place as staff can only enter the room one hour after a CPAP procedure has taken place. Nursing staff are aware of the risk assessment and have liaised with respiratory nurse specialists regarding these patients during Near Me calls.

At the time of the visit, there were no individuals requiring an accessible cell or social care. Social care is provided by SPS. NHS and SPS staff meet every month to discuss any patients who may require additional support, which demonstrates a collegiate working relationship between healthcare and SPS staff to the benefit of patient care. **This is good practice.**

Mental health services continued for urgent cases (including COVID-19 positive patients). Routine mental health and addiction services clinics had to be suspended while the 'Link Centre' was closed. Urgent and emergency patients were seen on the halls during these periods. Routine appointments had resumed with the reopening of the Link Centre following the most recent COVID-19 outbreak, and there were no delays in getting patients to appointments. At the time of the visit, the healthcare team was making good progress in reducing the patient waiting list. The waiting time had increased due to lack of access to clinic rooms, however had remained below four weeks for all routine appointments. Patients requiring additional support or identified as being vulnerable had individual care plans and regular reviews. Mental health staff attended TTM case conferences.

The mental health team provided self-help materials to patients to support their mental wellbeing and had worked with other agencies to identify patients who would benefit from these. This work complemented the activity packs produced by Fife College and the in-house exercise plans developed by gym staff.

Consultant Psychiatrist appointments continued using Near Me or face-to-face, if required, following a risk assessment and in line with national guidance and agreed protocols. At the time of the visit, the fortnightly psychiatry clinics had no waiting lists and SPS staff were supportive in facilitating patient attendance. Court requests for reports had been arranged quickly using the Near Me facility. Although we heard that these requests were received at short notice, it had worked well.

Transfers to a mental health unit continued when needed. There were two occasions where patients required in-patient treatment in mental health units within NHS Dumfries and Galloway. These transfers were agreed and facilitated without any delays. HMP Dumfries had not required access to out-of-area transfer since the start of the pandemic.

The mental health team increased its nursing staff during the pandemic with the addition of a Band 6 mental health nurse funded through Action 15 (dedicated Scottish Government funding). This was a positive development and allowed for an increase in appointments for psychotherapeutic interventions including anxiety management. While the existing team were planning to develop these further as remobilisation takes place, the lack of access to clinical psychology within HMP Dumfries was a gap in provision. At the time of the visit, there was no dedicated psychology service within HMP Dumfries. Consultation and advice was being provided on a limited basis. Mental health staff continue to make referrals and are aware of this gap in the provision of care. We were informed that a business case was being prepared to pursue resources to address this. A mental health multi-disciplinary team forum had taken place in late 2020 and the establishment and continuation of this was reported to be a positive development for the team.

Substance misuse services continued as required, however no patient assessments were needed due to very few admissions during the pandemic. Referrals are seen following triage of the referral form. All individuals new to the prison are offered an appointment to screen for addiction and Blood Borne Viruses and are offered sexual health advice. The service has continued to meet the national waiting time target of 21 days.

Addictions staff offer one-to-one Naloxone training (Naloxone is a drug used to reverse the effects of an opiate overdose) to patients with a planned liberation date. Naloxone kits are also placed alongside patients' belongings. There is a system in place to identify if patients choose not to take Naloxone with them on liberation.

There is one case worker within the substance misuse team and one substance misuse nurse. However, mental health nurses provide input where required. The substance misuse team has a positive working relationship with a Third Sector charity aimed at supporting patients with alcohol or drug dependency.

Opiate Replacement Therapy (ORT) continued to be issued in the morning via attendance at the health centre or clinic room. During the recent COVID-19 outbreak, SPS instructed healthcare staff to deliver ORT to the patient's room. The healthcare team has considered use of the 'Buvidal Injection' in response to Scottish Government [Coronavirus \(COVID-19\): clinical guidance on the use of Buvidal in prisons](#). However, the number of prisoners that could potentially use this drug was very small and there was not a clear pathway to maintain this on liberation. However, at the time of the visit there was increased access and funding identified within community services in Dumfries and Galloway to potentially support those patients who wished to transfer to Buvidal.

