



HMIPS

HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

Report on HMP Dumfries

Full Inspection

26 to 30 August 2024



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Introduction and Background

This report is part of the programme of inspections of prisons carried out by His Majesty's Inspectorate of Prisons for Scotland (HMIPS). These inspections 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.

His 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', published in May 2018 which can be found at <https://www.prisoninspectorscotland.gov.uk/standards>.

The Standards reflect the independence of the inspection of prisons in Scotland and are designed to provide information to prisoners, prison staff and the wider community on the main areas that are examined during an inspection. They also provide assurance to Ministers and the public that inspections are conducted in line with a framework that is consistent and that assessments are made against appropriate criteria. While the basis for these Standards is rooted in International Human Rights treaties, conventions and in Prison Rules, they are the Standards of HMIPS. This report and the separate 'Evidence Report' are set out to reflect the performance against these standards and quality indicators.







HMIPS assimilates information resulting in evidence based findings utilising a number of different techniques. These include:

- Asking the Governor or Director in Charge for a self evaluation – summary of their progress against previous recommendations, the challenges they face and the successes they have achieved.
- Obtaining information and documents from the SPS and the prison inspected.
- Shadowing and observing SPS and other specialist staff as they perform their duties within the prison.
- Interviewing prisoners and staff on a one to one basis.
- Conducting focus groups with prisoners and staff.
- Observing the range of services delivered within the prison at the point of delivery.
- Inspecting a wide range of facilities impacting on both prisoners and staff.
- Attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners such as Case Conferences.
- Reviewing policies, procedures and performance reports produced both locally and by SPS Headquarters (SPS HQ) specialists.
- Conducting a pre-inspection survey with prisoners prior to the inspection.
- Reviewing the Independent Prison Monitor (IPM) reports and a focus group with IPMs.

HMIPS is supported in our work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, Scottish Human Rights Commission, the Care Inspectorate, and guest inspectors from the SPS.

The information gathered facilitates the compilation of a complete analysis of the prison against the standards used. This ensures that assessments are fair, balanced and accurate. In relation to each standard and quality indicator, inspectors record their evaluation in two forms:

1. A colour-coded assessment marker

Rating	Definition
 Good performance	Indicates good performance which may constitute good practice.
 Satisfactory performance	Indicates overall satisfactory performance .
 Generally acceptable performance	Indicates generally acceptable performance though some improvements are required.
 Poor performance	Indicates poor performance and will be accompanied by a statement of what requires to be addressed .
 Unacceptable performance	Indicates unacceptable performance that requires immediate attention.
 Not applicable	Quality indicator is not applicable .

2. A written record of the evidence gathered is produced by the inspector allocated each individual standard. It is important to recognise that although standards are assigned to inspectors within the team, all inspectors have the opportunity to comment on findings at a deliberation session prior to final assessments being reached. This emphasises the fairness aspect of the process ensuring an unbiased decision is reached prior to completion of the final report.

This report provides a summary of the inspection findings and an overall rating against each of the nine standards. The full inspection findings and overall rating for each of the quality indicators can be found in the 'Evidence Report' that will sit alongside this report on our website. The results of the pre inspection survey will be published at the same time.

Key Facts

Role

HMP Dumfries serves the local courts and community of Dumfries and Galloway, by holding prisoners remanded in custody and a number who are serving sentences of less than four years. Additionally, it provides a national facility for both long- and short-term prisoners that require separation from mainstream prisoners, due to the nature of their offence.

Accommodation

There are five residential halls and no separation and reintegration unit.

Date of last inspection

January 2020.

Healthcare provider

NHS Dumfries and Galloway.

Learning provider

Fife College.

Overview by HM Chief Inspector of Prisons for Scotland (HMCIPS)

HMP Dumfries was a well-run prison which performed well against all our standards. One standard was assessed as good and eight assessed as satisfactory, but many of the latter with an encouraging number of individual quality indicators assessed as good and a pleasing number of examples of good practice identified. It is also highly commendable that in our pre-inspection survey prisoners in HMP Dumfries were significantly more positive in their own assessment of how they were being treated in comparison with the results from other Scottish prisons operating closed conditions.

All inspectors noted that staff in HMP Dumfries were courteous and professional with a caring and compassionate attitude to prisoners. Action to identify and support those most vulnerable or at risk and support their integration into the main regime was particularly impressive. For example, the prison had helped reintegrate prisoners whose behaviour had been very challenging in other prisons. Similarly, the supportive, inclusive approach taken by the prison when responding to bullying of a transgender prisoner was excellent. Arrangements for the liberation of prisoners were also good, with timings of release adjusted to take account of essential community appointments.

The most outstanding feature, after the staff, was the Wellbeing Gardens, which were of exceptional quality, well beyond anything inspectors had seen in any other closed establishment, and which had been transformed since our last inspection. The gardens were well used by the prison with various Recovery and Wellbeing activities running there with prisoners, who appreciated its relaxing therapeutic environment. Family events had also run there over the summer, and a local community dementia support group enjoyed access to the gardens. The excellent array of vegetables grown in the gardens were used in the kitchens and life skills classroom, and there were plans to see if local food banks could benefit from any surplus crops.

The prison was spotlessly clean and generally well maintained. Allowing prisoners to paint their own cells promoted a sense of pride, which supported a good level of cosmetic appearance. Nevertheless, with buildings dating back to Victorian times it is inevitable that some elements were showing their age; the flooring in C Hall and the shower room flooring in B Hall need replaced. The laundry was oppressively hot at times so improved ventilation, along with a water cooler, should be provided. A ventilation issue in the joinery needs addressed urgently.

HMP Dumfries had effective practices in place to provide a safe environment for those who worked and lived there, although CCTV coverage needed to improve in some areas. It had a good system for managing and retrieving property and completing mandatory drug testing, but backlogs with progression-related drug testing need addressed. Searching records were of a good standard, but staff could be better at explaining why cells had been selected for searching and rub down searches were sometimes missed due to not having a staff member of the appropriate gender available. While Use of Force (UoF) records indicated that this was only deployed rarely and with compassion, the prison should review all incidents for learning opportunities.

In general, prisoners had good access to the main regime and, pleasingly, more time out of cell than we see in many other prisons. B0 Hall had the most restricted regime, but still had opportunity for more than five hours' time out of cell. However, the regime for non-offence protection prisoners was limited. We recognise the challenges around providing equity of regime for a small number of prisoners, but this should still be reviewed. Consultation with prisoners was taking place, but there was scope to improve arrangements around the organisation of Prisoner Information Action Committee (PIAC) meetings and feedback to prisoners.

The prison offered a good range of employment opportunities for prisoners in work parties. A few informal employment activities were also available to prisoners to suit their age and ability. The employment opportunities were of good quality and were sufficient for all prisoners who were eligible for work. Unfortunately, vocational training, including employability certificates, had been suspended. This prevented prisoners, particularly short-term prisoners (STPs), from achieving certification for skills and knowledge relevant to the community on their release. The prison did not collaborate with Learning Centre staff to support those prisoners in employment with their development of core skills.

Educational opportunities were available to all long-term, short-term, and untried prisoners, and classroom activities were delivered well and engaged those who attended. There was a limited range of subjects on offer, however, and attendance rates were generally low with relatively few qualifications offered or taken up.

Prisoners had good access to well-equipped fitness and sporting facilities, including outdoor sports within the prison grounds. New initiatives were planned to engage prisoners in health and fitness activities. Unfortunately, no prisoners had gained recognised qualifications or awards for health and fitness activities in the past year.

Many prisoners were highly satisfied with the library service. A few themed events were arranged, and occasional guest speakers or competitions, but co-ordination with the Education Team could further enhance opportunities.

The Chaplaincy Team were visible throughout the establishment and involved in many support groups within the prison. The visits area was bright with a well-stocked children's play area and staff were welcoming to visitors, but consideration should be given to reintroducing evening visits.

The prison did not deliver rehabilitative programmes which, considering the offence-related status of most of the prisoners, was disappointing and a source of frustration for prisoners and staff. Psychological support was only provided one day per week on site and the lead psychologist attended case conferences remotely, which was also not ideal. Nevertheless, strong partnership working between prison and social work staff ensured that planning for release and reintegration into the community operated effectively. The Multi-Agency Community Re-integration Board (MACRIB) was effective in co-ordinating relevant local supports to meet the needs of prisoners returning to the local community.

Our 2015 and 2020 inspection reports had criticised the prison's efforts at promoting Equality and Diversity (E&D), so it was pleasing to see tangible progress with a new E&D strategy and action plan in place. However, access to information in foreign languages still needs to improve, with some foreign nationals unclear on aspects of prison life, although it was encouraging to see prisoners now represented on the E&D Committee. Staff training competencies were generally impressive, with the exception of Control and Restraint (C&R), where the temporary closure of the gym had impacted their efforts and work was underway to bring competencies back up.

A number of strong relationships had been developed with partners in both the justice sector and the community. The Healthcare Team were also well integrated alongside their SPS colleagues, supporting effective healthcare delivery.

Overall, this is a very positive inspection report, which is a credit to management and staff, but we identify a number of key recommendations that we would ask the prison to focus on:

Recommendation 2: HMP Dumfries Reception staff should ensure that translation services are always used when the level of comprehension indicates this would be beneficial.

Recommendation 11: HMP Dumfries should provide adequate ventilation and a water cooler for staff working in the laundry.

Recommendation 16: HMP Dumfries must ensure that menus in their own language are made available to prisoners who do not speak or read English.

Recommendation 18: HMP Dumfries should give urgent attention to the dust extraction system in the joinery workshop to ensure it meets statutory regulations.

Recommendation 24: HMP Dumfries should improve CCTV coverage in D and E Hall and create a SOP for monitoring all exercise yards.

Recommendation 26: HMP Dumfries should look to provide an equitable regime for those prisoners housed in D and E Hall similar to those held in A, B and C Hall.

Recommendation 31: The prison should introduce a range of certificated vocational training opportunities appropriate to the needs of prisoners on their release.

Recommendation 32: The Education Team should promote services more effectively to prisoners who are not yet highly educated and should offer a wider range of certificated programmes.

Recommendation 34: HMP Dumfries should review the face-to-face visit timetable and offer evening visits for family and friends who work during the day and children who are attending school.

Recommendation 37: HMP Dumfries should prioritise the implementation of offence focussed programmes, supported by a fully staffed programme delivery team, to ensure that risks and needs are addressed, and prisoners are prepared for release.

Human Rights-Based Approach Overview

Looking at the prison through the lens of the five PANEL principles we note the following:

Participation – Prisoners should be meaningfully involved in decisions that affect their lives.

Good relationships and communication with prisoners encouraged participation. During reception processes prisoners were given the opportunity to voice any concerns and seek clarity or further information. Prisoners felt able to share their needs and concerns with staff. Vulnerable prisoners were able to participate in decisions made about what should happen to them. Prisoners were fully involved in any decisions about their management plans in forums such as Rule 95 case conferences and adjudications.

Regular PIAC meetings were taking place across the prison and minutes of the meetings were being shared with prisoners, but not in a consistent way. The induction material needs to be updated to let prisoners know on arrival about these PIAC meetings. Events were well communicated to prisoners. The complaints process was not advertised consistently throughout the establishment and complaints boxes should be installed.

Prisoners were meaningfully involved in decisions and choices for employment, health, fitness, and education. Prisoners, both long-term and short-term, were actively encouraged to participate in the development of their community integration plans (CIPs). Prisoner ambassadors were actively encouraged to gather and present issues to the E&D meeting and were also given the responsibility for disseminating the outcomes to the prison population.

Accountability – There should be monitoring of how prisoner’s rights are being affected as well as remedies when things go wrong.

The prison was working hard to be effective and the main weakness around delivery of programmes was outside their control. The prison kept good records demonstrating the high level of those declining the opportunity to attend induction, however they had reduced the frequency of delivery and had not taken any substantive action to encourage attendance. It was recommended that a local assurance process was put in place to ensure that the core screens and First Night in Custody (FNIC) checklist arrived at the Links Centre completed and on time. A robust primary and secondary assurance system regarding Cell Sharing Risk Assessments (CSRAs) was in place and available for scrutiny on SharePoint. There was a good maintenance and prevention programme in place through the “Agility” platform to ensure issues were prioritised and dealt with efficiently. Prisoners reported no undue delays in having essential repairs carried out.

Incidents of violence, self-harm, risk of suicide and bullying were addressed speedily by the prison and there was effective monitoring of the levels of such incidents and the causes. Discussions with those that had been victims of bullying confirmed that staff had intervened and supported them effectively to continue to enjoy access to their regime and rights. There was strong evidence of an individualised person-centred approach that supported the most vulnerable prisoners.

There was effective auditing of many key processes across the prison. Talk To Me (TTM) books were checked before shift handover and audited by a Unit Manager before being closed. The adjudication process was also carefully audited, including by the Governor-in-Charge (GIC) for unconscious bias. Weekly audits were carried out in Reception covering valuable property and cash checks. Each case where UoF was applied was carefully recorded and its use explained and there was good evidence that de escalation processes were being applied.

When allocating work, the prison ensured that work was allocated to meet the needs of the individual rather than the prison. There was a limited range of subjects on offer in the Learning Centre and attendance at education was dominated by a small number of highly educated prisoners. The management should review this to encourage other prisoners to develop their education.

Case management also had a good audit and assurance process, which was audited and assured by the Unit Manager Offender Outcomes, so no critical dates or updates were missed. Effective processes were in place to monitor requested programme assessments and unmet programme needs. The lack of available offence-focussed programmes in HMP Dumfries was a significant barrier to prisoner progression.

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

There was a mixed picture here. E&D had improved significantly since our last inspection with an E&D action plan in place and regular E&D meetings. E&D complaints were also dealt with effectively. Nevertheless E&D was still not fully embedded, particularly with regard to supporting foreign nationals. Some leaflets were available in other languages and staff were aware of the translation services, however their use was limited, and more information should be made available in other languages. Menus, for example, were not provided in other languages, which hindered non English speaking prisoners from choosing food suitable for their diet.

There were issues with accessibility in the reception area, however an alternative route was available, and staff had responded to need by setting up a temporary reception when necessary.

The prison needs to review the regime for prisoners on D and E Hall, particularly for non-offence protection prisoners when they are held there, to provide them with an equitable regime.

STPs had limited employment options and remand prisoners had no employment options. They also had limited access to education. The Labour Allocation Policy was fair and applied to all eligible prisoners. Where a prisoner required extra assistance to participate in paid work, the prison made appropriate arrangements to support meaningful participation. For older prisoners who found it challenging to attend a work party, employment activities were available in their residential area. There was a wide range of activities in physical training to suit all age and mobilities. Those unable to attend the gym due to mobility issues were given sessions in their residential areas. Although the library was well stocked, there was no stock of large print material, which was surprising given the age profile of many of the prisoners.

No instances were reported or noted of any intolerances or religious discrimination.

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

The prison generally performing satisfactorily against this metric, but commendably so regarding support for the most vulnerable in their care. There was an input focussing directly on human rights in custody in the National Induction, however the attendance rate was low. Prisoners had the opportunity to raise issues throughout the admission and liberation processes. The development of a peer support approach at admission would assist with communicating rights and opportunities for new admissions. Prisoners understood the process for raising maintenance issues and obtaining essential hygiene items and clothing. Prisoners were consulted about possible social or cultural events such as Christmas and Ramadan through PIAC meetings. Unfortunately, prisoners were not able to influence the daily menu choices.

HMP Dumfries was a prison that worked hard to identify vulnerable prisoners and ensure they remained safe. Where they needed extra assistance to engage in processes, this was facilitated. There were good examples of the prison supporting individual prisoners to reintegrate into purposeful activity.


Each prisoner on restrictive measures such as Rule 95 or Special Security Measures (SSMs) was provided with support and understood the process. Each prisoner was informed of their right to appeal in the adjudication process.


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


The Prison Rules were available in all residential areas and within the prison library, and compliance with legal obligations and Prison Rules was strongly embedded in the culture of the prison. However, inspectors did detect a breach of the Control of Substances Hazardous to Health Regulations in the joinery workshop due to inadequate ventilation.


Summary of Inspection Findings

 **Standard 1 Lawful and Transparent Custody**
Satisfactory

 **Standard 2 Decency**
Satisfactory

 **Standard 3 Personal Safety**
Satisfactory

 **Standard 4 Effective, Courteous and Humane Exercise of Authority**
Satisfactory

 **Standard 5 Respect, Autonomy and Protection against Mistreatment**
Satisfactory

 **Standard 6 Purposeful Activity**
Satisfactory

 **Standard 7 Transitions from Custody to Life in the Community**
Satisfactory

 **Standard 8 Organisational Effectiveness**
Good

 **Standard 9 Health and Wellbeing**
Satisfactory

Standards, Commentary and Quality Indicators

Standard 1 – Lawful and Transparent Custody

The prison complies with administrative and procedural requirements of the law, ensuring that all prisoners are legally detained and provides each prisoner with information required to adapt to prison life.

The prison ensures that all prisoners are lawfully detained. Each prisoner's time in custody is accurately calculated; they are properly classified, allocated and accommodated appropriately. Information is provided to all prisoners regarding various aspects of the prison regime, their rights and their entitlements. The release process is carried out appropriately and positively to assist prisoners in their transition back into the community.

Inspection Findings

Overall Rating: Satisfactory

Overview

In this standard, three quality indicators were rated as good performance, four rated as satisfactory and one rated as generally acceptable, giving an overall rating of satisfactory performance. There were three examples of good practice and five recommendations for improvement.

HMP Dumfries performed very well in this standard. Whilst the facilities were outdated in many ways, a courteous and professional staff approach, coupled with well-developed systems were at the heart of effective admission, assessment, allocation and liberation processes. According to the HMIPS pre-inspection survey, 80% of prisoners indicated they were treated very well or quite well on arrival.

Staff followed a comprehensive suite of Standard Operating Procedures (SOPs) across the admission, assessment, transfer and liberation processes and managers delivered assurance and secondary assurance checks.

The admission process ensured that the prison met its legal obligations. Warrants were thoroughly checked and a set of significant dates including the liberation date were communicated to prisoners without delay. Prisoners' level of understanding was assessed, and any vulnerabilities approached via the Reception Risk Assessment (RRA) process, in which the caring approach of staff was evident in the opportunities for prisoners to ask questions and communicate concerns. Although information in foreign languages was available, inspectors found evidence that there was room for improvement in assisting those with limited understanding to access translation services both in reception and in the residential halls.

HMIPS Standard 1 Lawful and Transparent Custody – Continued

Inspectors found that the physical area had accessibility issues, however adjustments to the reception process had been made to overcome this by temporarily relocating people when necessary.

Basic information about the prison was available in reception and followed up in the residential areas where an essential first night checklist was completed. Cell Sharing Risk Assessments (CSRAs) were completed thoroughly and followed up via management assurance, highlighting required actions.

Residential staff completed core screens which inspectors considered a positive start to their personal officer role. However, we found that despite a previous recommendation, there was still a requirement for First Line Managers (FLMs) to improve their assurance of the process to transmit a pack of information to the Links Centre to ensure referrals were followed up by service providers.

The induction was a comprehensive and well structured programme, delivered by residential officers. However, uptake was low and only 57% of pre-inspection survey respondents said they were offered it on arrival. There was no evidence that any action had been taken to counteract this. Induction was one area where more use of a peer mentoring approach may be beneficial.

Arrangements for liberation were excellent. From the administrative side it was managed by the Criminal Desk with an impressively low error rate going back over some years. The reception staff offered the additional services of ensuring clothing was prepared and personal phones charged in preparation for release. Officers accompanied some offence protection prisoners to their transport where required, and a multi agency board was in place to plan the release of prisoners from the local area, regardless of their location. The timing of release was adjusted to take account of community appointments where necessary, and where individuals had taken up the offer of naloxone training on admission, they were offered a take-home supply on release.

HMIPS Standard 1

Lawful and Transparent Custody – Continued

List of Recommendations

- **Recommendation 1:** HMP Dumfries should consider identifying routine and specific arrangements for the provision of additional cover in reception.
- **Recommendation 2:** Reception staff should ensure that translation services are always used when the level of comprehension indicates this would be beneficial.
- **Recommendation 3:** Residential FLMs should be reminded of their role in relation to the First Night Checklist and core screen documents being completed, signed and transmitted to the Links Centre in a timely way. A local assurance process should be invoked to provide oversight.
- **Recommendation 4:** HMP Dumfries should remind all officers covering reception duties of the need for confidentiality.
- **Recommendation 5:** HMP Dumfries should review practice collaboratively with staff and people in custody, including peer mentors where available, to explore what practical steps can be taken to encourage attendance at the National Induction. This should include scanning for good practice in other establishments.

List of Good Practice

- **Good Practice 1:** The number of staff trained to foundation or intermediate level in Warrants was impressive.
- **Good Practice 2:** As part of the reception process, officers checked the status of recorded enemies and provided information to the IMU to update the system, thus potentially addressing barriers to cell or regime sharing at an early stage.
- **Good Practice 3:** Written information provided to prisoners about significant dates in the timeline of their sentence included the earliest date of liberation, sentence expiry date, parole and home detention curfew qualifying dates and punishment part expiry year where appropriate. If the dates were amended due to a change in circumstances, a further communication was sent.
- **Good Practice 4:** All admissions to HMP Dumfries were invited to naloxone training and attendees are offered take home naloxone on release.

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.

Inspection Findings

Overall Rating: Satisfactory

Overview

In this standard, five quality indicators were rated as satisfactory, and one was rated as good performance with an overall rating of satisfactory. There were two examples of good practice and 12 recommendations for improvement.

HMP Dumfries was built in 1883 and later extended with additions being made in 1988. The old building is a Category B listed building and is one of only three 19th-century prisons still in use in Scotland.

From the moment inspectors arrived they could not fail to notice that the prison was a very clean and well-maintained facility that would undoubtedly be challenging for staff given its age. This is to be commended.

VT Cleaners had a total of 32 passmen consisting of 20 industrial cleaners and 12 mobile cleaners with an additional 22 passmen registered as cleaners on the halls. Industrial and mobile cleaners were long-term prisoners (LTPs) and were qualified to British Institute of Cleaning Science (BICSc) Licence to Practice level. In addition, six had received further qualifications for dealing with Bio-Hazard decontamination; these six formed a rota to provide 24-hour coverage for the prison. HMP Dumfries had been recognised for their excellence in training prisoners by being nominated for two national awards.

None of the cells in C Hall had a toilet and therefore operated “Night Sanitation” where prisoners were required to press a bell if they wished to use the facilities during periods of lock up. Some prisoners reported that they found the process agreeable and appreciated the mutual trust involved to operate this.

HMIPS Standard 2 Decency – Continued

Ceilings in various parts of D Hall and the flooring in C Hall were in a poor state of repair. It is understood that the complete replacement of the external roof of D Hall was at the tendering stage but the flooring in the corridors and cells of C Hall did not feature on any project list.

Allowing prisoners to paint their own cells clearly promoted a sense of pride in their own living areas and helped to ensure a reduction in vandalism and that the ageing cells maintained a good level of cosmetic appearance.

Inspectors found that whilst the communal toilets and showers throughout the prison were very clean, some were poor in appearance and condition. It was encouraging however to find that the Estates Team were aware of all these issues and intended to address them as part of their maintenance programme.

During the inspection, many prisoners reported items of clothing regularly going missing when sent to the laundry. As such they stated that they rarely sent any personal clothing to the laundry for fear of it going missing, in addition laundry staff reported often being confronted by prisoners about items that have gone missing and being accused of stealing them. HMP Dumfries did not offer any training to laundry passmen however all were confident in carrying out their role within the laundry. The laundry was found to be a very warm environment to work in often recording a temperature of 29 degrees. Whilst there is no law for a maximum working temperature staff and prisoners both reported that at times it was an uncomfortable working environment. Air conditioning or fans and a water cooler for those working in this warm, dry environment should be provided.

HMP Dumfries had access to the “Saffron” catering management software to ensure they were delivering nutritious, allergen aware food to the prisoners. Staff did not use this software, and inspectors were informed that menu choices were decided locally by the kitchen staff. Inspectors could find no evidence of prisoners influencing the menu choices.

Inspectors could find little evidence of a Unit Manager visiting the kitchen on a daily basis. A spreadsheet held centrally was supposed to be updated daily by the designated manager responsible for visiting the kitchen, but this was not being completed and was seen to have been last updated in May 2024.

HMIPS Standard 2 Decency – Continued

List of Recommendations:

- **Recommendation 6:** HMP Dumfries should ensure the accessible cell is given additional storage and hooks to hold clothing and towels to help reduce trip hazards and potential injury to the occupant.
- **Recommendation 7:** HMP Dumfries should find a more robust solution to the problem of protruding bolts in the two safer rooms to prevent the possibility of self harm by an occupant.
- **Recommendation 8:** HMP Dumfries should ensure the flooring in C Hall is replaced.
- **Recommendation 9:** HMP Dumfries should provide halls with basic information for passmen selected to work as cleaners to ensure a basic understanding of cleaning colour codes and equipment.
- **Recommendation 10:** HMP Dumfries should ensure the shower room flooring in B1 Hall is repaired or replaced.
- **Recommendation 11:** HMP Dumfries should provide adequate ventilation and a water cooler for staff and prisoners working in the laundry.
- **Recommendation 12:** HMP Dumfries should remind staff and prisoners that any items for the laundry that are heavily soiled or are a bio hazard are placed in the appropriate red bags so they can be handled safely.
- **Recommendation 13:** HMP Dumfries should consider providing individually numbered cable ties to secure laundry bags and wash and dry them unopened.
- **Recommendation 14:** HMP Dumfries must ensure that food focus groups are held or added to the PIAC agenda to allow prisoners' opinions to be considered in respect of menu choices.
- **Recommendation 15:** HMP Dumfries must ensure that appropriate flasks with compartments are provided for fasting prisoners and prisoners who are late to the prison and require a hot meal.
- **Recommendation 16:** HMP Dumfries must ensure that menus in their own language are made available to prisoners who do not speak or read English.
- **Recommendation 17:** HMP Dumfries must ensure that the kitchen is subjected to a daily managerial visit, and this is accurately recorded.

List of Good Practice

- **Good Practice 5:** Permitting a prisoner to take responsibility for painting their own cell has evidenced a sense of pride and created a way of preventing damage and graffiti and keeping ageing cells in good cosmetic condition.
- **Good Practice 6:** Training prisoners to become BICSc assessors had provided HMP Dumfries with greater flexibility for future prisoner training and provided valuable qualifications upon release.

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.

Inspection Findings

Overall Rating: Satisfactory

Overview

In this standard, three quality indicators were rated as good performance, three were rated as satisfactory performance and one rated as generally acceptable, giving an overall rating of satisfactory. There were two examples of good practice and one recommendation for improvement.

The prison's approach to Standard 3 was proactive and person-centred in relation to managing individuals at risk of self-harm in custody. Although there was no opportunity to observe a Talk to Me (TTM) case conference, closed files were reviewed which were of a high standard and it was clear that the prison took a person-centred approach towards those they cared for.

There was good evidence of personalised approaches towards those with protected characteristics, where prisoners' needs were met through collaboration. Staff embraced LGBTQ issues by offering a person-centred regime where appropriate. This was corroborated by the narratives within case conference minutes.

There was strong evidence of an individualised approach towards prisoners who had not been able to settle in other establishments, where their behaviours had improved by being managed in a way that supported them, and also delivered a safe working environment for staff.

There were regular Violence Reduction Strategy (VRS) meetings with the IMU, Unit Managers and Heads of Function. This gave managers an ideal opportunity to understand current trends and impacting factors to be considered. Reviews were completed after incidents. It was reported that there were good relationships built between Police Scotland and the prison, as well as with the local community groups to minimise the introduction of illicit items being thrown over the perimeter.

HMIPS Standard 3 Personal Safety – Continued

There was good evidence of quick responses to staff alarms. During one incident observed, there was an excellent escalation of the situation once staff arrived which enabled staff to control the incident with minimal fuss.

The prison had an established Anti-Bullying Policy. It was pleasing to observe that incidents of bullying at HMP Dumfries were rare and staff were knowledgeable on the policy and processes. When speaking to prisoners they also had a good understanding of the actions they could take when experiencing bullying. There were good examples of the support offered to those being bullied and an appreciation by prisoners on the actions taken to minimise these incidents in the future. All Rule 95s were found to be legally applied. Case conference minutes and daily narratives provided a good rationale for why a rule had been applied, and where an extension was requested and granted.

The policies, practices and procedures in relation to Health and Safety (H&S) were embedded in the daily routines and training. All these actions ensured a safe prison for both prisoners and staff. The action taken to identify and support those most at risk and support access and integration into the main regime was particularly impressive and commendable.

List of Good Practice

- **Good Practice 7:** The individualised approach to supporting vulnerable prisoners and those with a history of self harm and disruptive behaviours was exceptional.
- **Recommendation 18:** HMP Dumfries should give urgent attention to the dust extraction system in the joinery workshop to ensure it meets statutory regulations.

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.

Inspection Findings

Overall Rating: Satisfactory

Overview

In this standard, three quality indicators were rated as good performance, six were rated as satisfactory performance and one rated as generally acceptable giving an overall performance of satisfactory. There were six recommendations for improvement and no examples of good practice.

HMP Dumfries had effective practices in place to provide a safe environment for those who worked and lived there. This was evident in the Use of Force (UoF) forms where compassion and care were displayed. The adjudication process took account of prisoners needs and a person-centred approach was observed. Prisoners were allowed to give their version of events and support was provided in place of punishments where appropriate.

The management of Rule 95s was good whereby a person managed under these restrictions did so for the minimum time necessary. Prisoners were allowed to have an input into their management plans and felt involved in the decision-making process. No prisoners were on Special Security Measures (SSM) during the inspection; however, paperwork was sampled with good evidence of prisoner involvement. Inspectors spoke to a prisoner previously on SSM, who stated they fully understood the reasons and was treated with respect.

Prisoners had access to their personal property and cash. Reception processes were robust, and all property was recorded on prisoners' property cards. The establishment had a very good request system where all prisoners got access to their property and could donate items for prisoners who had none. Access to cash was available to all prisoners through the Canteen, and Sundry purchases were available on a weekly basis. Other than where money could be sent in by bank transfer, the only way the prison would accept cash or property was if it was sent in by post. Visitors were not permitted to hand in cash or property at the prison. This places a lot of financial pressure on family and friends, an area HMIPS have made recommendations to the SPS in the past and have again in this report.

HMIPS Standard 4 Effective, Courteous and Humane Exercise of Authority – Continued

HMP Dumfries had a good process in place for mandatory drug testing with a high volume of staff being trained to do this as a secondary role. A recommendation has been made in relation to progression testing that was outstanding. Staff were knowledgeable and provided as much dignity as possible. Searching was of a good standard with a good recording system in place. The HMIPS pre-inspection survey stated that almost a third (32%) of prisoners reported never receiving a reasonable explanation of why they were being searched. This was evident during the inspection where there was no explanation given for the searches observed.

List of Recommendations:

- **Recommendation 19:** Head of Operations should review all video recording of UoF so that opportunities to learn from incidents are not missed.
- **Recommendation 20:** HMP Dumfries should ensure that staff inform prisoners why they are being searched.
- **Recommendation 21:** HMP Dumfries should ensure that when an officer escorting prisoners is unable to rub down a prisoner due to their gender, support should be sought for an officer of a different gender to ensure appropriate rub down checks occur.
- **Recommendation 22:** HMP Dumfries should allow cash and property to be handed into the prison to help reduce financial pressures on family and friends.
- **Recommendation 23:** HMP Dumfries should put measures in place to reduce the outstanding mandatory drug tests.
- **Recommendation 24:** HMP Dumfries should improve CCTV coverage in D and E Hall and create a SOP for monitoring all exercise yards.

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.

Inspection Findings

Overall Rating: Satisfactory

Overview

One quality indicator was rated as good, four were rated as satisfactory and three were rated as generally acceptable, giving an overall rating of satisfactory. There were six recommendations for improvement and no examples of good practice.

In relation to sharing critical information between prisoners and their families, staff spoken to were knowledgeable about the process and there were examples given of where it had worked well. A SOP should be produced detailing the process.

During the inspection week, inspectors witnessed and commented on extremely respectful and positive interactions between staff and prisoners. This was reinforced by the results of the HMIPS pre-inspection survey with prisoners, views of staff during focus groups and observations by IPMs during their weekly visits. In HMP Dumfries, staff were allocated a relatively small number of prisoners to care for.

Unlike other prisons inspected lately staff were situated within the residential sections. Prisoners had a good amount of time out of cell compared to other prisons and there was stability in the staff group on the halls which were all factors that allowed staff time to build relationships and get to know their prisoners.

Prisoners' rights to confidentiality and privacy were respected by staff. There were sufficient rooms to have confidential conversations and confidential paperwork was kept securely. Staff were aware of the process to follow in relation to information security breaches and Subject Access Requests (SARs) and they were being managed appropriately. Data Protection Privacy Statements were displayed in most halls.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

The environment in HMP Dumfries was orderly and reasonably predictable, assisted by the positive staff/prisoner relationships. B0 Hall appeared to have the most restricted regime however prisoners were still opened for a minimum of around five hours per day. The residential staffing complement was reasonable for the number of prisoners, but it was a small staff group with several singleton posts, so any absences caused disruption to the regime. The staff worked really well together as a team, showing great flexibility to cover absences. The regime for D and E Hall, which housed mainly short term prisoners (STPs) and those held on remand, was not equitable to those housed in A to C Hall. Although they still had a good amount of time out of cell in comparison to other prisons, and had access to the gym every day, their only work party was waste management or a pass job. However, when there were staff shortages, the waste management party seemed to be the first party to close, which was not equitable. In addition to this they only had access to education once per week on a Wednesday afternoon. Any non-offence protection prisoners were placed in D Hall and their regime was even more restricted. This is not fair or equitable and needs to be reviewed. The regime information also needs to be made available in all languages spoken in the hall.

Although space on the notice boards was sometimes an issue, lots of information was available to prisoners on events that were taking place in the prison. The Common Good Fund was being put to really good use, with the Governor authorising spend on special events and theme nights. The prison had produced a Terms of Reference (TOR) document for PIAC meetings in January this year, but it was not being followed. The document stated that PIACs would take place monthly, that the minutes would be shared on notice boards, that a process log would be produced to monitor outstanding actions, and it included a standing agenda for the meetings. Currently a STP and a separate LTP PIAC took place every couple of months, but there was no schedule of planned dates. The representatives from each hall were asked to consult with other prisoners in their hall about potential items for discussion, but some prisoners reported that this did not always happen. HMP Dumfries may wish to consider the good practice identified during the inspection of HMP YOI Polmont where agenda suggestion forms were available in document holders on the wall in residential areas, giving prisoners the opportunity to put forward items for discussion at future PIACs. There was no action list in the minutes or as a separate document. HMP Dumfries should consider producing an action list and publishing it alongside the minutes. This would let prisoners see that things are changing because of these meetings and may help improve the perception of prisoners in the pre-inspection survey. Inspectors found the sharing of minutes with prisoners to be inconsistent. HMP Dumfries should review this part of the process and ideally ensure they are displayed on notice boards on every hall, so that all prisoners can read them.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

The Prison Rules were available in all residential halls and the prison libraries. The libraries held a variety of legal texts that could be printed off in different languages if required. The agents visit process ran smoothly.

The HMIPS pre-inspection survey informed us that most prisoners (67%) reported that the complaints system worked badly. There was a SOP available to staff that explained the complaints procedures and staff spoken to understand the process. The complaints process was not well advertised to prisoners. Complaints forms and envelopes for PCF2s were freely available in the grey stacking trays in the residential halls, but there were no complaints boxes on the halls to prevent prisoners having to hand them to staff if the FLM was not around, which may be off-putting for some.

The quality of FLM responses to PCF1s was good. There were no key themes arising from the complaints. The Governor's responses to PCF2s were very personable, supportive and well written, and informed prisoners about the route to the Scottish Public Services Ombudsman (SPSO).

IPM posters were displayed in all residential halls and throughout the prison, and the contact number was on prisoners in cell phone. Prisoners and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and they knew how to contact them.

List of Recommendations

- **Recommendation 25:** HMP Dumfries should produce a SOP detailing the processes that are in place for sharing critical information between prisoners and their families.
- **Recommendation 26:** HMP Dumfries should look to provide an equitable regime for those prisoners housed in D and E Hall similar to those held in A, B and C.
- **Recommendation 27:** HMP Dumfries should ensure that the regime is made available in the languages spoken in the hall.
- **Recommendation 28:** HMP Dumfries should implement their PIAC Terms of Reference document to ensure that the minutes and an update on actions from PIACs meetings are communicated to all prisoners, and that all prisoners know when meetings will take place and are encouraged to submit items for discussion at future meetings. They should also update the admission booklets to provide an explanation of PIAC meetings to new arrivals.
- **Recommendation 29:** SPS HQ should update the National Induction slides to include information about PIACs meetings.
- **Recommendation 30:** HMP Dumfries should advertise the SPS complaints process more consistently. It should also install complaints boxes to prevent prisoners having to approach staff when making a complaint.

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.

Inspection Findings

Overall Rating: Satisfactory

Overview

In this standard, one quality indicator was rated as good performance, 10 were rated as satisfactory performance, four were rated as generally acceptable giving an overall rating of satisfactory performance. There were six examples of good practice and five recommendations for improvement.

The prison offered a good range of employment opportunities for prisoners in work parties. A few informal employment activities were also available to prisoners to suit their age and ability. The employment opportunities were of good quality and were sufficient for all prisoners who were eligible for work. Vocational training, including employability certificates, had been suspended. This prevented prisoners, particularly STPs, from achieving certification for skills and knowledge relevant to the community on their release. The prison did not collaborate with Learning Centre staff to support those prisoners in employment with their development of core skills.

Residential staff and personal officers had a good knowledge of prisoners' individual preferences and abilities and encouraged prisoners to participate in employment opportunities. However, there were limited employment opportunities for STPs. There were good examples of the prison supporting individual prisoners to reintegrate into purposeful activity and overcome personal issues. For older prisoners who found it challenging to attend a work party, employment activities were available in their residential area. An innovative rota had been introduced to maximise the opportunities for prisoners to participate in paid work and provide flexibility for them to attend physical and health activities or education.

HMIPS Standard 6

Purposeful Activity – Continued

The area for education was appropriate, welcoming, and included examples of prisoner art. Educational opportunities were made available to all LTP, STP and untried prisoners. The teaching and classroom activities were delivered well and engaged those who attended. However, there was a limited range of subjects on offer, and attendance at education was dominated by a small number of very highly educated prisoners. Attendance rates in classes were generally low and there were relatively few qualifications offered or taken up by prisoners. Adult Education Awards were offered where appropriate and trained peer mentors supported this work well.

Most prisoners engaged enthusiastically with health and fitness activities. Prisoners had good access to well-equipped fitness and sporting facilities, including outdoor sports within the prison grounds. However, over the past month the full weekly timetable was not available due to PTI training, essential training for SPS staff or staff shortages, and the facilities were closed at weekends. Two new key initiatives were planned to engage prisoners in health and fitness activities, Parkrun, and Healthy Dads Healthy Kids. However, most health and fitness programmes had been suspended and no prisoners had gained recognised qualifications or awards for health and fitness activities in the past year.

The library areas were enhanced with a number of trolleys and book racks for residential areas. There was a good stock of books and DVDs, which included information on legal rights, and a small selection of foreign language texts. All prisoners had access to the library each week. Staff were proactive in supporting access to library materials and group activities were organised through the library. Many prisoners were highly satisfied with the library service. A few themed events were arranged, and occasional guest speakers or competitions. However, there was little co-ordination of activities with the Education Team, limiting the opportunities for prison-wide themed activity.