Staff described positive links with community addictions services. This included HMP Dumfries staff joining the community team development and education sessions and staff from community services working bank shifts within the prison.

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. Appropriate cleaning wipes were available at the key vend and staff were encouraged to decontaminate keys on pick up and return. **This is good practice.**

Areas where healthcare is delivered are cleaned by trained pass men. The provision and standard of cleaning was very good throughout the prison in all of these areas. Pass men were visible during our visit and were cleaning frequently touched surfaces such as door handles. The correct cleaning products (in line with national guidance) are available and in use throughout the healthcare environment and the residential areas. **This is good practice.**

Healthcare is delivered within the health centre (for patients from one side of the prison estate) and within a satellite centre that has a purpose-built treatment room (for patients from the other side of the prison).

While the standard of cleaning was very good on the visit, two rooms used in the health centre (the GP room and treatment room) had visibly chipping paint on walls and around sinks. This makes it difficult to effectively clean the environment. **This is**

a concern and has been raised by healthcare staff. Patch work repairs were evident in some areas, however both rooms require to be painted in order to seal the walls and allow for effective cleaning. We have raised this with our colleagues at HMIPS.

Action Point 14

Equipment used by nursing staff in all areas 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 all clinical rooms.

Support from PHS, the Local Infection Control Team and others within NHS Dumfries and Galloway has been evident. This included their input to the pandemic plans for prisons and attendance at staff briefings (including SPS staff) to take questions from staff. **This is good practice.**

Throughout the pandemic a local public health consultant, public health nurse and infection control link nurse attended the prison in an advisory capacity as and when required. The Healthcare Manager is in regular contact with PHS to ensure staff were updated on the latest COVID-19 guidance.

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. During the pandemic all healthcare teams were participating in a virtual huddle through Microsoft Teams. All staff we spoke with described this as an excellent supportive mechanism. It has allowed teams to communicate about patients and also to support each other, as well as being a platform for managers to share updated information. This huddle is well embedded and HMP Dumfries staff are keen for it to continue. **This is good practice.**

We saw posters in clinic rooms about appropriate use of PPE for particular healthcare activities.

All staff had access to and received training on the use of PPE. NHS Dumfries and Galloway infection control staff developed training videos for all staff working within NHS areas. All nursing staff have been mask 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.

Prison healthcare is managed by Dumfries and Galloway Health and Social Care Partnership (HSCP). At the onset of COVID-19, the NHS board established structures to support decision-making and oversight of prison healthcare. NHS Dumfries and Galloway has an effective governance structure with clear lines of reporting and accountability. This allowed normal escalation and governance processes to continue during the pandemic. In addition, lines of communication were evident between the NHS board, the Dumfries and Galloway HSCP and prisoner healthcare to discuss workforce, clinical demand and the allocation of resources.

Healthcare at HMP Dumfries is a standing item within the Mental Health senior management team meeting which met, on average, twice a week during the pandemic. This is the first option for escalating risk or issues. HMP Dumfries

healthcare has representation at the Dumfries and Galloway HSCP silver command tactical meeting, which met three times each week, with the purpose of raising issues, alerting executive staff and seeking assurances before accepting associated risks. The Healthcare Manager at HMP Dumfries is also part of the COVID-19 Review Group (chaired by senior management) and shares any updates concerning COVID-19 with staff.

Safe staffing levels have been maintained in the establishment throughout the pandemic. This was supported by a move to a day shift pattern (08:00–17:30) in early 2020 to align with the changes to the regime in HMP Dumfries. As a contingency additional staffing resources have been available from Specialist Drug and Alcohol Services when nursing levels dropped due to staff sickness. Overtime shifts have been made available in order to support the teams with an extra member of staff at weekends, and the uptake of this has been good. **This is good practice.**

Prisoner admissions from court restarted in late March 2021. Late arrivals into the prison take place between 17:00-18:00 and a nurse works a slightly longer shift to admit them.

We were informed that arrivals after 18:00 are rare. The prison population is currently between 160-170 individuals. We were informed this is likely to rise to full capacity of 180 within the next few weeks as transfers arrive from other prisons. In order to accommodate this, the health care manager is intends to introduce a later shift into their staff rota.