There was a reasonable range of cultural, recreational, self help and peer activities in place across the prison and religious observance was supported well. Prisoners were consulted on their views on social or cultural events. There was a Listener service in place, and peer mentors to support literacy and numeracy. The recovery and wellbeing café supported the organisation of group activities and peer mentoring effectively. The gardens were used well by residential staff, gym staff and others as a means of relaxation, and groups of prisoners often used this space to engage with each other and relax.

HMIPS Standard 6 Purposeful Activity – Continued

Access to fresh air was being adhered to and appropriate clothing for inclement weather was available.

Religious observances were well catered for. The Chaplaincy Team were visible throughout the establishment, spending time in the residential areas. They were involved in many support groups within the prison, especially the LGBTQ support group, which works well with around 12 prisoners. It provided valued support to both transitioning prisoners and others who wished to participate and had recently been put forward for a local governor's award.

The visits area was bright and well decorated, catering for the needs of those who used it and included a well-stocked children's play area. The staff were welcoming to visitors, treating them with courtesy and respect and there was a helpful information booklet about the prison freely available. There was a refreshment facility on site, and the prison had developed links with the local community centre, Summerhill, as a visitor centre for family/friends to make use of before and after visits to the prison. There was a full time Family Contact Officer and visits were generally well used, with no restrictions on the amount if space was available. The weekend father/child bonding visits were well received, and the wellbeing garden was utilised for these visits, weather permitting. Consideration, however, should be given to introducing evening visits so that family or friends who work or children who are at school can visit. Virtual visits were available in the evening.

The prison did not deliver rehabilitative programmes which, considering the offence related status of most of the prisoners, was disappointing. Those requiring programme work had to transfer to other establishments, which was complex due to the of lack of spaces available and a limitation on where prisoners could transfer to. Psychological support was only provided one day per week on site and the lead psychologist attended case conferences remotely as required, This was not ideal. The Case Management Team and FLM provided good support, along with the Unit Manager, all of whom have a good understanding of prisoners needs. An RMT was observed, and it was well managed by the Deputy Governor with involvement of the prisoner when appropriate. Targeted ICMs took place and again prisoners along with family had the opportunity to input into this process. There was good multidisciplinary interaction between statutory bodies in relation to casework.

HMIPS Standard 6

Purposeful Activity – Continued

List of Recommendations:

- **Recommendation 31:** HMP Dumfries should introduce a range of certificated vocational training opportunities appropriate to the needs of prisoners on their release.
- **Recommendation 32:** The Education Team should promote services more effectively to prisoners who are not yet highly educated and should offer a wider range of certificated programmes.
- **Recommendation 33:** HMP Dumfries should accelerate the introduction of new initiatives and reintroduce recognised qualifications and awards for health and fitness activities.
- **Recommendation 34:** HMP Dumfries should review the face-to-face visit timetable and offer evening visits for family and friends who work during the day and children who are attending school.
- **Recommendation 35:** HMP Dumfries should consider upskilling some staff in relation to the personal officer scheme to ensure they are informed about critical dates.

List of Good Practice

- **Good Practice 8:** The approach to work allocation and encouraging prison participation.
- **Good Practice 9:** The LGBTQ support group works well with around 12 prisoners in the group. It provided valued support to both transitioning prisoners and others who wished to participate and had recently been put forward for a local governor's award.
- **Good Practice 10:** The utilisation of the wellbeing garden, weather permitting, for father/child bonding visits was well received by prisoners and family members. It was good to hear a prisoner talking about how being able to play football with his son had been a great help to their relationship building.
- **Good Practice 11:** Allowing extra time at the end of visits when the Therapist Team was on site.

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 successfully 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.

Inspection Findings

Overall Rating: Satisfactory

Overview

In this standard, one quality indicator was rated as good, three were rated as satisfactory and one rated as poor performance, giving an overall rating of satisfactory. There were two examples of good practice and two recommendations for improvement.

The senior management team at HMP Dumfries had fostered strong links with local community partners, and the prison was routinely represented at the community justice partnership. These relationships helped to ensure that a broad and appropriate range of organisations were able to access the prison and connect with prisoners prior to release. The Multi-Agency Community Re-integration board (MACRIB) was effective in co-ordinating relevant local supports to meet the needs of prisoners returning to the local community.

Strong partnership working between prison and social work staff ensured that planning for release and reintegration into the community operated effectively. Prisoners were appropriately empowered and actively encouraged to participate in ICM processes and plans for their release. Social work assessments were dynamic, timeous, and completed collaboratively with community based colleagues. The unavailability of offence-focussed programmes within the prison was a barrier to progression and source of frustration for prisoners and staff.

HMIPS Standard 7

Transitions from custody to life in the community – Continued

List of Recommendations

- **Recommendation 36:** HMP Dumfries should develop a terms of reference for the ICM review group to aid consistency in decision-making.
- **Recommendation 37:** SPS HQ should prioritise the implementation of offence-focussed programmes, supported by a fully staffed programme delivery team, to ensure that risks and needs are addressed, and prisoners are prepared for release.

List of Good Practice

- **Good Practice 12:** A well-established MACRIB met monthly and enabled effective partnership planning for prisoners' support in the community.
- **Good Practice 13:** The ICM review group provided a mechanism to consider if a prisoner's change in circumstances required further consideration through ICM case conferencing, and provided a level of assurance that prisoners' risks and needs were managed appropriately while the targeted ICM guidance was implemented.

Standard 8 – Organisational Effectiveness

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

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



Inspection Findings Overall Rating: Good

Overview

In this standard, six quality indicators were rated as good and two were rated as satisfactory performance, giving an overall performance of Good. There was one example of good practice and one recommendation for improvement.

It was the overwhelming view of the inspection team that HMP Dumfries was a well run prison, led by an experienced senior management team (SMT). The Governor-in-Charge (GIC) and Deputy GIC were described by staff as very visible and approachable, and prisoners and staff felt listened to. Although this standard does not highlight a lot of good practice, there were a lot of practices that were excellent.

The two previous inspections in 2015 and 2020 highlighted gaps in the E&D structure. The 2020 report said that E&D was not embedded into HMP Dumfries daily life, which resulted in this being one of the six key recommendations. It is pleasing to report that this was no longer the case. A new E&D strategy and action plan were in place. There was evidence that at ground level there was still some work to do, access to translation services and information available in foreign languages needed to improve, but the prison was very much on track. Perhaps the introduction of uniformed staff as E&D ambassadors would help support prisoners with protected characteristics. It was pleasing to note that there were prisoner E&D ambassadors who felt very much included in the E&D group.

HMP Dumfries had a robust and effective system for tracking progress against issues raised by scrutiny and oversight organisations. The responsibility for keeping a watchful eye on progress against actions was the Business Improvement Manager (BIM) who carried out their role diligently. Where the prison implemented plans to improve performance, there was clear evidence of progress and although some dates were past completion, there were mitigating circumstances for this.

HMIPS Standard 8

Organisational Effectiveness – Continued



Not all staff could articulate the prison's objectives and priorities; however, it was clear there was a generally good understanding of the ethos of a prison focusing on a wellbeing. There was good evidence of how staff carried out their day to day tasks supporting those they looked after.

Staff training competencies were impressive. Led by the Learning and Development (L&D) Manager and supported by the prison from the GIC down. C&R which would normally concern HMIPS stood at 82%. There was mitigation for this as the gym had been closed for a lengthy period, but there was a robust plan in place to get it to a comfortable level. As a small prison, staff had a good understanding of each other's roles, and where there was not the prison looked to address this. Staff surveys had been actioned and there were signs of action being taken, that is team meetings were now being held. Good performance was recognised at the prison in a number of different ways. HMIPS were surprised that there was no board recognising staff's length of service and ask the staff to reconsider and celebrate their commitment to the SPS. The monthly Staff Strategy Meeting was impressive in the way it supported staff who were absent. The meeting also looked at finances, succession planning and opportunities for staff to act up before applying for promotion. This meeting enabled the GIC to have clear oversight of the staffing function of the prison. Lack of maternity cover, like other prisons, was an issue and one HMIPS have asked SPS HQ to address nationally.

The prison was effective in fostering supportive working relationships with all their internal and external partners, and engagement with the community was clear to see. There were a number of strong relationships with partners in both the justice sector and the community. The GIC was also visible in the local and national press, where he took every opportunity to enlighten the public as to the good work carried out at the prison.

List of Recommendations

- **Recommendation 38:** SPS HQ should look at adding staffing cover to prison complements for those on maternity leave.

List of Good Practice

- **Good Practice 14:** HMP Dumfries ensured that all new residential officers spent the first three months in operations to acclimatise themselves to the prison environment.

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.

Inspection Findings

Overall Rating: Satisfactory

Overview

In this standard, six quality indicators were rated as good, six were rated as satisfactory and four were rated as generally acceptable, giving an overall rating of satisfactory. There were eight examples of good practice and 17 recommendations for improvement.

HMP Dumfries was last inspected in January 2020. The subsequent published report was very positive with the overall rating graded as good.

On the return visit, we were encouraged to see there was continued evidence of strong and supportive leadership within the Healthcare Team. The Healthcare Team remained committed to providing high quality care to their patients. The cohesive and positive culture within the establishment and working relationships between both the SPS and healthcare staff, also continued.

Whilst inspectors recognised the overall patient experience at HMP Dumfries was generally positive, this inspection identified a number of areas for improvement including unmet recommendations since the last inspection. This is not a reflection of the efforts made by healthcare staff at HMP Dumfries to support and improve the health and wellbeing needs of their patients.

Leadership and Governance

Prison Healthcare sits within the NHS Dumfries and Galloway Mental Health Directorate who report to the Dumfries and Galloway Health and Social Care Partnership (HSCP). The Healthcare Team at HMP Dumfries had a clear vision for prison healthcare, which supported person centred and compassionate care. Staff spoken with described the management team as visible and supportive. The Healthcare Team in HMP Dumfries were well managed with good operational leadership in place.

HMIPS Standard 9 Health and Wellbeing – Continued

There was evidence of systems and processes in place to report and learn from incidents and adverse events. Feedback from patients was gathered using the complaint, concern and feedback form, however, there was no mechanism to record patient's suggestions or feedback that would help inform service improvement.

All staff spoken with indicated that the relationship between healthcare staff and SPS staff was cohesive and supportive. There was evidence of a supportive approach to looking after people in their care through various multi agency forums.

Despite recruitment campaigns, there was still a challenge in recruiting a clinical psychologist within the Healthcare Team. Due to being unable to access suitably trained staff from NHS Dumfries and Galloway's staff bank, any gaps identified in staffing would be covered using their own staff.

Staff received an NHS Dumfries and Galloway induction as well as a prison specific induction and there was evidence that staff had completed their induction programme. There was good compliance with mandatory training, and inspectors were told all registered staff had completed certification of death training. This was a recommendation from the death in custody report.

Primary care

The immediate health and wellbeing needs of all patients were assessed on arrival at HMP Dumfries, using a standardised assessment screening tool. All health screening information was clearly recorded onto the electronic patient care record – Vision. As part of the assessment, patients who reported using drugs or alcohol had withdrawal screening carried out using validated tools.

Healthcare delivery at HMP Dumfries is nurse led with support from GPs and a mental health Advanced Nurse Practitioner (ANP). The GP could also be contacted in hours when not in the prison for advice. Forensic Medical Examiners (FME) provided medical cover out of hours. Patients were able to access healthcare using self-referral forms which were available in easy-to-read format, or by making verbal requests to the nursing staff or SPS officers.

Medications at HMP Dumfries were administered three times a day. Due to the current SPS regime, the last medicine was administered in the early evening during the week and in the late afternoon at the weekends. This meant that some medications were administered out with therapeutic times.

HMIPS Standard 9 Health and Wellbeing – Continued

Mental Health

The Mental Health Team had a robust caseload management system in place to triage, risk assess and allocate referrals, with responsive waiting times. Evidence was seen of all patients on the mental health caseload having up-to-date risk assessments. Care plans were patient-centred with evidence of patient involvement in development, reflecting individual goals for treatment.

A number of multi-agency forums took place for professionals to discuss patients' wellbeing and safety with a view to ensuring a consistent collaborative approach was delivered across the establishment. There was also a strong emphasis on discharge planning to support people on liberation.

Despite many attempts at recruitment, the HSCP have been unsuccessful in recruiting to the clinical psychology post and were therefore unable to offer a range of different psychological therapies within the prison. This was raised as a concern in the previous inspection report in 2020. Inspectors are therefore recommending again that the HSCP continue to review workforce planning to ensure the full range and skill mix of appropriate professionals are available to offer and deliver psychologically informed assessment and treatment interventions to patients.

Inspectors were pleased that information was available for families in the Visit Room on how to contact the Mental Health Team, if they were concerned about the wellbeing of their family member in prison.

Substance use

The Addictions Team at HMP Dumfries had clear pathways in place to deliver services to people dependant on alcohol or substances. The Addictions Team had a robust caseload management system in place to triage, assess and allocate referrals. Evidence was seen of all patients, on the Addictions Team caseload, having up-to-date risk assessments. Care plans were patient-centred with evidence of patient involvement in development, reflecting individual goals for treatment.

It was encouraging that, following admission, all prisoners were invited to the Links Centre for a one-to-one meeting for drug and alcohol screening and offered a range of harm reduction interventions.

There was evidence that work had commenced on the implementation of the Medication-Assisted Treatment (MAT) standards with patients having access to a range of opiate substitute therapy (OST) with their choice being considered.

HMIPS Standard 9 Health and Wellbeing – Continued

The Addictions Team worked closely with the Mental Health Team with joint multidisciplinary team meetings. This was supported by a formalised joint working policy in place.

A Prison Link meeting was also in place to discuss upcoming court appearances and liberations with the Community Specialist Drug and Alcohol Service staff to ensure continuity and a smooth transition of care.

Long-term conditions, palliative and end of life care

Patients with long-term conditions were identified during health screening carried out as part of the admission process, and when patients referred themselves to healthcare.

Whilst a comprehensive long term conditions register was in place, which contained details of when patients were seen, their next review date and any planned secondary care appointments, inspectors saw no evidence of patient-centred, outcome-focussed care plans for long-term conditions.

The management of patients with long-term conditions was nurse led with support from the GP. Healthcare staff told inspectors that good links had been made with secondary care and community colleagues to support the management of patients with long-term conditions.

Patients requiring palliative or end of life care would be identified and be seen by the GP or primary care nurses initially.

Staff at HMP Dumfries described having good links with NHS Dumfries and Galloway's hospital and Community Palliative Care Teams. They told inspectors that these teams would be happy to provide education and support to staff within the prison to enable them to deliver effective care.

Infection, prevention and control

Environmental cleanliness throughout HMP Dumfries was of a high standard. The healthcare facilities, both within the Health Centre and the Satellite Centre, were in a good state of repair. Adequate supply of personal protective equipment (PPE) was available. Near patient equipment was in a good state of repair, clean and ready for use.

NHS Dumfries and Galloway's Infection Prevention and Control Team carried out two-yearly infection prevention and control audits. However, inspectors saw no evidence of local systems and processes in place to regularly audit infection prevention and control precautions with evidence of compliance and actions when non-compliance is identified.

Staff could access infection, prevention and control information on the staff intranet. Staff inspectors observed were compliant with standard infection prevention control precautions.

HMIPS Standard 9 Health and Wellbeing – Continued

List of Recommendations

- **Recommendation 39:** Dumfries and Galloway's HSCP should develop guidance and a Standard Operating Procedure to support the admission process including the assessment of a person's fitness to remain in custody.
- **Recommendation 40:** Dumfries and Galloway's HSCP should ensure that patients are provided with written healthcare information in a language and format to meet their needs.
- **Recommendation 41:** Dumfries and Galloway's HSCP should ensure that self-referral forms are readily available in formats and languages that meet the needs of patients.
- **Recommendation 42:** Dumfries and Galloway's HSCP should ensure that there is a process in place that allows patients to submit their healthcare referral forms in a way that maintains their confidentiality.
- **Recommendation 43:** Dumfries and Galloway's HSCP should ensure checks on emergency equipment are carried out and recorded to ensure all equipment is in date and ready for use.
- **Recommendation 44:** Dumfries and Galloway's HSCP should ensure guidance, and a Standard Operating Procedure are available to support staff with decision making during emergency situations.
- **Recommendation 45:** Dumfries and Galloway's HSCP must ensure the full range and skill mix of appropriate professionals are available within the Mental Health Multidisciplinary Team to offer and deliver psychologically informed assessment and treatment interventions.
- **Recommendation 46:** Dumfries and Galloway's HSCP should ensure that all patients with long-term conditions have a care plan that is person-centred, outcome-focused and has been agreed with the patient.
- **Recommendation 47:** Dumfries and Galloway's HSCP must explore the role of pharmacy staff within HMP Dumfries in line with Pharmacy 2030; a professional vision, to ensure the safety and effectiveness of medicines and to offer an accessible clinical pharmacy service.
- **Recommendation 48:** Dumfries and Galloway's HSCP and SPS staff should continue to work together to ensure that medications are administered when therapeutically appropriate and with the correct time between doses.
- **Recommendation 49:** Dumfries and Galloway's HSCP should ensure appropriate identification of patients is undertaken to facilitate the safe and effective use of medicines.
- **Recommendation 50:** Dumfries and Galloway's HSCP should ensure that resources used to support training for competent witnesses is the most up-to-date available.

HMIPS Standard 9 Health and Wellbeing – Continued

- **Recommendation 51:** Dumfries and Galloway's HSCP should consider introducing an Oral Health Promotion Team to provide mouth matters advice to support the dental service and improve patients' dental health outcomes.
- **Recommendation 52:** Dumfries and Galloway's HSCP should ensure that patients can submit their complaints, comments or feedback forms confidentially.
- **Recommendation 53:** Dumfries and Galloway's HSCP should ensure learning from complaints is discussed and shared with the Healthcare Team.
- **Recommendation 54:** Dumfries and Galloway's HSCP should ensure systems and processes are in place to regularly audit infection prevention and control precautions with improvement actions taken when non compliance is identified.
- **Recommendation 55:** Dumfries and Galloway's HSCP should implement a process to collect and record patients' feedback.

List of Good Practice

- **Good Practice 15:** All patients are invited to meet an addictions nurse to receive information about accessing healthcare and promote engagement with health screening and health promotion interventions as part of the admission process.
- **Good Practice 16:** A wellbeing garden had been designed by staff and prisoners to support health and wellbeing and create an area that offered passive therapeutic benefits for prisoners.
- **Good Practice 17:** The lead community nurse for trauma-informed practice carried out training sessions with both NHS and SPS staff to promote communicating with patients consistently in a trauma-informed way.
- **Good Practice 18:** A strong emphasis on discharge planning was in place to support people on liberation.
- **Good Practice 19:** A poster was in place in the Visit Room with contact details for the Mental Health Team, which the family of the person in prison could contact if they had concerns about their family members.
- **Good Practice 20:** A comprehensive long-term conditions register was in place which contained details of when patients were seen, their next review date and any planned secondary care appointments.
- **Good Practice 21:** A Prison Link meeting was held fortnightly. This meeting discussed upcoming court appearances and liberations with the community specialist drug and alcohol service staff to ensure continuity and a smooth transition of care.

Annex A

Summary of Recommendations

REC NO.	QI NO.	RECOMMENDATION
Standard 1 – Lawful and Transparent Custody		
1	1.1	HMP Dumfries should consider identifying routine and specific arrangements for the provision of additional cover in reception.
2	1.1	Reception staff should ensure that translation services are always used when the level of comprehension indicates this would be beneficial.
3	1.2	Residential FLMs should be reminded of their role in relation to the First Night Checklist and core screen documents being completed, signed and transmitted to the Links Centre in a timely way. A local assurance process should be invoked to provide oversight.
4	1.4	HMP Dumfries should remind all officers covering reception duties of the need for confidentiality.
5	1.8	HMP Dumfries should review practice collaboratively with staff and people in custody, including peer mentors where available, to explore what practical steps can be taken to encourage attendance at the National Induction. This should include scanning for good practice in other establishments.
Standard 2 – Decency		
6	2.1	HMP Dumfries should ensure the accessible cell is given additional storage and hooks to hold clothing and towels to help reduce trip hazards and potential injury to the occupant.
7	2.1	HMP Dumfries should find a more robust solution to the problem of protruding bolts in the two safer rooms to prevent the possibility of self-harm by an occupant.
8	2.1	HMP Dumfries should ensure the flooring in C Hall is replaced.
9	2.2	HMP Dumfries should provide halls with basic information for passmen selected to work as cleaners to ensure a basic understanding of cleaning colour codes and equipment.
10	2.4	HMP Dumfries should ensure the shower room flooring in B1 Hall is repaired or replaced.
11	2.5	HMP Dumfries should provide adequate ventilation and a water cooler for staff and prisoners working in the laundry.
12	2.5	HMP Dumfries should remind staff and prisoners that any items for the laundry that are heavily soiled or are a bio-hazard are placed in the appropriate red bags so they can be handled safely.