Recruitment has been ongoing and two vacancies have been recruited to within the past year. A member of staff was released to undertake Advanced Nurse Practitioner training in Mental Health, and a Primary Care staff member was released to undertake a prescribing course.

A range of resources are available to support staff health. Newsletters are shared with staff every two weeks which includes information on support available to them. Daily staff huddles were introduced where day-to-day issues and coronavirus guidance could be discussed. Staff told us they felt well supported by their line managers, through daily huddles and regular team meetings. Clinical supervision and training opportunities have also continued to be available to staff. Staff informed us they felt supported by senior management and that there were good lines of communication. During the pandemic staff also had access to the psychology service for support if necessary.

Staff described the relationship and communication between SPS and the healthcare team as being very good both before and during the pandemic. Regular meetings take place to discuss issues and share learning. Healthcare staff described feeling supported by their SPS colleagues who have continued to facilitate their ability to provide a healthcare service.

Good Practice 5: senior management have commended the response and resilience shown by all healthcare staff during the pandemic. We saw evidence of this being shared through the NHS board communication bulletin.

Good Practice 6: a self-referral triage form was set up at the start of the pandemic to reduce the footfall within the healthcare facilities and around the prison.

Good Practice 7: in order to reduce risk, any patients leaving the prison for appointments are given a PCR test (a test performed to detect genetic material from a specific organism, such as a virus) and will only leave the prison if the result is negative.

Good Practice 8: supervised medication is provided to patients three times a day as required. Following discussion with patients, in-possession medication was provided where appropriate with monitoring by NHS and SPS staff.

Good Practice 9: NHS and SPS staff meet every month to discuss any patients who may require additional support, which demonstrates a collegiate working relationship between healthcare and SPS staff to the benefit of patient care.

Good Practice 10: appropriate cleaning wipes were available at the key vend and staff were encouraged to decontaminate keys on pick up and return.

Good Practice 11: the correct cleaning products (in line with national guidance) are available and in use through the healthcare environment and the residential areas.

Good Practice 12: HMP Dumfries has been supported throughout by Public Health and infection control teams who provided advice and guidance in outbreak management.

Good Practice 13: during the pandemic all healthcare teams were participating in a virtual huddle through Microsoft Teams. All staff we spoke with described this as an excellent supportive mechanism. It has allowed teams to communicate about patients and also to support each other, as well as being a platform for managers to share updated information. This huddle is well embedded and HMP Dumfries staff are keen for it to continue.

Good Practice 14: overtime shifts have been made available in order to support the teams with an extra member of staff at weekends, and the uptake of this has been good.

Action Point 14: HMP Dumfries must ensure that the GP room and treatment room within the health centre are fit-for-purpose and can be effectively cleaned to ensure the safe delivery of healthcare.

Liaison Visit Conclusion

HMP Dumfries was the first prison in Scotland to suffer a COVID-19 outbreak in March 2020 and a second more severe one in February 2021. However, there were no positive cases amongst prisoners between these two outbreaks and the resilience and flexibility shown by SPS and NHS staff in responding to the pandemic, particularly the second outbreak, is highly commendable. The positive relationships between staff and prisoners undoubtedly helped when large parts of the prison had to be put into full lockdown during the second outbreak. While the core human rights of prisoners were generally well protected during this difficult period, action to protect lives impacted on efforts to provide access to one hour of fresh air for all prisoners each day.

Care Inspectors welcomed the flexibility provided around the ICM process to ensure systematic, multi-agency case management planning continued. Planning for early release was established quickly and SPS staff worked well with other agencies to provide support before liberation and cover the loss of TSOs.

HIS inspectors identified 10 areas of good practice including development of a self-referral triage system at the start of the pandemic to reduce footfall in healthcare facilities and use of a PCR test to reduce the risk of infection transmission into the community on liberation. Relationships between NHS and SPS teams within the prison were positive and HMP Dumfries had been well supported by Public Health colleagues outside the prison. The use of a virtual team huddle by NHS staff through Microsoft Teams was seen as an excellent support mechanism promoting mutual support and communication.

The regime for prisoners had been severely impoverished as a result of COVID-19 restrictions, particularly during the second outbreak in February 2021, but was starting to recover at the time of our visit. Time out of cell varied from a minimum of one and three quarter hours to several hours for other prisoners. HMP Dumfries was working to reopen facilities and extend opportunities in line with the easing of national restrictions, but it would be helpful if prisoners could be given greater clarity on anticipated mechanics and timescales. We encourage HMP Dumfries to reintroduce social dining as soon as practical and improve the quality and choice of vegan menus. We would like to see snack packs provided in the evening while prisoners continue to receive their last meal of the day and be locked-up earlier than usual.

HMIPS welcome the fact that prisoners in HMP Dumfries have access to their in-cell phones until 22:00 at night and we encourage the SPS to ensure this is the case in all establishments.

One issue that was affecting progress with casework was a lack of access to SPS systems for prison-based social work teams; this should be addressed as a priority. Similarly, access to video conferencing platforms for interaction with external partners will improve participation in progression processes; the roll-out of Microsoft Teams will undoubtedly assist with this.

HMP Dumfries must also ensure that the GP room and treatment room are fit-for-purpose and can be effectively cleaned to minimise infection transmission risks.

In essence, HMP Dumfries remains a Victorian prison with developments bolted onto it, including flat roofs with a history of water ingress issues. Remedial work to the flat roofs, alongside that required at HMP Greenock, is planned for later in this financial year and the SG and SPS must ensure funding is available for these respective projects to proceed.

While the investment in an accessible cell is welcomed, in the longer-term HMP Dumfries will still be left with a number of old fashioned residential areas, some without in-cell sanitation or showers, and a limited number of accessible cells, all of which is out of step with what might be expected in a 21st Century prison system. Moreover, these residential areas currently contain a number of single staffing posts. Staff in these posts did not express concern for their own safety, due no doubt in part to the excellent relationships developed with prisoners, but inspectors were left with a concern about the implications for staff safety or potential coercion out of sight of other staff. Taking all these factors together, while delighted that many of the very positive aspects identified in our last full inspection report had continued, we wish the Scottish Government and the SPS to bring to fruition long-standing aspirations for the development of a more modern replacement facility. We recognise and welcome the priority being given to development of a new HMP Glasgow and HMP Highland, but replacements for HMP Dumfries and HMP Greenock should also follow swiftly behind them.

The full list of Good Practice and Action Points are set out in Annex A.

List of Good Practice

Good Practice 1: the resilience and flexibility shown by the management team and front line staff in dealing with the sustained pressure exerted by the second outbreak is highly commendable; the positive working relationships developed between staff and prisoners also helped with the management of an extremely difficult situation for those working and living within the establishment

Good Practice 2: the maintenance workmen being split into bubbles to reduce the spread of the pandemic.

Good Practice 3: the flexibility of the ICM process at HMP Dumfries has allowed the case management team to ensure systematic, multi-agency planning for individual long-term prisoners continued throughout the pandemic. Mitigating the restrictions placed on all agencies and the temporary redeployment of case management staff.

Good Practice 4: the instinct to pull together prison-based and community-based partners to plan for release of all prisoners is strong in HMP Dumfries. The MACRIB meeting is the most obvious example of this, attempting to address the absence of ICM processes for short-term prisoners and the suspension of TSOs. During the pandemic this instinct has also ensured that planning for early release was effectively established quickly and this forum also filled the gap of the temporarily suspended MACRIB.

Good Practice 5: senior management have commended the response and resilience shown by all healthcare staff during the pandemic. We saw evidence of this being shared through the NHS board communication bulletin.

Good Practice 6: a self-referral triage form was set up at the start of the pandemic to reduce the footfall within the healthcare facilities and around the prison.

Good Practice 7: in order to reduce risk, any patients leaving the prison for appointments are given a PCR test (a test performed to detect genetic material from a specific organism, such as a virus) and will only leave the prison if the result is negative.

Good Practice 8: supervised medication is provided to patients three times a day as required. Following discussion with patients, in-possession medication was provided where appropriate with monitoring by NHS and SPS staff.

Good Practice 9: NHS and SPS staff meet every month to discuss any patients who may require additional support, which demonstrates a collegiate working relationship between healthcare and SPS staff to the benefit of patient care.