- 13 2.5 HMP Dumfries should consider providing individually numbered cable ties to secure laundry bags and wash and dry them unopened.
- 14 2.6 HMP Dumfries must ensure that food focus groups are held or added to the PIAC agenda to allow prisoners' opinions to be considered in respect of menu choices.
- 15 2.6 HMP Dumfries must ensure that appropriate flasks with compartments are provided for fasting prisoners and prisoners who are late to the prison and require a hot meal.
- 16 2.6 HMP Dumfries must ensure that menus in their own language are made available to prisoners who do not speak or read English.
- 17 2.7 HMP Dumfries must ensure that the kitchen is subjected to a daily managerial visit, and this is accurately recorded.

Standard 3 – Personal Safety

- 18 3.7 HMP Dumfries should give urgent attention to the dust extraction system in the joinery workshop to ensure it meets statutory regulations.

Standard 4 – Effective, Courteous and Humane Exercise of Authority

- 19 4.1 Head of Operations should review all video recording of UoF so that opportunities to learn from incidents are not missed.
- 20 4.5 HMP Dumfries should ensure that staff inform prisoners why they are being searched.
- 21 4.5 HMP Dumfries should ensure that when an officer escorting prisoners is unable to rub down a prisoner due to their gender, support should be sought for an officer of a different gender to ensure appropriate rub down checks occur.
- 22 4.6 HMP Dumfries should allow cash and property to be handed into the prison to help reduce financial pressures on family and friends.
- 23 4.8 HMP Dumfries should put measures in place to reduce the outstanding mandatory drug tests.
- 24 4.9 HMP Dumfries should improve CCTV coverage in D and E Hall and create a SOP for monitoring all exercise yards.

Standard 5 – Respect, Autonomy and Protection against Mistreatment

- 25 5.1 HMP Dumfries should produce a SOP detailing the processes that are in place for sharing critical information between prisoners and their families.
- 26 5.4 HMP Dumfries should look to provide an equitable regime for those prisoners housed in D and E Hall similar to those held in A, B and C.
- 27 5.4 HMP Dumfries should ensure that the regime is made available in the languages spoken in the hall.
- 28 5.5 HMP Dumfries should implement their PIAC Terms of Reference document to ensure that the minutes and an update on actions from PIACs meetings are communicated to all prisoners, and that all prisoners know when meetings will take place and are encouraged to submit items for discussion at future meetings. They should also update the admission booklets to provide an explanation of PIAC meetings to new arrivals.
- 29 5.5 SPS HQ should update the National Induction slides to include information about PIACs meetings.
- 30 5.7 HMP Dumfries should advertise the SPS complaints process more consistently. It should also install complaints boxes to prevent prisoners having to approach staff when making a complaint.

Standard 6 – Purposeful Activity

- 31 6.1 HMP Dumfries should introduce a range of certificated vocational training opportunities appropriate to the needs of prisoners on their release.
- 32 6.3 The Education Team should promote services more effectively to prisoners who are not yet highly educated and should offer a wider range of certificated programmes.
- 33 6.4 HMP Dumfries should accelerate the introduction of new initiatives and reintroduce recognised qualifications and awards for health and fitness activities.
- 34 6.9 HMP Dumfries should review the face-to-face visit timetable and offer evening visits for family and friends who work during the day and children who are attending school.
- 35 6.13 HMP Dumfries should consider upskilling some staff in relation to the personal officer scheme to ensure they are informed about critical dates.

Standard 7 – Transitions from Custody to life in the Community

- 36 7.2 HMP Dumfries should develop a terms of reference for the ICM review group to aid consistency in decision-making.
- 37 7.3 SPS HQ should prioritise the implementation of offence-focussed programmes, supported by a fully staffed programme delivery team, to ensure that risks and needs are addressed, and prisoners are prepared for release.

Standard 8 – Organisational Effectiveness

- 38 8.6 SPS HQ should look at adding staffing cover to prison complements for those on maternity leave.

Standard 9 – Health and Wellbeing

- 39 9.1 Dumfries and Galloway's HSCP should develop guidance and a Standard Operating Procedure to support the admission process including the assessment of a person's fitness to remain in custody.
- 40 9.1 Dumfries and Galloway's HSCP should ensure that patients are provided with written healthcare information in a language and format to meet their needs.
- 41 9.2 Dumfries and Galloway's HSCP should ensure that self-referral forms are readily available in formats and languages that meet the needs of patients.
- 42 9.2 Dumfries and Galloway's HSCP should ensure that there is a process in place that allow patients to submit their healthcare referral forms in way that maintains their confidentiality.
- 43 9.2 Dumfries and Galloway's HSCP should ensure checks on emergency equipment are carried out and recorded to ensure all equipment is in date and ready for use.
- 44 9.2 Dumfries and Galloway's HSCP should ensure guidance, and a Standard Operating Procedure are available to support staff with decision-making during emergency situations.
- 45 9.5 Dumfries and Galloway's HSCP must ensure the full range and skill mix of appropriate professionals are available within the Mental Health Multidisciplinary Team to offer and deliver psychologically informed assessment and treatment interventions.
- 46 9.6 Dumfries and Galloway's HSCP should ensure that all patients with long-term conditions have a care plan that is person-centred, outcome-focussed and has been agreed with the patient.
- 47 9.8 Dumfries and Galloway's HSCP must explore the role of pharmacy staff within HMP Dumfries in line with Pharmacy 2030; a professional vision, to ensure the safety and effectiveness of medicines and to offer an accessible clinical pharmacy service.

- 48 9.8 Dumfries and Galloway's HSCP and SPS staff should continue to work together to ensure that medications are administered when therapeutically appropriate and with the correct time between doses.
- 49 9.8 Dumfries and Galloway's HSCP should ensure appropriate identification of patients is undertaken to facilitate the safe and effective use of medicines.
- 50 9.8 Dumfries and Galloway's HSCP should ensure that resources used to support training for competent witnesses is the most up-to-date available.
- 51 9.9 Dumfries and Galloway's HSCP should consider introducing an Oral Health Promotion Team to provide mouth matters advice to support the dental service and improve patients' dental health outcomes.
- 52 9.13 Dumfries and Galloway's HSCP should ensure that patients can submit their complaints, comments or feedback forms confidentially.
- 53 9.13 Dumfries and Galloway's HSCP should ensure learning from complaints is discussed and shared with the Healthcare Team.
- 54 9.16 Dumfries and Galloway's HSCP should ensure systems and processes are in place to regularly audit infection prevention and control precautions with improvement actions taken when non-compliance is identified.
- 55 9.17 Dumfries and Galloway's HSCP should implement a process to collect and record patients' feedback.

Annex B

Summary of Good Practice

REC NO.	QI NO.	GOOD PRACTICE
Standard 1 – Lawful and Transparent Custody		
1	1.3	The number of staff trained to foundation or intermediate level in Warrants was impressive.
2	1.6	As part of the reception process, officers checked the status of recorded enemies and provided information to the IMU to update the system, thus potentially addressing barriers to cell or regime sharing at an early stage.
3	1.7	Written information provided to prisoners about significant dates in the timeline of their sentence included the earliest date of liberation, sentence expiry date, parole and home detention curfew qualifying dates and punishment part expiry year where appropriate. If the dates were amended due to a change in circumstances, a further communication was sent.
4	1.9	All admissions to HMP Dumfries were invited to naloxone training and attendees are offered take-home naloxone on release.
Standard 2 – Decency		
5	2.1	Permitting a prisoner to take responsibility for painting their own cell has evidenced a sense of pride and created a way of preventing damage and graffiti and keeping ageing cells in good cosmetic condition.
6	2.2	Training prisoners to become BICSc assessors had provided HMP Dumfries with greater flexibility for future prisoner training and provided valuable qualifications upon release.
Standard 3 – Personal Safety		
7	3.2	The individualised approach to supporting vulnerable prisoners and those with a history of self-harm and disruptive behaviours was exceptional.
Standard 4 – Effective, Courteous and Humane Exercise of Authority		
Nil		
Standard 5 – Respect, Autonomy and Protection Against Mistreatment		
Nil		

Standard 6 – Purposeful Activity

- 8 6.2 The approach to work allocation and encouraging prison participation.
- 9 6.8 The LGBTQ support group works well with around 12 prisoners in the group. It provided valued support to both transitioning prisoners and others who wished to participate and had recently been put forward for a local governor's award.
- 10 6.9 The utilisation of the wellbeing garden, weather permitting, for father/child bonding visits was well received by prisoners and family members. It was good to hear a prisoner talking about how being able to play football with his son had been a great help to their relationship building.
- 11 6.9 Allowing extra time at the end of visits when the Therapet Team was on site.

Standard 7 – Transitions from Custody to Life in the Community

- 12 7.1 A well-established MACRIB met monthly and enabled effective partnership planning for prisoners' support in the community.
- 13 7.2 The ICM review group provided a mechanism to consider if a prisoner's change in circumstances required further consideration through ICM case conferencing, and provided a level of assurance that prisoners' risks and needs were managed appropriately while the targeted ICM guidance was implemented.

Standard 8 – Organisational Effectiveness

- 14 8.5 HMP Dumfries ensured that all new residential officers spent the first three months in operations to acclimatise themselves to the prison environment.

Standard 9 – Health and Wellbeing

- 15 9.3 All patients are invited to meet an addictions nurse to receive information about accessing healthcare and promote engagement with health screening and health promotion interventions as part of the admission process.
- 16 9.3 A wellbeing garden had been designed by staff and prisoners to support health and wellbeing and create an area that offered passive therapeutic benefits for prisoners.
- 17 9.4 The lead community nurse for trauma-informed practice carried out training sessions with both NHS and SPS staff to promote communicating with patients consistently in a trauma informed way.
- 18 9.5 A strong emphasis on discharge planning was in place to support people on liberation.
- 19 9.5 A poster was in place in the Visit Room with contact details for the Mental Health Team, which the family of the person in prison could contact if they had concerns about their family members.

- 20 9.6 A comprehensive long-term conditions register was in place which contained details of when patients were seen, their next review date and any planned secondary care appointments.
- 21 9.7 A Prison Link meeting was held fortnightly. This meeting discussed upcoming court appearances and liberations with the community specialist drug and alcohol service staff to ensure continuity and a smooth transition of care.
- 22 9.16 Staff received an NHS Dumfries and Galloway induction as well as a prison-specific induction. New staff were given four weeks of being supernumerary to allow them to complete their induction and familiarise themselves with healthcare delivery and the prison environment.

Annex C

Summary of Ratings

Standard/QI	Standard Rating/QI Rating
Standard 1 – Lawful and Transparent Custody	Satisfactory
QI 1.1	Generally Acceptable
QI 1.2	Satisfactory
QI 1.3	Good
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Good
QI 1.7	Good
QI 1.8	Generally Acceptable
QI 1.9	Good
Standard 2 – Decency	Satisfactory
QI 2.1	Satisfactory
QI 2.2	Good
QI 2.3	Satisfactory
QI 2.4	Satisfactory
QI 2.5	Satisfactory
QI 2.6	Satisfactory
Standard 3 – Personal Safety	Satisfactory
QI 3.1	Satisfactory
QI 3.2	Good
QI 3.3	Good
QI 3.4	Good
QI 3.5	Satisfactory
QI 3.6	Satisfactory
QI 3.7	Generally Acceptable
Standard 4 – Effective, Courteous and Humane Exercise of Authority	Satisfactory
QI 4.1	Satisfactory
QI 4.2	Good
QI 4.3	Satisfactory
QI 4.4	Satisfactory
QI 4.5	Generally Acceptable
QI 4.6	Satisfactory

QI 4.7	Satisfactory
QI 4.8	Satisfactory
QI 4.9	Satisfactory
QI 4.10	Good

Standard 5 – Respect, Autonomy and Protection Against Mistreatment	Satisfactory
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QI 5.1	Satisfactory
QI 5.2	Good
QI 5.3	Satisfactory
QI 5.4	Generally Acceptable
QI 5.5	Generally Acceptable
QI 5.6	Satisfactory
QI 5.7	Generally Acceptable
QI 5.8	Satisfactory

Standard 6 – Purposeful Activity	Satisfactory
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QI 6.1	Generally Acceptable
QI 6.2	Satisfactory
QI 6.3	Generally Acceptable
QI 6.4	Generally Acceptable
QI 6.5	Satisfactory
QI 6.6	Satisfactory
QI 6.7	Satisfactory
QI 6.8	Good
QI 6.9	Satisfactory
QI 6.10	Satisfactory
QI 6.11	Satisfactory
QI 6.12	Satisfactory
QI 6.13	Generally Acceptable
QI 6.14	Satisfactory
QI 6.15	Satisfactory

Standard 7 – Transitions from Custody to Life in the Community	Satisfactory
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QI 7.1	Good
QI 7.2	Satisfactory
QI 7.3	Poor
QI 7.4	Satisfactory
QI 7.5	Satisfactory

Standard 8 – Organisational Effectiveness	Good
QI 8.1	Satisfactory
QI 8.2	Good
QI 8.3	Satisfactory
QI 8.4	Good
QI 8.5	Good
QI 8.6	Good
QI 8.7	Good
QI 8.8	Good
Standard 9 – Health and Wellbeing	Satisfactory
QI 9.1	Satisfactory
QI 9.2	Satisfactory
QI 9.3	Good
QI 9.4	Good
QI 9.5	Satisfactory
QI 9.6	Generally Acceptable
QI 9.7	Good
QI 9.8	Generally Acceptable
QI 9.9	Generally Acceptable
QI 9.10	Not Applicable
QI 9.11	Generally Acceptable
QI 9.12	Satisfactory
QI 9.13	Satisfactory
QI 9.14	Good
QI 9.15	Satisfactory
QI 9.16	Good
QI 9.17	Good

Annex D

Inspection Team

Stephen Sandham, HMIPS

Calum McCarthy, Standard 8, HMIPS

Kerry Love, Standard 5, HMIPS

Graeme Neill, Standard 2, HMIPS

Jacqueline Clinton, Standard 1 HMIPS

Lynne Jackson, Standard 4, SPS

Derek Hodge, Standard 3, SPS

Scott Cringles, Standard 6, SPS

Ian Beach, Standard 6, Education Scotland

Sarah Halliwell, Standard 6, Education Scotland

James Black, Standard 7, Care Inspectorate

James Thomson, Standard 9, Health Improvement Scotland

Elaine Rogerson, Standard 9, Health Improvement Scotland

Catherine Haley, Standard 9, Health Improvement Scotland

Annex E

Acronyms used in this report

ANP	Advance Nurse Practitioner
BBV	Blood-Borne Virus
BICSc	British Institute of Cleaning Science
CBSW	Community-Based Social Work
C&R	Control and Restraint
CIP	Community Integration Plan
CSM	Clinical Service Manager
CSRA	Cell Sharing Risk Assessment
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
ECR	Electronic Control Room
E&D	Equality and Diversity
FLM	First Line Manager
FME	Forensic Medical Examiners
GMA	Governors and Managers Action
GPA	Generic Programme Assessment
HCSW	Healthcare Support Worker
H&S	Health and Safety
HSCP	Health and Social Care Partnership
HIS	Healthcare Improvement Scotland
HMP	His Majesty's Prison
HMCIPS	His Majesty's Chief Inspector of Prisons for Scotland
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
ICM	Integrated Case Management
ICP	Industrial Cleaning Party
IMU	Intelligence Management Unit
IPC	Infection Prevention Control
IPM	Independent Prison Monitor
L&D	Learning and Development

LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
LTP	Long-term prisoner
MAPPA	Multi-Agency Public Protection Arrangements
MAT	Medication-Assisted Treatment
MDT	Mandatory Drug Testing
MORS	Management of Offenders at Risk due to any Substance
NA	Narcotics Anonymous
NMP	Non-medication prescribers
NRT	Nicotine Replacement Therapy
OLR	Order for Lifelong Restriction
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OT	Occupational Therapist
PANEL	Participation, Accountability Non-Discriminatory, Empowerment and Legality
PBSW	Prison-Based Social Work
PCF	Prisoner Complaint Form
PCMB	Programme Case Management Board
PDP	Personal Development Plan
PEEP	Personal Emergency Evacuation Plan
PER	Personal Escort Record
PIAC	Prisoner Information Action Committee
PPC	Prisoners Personal Cash
PPE	Personal Protection Equipment
PPT	Personal Protective Training
PR2	Prisoner Records Version 2
PRL	Prison Resource Library
PTI	Physical Training Instructor
QI	Quality Indicator

REHIS	Royal Environmental Health Institute of Scotland
RMT	Risk Management Team
RMN	Registered Mental Health Nurse
RRA	Reception Risk Assessment
ROSH	Risk of Serious Harm
SaLT	Speech and Language Therapy
SAR	Subject Access Request
SIPC	Standard Infection Prevention and Control
SMT	Senior Management Team
SOLO	Sexual Offender Liaison Officers
SOP	Standard Operating Procedure
SPICT	Supportive and Palliative Care Indicators Tool
SPS	Scottish Prison Service
SPSO	Scottish Public Services Ombudsman
SRU	Separation and Reintegration Unit
SSM	Special Security Measure
SSOW	Safe System of Work
SQA	Scottish Qualifications Authority
STP	Short-term prisoner
SUS	Substance Use Service
SUT	Substance Use Team
TARL	Throughcare Assessment for Release on Licence
TDU	Tactical Dog Unit
TOR	Terms of Reference
TTM	Talk to Me
UoF	Use of Force
VRS	Violence Reduction Strategy
YOI	Young Offender Institution

Evidence Report

Quality Indicators

1.1 Upon arrival all prisoners are assessed regarding their ability to understand and engage with the admission process.

Rating: Generally Acceptable

Inspectors observed prisoners arriving at reception at HMP Dumfries and found staff interactions particularly supportive and courteous. The environment was clean and airy, although somewhat austere. There was a comprehensive set of Standard Operating Procedures (SOPs) in place which were followed. Reception staff checked prisoners' levels of understanding, and saw staff assist someone when they needed extra help. The Reception Risk Assessments (RRAs) were conducted privately and sensitively in a room equipped with a computer terminal to record the information provided. Prisoners were given the opportunity to express how they were feeling, to ask questions and seek clarification.

Inspectors found the officers who attended at short notice to assist in the reception process were less mindful of the need for privacy when asking sensitive questions. Given that the requirement to provide additional cover in reception is routine, HMP Dumfries should consider identifying regular cover.

A nurse was available for the admission process, and inspectors were informed that they would be in attendance until the last person was admitted. Inspectors were told that very late admissions were rare.

Inspectors saw staff demonstrate empathy when a person being admitted had endured a long journey followed by a wait outside the prison. The Governor spoke about imminent plans to assign a peer mentor to the area and inspectors saw a prisoner notice dated June 2024 advertising this opportunity. A trained individual had since been identified and inspectors welcomed this intention. Prisoners spoken to in reception said that the staff there had a positive impact on them, and this aligned with the results of the pre-inspection survey, in which 80% of respondents said they were treated very well or quite well on arrival.

Inspectors observed arrangements for someone with no funds having their immediate needs met, by providing them with advance funds to purchase a vape to be repaid when possible. Inspectors were pleased to see reception staff processing one number of the prisoner's choice onto the telephone system, which enable prisoners to make a call as soon as they arrived in their room. Inspectors also observed staff facilitate a phone call from the reception area.

Staff used the national flags poster to help those less able to communicate to identify their nationality. Leaflets were available in a range of languages, including Polish, Albanian, Romanian, Lithuanian, Arabic and Urdu. Inspectors were provided with evidence that translation services were used, however it was infrequent. Inspectors found individuals in custody who could not speak English and translation services had not been used.

Recommendation 1: HMP Dumfries should consider identifying routine and specific arrangements for the provision of additional cover in reception.

Recommendation 2: Reception staff should ensure that translation services are always used when the level of comprehension indicates this would be beneficial.

1.2 On admission, all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that enables the prisoner to understand.

Rating: Satisfactory

The reception waiting areas contained a range of information, including the local induction booklets that provided information on visits, regimes, entitlements, services and the Samaritans and Listener Scheme. There was also information available on items allowed in use and the system of privileges in operation, and information was displayed on a TV screen in the waiting area. As reported in QI 1.1, information was available in other languages. Transport provider complaints forms were available in reception.

Prior to the First Night in Custody (FNIC) an admissions checklist was completed in the residential area. This provided essential early information such as fire procedures and basic hall routines and enabled the prisoner to identify any immediate concerns. It also offered the prisoner the opportunity to ask any questions. It was signed by the prisoner and the officer before being checked by the First Line Manager (FLM) and scanned into the prisoner records system. Inspectors checked paperwork the following day and were pleased to find that one of the checklists had identified a need for additional assistance that was observed the evening before.

As part of the pack of information on each person making its way to the Links Centre, a core screen was completed in the residential area. Inspectors found that an issue identified in the previous inspection had not been fully resolved; whilst the paperwork was of a high quality it was often delayed or incomplete and missing signatures. During discussions inspectors found that not all residential FLMS were clear about their role in this.

Recommendation 3: Residential FLMS should be reminded of their role in relation to the First Night Checklist and core screen documents being completed, signed and transmitted to the Links Centre in a timely way. A local assurance process should be invoked to provide oversight.

1.3 Statutory procedures for identification and registration of prisoners are fully complied with.

Rating: Good

A number of admissions were observed, and the reception officer checked that everyone understood why they were in custody and verified that valid warrants were

in place. To assist with this the seven-point checklist, an aide mémoire, was displayed at the desk and inspectors were shown the relevant SOP.

The reception officer that inspectors spoke with was trained and competent in Intermediate Warrant and Sentence Calculations, and the establishment provided a list of 79 staff who had completed this training to foundation or intermediate level. This was beneficial in the context that the reception officer was a singleton post and consequently called for assistance from other areas when there were admissions.

Inspectors observed a careful handover between the transport provider staff and the reception officer via consideration of behaviours and the information on the Prisoner Escort Record (PER).

The reception officer and residential staff undertaking the FNIC checklist were aware of the requirement to update any relevant risks and conditions and inspectors observed them doing this.

Those being admitted were interviewed by a nurse as part of the process and inspectors observed that their medical records accompanied them on arrival.

Reception staff informed inspectors that they had recently conducted a proactive review of the recorded prisoner next of kin details across the establishment. This was a learning point from incidents. They had created a record that was available on SharePoint and briefed inspectors on plans to do this regularly.

Good Practice 1: The number of staff trained to foundation or intermediate level in Warrants was impressive.

1.4 All prisoners are classified, and this is recorded on the prisoner's electronic record.

Rating: Satisfactory

During the initial interview staff asked various questions to establish the needs of the individual. All prisoners were correctly classified utilising all information received, and this was recorded on the prisoner record system (PR2). A SOP was in place for administering the prisoner supervision system. It commenced in reception and was completed in the residential area, at which point prisoners were informed of their supervision level. The process was assured by the Residential Unit Manager.

Inspectors found the officers who attended at short notice to assist in the reception process were less mindful of the need for privacy when asking sensitive questions. Given that the requirement to provide additional cover in reception is routine, HMP Dumfries should consider identifying regular cover.

Recommendation 4: HMP Dumfries should remind all officers covering reception duties of the need for confidentiality.

1.5 All prisoners are allocated to a prison or to a location within a prison dependent on their classification, gender, vulnerability, security risk or personal medical condition.

Rating: Satisfactory

Inspectors found that prisoners were allocated to HMP Dumfries based on Governors and Managers Action (GMA) Notice 020/21. This stipulates that the prison is an admission establishment accommodating convicted and remanded adult males from Stranraer and Dumfries Court and has a national remit to accommodate males convicted of sexual offences, non-offence protections and select adults for management reasons. The local and national populations were managed separately.

Prisoners were initially assessed in reception as information was gathered via the PER, the warrant, the information held electronically and the Reception Risk Assessment (RRA) interview. The reception officer then liaised with residential staff to plan the most suitable onward location to one of 14 units across five halls. Reception staff told prisoners where they were going and that they would receive more information and assistance in the residential hall. Inspectors were pleased to see staff arranging for food to be available in the residential area for those who arrived late at the establishment.

There were issues with the accessibility of some of the accommodation, including the reception area. An area of the prison had been identified and set aside to accommodate those with additional needs, and reception staff told inspectors that they had responded to those with complex mobility issues by setting up a temporary reception in the accessible residential area.

1.6 A cell sharing risk assessment is carried out prior to a prisoner's allocation to cellular accommodation.

Rating: Good

The requirement and guidance for undertaking a cell sharing risk assessment (CSRA) were set out in a SOP and a set of desk instructions.

Once reception staff recorded the prisoner onto PR2, residential staff commenced the CSRA process. Inspectors observed this and found that staff had a good knowledge of the system and its application and demonstrated diligence in checking the information on file including risks and conditions. The assessment was thorough and fully recorded, including notes to record the reason for cell sharing. Inspectors observed a person being in a shared cell and noted that staff checked both individuals were content with the arrangement.

A robust primary and secondary assurance system was in place and available for scrutiny on SharePoint. FLMs completed the primary assurance which was followed up with secondary assurance by Unit Managers. This covered the recording of any new risks and conditions. Inspectors observed that although there were periodic gaps in completion, the process was up to date and thorough and that actions were programmed because of the checks. Recent examples were that room sharing of an

untried and convicted person required revision at the earliest opportunity on the basis of legal status. In another case, vaping preference required revision of sharing arrangements.

Inspectors were pleased to see that the Governor had recently sought and obtained agreement to limit the occupancy of the larger rooms to two people, other than as a short-term contingency measure. Previously up to four people had occupied these rooms, which were treated as dormitory accommodation until March 2024. As part of the reception process, officers checked the status of recorded enemies and provided information to the Intelligence Management Unit (IMU) to update the system, thus potentially addressing barriers to cell or regime sharing at an early stage this was recognised as good practice.

Good Practice 2: As part of the reception process, officers checked the status of recorded enemies and provided information to the IMU to update the system, thus potentially addressing barriers to cell or regime sharing at an early stage.

1.7 Release and conditional release eligibility dates are calculated correctly and communicated to the prisoner without delay.

Rating: Good

There was an impressively low rate of error in the administration of liberations. In the last 10 years there had only been three related incidents. The most recent was a detain in error in 2022. Prior to that there had not been such an incident since 2017 and the most recent liberation in error had occurred in 2012. It was clear that the reception and criminal desk administrator had a close and effective working relationship.

There was a thorough process in place to calculate and communicate release dates to prisoners. When the prisoner arrived in reception a form was commenced where the sentence calculation was completed and communicated to the prisoner. The form was received at the criminal administration desk the next day. The criminal desk administrator then assured the dates logged on PR2 and a communication entitled "Critical Dates for Admission prisoners" was generated. This was further assured by the finance manager and sent to the person in custody in the residential halls.

Inspectors were pleased to see that the information included the earliest date of liberation, sentence expiry date, parole and home detention curfew qualifying dates and punishment part expiry year where appropriate. If the dates were amended due to a change in circumstances, a further communication was sent. This is good practice, with the potential to be enhanced even further by the inclusion of progression qualifying dates, where appropriate.

Good Practice 3: Written information provided to prisoners about significant dates in the timeline of their sentence included the earliest date of liberation, sentence expiry date, parole and home detention curfew qualifying dates and punishment part expiry year where appropriate. If the dates were amended due to a change in circumstances, a further communication was sent.

1.8 All prisoners attend an induction session as soon as practicable, but no later than one week after arrival, which provides a thorough explanation of how the prison operates and what the prisoners can expect, including their rights and obligations.

Rating: Generally Acceptable

Identified staff members delivered the National Induction. Inspectors found that since the previous inspection the frequency of delivery had reduced from weekly to monthly.

Induction was offered to all those admitted since delivery of the previous session. Inspectors considered that it was likely that the long interlude for some had contributed to the pre-inspection finding that of those who could remember their arrival into custody, 57% said they were not offered an induction when they arrived at HMP Dumfries.

Managers reported that since April 2024 there had indeed been 75 refusals and 16 participants. Inspectors spoke to foreign national prisoners via the translation service who said that they had not been offered induction. Notwithstanding the significant refusal rate, there was clear evidence of a recording system. Inspectors were told that induction no longer involved service providers which was disappointing, however it was positive that Listeners were now providing an input.

Notwithstanding this, the National Induction covers critical issues for people in custody to be aware of such as the Prison Rules, the Anti-Bullying Strategy “Think Twice” and the role of the Independent Prison Monitors (IPMs). Importantly it is also an opportunity for people in custody to gain familiarity with their human right entitlements in a prison context. It was therefore regrettable that so many admissions to HMP Dumfries did not wish to participate. It was clear that staff and managers had recognised this missed opportunity for engagement. The management team reported that they were considering increasing awareness by playing the National Induction slides on a loop via the television screens in residential areas and were looking at ways to financially incentivise attendance.

Recommendation 5: HMP Dumfries should review practice collaboratively with staff and people in custody, including peer mentors where available, to explore what practical steps can be taken to encourage attendance at the National Induction. This should include scanning for good practice in other establishments.

1.9 The procedures for the release of prisoners are implemented effectively with provision for assistance and basic practical arrangements in place.

Rating: Good

A SOP for prisoner liberations was in place and staff spoken to were familiar with it. Liberations were verified through the criminal administration desk who collated all

necessary licences and travel warrants. The cashier prepared the private cash account, the discharge grant and any travel expenses.

Reception staff demonstrated how they planned for a liberation the day before by liaising with the person in custody to identify the clothing to be prepared and to offer them the opportunity to have a personal mobile phone charged in preparation for release. Inspectors were shown paperwork to evidence this. Reception staff also provided sports bags for prisoners to carry their property and inspectors were shown a stock of laundered clothing in good condition that was donated by prisoners for those who need it upon liberation. An application process for this was managed by reception staff. Inspectors were pleased to see these practical and thoughtful services offered.

Inspectors were shown the process for checking property on release. It was verified by reception staff and signed for by the prisoner. Any property that could not be accounted for via the record, was confiscated to discourage bullying. There were also clearly set out arrangements for checking the identity of the prisoner and for dealing with release from court and out of hours. There were also occasions when officers escorted liberated prisoners from outside of the area to their onward transport. Inspectors did not have the opportunity to observe a planned liberation during the inspection.

There was an arrangement in place to divert admissions from the local courts if HMP Dumfries became full. This had the positive effect of preventing overcrowding. However, it also had the knock-on effect of displacing local people to HMP Kilmarnock or HMP Barlinnie. Inspectors were told that liberation planning was affected by short notice outward transfers arranged centrally to manage population.

On occasion, liberation times were adjusted to accommodate the needs of the individual and inspectors were provided with an example where a person was liberated at 2pm to facilitate a local appointment at 3pm. This was annotated on the gate pass.

All admissions to HMP Dumfries were invited to complete naloxone training and attendees were offered take-home naloxone on release.

Good Practice 4: All admissions to HMP Dumfries were invited to naloxone training and attendees are offered take-home naloxone on release.

2.1 The prison buildings, accommodation and facilities are fit-for-purpose and maintained to an appropriate standard.

Rating: Satisfactory

HMP Dumfries was built in 1883 and later extended with additions being made in 1988. The old building is a Category B listed building and is one of only three purpose-built 19th century prisons still in use in Scotland.

From the moment inspectors arrived they could not fail to notice that the prison was a very clean and well-maintained facility, which would undoubtedly be challenging for staff given its age. This is to be commended.

The prison had four main residential areas, A, B, C, D and E Halls. The prison was compact, and the halls varied in size and capacity, for example some halls were small with only six cells holding 11 prisoners and others with 17, holding 26 prisoners.

The majority of cells were single accommodation and larger cells initially used for holding up to four prisoners were found to be accommodating a maximum of two. No cells in C Hall had a toilet and therefore operated "Night Sanitation" where prisoners were required to press a bell if they wished to use the facilities during periods of lock-up. They were permitted to leave their cell to use the toileting facilities and were monitored by staff to ensure their return within a reasonable time. Some prisoners reported that they found the process agreeable and appreciated the mutual trust involved to operate this.

The prison had only one designated accessible cell. As mentioned in the 2020 inspection report, this remains a concern given the rising number of older prisoners. The accessible cell was found to be clean, spacious and fit-for-purpose, but it did lack general storage and hooks for clothing and towels. This meant that the occupant had to leave clothing on chairs and bedside units, and personal belongings on worktops and the floor, all causing potential trip hazards and accidental injury for the occupant.

The prison had two "safer cells" in B0 Hall. Both cells were very dull and quite bleak. In both cells protruding bolts had been covered by anti-tamper silicone or similar, but it took inspectors little time to pick some of this off exposing sharp edges that could potentially be used to self-harm. Whilst it is understood that these cells were categorised as "safer" and not entirely "safe," it would be reasonable to remove this unnecessary danger.

It was noted that the ceilings in various parts of D Hall were in a poor state of repair, especially in the shower area, it is understood however that the complete replacement of the external roof was at the tendering stage with SPS HQ and on completion the necessary work should be carried out on the internal ceilings.

The flooring in the corridors and cells of C Hall looked grubby and was damaged in places. Inspectors could not find any evidence that the replacement of the flooring featured in any ongoing or future project list, and this should be addressed.

All cells visited during the inspection were clean and free from graffiti. It was noted that prisoners were given the opportunity to paint their own cells, and many did. This clearly encouraged a sense of pride in their own living areas and helped to ensure that the ageing cells maintained a good level of cosmetic appearance. This is good practice.

All cells had individual lockable safes and operational intercoms to contact staff. All cells had tables, kettles, chairs and televisions, and furniture had been recently replaced in many halls with more scheduled to follow.

Staff and prisoners knew how to raise concerns and prisoners reported that any faults were dealt with in good time by the maintenance staff.

Reactive job requests were logged by operational staff via the “Agility” maintenance system that grades the requests dependent on urgency. The maintenance programme was viewed and at the time of inspection it was found that there was 103 planned maintenance jobs and 316 reactive jobs outstanding. Of those 316 reactive jobs the oldest was from the 1 July 2024 and it related to some electrical work, which was found to be acceptable by the inspectors.

The last inspection found that the exercise areas were bland and lacked equipment for the prisoners to use. This time inspectors found that wooden benches had been added to one exercise area, but otherwise no real change was found.

Recommendation 6: HMP Dumfries should ensure the accessible cell is given additional storage and hooks to hold clothing and towels to help reduce trip hazards and potential injury to the occupant.

Recommendation 7: HMP Dumfries should find a more robust solution to the problem of protruding bolts in the two safer rooms to prevent the possibility of self-harm by an occupant.

Recommendation 8: HMP Dumfries should ensure the flooring in C Hall is replaced.

Good Practice 5: Permitting a prisoner to take responsibility for painting their own cell has evidenced a sense of pride and created a way of preventing damage and graffiti and keeping ageing cells in good cosmetic condition.

2.2 Good levels of cleanliness and hygiene are observed throughout the prison and procedures for the prevention and control of infection are followed. Cleaning materials and adequate time are available to all prisoners to maintain their personal living area to a clean and hygienic standard.

Rating: Good

Inspectors found the prison to have very high standards of cleanliness in both residential and staff areas.

Passmen on all halls provided cleaning services for prisoners who were not capable of cleaning their own cells and cleaning schedules were clearly visible and adhered to. Cleaning equipment and chemicals on each of the halls was plentiful and stored securely.

VT Cleaners had a total of 32 passmen consisting of 20 industrial cleaners and 12 mobile cleaners, there was an additional 22 passmen registered as cleaners on

the halls. Industrial and mobile cleaners were all long-term prisoners (LTPs) and were qualified to British Institute of Cleaning Science (BICSc) Licence to Practice level with seven additional skills. In addition, six had received a further qualification with “Kays medical” for dealing with Bio-Hazard decontamination, these six formed a rota to provide 24-hour coverage for the prison.

It was found that short-term prisoners (STPs) were working as cleaners on the halls without having been through the Labour Allocation Board or informing the VT Cleaners so an accurate record could be kept. As such, cleaners were working on the halls using chemicals and equipment without having had any training.

HMP Dumfries had two prisoners who were fully trained BICSc assessors. It is believed they were the only two prisoners in Scotland trained to this level and they provide excellent support and training to both staff and prisoners.

The Industrial Cleaning Instructor for HMP Dumfries had been nominated for two of eight international awards at the “Annual BICSc Awards for Excellence” in September 2024. This reflected the effort the prison had made to provide training for prisoners and maintain a high standard of cleanliness throughout the prison.

Recommendation 9: HMP Dumfries should provide halls with basic information for passmen selected to work as cleaners to ensure a basic understanding of cleaning colour codes and equipment.

Good Practice 6: Training prisoners to become BICSc assessors had provided HMP Dumfries with greater flexibility for future prisoner training and provided valuable qualifications upon release.

2.3 All prisoners have a bed, mattress and pillow which are in good condition, as well as sufficient bedding issued by the prison or supplied by the prisoner. The bedding is also in good condition, clean and laundered frequently.

Rating: Satisfactory

The vast majority of beds were old and of heavy steel tube construction. Mattresses were adequate and there was a good supply held by the prison. There was a process in place for replacements if required.

All towels and bedding, including duvets and pillows, were found to be in plentiful supply. The prison laundry did not replace any towels or bedding that was found to be worn or damaged when they passed through the laundry, it was for the prisoners to request replacements through the hall staff. A full kit change was available to prisoners every weekend.

2.4 A range of toiletries and personal hygiene materials are available to all prisoners to allow them to maintain their sense of personal identity and self-respect. All prisoners also have access to washing and toileting facilities that are either freely available to them or readily available on request.

Rating: Satisfactory

Prisoners had access to washing facilities that were freely available to them on request. Prisoners had access to essential toiletries held within each of the residential areas, and inspectors found adequate toiletries to be in stock.

The prison canteen sheet was found to offer a good range of additional toiletries to suit all budgets and prisoners were able to influence this through Prisoner Information Action Committees (PIACs).

Inspectors found that whilst the communal toilets and showers throughout the prison were very clean, some were poor in appearance and condition. An example of this could be found in B1 Hall where the vinyl in the wet room shower floor had bossed and water had seeped underneath causing unevenness and stench due to stagnation. In C Hall the shower trays were requiring silicone replacement and repairs to dampness damaged ceilings and wet wall. A further example was found in E Hall where the showers were very tired and suffered from damage due to condensation and dampness. The extractor fan appeared to be inadequate for the size of the shower area and was not efficiently expelling humidity and steam from the room. It was encouraging however to find that the Estates Team were aware of all these issues and intended to address them as part of their maintenance programme.

Recommendation 10: HMP Dumfries should ensure the shower room flooring in B1 Hall is repaired or replaced.

2.5 All prisoners have supplied to them or are able to obtain for themselves a range of clothing suitable for the activities they undertake. The clothes available to them are in good condition and allow them to maintain a sense of personal identity and self-respect. Clothing can be regularly laundered.

Rating: Satisfactory

Prison issued clothing was found to be in good condition and storerooms were found to contain a sufficient stock of clothing in all sizes. Prisoners reported that they knew the process for requesting clothing and received it when required with little or no delay. Prisoners were permitted to wear their own clothing within the residential areas.

Clearly in response to a recommendation made in the 2020 inspection report, it was found that an adequate number of outdoor jackets were held in a central location for prisoners from all halls to use when required. They were of good quality and prisoners reported they were fit-for-purpose.