Good Practice 10: appropriate cleaning wipes were available at the key vend and staff were encouraged to decontaminate keys on pick up and return.

Good Practice 11: the correct cleaning products (in line with national guidance) are available and in use through the healthcare environment and the residential areas.

Good Practice 12: HMP Dumfries has been supported throughout by Public Health and infection control teams who provided advice and guidance in outbreak management.

Good Practice 13: during the pandemic all healthcare teams were participating in a virtual huddle through Microsoft Teams. All staff we spoke with described this as an excellent supportive mechanism. It has allowed teams to communicate about patients and also to support each other, as well as being a platform for managers to share updated information. This huddle is well embedded and HMP Dumfries staff are keen for it to continue.

Good Practice 14: overtime shifts have been made available in order to support the teams with an extra member of staff at weekends, and the uptake of this has been good.

List of Action Points

Action Point 1: HMP Dumfries to review the support available to foreign nationals including increasing the use of translation services and increasing the availability of core regime information in other languages.

Action Point 2: HMP Dumfries should look to reintroduce communal dining where possible.

Action Point 3: HMP Dumfries should introduce a snack pack to give to prisoners with their dinner to see them through until breakfast the following day.

Action Point 4: HMP Dumfries should continue their work to improve the quality and choices on the vegan menu.

Action Point 5: the Scottish Government to continue to provide funding to keep the prison fit-for-purpose, including an increase in accessible cells.

Action Point 6: HMP Dumfries to ensure full visibility is maintained for all prisoners of the regime timetable currently in operation.

Action Point 7: SPS HQ to provide further information on their recovery plans so that staff and prisoners have a clearer understanding of mechanics and anticipated timescales.

Action Point 8: SPS HQ to ensure prisoners in all establishments can access their mobile phones until 22:00.

Action Point 9: SPS should ensure that prison based social work services have appropriate access to SPS systems.

Action Point 10: SPS HQ should consider reinstating the valued Throughcare Support Officers at the earliest opportunity

Action Point 11: HMP Dumfries should continue to consider how best to ensure the voice of individual prisoners are heard in decision making processes. A clear outline of the ways prisoners can be involved should be communicated to all prisoners and a record noted of how they have chosen to take part.

Action Point 12: HMP Dumfries should ensure effective participation in progression processes, by improving the access prison staff have to video conferencing platforms used by external partners.

Action Point 13: HMP Dumfries should continue to explore ways of learning from the experience of individuals who return to their custody and take advantage of the relationships they have with community-based agencies to learn more about outcomes for individuals.

Action Point 14: HMP Dumfries must ensure that the GP room and treatment room within the health centre are fit-for-purpose and can be effectively cleaned to ensure the safe delivery of healthcare.

Acronyms used in this Report

AGP	Aerosol Generating Procedures
CPAP	Continuous Positive Airway Pressure
COVID-19	Coronavirus Disease 2019
FFP	Filtering Face Piece
FLM	First Line Manager
GIC	Governor-in-Charge
GPA	Generic Programme Assessment
HMCIPS	Her Majesty's Chief Inspector of Prisons for Scotland
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
HPS	Health Protection Scotland
HSCP	Health and Social Care Partnership
HIS	Healthcare Improvement Scotland
ICM	Integrated Case Management
IPM	Independent Prison Monitor
IT	Information Technology
LS/CMi	Level of Service/Case Management Inventory
NPM	National Preventive Mechanism
MACRIB	Multi Agency Community Reintegration Board
ORT	Opiate Replacement Therapy
OPCAT	The Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PCF	Prisoner Complaint Form
PIAC	Prison Information and Action Committee
PPE	Personal Protective Equipment
PR2	Prisoner Records System
PTI	Physical Training Instructor
QI	Quality Indicator
RMT	Risk Management Team
SBR	Suspected Bullying Report
SOP	Standard Operating Procedure
SPSO	Scottish Public Services Ombudsman
SPOC	Single Point of Contact
SPS	Scottish Prison Service
SRU	Separation and Reintegration Unit
SSOW	Safe Systems of Work
TSO	Throughcare Support Officer
TTCG	Tactical Tasking and Co-ordination Group
TTM	Talk to Me



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First published by HMIPS, October 2021

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