The pre-inspection survey said that over 90% of prisoners could have their clothes washed at least once a week. During the inspection, many prisoners reported items

of clothing regularly going missing when sent to the laundry. As such they stated that they rarely sent any personal clothing to the laundry for fear of it going missing, in addition laundry staff reported often being confronted by prisoners about items that have gone missing and being accused of stealing them. It was noted by inspectors that drying screens were provided to prisoners on the halls and most contained personal items of clothing. The process in place was that all unsealed laundry bags were opened, and the contents washed in bulk and then folded and returned to the prisoner in the bag. Both prisoners and laundry staff were of the opinion that if laundry bags were secured by a numbered cable tie this would alleviate the possibility of theft and as such restore faith in the laundry system as bags would be washed and dried whilst sealed. This would also address the bio-hazard issue of items of clothing being heavily soiled and accidentally handled by laundry staff having not being sent to the laundry in the appropriately marked red bio-hazard bags. Interestingly, it was noted that there had been only four complaints made to the prison since May 2023 about laundry related issues.

At the time of the inspection the laundry was operating at full strength, with 16 passmen split into two teams supervised by two staff members. HMP Dumfries did not offer any training to laundry passmen however all of them were confident in carrying out their role within the laundry. The laundry was found to be a very warm environment to work in, often recording a temperature of 29 degrees. Whilst there is no law for a maximum working temperature, staff and prisoners both reported that at times it was an uncomfortable working environment. The provision of air conditioning or fans and a water cooler for those working in this warm, dry environment would be considered reasonable.

Recommendation 11: HMP Dumfries should provide adequate ventilation and a water cooler for staff and prisoners working in the laundry.

Recommendation 12: HMP Dumfries should remind staff and prisoners that any items for the laundry that are heavily soiled or are a bio-hazard are placed in the appropriate red bags so they can be handled safely.

Recommendation 13: HMP Dumfries should consider providing individually numbered cable ties to secure laundry bags and wash and dry them unopened.

2.6 The meals served to prisoners are nutritionally sufficient, well balanced, varied, served at the appropriate temperature and well presented. Meals also conform to their dietary needs, cultural or religious norms.

Rating: Satisfactory

The HMIPS pre-inspection survey showed that prisoners were generally quite positive about the quality of the food served in HMP Dumfries, but less positive about the amount of food available at mealtimes. Less than half said that they always or usually got enough to eat at mealtimes, whilst just over a quarter said they rarely or never get enough to eat at mealtimes. Nearly three-quarters reported that the quality of food was good. With this in mind close attention was paid to portion sizes, and contrary to the survey findings it was seen by inspectors that they were appropriate, and the majority of prisoners with whom inspectors spoke agreed.

Weekday breakfasts consisted of the cereal and milk, with lunches from 11.20am until 12.30pm and dinner from 4.20pm until 5.30pm. Weekend brunch was at 10am and dinner served at 3.40pm. Prisoners were provided with a pack of biscuits every Friday and Saturday due to the longer period between mealtimes. There were five special menus available to prisoners, Gluten Free, Halal, Kosher, Multi-faith and Vegan, they were on a three-week rotation and changed from summer to winter at the changing of the clocks.

The kitchen staff informed inspectors that they did not provide menus in any other language other than English. They reported that it had never been requested and the presumption was that any translation would be carried out on the halls. Further investigation found that a group of foreign national prisoners who did not speak English had menus in English that had not been translated and they confirmed they did not understand them.

The quality of the food was found to be good having been sampled by inspectors. Prisoners with health concerns that required a more substantial adjustment, consulted health staff who advised the kitchen to create a bespoke menu for them which retained variety and met their nutritional needs. There was a good process in place to inform prisoners of allergy ingredients allowing them to make an informed safe choice for their meals. It was, however, noted that there was no way of informing them of the calorific and nutritional values of their food.

The recommended daily intake for an adult male is around 2,500 kcals a day. It was seen that through choice; a prisoner could exceed their daily kcal intake by making poor and unhealthy meal choices but could also meet this intake through healthier options. In the absence of any legislative or national guidance on what food prisoners must be provided with, this was deemed to be satisfactory.

At the time of the inspection the prison provided food for a number of cultural events including Christmas, Eid al-Fitr, Eid ul-Adha, Passover and Diwali. Muslim prisoners reported the quality of food provided to them during fasting was poor due to the type of thermos flasks used by the prison, as their food was mixed in one flask and became unappetising.

The prison had one main dining area used by all halls, with the exception of B1 Hall that received food into a small pantry via a dumbwaiter system, and B0 Hall that received food directly to the prisoners via hot boxes. The pantry in B1 Hall and the serving area in the main dining area were both found to be clean and well-maintained, with heat probes being used before serving food and pantry staff wearing gloves and whites and controlling portion sizes under staff supervision.

Overall cleanliness of the kitchen and storage areas was excellent, and cleaning schedules were accurate. There were 18 passmen working in the kitchen at the time of the inspection. Training records were viewed and were found to be generally accurate, although some required minor updates. The kitchen did not provide any qualifications for passmen at the time of the inspection although two members of staff were about to qualify as Scottish Qualifications Authority (SQA) assessors. It is

hoped in the near future that this will allow kitchen passmen to obtain a food handling/hygiene qualification.

Like all SPS prisons, HMP Dumfries had access to the “Saffron” catering management software to ensure they were delivering nutritious, allergen aware food to the prisoners. Staff did not use this software, and inspectors were informed that menu choices were decided locally by the kitchen staff. Inspectors could find no evidence of prisoners influencing the menu choices, they were however informed that a member of the catering team would start attending PIAC meetings from the end of August to rectify this.

Inspectors could find little evidence of managerial supervision in the kitchen. The “Daily Occurrence Sheet” documented a lot of information including cleaning records, food temperature, storage temperatures, knife audits and a daily managerial signature, but signatures only appeared periodically at the weekends indicating that little or no visits were carried out. Further investigation found that a spreadsheet held centrally was supposed to be updated daily by a unit manager, but this was not being completed and was last updated in May 2024.

Recommendation 14: HMP Dumfries must ensure that food focus groups are held or added to the PIAC agenda to allow prisoners’ opinions to be considered in respect of menu choices.

Recommendation 15: HMP Dumfries must ensure that appropriate flasks with compartments are provided for fasting prisoners and prisoners who are late to the prison and require a hot meal.

Recommendation 16: HMP Dumfries must ensure that menus in their own language are made available to prisoners who do not speak or read English.

Recommendation 17: HMP Dumfries must ensure that the kitchen is subjected to a daily managerial visit, and this is accurately recorded.

3.1 The prison implements thorough and compassionate practices to identify and care for those at risk of suicide or self-harm.

Rating: Satisfactory

During the inspection there was no-one on Talk to Me (TTM) and therefore there was no opportunity to test how the process worked for those that required it. As there were also no admissions placed on TTM during the inspection, inspectors were given a walkthrough of the reception process. Reception staff were able to demonstrate their knowledge of the TTM process and in conjunction with the Reception Risk Assessment (RRA) process were able to identify when someone was at risk of suicide or self-harm. This was confirmed by the inspector covering Standard 1, which gave confidence that those entering HMP Dumfries would be managed well.

When speaking to residential staff it was clear that they had a good understanding of the TTM process, including the facilitation of case conferences and were able to

describe in detail how they applied the process. TTM books reviewed by inspectors were completed to a high standard and it was clear that the prison took a person-centred approach.

NHS staff were able to describe in detail the process they followed in relation to TTM and were confident in their role and its value to the process. This was evident in the TTM books.

Training records were maintained for TTM and where required staff rostered to attend training within the time scales.

Safer clothing was available in a range of sizes and in clean usable condition.

The books were audited and checked before shift handover and all TTM books were audited twice, once by a First Line Manager (FLM) and then by a Unit Manager before being closed.

3.2 The prison takes particular care of prisoners whose appearance, behaviour, background, or circumstances leave them at a heightened risk of harm or abuse from others.

Rating: Good

Reception staff were aware of their role when prisoners arrived at the establishment with regard to taking care of those that may be at a heightened risk of harm or abuse from others. Information was recorded on PR2, and intel reports submitted where appropriate. Staff were able to demonstrate how they would challenge unacceptable behaviour. There was a good awareness of the SPS Anti-Bullying Strategy 'Think Twice' policy, but all staff who were spoken to reported that they had never had cause to use it. This was also the case with NHS staff who had a good awareness of how to report concerns of bullying, but also had never had cause to use it.

Residential staff were able to describe how they adopted a personalised approach to prisoners' needs. Inspectors were encouraged to hear a transgender prisoner talk positively of being treated with respect, staff embracing LGBTQ issues by offering a person-centred regime, and using the correct pronouns. This was further evidenced in the Transgender Case Conference minutes.

There was also strong evidence of an individualised approach towards prisoners who had not been able to settle in other establishments. One prisoner who had a history of disruptive behaviours had been managed in a way that supported him and delivered a safe working environment for staff. Another prisoner who had serious self-harm issues in other establishments, due to his complex needs and was not able to have a work party outside of the hall pass, had settled in HMP Dumfries with no self-harm incidents and was working daily in an external work party. He informed inspectors that he was grateful as "it was the first time in 18 years he had stood on grass".

Good Practice 7: The individualised approach to supporting vulnerable prisoners and those with a history of self-harm and disruptive behaviours was exceptional.

3.3 Potential risk factors are analysed, understood, and acted upon to minimise situations that are known to increase the risk of subversive, aggressive or violent behaviour. Additionally, staff are proactive in lowering such risks through their behaviours, attitudes, and actions.

Rating: Good

Local Violence Reduction Strategy (VRS) meetings were held quarterly with IMU Analysts, Unit Managers and Heads of Function. Minutes of the last meeting showed how the current trends and impacting factors were considered. Post incident overviews were completed after all incidents by the IMU/Security FLM. These covered all actions and any recommendations

SPS and Police Scotland co-operation was ongoing, working together on community issues. The prison had worked on building positive relationships with local community groups to help reduce illicit items being thrown over the perimeter fences. This was evidenced by the relocation of access to fresh air to a different area after discovering a significant increase in packages being thrown over.

Over the course of the inspection, inspectors witnessed good role model behaviour between staff and prisoners. Prisoners testified to the personal officer positive way they were treated. Further evidence of this was in the ICM casework and recording on PR2.

During the inspection, inspectors witnessed a violent confrontation between prisoners on the football ground and staff responded to it in an expedient manner that kept the situation at a low level. Both prisoners were engaged with verbally by staff and then removed from the area with minimal disruption to the other prisoners.

Evidence of Rule 95 case conference minutes and daily narratives were provided, both of which captured the rationale for the rule being applied and if needed extended. These were easy to understand.

3.4 Any allegation or incident of bullying, intimidation or harassment is taken seriously and investigated. Any person found to be responsible for an incident of bullying, intimidation or harassment is appropriately reprimanded and supported in changing their behaviour.

Rating: Good

The residential FLMs were fully aware of the Think Twice Policy and were able to show written examples of this policy in action. FLMs interviewed were able to describe the stages and process of how it was used to support both the victim and behavioural change of the alleged perpetrator. Further evidence of this was available in PR2 narratives.

Staff in all areas were able to describe a good understanding of the Think Twice Policy. The staff described how they would encourage prisoners to discuss their issues and how to resolve them and that moving prisoners was a last resort. Evidence was provided that the most serious cases resulted in a move of the perpetrator to another area.

Inspectors discussed with two prisoner groups how staff responded to bullying and both groups indicated that staff were proactive and supportive when this happened. Evidence was provided of misconduct reports for prisoners who continued to bully others as a final resort having given them a chance to change their behaviours.

3.5 The victims of bullying or harassment are offered support and assistance.

Rating: Satisfactory

The prison provided evidence of how they supported victims of bullying and harassment. This included individualised support from staff in different roles. Evidence was provided on PR2 going back several months where staff had met with prisoners and discussed how their week was going. Further evidence was provided where a victim had requested a change of work party to give them separation from the perpetrator and this had been granted.

During the inspection, inspectors spoke to one victim of alleged bullying, who stated that they were anxious about reporting the bullying but that when they did the staff treated them with respect and were supportive. They said they had felt that their complaint was treated seriously, and that the prison's response resolved the bullying.

Another prisoner described in detail how they had been supported when they had raised concerns about being bullied and the positive and supportive actions of staff.

3.6 Systems are in place throughout the prison to ensure that a proportionate and rapid response can be made to any emergency threat to safety or life. This includes emergency means of communication and alarms, which are regularly tested, and a set of plans for managing emergencies and unpredictable events. Staff are adequately trained in the roles they must adopt according to these plans and protocols.

Rating: Satisfactory

Inspectors were able to access lots of guidance and records that evidenced a proactive approach to the standardisation of responses to incidents. Inspectors witnessed in person some of these being actioned including key issue and return, a residential fire evacuation and a live response to a staff alarm. All these observations followed the written guidelines and were conducted with confidence and in an orderly manner.

3.7 The requirements of Health and Safety legislation are observed throughout the prison.

Rating: Generally Acceptable

Inspectors were given access to various guidance, plans and registers by the Health and Safety (H&S) officer. The officer explained how he conducted audit and assurance. He provided monthly H&S and Infection Control audits that comprehensively captured all pertinent details. During the inspection, inspectors witnessed a fire evacuation of the residential area and the records of the past years' fire drills.

All residential and offender outcomes staff spoken to had a clear understanding of their role with regards to H&S and Infection Control.

The Control of Substances Hazardous to Health Regulations 2002 require employers to ensure that exposure is prevented or, where this is not reasonably practicable, adequately controlled. The dust extraction system in the joinery workshop requires urgent attention to meet statutory regulations. There was some local extract to hoovers and local ventilation to the room via high level opening windows (controlled from ground level), however this is not adequate to meet the requirements of the statutory regulations.

Recommendation 18: HMP Dumfries should give urgent attention to the dust extraction system in the joinery workshop to ensure it meets statutory regulations.

4.1 Force or physical restraints are only used when necessary and strictly in accordance with the law.

Rating: Satisfactory

UoF is undertaken within HMP Dumfries under Rule 91 of the Prisons and Young Offenders Institutions (Scotland) Rules 2011. There was a SOP for UoF available to all staff on SharePoint. All UoF records were retained in the IMU and recorded on a database.

So far in 2024, there had been 28 UoF incidents. Of this 28, four were planned removals. UoF was not observed during the inspection, so a random sample of historical forms were checked. In all cases, the Head of Operations had reviewed each one for assurance purposes within 72 hours. The completion of the sampled paperwork was of a satisfactory standard. In most cases, minimum UoF was used, and de-escalation was used appropriately. All the forms indicated that where it was deemed a 'planned removal,' a recording was taken, but not all were reviewed by the Head of Operations which HMIPS have recommended should happen. An example of why all video footage should be reviewed came from a Control and Restraint (C&R) incident the inspector viewed where there was a medical concern. As this had not been reviewed by the Head of Operations no learning review was carried out and was a missed opportunity. The IMU retained all video footage of each removal while the camera was kept in the Security Office for the manager responsible to collect.

Parts of one video recording requested did not open, which should be resolved if learning reviews took place.

Recommendation 19: Head of Operations should review all video recording of UoF so that opportunities to learn from incidents are not missed.

4.2 Powers to confine prisoners to their cell, to segregate them or limit their opportunities to associate with others are exercised appropriately, and their management is affected, with humanity and in accordance with the law. The focus is on reintegration as well as the continuing need for access to regime and social contact.

Rating: Good

During the inspection, there were no prisoners on any rules or removed from association. However, prisoners who required to be separated from other prisoners under Rule 95 were located within B0, as HMP Dumfries did not have a Separation and Reintegration Unit (SRU).

B0 contained two cells (cells 13 and 14) that were referred to as the “punishment”, “new admission” and “safer” cells, which resulted in staff having numerous regimes and tasks to carry out within that area.

There were no Rule 95 Case Conferences during the inspection, therefore a random sample of Rule 95 paperwork was checked. In all cases, the Rule 95 paperwork was completed to a satisfactory standard. There were good examples of rules being revoked as the prisoner no longer required to be isolated. All prisoners had received the opportunity to give a written representation. It was recorded on PR2 that prisoners were offered daily entitlements such as fresh air, showers and visits. Those spoken to who had been on a previous Rule 95 confirmed that they had attended their case conferences and had submitted their self-representations. All knew why they had been on a rule. HMP Dumfries managed their population very well through strong relationships which resulted in low numbers of Rule 95s.

4.3 The prison disciplinary system is used appropriately and in accordance with the law.

Rating: Satisfactory

One orderly room was observed during the inspection. It was held in an appropriate area which was out of sight of other prisoners and Prison Rules were available. All adjudications were conducted by a Unit Manager who gave assurance and a clear overview to the prisoner of the process and confirmed their understanding. Adjudications were delivered in a person-centred way, allowing the prisoner time to give their version of events. The Unit Manager fully understood the process and was given the paperwork at the start of each Orderly Room. There was a misconduct report sheet available in each area and an audit of the Orderly Room paperwork was completed. There was good, detailed information within each section of the paperwork and all paperwork was securely stored within the General Office.

4.4 Powers to impose enhanced security measures on a prisoner are exercised appropriately and in accordance with the law.

Rating: Satisfactory

At the time of the inspection, there were no prisoners on Special Security Measures (SSM). Inspectors spoke with a prisoner who had previously been placed on SSM. He understood why he was on restrictions, although his SSM paperwork was not signed. The SSM paperwork explained the reasons for the measures. SSMs were not available on SharePoint for staff. However, staff were informed of any SSMs by their FLM during the daily brief.

4.5 The law concerning the searching of prisoners and their property is implemented thoroughly.

Rating: Generally Acceptable

Prison Rule 92 provides a prison officer with the authority to search a prisoner, their property and accommodation at any time. On checking the Cell Search history, the records showed the prison was on track to complete the searching of each cell three times per annum. A residential officer was responsible for the database for cell searches, and it was up-to-date. Inspectors observed a targeted cell search and reception searches on entry and exit from HMP Dumfries for escorts. Each search was carried out by two staff in accordance with searching guidance, using a search box during the cell search which contained the appropriate equipment, and each was conducted in a professional manner. The HMIPS pre-inspection survey stated that almost a third (32%) of prisoners reported never receiving a reasonable explanation of why they were being searched. Inspectors did not witness any explanation for any of the searches observed. Further questioning during the inspection confirmed that of those that had been recently searched, none could confirm why they had been searched.

Route movement was observed, and all prisoners were instructed to walk through a metal detector and were rubbed down. However, on two occasions during the movement of prisoners to the dining area, inspectors observed a female officer escorting prisoners that were not rubbed down. Females working in singleton posts should ask a male officer to assist them to avoid this.

There was no evidence of regular use of the Tactical Dog Unit (TDU) within HMP Dumfries to support staff, cell, or area searches. HMP Dumfries had numerous singleton posts, therefore staff must seek assistance to search.

Recommendation 20: HMP Dumfries should ensure that staff inform prisoners why they are being searched.

Recommendation 21: HMP Dumfries should ensure that when an officer escorting prisoners is unable to rub down a prisoner due to their gender, support should be sought for an officer of a different gender to ensure appropriate rub down checks occur.

4.6 Prisoners' personal property and cash are recorded and, where appropriate, stored. The systems for regulating prisoners' access to their own money and property allow for the exercise of personal choice.

Rating: Satisfactory

Inspectors followed the process that the prison has in place for receiving, recording and storing prisoners' personal property, valuable property and any personal cash, and found that the process was robust and embedded. All new admission property was photographed in front of the prisoner and placed in a sealed bag. This provided assurance of property to the prison and the prisoner. All valuable property was later taken to the General Office for safe storage. Prisoners could request access to their property, including valuable property, once a month through a request process. In the pre-inspection survey, 70% of respondents felt the system for accessing property worked well and this was confirmed when talking to a number of prisoners who commented on how well this was run and were happy with the process. Secondary assurance of property was undertaken at the weekend by the Duty Manager.

Prisoners had the opportunity to have clothing sent in through the pro forma request process. Property could be sent in by post, but HMP Dumfries did not allow property to be handed in. Although no official complaints could be found regarding this, HMP Dumfries should allow visitors the opportunity to hand in money and property at the prison to minimise the financial pressure of paying for property and cash to be sent in.

Cash could be transferred via the SPS online banking system or sent in by post. Where cash had been sent in by post, the prisoner was given a receipt for it and the money was placed in their Prisoners Personal Cash (PPC) account. Cash could not be handed in.

Recommendation 22: HMP Dumfries should allow cash and property to be handed into the prison to help reduce financial pressures on family and friends.

4.7 The risk assessment procedure for any prisoner leaving the prison under escort is thorough and implemented appropriately. Any restraint imposed upon the prisoner is the minimum required for the risk presented.

Rating: Satisfactory

Inspectors observed prisoners leaving the prison and returning under GEOAmey escort but were not able to observe any SPS staff escorts. Random samples of PERs and Risk Assessments were reviewed. All paperwork was exclusive to the individual risks and completed correctly. All FLMs explained the process in full for managing an SPS escort, where staff were briefed prior to leaving the prison and were fully informed of all of the relevant information. Assurance checks were carried out by an FLM prior to leaving the prison. Due to no operational cover, particularly the nightshift, for escorts the prison utilise staff on shift, which had an impact on the operation of the prison and caused disruption to the regime.

4.8 The law concerning the testing of prisoners for alcohol and controlled drugs is implemented thoroughly.

Rating: Satisfactory

HMP Dumfries did not conduct any alcohol testing. Mandatory drug tests were carried out in a designated area. There was no dedicated mandatory drug testing team in the prison. Therefore, mandatory drug tests were carried out by staff as part of a secondary role while on shift. Thirty-four staff were trained mandatory drug testing officers at the time of the inspection. The Mandatory Drug Testing Department has two managers responsible for all testing. One manager was responsible for suspicion and intelligence-led testing, and the other was responsible for risk assessment testing. During the inspection, inspectors observed one mandatory drug test. The staff completed the process to a very high standard ensuring the prisoners dignity was considered throughout. HMP Dumfries have mandatory drug testing database, recording all mandatory drug tests conducted to date. In the last eight months, there had been 119 mandatory drug tests recorded, with 15 outstanding for risk assessment, which should be resolved.

Recommendation 23: HMP Dumfries should put measures in place to reduce the outstanding mandatory drug tests.

4.9 The systems and procedures for monitoring, supervising, and tracking the movements and activities of prisoners inside the prison are implemented effectively and thoroughly.

Rating: Satisfactory

CCTV and the movement of prisoners was staffed and managed through the Electronic Control Room (ECR). The quality of the camera footage was good. However, the CCTV did not provide full coverage of all areas of the prison. In the event of an emergency, there was a secondary ECR in the Security Office. Inspectors observed the route movement on numerous occasions. It was very controlled and well-managed. All prisoners' items were searched, and all prisoners went through a metal detector. The SOP for escorting prisoners was available on SharePoint for all staff. For movement out with the route, all prisoner movement was controlled through the ECR. This was controlled well, with good radio communication. The staff working in the ECR were able to explain the process of monitoring all movement. There was no CCTV coverage on D or E Hall's exercise yard, and only one camera in E Hall. Staff informed inspectors that there was a violent incident the week before the inspection and that was not witnessed due to the lack of CCTV. There was no SOP available for monitoring the D and E Hall exercise yards.

Recommendation 24: HMP Dumfries should improve CCTV coverage in D and E Hall and create a SOP for monitoring all exercise yards.

4.10 The procedures for monitoring the prison perimeter, activity through the vehicle gate and for searching of buildings and grounds are effective.

Rating: Good

Vehicle searches were observed when entering the prison. The vehicle entered the prison via the vehicle lock where staff used the appropriate equipment to search each vehicle. All paperwork was completed to a good standard. Staff instructed drivers to place mobile phones within the lockers and their identities were checked.

Vehicles did not move from the locked area until the staff checks were complete. All checks observed were completed to a high standard. All records were up to date regarding vehicles entering and exiting the prison. A SOP was available for staff on SharePoint. HMP Dumfries had a database that recorded all internal and external patrols around the prison. These were completed everyday unless staffing levels did not allow it. Prison Watch signs were in place external to the prison. Perimeter Intrusion Detection System checks were undertaken by the vestibule officer on weekdays and at weekends, and patrol staff carried out random checks. All mail received at the prison was processed by Front of House staff and then passed to the Mail Administrator. Mail was x-rayed and logged appropriately, with staff and the Mail Administrator working well together. Good evidence was provided for the handling of all recorded and registered mail. Legal mail was recorded and distributed separately from regular mail to ensure compliance with policy.

5.1 The prison reliably passes critical information between prisoners and their families.

Rating: Satisfactory

Inspectors were informed that there was no SOP for sharing critical information between prisoners and their families. However, staff spoken to in every residential area were able to explain the process for informing a prisoner of the death or serious illness of a relative. The ECR was the first point of contact for critical information coming into the prison from family/friends. They then informed the hall FLM and either they or another member of staff delivered the news, dependent on who knew the prisoner best.

There was also a process in place for notifying a prisoner's next of kin if they became seriously ill. Next of kin details were provided on arrival and recorded on PR2. It was the role of the hall FLM to discuss with the prisoner and obtain their consent to share information with friends/family, and the hall staff would then make contact.

There were rooms available on or close to the residential halls for confidential conversations to take place and staff made use of them. Inspectors were given a recent example where staff had acted quickly to allow a prisoner to visit an ill relative following a telephone call to the ECR.

Prisoner's families were invited to ICMs and RMTs, with their consent.

Recommendation 25: HMP Dumfries should produce a SOP detailing the processes that are in place for sharing critical information between prisoners and their families.

5.2 Relationships between staff and prisoners are respectful. Staff challenge prisoners' unacceptable behaviour or attitudes and disrespectful language or behaviour is not tolerated.

Rating: Good

During the inspection week, all inspectors commented on and witnessed extremely respectful and positive interactions between staff and prisoners. In the HMIPS pre-inspection survey, 72% of prisoners said they were treated with respect by staff all or most of the time, which is significantly higher than the rest of the prisons in which we have conducted the survey. Several comments from prisoners in the survey highlighted positive engagement with staff, and during focus groups staff also reported relationships with prisoners were positive. Independent Prison Monitors (IPMs) said in their last annual report that staff/prisoner relationships were very good across all areas, judged by the interactions observed during their weekly visits to the establishment.

Unlike other prisons inspected lately, staff were situated within the residential sections. Prisoners had a good amount of time out of cell compared to other prisons and there was stability in the staff group on the halls which were all factors that allowed staff time to build relationships and get to know their prisoners.

Inspectors noted that new and inexperienced staff were paired up with experienced staff to learn from, which also contributed to positive staff/prisoner relationships. The induction material provided clear information to prisoners on expected behaviours.

In the pre-inspection survey, 75% of prisoners reported that they had a personal officer which is significantly higher than the rest of the prisons we have conducted the survey in, 10% said they did not, and 15% said they did not know if they had one. Those who said they had a personal officer were asked how helpful they were. The majority, 62%, reported that their personal officer was very or quite helpful.

All sentenced prisoners were allocated a personal officer, and residential staff and prisoners spoken to confirmed this. There were mixed reports from staff on whether they had sufficient time to do the personal officer role effectively, particularly those in singleton posts, but all confirmed they had time to do what was necessary. This included regular conversations with prisoners, but not always updating PR2.

5.3 Prisoners' rights to confidentiality and privacy are respected by staff in their interactions.

Rating: Satisfactory

There were sufficient rooms available on or close to the residential halls for staff to have confidential conversations with prisoners, and they were used appropriately. In

all halls confidential paperwork, such as TTM, was kept out of sight of prisoners and locked away overnight.

Staff spoken to were aware of the process for reporting information security breaches and dealing with Subject Access Requests (SARs), and there was operational guidance available describing the processes. Data protection notices were on display in most halls and SAR forms were available in all halls. They should also be available in other languages when foreign national prisoners are present on the hall. Inspectors looked at the information security breaches and SARs from April this year, and 94% of SARs were responded to within timescale. Two information security breaches had occurred, and both were properly investigated.

There was a SOP available on the management of prisoner mail and staff and prisoners reported that the process worked well, including the process for confidential correspondence. It was secure and offered privacy to prisoners.

Prisoners were always able to contact staff. When locked in cell they could use their call buttons. Inspectors were informed they worked well and were included in daily cell certification checks. Any issues were reported to estates and fixed quickly.

5.4 The environment in the prison is orderly and predictable with staff exercising authority in a legitimate manner.

Rating: Generally Acceptable

The environment in HMP Dumfries was orderly and reasonably predictable, assisted by the positive staff/prisoner relationships. Prisoners time out of cell was good in comparison to other prisons. B0 Hall appeared to have the most restricted regime and prisoners were still opened for a minimum of five hours per day.

The residential staffing complement was good, but it was a small staff group with some singleton posts, therefore any absences caused disruption to the regime. The staff worked really well together as a team, showing great flexibility to cover absences. The protocol was to firstly reduce to one member of staff in every residential area to avoid shutting work sheds. If this was necessary, then the waste management work party was the first to be cancelled.

Some staff reported the regime ran smoothly, whilst others reported clashes in that those who attended work did not get the opportunity to attend events, unless it was a well-being activity, which then affected numbers in the work shed. A, B and C Hall had a different regime to D and E Hall. If not fully staffed the regime on D Hall could run late. On the day inspectors visited they were reduced from three to two staff due to absences. Inspectors were told that the regime on E Hall ran late most days because it was a singleton post.

The regime for D and E Hall, which housed mainly STPs and those held on remand, was not equitable to those housed in A to C Hall. Although they still had a good amount of time out of cell in comparison to other prisons, and had access to the gym every day, their only work party was waste management, which was the first to be cancelled if there were absences and pass duties. In addition to this they only had

access to education once per week on a Wednesday afternoon. Any non-offence protection prisoners were placed in D Hall. There were none present during the inspection and inspectors were advised that there were only ever one or two. However, when there were any, they were locked up until 12.45pm each day then opened for one hour to take a shower and go out for fresh air, which was not long enough. They also ate their meals in their cells, there were no work parties for them or any offer to attend education. They were opened for one hour's recreation in the evening. This is not a fair or equitable regime and needs to be reviewed.

All the regimes were reviewed in April this year and staff and prisoners spoken to reported that they were consulted about the changes, and that the regime had changed for the better.

Prisoners were informed of the hall regime via the induction booklet, and the National Induction covered expected behaviours and the orderly room process. As reported earlier in the report, HMP Dumfries did not make best use of the translation services available, and inspectors did not observe the regime being made available in other languages.

Recommendation 26: HMP Dumfries should look to provide an equitable regime for those prisoners housed in D and E Hall similar to those held in A, B and C.

Recommendation 27: HMP Dumfries should ensure that the regime is made available in the languages spoken in the hall.

5.5 Prisoners are consulted and kept well informed about the range of recreational activities and the range of products in the prison canteen as well as the prison procedures, services they may access and events taking place. The systems for accessing such activities are equitable and allow for an element of personal choice.

Rating: Generally Acceptable

According to the HMIPS pre-inspection survey, the majority of prisoners, 70%, said that the prison held consultation sessions with prisoners. However, only 35% said that things sometimes or often change because of this consultation.

Although space was sometimes an issue, there was lots of information available to prisoners on events that were taking place in the prison. It was easy for staff to communicate information to prisoners' face to face because they had responsibility for small numbers, but information was also shared via prisoner notices, posters, PIAC meetings and the TV in the dining hall, as per the prisons Communications and Engagement Strategy. The prison Media Group were producing some really great information, including educational material to share on a new prisoner TV channel, but it was not up and running yet due to an IT compatibility issue. The prison hope to launch it very soon.

The Common Good Fund spend and balance was displayed in both prison libraries. The fund was put to really good use, with the Governor authorising spend on special

events and theme nights. Prisoners did not appear to be directly consulted with on how to spend it, but the finance manager attended all PIACs and if a prisoner made a suggestion it was considered.

The prison produced a Terms of Reference (TOR) document for PIAC meetings in January this year, but it was not being followed. The document stated that PIACs would take place monthly, that the minutes would be shared on notice boards, that a process log would be produced to monitor outstanding actions, and it included a standing agenda for the meetings.

One of the residential officers had been given responsibility for organising PIACs, and she was very enthusiastic and keen to do a good job of them. She had not seen the TOR and was going to search for it following a conversation with inspectors. Currently, a STP and a separate LTP PIAC took place every couple of months but there was no schedule of planned dates. The officer would like them to take place monthly, but she would need additional support as she had no cover when she was on leave, etc. A prisoner rep from each hall attended the meetings. The hall staff decided who would attend and it tended to be the same people. Some prisoners fed back that they would like to see the reps rotated and for the hall staff to ask for volunteers to give others an opportunity to attend. The rep is asked to consult with other prisoners in their hall about potential items for discussion, but some prisoners reported that this did not always happen. HMP Dumfries may wish to consider the good practice identified during the inspection of HMP YOI Polmont where agenda suggestion forms were available in document holders on the wall in residential areas, giving prisoners the opportunity to put forward items for discussion at future PIACs.

The Chair was rotated between ops, residential and regime FLMs to cover all areas of the prison. Canteen staff always attended; the kitchen staff did not attend but there were plans to include them in the future. The residential officer who organised the PIACs took the minutes. She then investigated any actions that arose during the discussion and included a response to them in the final version of the minutes, and her explanations were good. There was no action list in the minutes or as a separate document. HMP Dumfries should consider producing an action list and publishing it alongside the minutes. This would let prisoners see that things are changing as a result of these meetings, and this may help improve the perception of prisoners in the pre-inspection survey. The minutes were sent to the halls and the officer relied on staff sharing them with prisoners. Inspectors found this to be inconsistent as copies could only be found on two of the halls. HMP Dumfries should review this part of the process and ideally ensure they are displayed on noticeboards on every hall, so that all prisoners can read them. They could also be shared via the TV information channel.

There was no mention of the PIAC meetings in any of the admission information provided to prisoners. HMP Dumfries should include an explanation to make prisoners aware of how they can contribute to improving prison life on arrival. SPS HQ should also include an overview in the National Induction slides. This has been a recurring action for them for many years.

Inspectors found no information available in other languages on the halls.

Recommendation 28: HMP Dumfries should implement their PIAC Terms of Reference document to ensure that the minutes and an update on actions from PIACs meetings are communicated to all prisoners, and that all prisoners know when meetings will take place and are encouraged to submit items for discussion at future meetings. They should also update the admission booklets to provide an explanation of PIAC meetings to new arrivals.

Recommendation 29: SPS HQ should update the National Induction slides to include information about PIACs meetings.

5.6 Prisoners have access to information necessary to safeguard themselves against mistreatment. This includes unimpeded access to statutory bodies, legal advice, the courts, state representatives and members of national or international parliaments.

Rating: Satisfactory

The Prison Rules were available in all residential hall offices and in the prison libraries but there was no signposting to inform prisoners where they were held.

There was a good selection of legal texts available in the main library and a selection also available in the smaller library. They could be printed off in different languages if requested.

There was no information in the induction booklet about access to legal representatives or foreign national entitlements. As previously stated, the prison did not make good use of translation services to communicate with foreign nationals with little to no English.

The process for arranging agents' visits ran smoothly. The vestibule staff took calls from agents and booked the appointment on PR2 or through the virtual agents' system. Prisoners saw their agents quickly and there was sufficient space available. Delays and cancellations of courts appearances was their biggest issue, but thankfully the good staff/prisoner relationships kept the situation under control.

5.7 The prison complaints system works well.

Rating: Generally Acceptable

The HMIPS pre-inspection survey informed us that most prisoners (67%) reported that the complaints system worked badly.

There was a SOP available to staff that explained the complaints procedures and staff spoken to understood the process. The reference to IPM forms needs to be removed as they are no longer in use. The SOP stated that the complaints guidance would be displayed in every accommodation area. It was not, which may be due to lack of space in some areas, but the process was not well advertised to prisoners. It was not explained in the local or National Induction material and inspectors could only find it displayed on a couple of residential halls. Complaints forms and

envelopes for PCF2s were freely available in the grey stacking trays in the residential halls, but there were no complaints boxes on the halls to prevent prisoners having to hand them to staff if the FLM was not around, which may be off-putting for some.

The prison had received 40 PCF1s and 45 PCF2s in the last five months, so PCF1s were slightly lower than average for the population of the prison and PCF2s were around the average. The quality of FLM responses to PCF1s was good. Ninety-three per cent of PCF1s had been resolved at FLM level, with three progressing to ICC, all of which were overturned and endorsed by the Governor. There were no key themes arising from the complaints and there were only two EDF complaints that were not in fact equality and diversity issues. The Governor's responses to PCF2s were very personable, supportive and well written, and informed prisoners about the route to the SPSO. The SPSO complaints process was advertised on some but not all the halls.

On visitor complaints, the process was explained on a poster in the Visit Room.

Recommendation 30: HMP Dumfries should advertise the SPS complaints process more consistently. It should also install complaints boxes to prevent prisoners having to approach staff when making a complaint.

5.8 The system for allowing prisoners to see an Independent Prison Monitor works well.

Rating: Satisfactory

According to the HMIPS pre-inspection survey, the majority of respondents (62%) said that they knew what the role of an Independent Prison Monitor (IPM) was, and just over half knew how to contact an IPM (51%). This is significantly more positive than the rest of the Scottish prison estate. The majority of respondents said they had never attempted to contact the IPM service. Of those who had (40 respondents), almost half said they found the service helpful (48%), and 15% had found it to be unhelpful. Some (13%) reported that they were unable to contact an IPM when they had tried.

IPM posters were displayed in all residential halls and throughout the prison, and the contact number was on prisoners in-cell phone. Prisoners and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and they knew how to contact them. IPMs completed 51 visits to the prison in the last year and dealt with 43 requests from prisoners. The local induction booklet made no mention of IPMs. HMIPS will consider what further work can be done to raise the profile of IPMs. IPMs felt that they were well known to the prison and that they were well received and had unfettered access.

6.1 There is an appropriate and sufficient range of good quality employment and training opportunities available to prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.

Rating: Generally Acceptable

The prison offered a good range of employment opportunities for prisoners in work parties for cleaning, gardens, pass, catering, laundry, joinery and waste management. A few informal employment activities were also available to prisoners to suit their age and ability, such as packing, barbering, fly tying, painting and media production. The employment opportunities were of good quality and were sufficient for all prisoners who were eligible for work.

In the past year, the only vocational qualification achieved by prisoners was BICSc. This training was of a high standard, with the training officer being awarded the BICSc Accredited Training member at a recent international award ceremony. Two prisoners qualified to deliver training to their peers. The joinery work party supported community partners well, with prisoners designing and producing good quality joinery projects for community use. A few prisoners gained relevant SQA units for their joinery work. However, vocational training, including employability certificates, had been suspended and prisoners reported that there were insufficient opportunities for vocational training. This prevented prisoners, particularly STPs, from achieving certification for skills and knowledge relevant to the community on their release.

Prison managers were proactive in reviewing the schedule of purposeful activity and consulted prisoners about the employment opportunities available. Overall, prisoner participation in work parties was high. However, the prison did not collaborate with Learning Centre staff to support those prisoners in employment with their development of core skills.

Recommendation 31: HMP Dumfries should introduce a range of certificated vocational training opportunities appropriate to the needs of prisoners on their release.

6.2 Prisoners participate in the system by which paid work is applied for and allocated. The system reflects the individual needs of the prisoner and matches the systems used in the employment market, where possible.

Rating: Satisfactory

Residential staff and personal officers had a good knowledge of prisoners' individual preferences and abilities and encouraged prisoners to participate in employment opportunities. This knowledge was used effectively by the Labour Allocation Board to allocate prisoners to an appropriate work party. The Labour Allocation Policy was fair and applied to all eligible prisoners. Staff and prisoners had a good understanding of the allocation process for paid work. As stated in Standard 5 there was limited access to employment for STPs and no employment opportunities scheduled for untried prisoners.

There were good examples of the prison supporting individual prisoners to reintegrate into purposeful activity and overcome personal issues such as self-harm. Where a prisoner required extra assistance to participate in paid work, the prison made appropriate arrangements to support meaningful participation. For older prisoners who found it challenging to attend a work party, employment activities were available in their residential area. Some younger prisoners were encouraged to attend work parties on a part-time basis to experience the benefits of meaningful participation. These approaches to work allocation and prisoner participation were good practice.

Vacancies for employment opportunities were placed every two weeks on notice boards and within the information folders in each residential block. Wherever possible, the needs of the individual prisoner took precedence over the needs of the establishment. An innovative rota had been introduced to maximise the opportunities for prisoners to participate in paid work and provide flexibility for them to attend physical and health activities or education.

Good Practice 8: The approach to work allocation and encouraging prison participation.

6.3 There is an appropriate and sufficient range of good quality educational activities available to the prisoners. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.

Rating: Generally Acceptable

The area for education was appropriate, welcoming and included examples of prisoner art. Educational opportunities were made available to all LTPs, STPs and untried prisoners. The teaching and classroom activities were delivered well and engaged those who attended. However, there were only two options of subjects open to STP and remand prisoners. Overall, there was a limited range of subjects on offer to the prisoners, and attendance at education was dominated by a small number of very highly educated prisoners, most of whom were graduates who attend regularly. There had been limited success in engaging the majority of prisoners who might build knowledge, confidence, and initial qualifications through education.

Four of the 18 places in the education area were taken up by a self-guided work party working on media. Although this was a constructive group, it limited the numbers able to attend formal learning. Attendance rates in classes were generally low. Prisoners were consulted on what they wanted in education through informal discussion and a formal questionnaire. The scheduling of sessions had been revised to ensure that prisoners could attend both work and education. However, there were relatively few qualifications offered or taken up by prisoners, limiting the motivation and value prisoners give to education.

Good support for literacy and adult basic education was provided through staffing provided by the local authority within the Links Centre. Individual support and groupwork help with literacy, basic skills and ESOL. Adult Education Awards at levels four and six were offered where appropriate. Trained peer mentors supported this work well.

Barriers to participation were identified early, and good arrangements put in place where, for example, the prisoner had limited mobility. This included in-cell learning, and sessions being delivered in one residential area where those in that area were less mobile. Learning in cookery took place in Life Skills as part of preparation for release.

Recommendation 32: The Education Team should promote services more effectively to prisoners who are not yet highly educated and should offer a wider range of certificated programmes.

6.4 There is an appropriate and sufficient range of physical and health educational activities available to the prisoners and they are afforded access to participate in sporting or fitness activities relevant to a wide range of interests, needs and abilities. Prisoners are consulted in the planning of activities offered and their engagement is encouraged.

Rating: Generally Acceptable

Most prisoners engaged enthusiastically with health and fitness activities and all prisoners completed an enhanced induction. Prisoners had good access to well-equipped fitness and sporting facilities, including outdoor sports within the prison grounds. Physical Training Instructors (PTIs) were proactive in varying the activities available based on prisoner preferences by offering a winter and a summer timetable.

The majority of prisoners attended the newly refurbished gymnasium and engaged enthusiastically in cardiovascular exercise and weight training. Other activities available to prisoners included football, circuit training, running, spin classes, rounders and recently introduced yoga. Older prisoners and those with less mobility could participate in carpet bowls, walking football, boules, and gentle exercise within the prison grounds. PTIs also offered exercise activities to prisoners in the accommodation blocks and provided advice sheets for in-cell workouts. Overall, the health and fitness activities were appropriate to the prison population and were of a high standard.

Health and fitness activities were timetabled each weekday and at weekends. Prisoner participation levels were high. However, over the past month the full weekly timetable was not available due to PTI training, essential training for SPS staff or staff shortages, and the facilities were closed at weekends.

A few competitions were arranged to encourage prisoner participation such as football matches and a strongman contest. Two new key initiatives were planned to engage prisoners further in health and fitness activities, Parkrun, and Healthy Dads Healthy Kids. However, most health and fitness programmes such as Fit for Life and guest speakers had been suspended. This limited the opportunities for prisoners to link their physical activity with health, well-being, and diet. No prisoners had gained recognised qualifications or awards for health and fitness activities in the past year.

Recommendation 33: HMP Dumfries should accelerate the introduction of new initiatives and reintroduce recognised qualifications and awards for health and fitness activities.

6.5 Prisoners are afforded access to a library which is well-stocked with materials that take account of the cultural and religious backgrounds of the prisoner population.

Rating: Satisfactory

There were two main library areas, enhanced with a number of trolleys or book racks in some residential areas. There was a good stock of books and DVDs, which included information on legal rights, and a small selection of foreign language texts and DVDs. However, there was no stock of large print material, which was surprising given the age profile of many of the prisoners. There was also an arrangement to borrow from the local council library if there were requests the staff could not meet. All prisoners had access to the library each week and borrowed up to four books and DVDs.

The staff were proactive in supporting access to materials and would open additional hours or deliver books if needed. Group activities were organised through the library. These include groups for board games, chanter playing, guitar and chess. Prisoners were asked their views on the provision, and were satisfied with the service, and in many instances, highly satisfied.

There were few themed events, and limited use of guest speakers or competitions. There was little co-ordination of activities or events with the Education Team, limiting the opportunities for prison-wide themed activity.

6.6 Prisoners have access to a variety of cultural, recreational, self-help or peer support activities that are relevant to a wide range of interests and abilities. Prisoners are consulted on the range of activities and their participation is encouraged.

Rating: Satisfactory

There was a reasonable range of cultural, recreational, self-help and peer activities in place across the prison.

Small groups and activities were facilitated through the Library, and at times through the Links Centre. This covered, for example, board games, music, and darts. The Education Team engaged guest speakers to deliver sessions on topics such as history. There was an active LGBTQ+ group with around a dozen members who were helping to promote a better understanding and more supportive environment.

The media work party had very recently initiated plans to have more themed activities and information available to staff and prisoners, building on a successful Burns Night earlier in the year. Prisoners were consulted on their views on social or cultural events. These plans for themed events included cultural and religious activity, supporting a wider understanding of different cultures.

There was a Listener service in place, and peer mentors to support literacy and numeracy and to support those preparing to move on. The recovery and wellbeing café supported the organisation of group activities and peer mentoring well. Overall, there was a positive emphasis on wellbeing, and prisoners benefit from this. The gardens were used well by residential staff, gym staff and others as a means of relaxation, and groups of prisoners often used this space to engage with each other and relax.

There was a useful range of community partners who supported the prison. Likewise, prisoners and staff engaged well to contribute to the community in making equipment for parks, distributing firewood, and supporting visiting groups such as care homes and dementia sufferers. The prison arranged for local care home residents and Therapets to visit the gardens to help prisoners with a sense of engagement and responsibility, giving them a positive focus for their work.

The residential halls had folders, updated daily, which kept prisoners informed about current activities, events, and opportunities for education and employment.

6.7 All prisoners have the opportunity to take exercise for at least one hour in the open air every day. All reasonable steps are taken to ensure provision is made during inclement weather.

Rating: Satisfactory

It was clear throughout the inspection, through both observations and communication with prisoners, that all were able to spend at least one hour in the open air every day should they wish to do so. It was also clear that this was open to all categories of prisoners and that no one was discriminated against. There were also many examples of prisoners being offered ad hoc access to the well-being garden when opportunities arose. Should for example a Rule 95(1) wish to have access to fresh air, processes were in place to ensure this provision. There was suitable clothing when there was inclement weather.

During observations of exercise, it was clear that there were no cultural barriers, in fact quite the reverse, where inspectors observed lots of interaction between different cultures. This was pleasing to see.

6.8 Prisoners are assisted in their religious observances.

Rating: Good

On admission, all prisoners were informed of the religious observance on offer and how to contact a representative of their faith. Timings of religious services were given to prisoners and were as follows, Monday Muslim Prayers, Wednesday Church of Scotland and Friday Roman Catholic services. There was also provision for religions with less following including Buddhism and Mormon, which was facilitated by the Chaplaincy Team.

Religious observance was well supported, and a good number of prisoners benefit from regular religious services.

There were Chaplains representing the Church of Scotland, Roman Catholic and Muslim faiths. Although the Imam facilitated the service he was not employed by the prison. The Church of Scotland Minister worked two days a week and the Roman Catholic priest worked one day per week, which was the provision of hours allocated.

The Chaplaincy Team told inspectors that they ensured all prisoners requiring any articles for observance of faith were accessed in accordance with the Prison Rules.

No instances were reported or noted of any intolerances or religious discrimination. Inspectors found an atmosphere of camaraderie between different faiths, religions and ethnicity.

Evidence was provided by the Chaplaincy Team of those requiring extra support for religious guidance, including bibles for those of different nationalities including Ukraine and Albanian. It was clear that the team went out their way to assist those of smaller religious groupings. However, a concern was raised about prisoners who wished to convert to the Jewish faith. The Chaplaincy Team felt that whilst they tried to support those individuals, there were conflicting views on whether they were welcomed by religious leaders, and the team felt further clarification from the SPS would be advantageous.

The Chaplaincy Team spent lots of time around the prison speaking with prisoners and this was confirmed during discussion with prisoners. There were lots of other activities the team led and were involved in, including prison fellowship, Sycamore and Alpha course. Further to this, preparation was starting to take place for Prisoners Week where last year's main event attracted 150 visitors and prisoners. Events such as Christmas and Ramadan were planned and PIAC meetings with the relevant parties took place to consult with prisoners. One further item worthy of mention is that the Chaplaincy Team support the prison LGBTQ team meetings each month and the Chaplain is the main lead. They were also a great support to prisoners currently transitioning their gender identity.

Good Practice 9: The LGBTQ support group works well with around 12 prisoners in the group. It provided valued support to both transitioning prisoners and others who wished to participate and had recently been put forward for a local governor's award.

6.9 The prison maximises the opportunities for prisoners to meet and interact with their families and friends. Additionally, opportunities for prisoners to interact with family members in a variety of parental and other roles are provided. The prison facilitates a free flow of communication between prisoners and their families to sustain ties.

Rating: Satisfactory

On admission, prisoners were given an explanation of the visits process and timetable. Visits were not limited and if there was space available then generally a

prisoner could book a visit within their hall's allocated times. There were however limited timings of visits for each hall, and this was a concern. A, B and C Hall only had access to visits on a Friday 3pm to 4pm, and Saturday and Sunday between 2.30pm and 3.45pm. D and E Hall timings were 1.30pm to 2.30pm Monday to Friday and Saturday and Sunday 1.30pm to 2.30pm. Whilst there were no issues raised on timings or delays when observing visits during the inspection week, it was reported to inspectors that the weekend visits in the afternoon were delayed due to staff coming back after lunchbreak, and that the time was not added on at the end of the visit. There was no evening face to face visits, however virtual visits were available within the Visit Room. The visit timetable did not take cognisance of family members or friends who wished to visit out with normal work times. Father/child bonding visits took place at the weekend and were fully utilised. Weather permitting, they could be taken in the well-being garden, where a father could play football and games with his children. This was a great initiative. Special children's events included Christmas, Easter and Halloween parties and pizza making sessions.

All visits observed during the inspection week were given their full-time allocation and this was confirmed by visitors and prisoners. Inspector also noted that at the end of the visit on the day that the Therapet Team visited, visitors and prisoners were asked if they wanted an extra 15 minutes with the dogs which was well received.

Prisoner communication with family and friends was fully encouraged during visits, virtual visits and via the in-cell telephones which were a huge advantage to prisoners. Telephone access was not restricted unless a member of the public contacted the prison to say they did not want contact from a prisoner. If this was the case the individual was informed, and the telephone number was removed from their account.

Virtual visits were ideal for those whose family and friends were located further afield and as previously stated there were no restrictions on the number of times a prisoner could request it if there was space available.

Recommendation 34: HMP Dumfries should review the face-to-face visit timetable and offer evening visits for family and friends who work during the day and children who are attending school.

Good Practice 10: The utilisation of the well-being garden, weather permitting, for father/child bonding visits was well received by prisoners and family members. It was good to hear a prisoner talking about how being able to play football with his son had been a great help to their relationship building.

Good Practice 11: Allowing extra time at the end of visits when the Therapet Team was on site.

6.10 Arrangements for admitting family members and friends into the prison are welcoming and offer appropriate support. The atmosphere in the Visit Room is friendly, and while effective measures are adopted to maintain security, supervision is unobtrusive.

Rating: Satisfactory

Inspectors observed the admission process for visitors including identification. Whilst all identification was in place, staff were aware of the process to follow if it was not. They knew where guidance was available and what identification was acceptable. There was a comprehensive visitor information leaflet freely available that was full of helpful information relating to the prison.

The visitor's waiting area was small but fully equipped with information via leaflets and the TV and toilet access was freely available.

There was no family centre attached to the prison, however there was a local community centre, Summerhill, located close to the prison, which had forged partnership links with the prison and visitors were welcome before and after visits to the prison.

The Visit Room had a warm welcoming feeling, it was brightly decorated and had a dedicated child play area with lots of different play themes. Baby changing facilities were available on request.

Prison clothing was worn in the Visit Room, physical touch was permitted at the start and the end of the visit.

6.11 Where it is not possible for families to use the normal arrangements for visits, the prison is proactive in taking alternative steps to assist prisoners in sustaining family relationships.

Rating: Satisfactory

Inter-prison visits and phone calls were utilised where and when required. Virtual visits also assisted where alternative arrangements to physical visits were required.

Staff and prisoners spoken to were aware of the alternative arrangements to physical visits. The Assisted Prison Visit Scheme was displayed for visitors, and staff and prisoners spoken to were aware of the scheme and how it worked. Due to the nature of the majority of prisoners convictions, interaction with local schools was limited however there was some work in offender outcomes completed for local schools. All local authority and partner agencies participated in partnership work either via Teams or face-to-face within the prison.

6.12 Any restrictions placed on the conditions under which prisoners may meet with their families or friends take account of the importance placed on the maintenance of good family and social relationships throughout their sentence.

Rating: Satisfactory

Visits were not withdrawn as a punishment for poor behaviour. Closed visits were infrequent but when an individual was placed on closed visits for a period, it did not exceed a month without being reviewed. Through questioning during the inspection, it was clear that there was a robust system in place that was person-centred, and the individual involved was informed of any decisions face-to-face including the review process. Should an individual require support, inspectors were informed that it would be put in place. However, no one was on closed visits during the inspection, so inspectors were unable to verify.

Anyone on Rule 95(1) was not restricted in visits and arrangements were put in place to facilitate these visits. No one was on this restriction during inspection to verify this.

Banning visitors was a last resort, however if this took place individuals were informed via letter, and it was reviewed on request.

6.13 There is an appropriate and sufficient range of therapeutic treatment and cognitive development opportunities as well as an appropriate and sufficient range of social and relational skills training activities available to prisoners.

Rating: Generally Acceptable

There was no formal programme facilitation group within HMP Dumfries. There was psychological support one day a week on site, and remote support on request for attendance at Risk Management Team (RMT), Integrated Case Management (ICM), and case management reviews.

Prisoners were clearly frustrated at having to move establishment to complete a programme. The establishments they could transfer to were also restricted due to the type of programme that was required for most prisoners.

The case management team ensured that no PR2 updates were missed in relation to critical dates and assisted personal officers to develop a better understanding of their role. It was clear that case management had a good audit and assurance process which was audited and assured by the Unit Manager Offender Outcomes, so no critical dates or updates were missed.

Recommendation 35: HMP Dumfries should consider upskilling some staff in relation to the personal officer scheme to ensure they are informed about critical dates.

6.14 The prison operates an individualised approach to effective prisoner case management, which takes account of critical dates for progression and release on parole or licence. Prisoners participate in decision making and procedures provide for family involvement where appropriate.

Rating: Satisfactory

The Offender Management Team have a clear system of identification via a database of all prisoners requiring any kind of treatment programme, and this is reviewed regularly. It also captures transfers and admissions into the establishment.

Prisoners were reviewed for treatment as appropriate and there was a core screen process in place, including enhanced ICM. A Multi-Agency Communication Board was also in place to identify the pre-release needs of prisoner's community integration plans (CIPs) were reviewed and set. It was clear that this process worked well and was overseen by a Unit Manager.

The inspector witnessed an RMT where the prisoner attended the meeting when appropriate and was allowed to answer questions asked of him, and critically was given the opportunity to ask questions. The chairperson made him feel welcome and ensured he knew everyone. The establishment were utilising the targeted ICM system, cases were reviewed by the multidisciplinary team where prisoners submitted representations via formal paperwork. Decisions were made and formally communicated to the prisoner by the casework team.

6.15 Systems and procedures used to identify prisoners for release or periods of leave are implemented fairly and effectively, observing the implementation of risk management measures such as Orders for Lifelong Restriction and Multi-Agency Public Protection Arrangements.

Rating: Satisfactory

Inspectors observed participation of prisoners in case management. Decisions made were communicated in a clear and concise manner, ensuring the prisoner fully understood the requirements for them to progress.

The nature of the establishment which was small and compact ensured there was good communication between the different areas and behavioural changes were acted upon appropriately. It was also clear that the Senior Management Team had good knowledge of prisoners and know their cases well.

There was clear evidence of good information sharing, both formally and informally between all partner agencies. It was also noted that the prison worked well with Multi-Agency Public Protection Arrangements (MAPPA) in the community who delivered formal training to staff twice a year to ensure a better understanding of the process, which was good to see.

All those assessed under MAPPA who were returning to the community had individual plans based on their risk. Prisoners were informed as to the restrictions placed upon them to allow them a safe return to the community. This worked well

due to the relationships between community partnerships and the prison who understood each other's responsibilities.

The prison received psychological support one day a week, with the lead psychologist only accessing the prison via MS Teams meetings due to their workload and location as they also had shared responsibilities with other establishments. This was not ideal, as formal meetings in relation to Order for Lifelong Restriction (OLR) and MAPPA were required to take place. However, both the casework FLM and lead psychologist did communicate either formally or informally where required.

7.1 Government agencies, private and third sector services are facilitated to work together to prepare a jointly agreed release plan and ensure continuity of support to meet the community integration needs of each prisoner.

Rating: Good

A well-established Multi-Agency Community Re-Integration Board (MACRIB) met monthly and enabled effective partnership planning for prisoners' support in the community. The Head of Offender Outcomes effectively chaired the meetings and ensured appropriate oversight. Meetings were well-attended by a comprehensive range of key statutory and third sector agencies with a role in supporting prisoners' reintegration. Prisoners who were due to be liberated within 10 weeks were the focus of the meetings. This supported services within the establishment and in the community to efficiently share information of the ongoing support needs of prisoners and to identify appropriate interventions. This promoted a dynamic assessment of individual circumstances and contributed to a more holistic community integration plan.

While this forum was primarily established to consider the needs of prisoners serving a short prison sentence, it also considered the needs of LTPs, and prisoners held on remand. This demonstrated an efficient and comprehensive approach to planning. Effective arrangements were also in place to identify prisoners from other establishments across the SPS estate who would be released back to the Dumfries and Galloway area within six-months. Where such prisoners were identified, proactive efforts were made to arrange transfer to HMP Dumfries prior to liberation. This enabled timely direct engagement with services prior to, and immediately upon, release.

Senior management within the prison had established positive working relationships with community-based partners. This extended beyond traditional third sector agencies providing in-reach services and included, for example, a local sawmill who provided timber for the prisoner run well-being garden. The prison was also well-represented at the local community justice partnership.

A well-attended Links Centre gave prisoners the opportunity to meet with an important range of agencies to prepare for release. Prisoners had easy access to the Links Centre as needed. The prison had recently established a prisoner mentoring programme to support new prisoners. In addition to assisting new prisoners to adapt to the prison environment, this had a positive impact on the self-esteem and confidence of prisoners in the mentoring role.

Family contact was supported through a family support officer linked to the local community centre; an initiative funded through the local community justice partnership. This in-reach service offered important continuity of support on release into the local community.

Good Practice 12: A well-established MACRIB met monthly and enabled effective partnership planning for prisoners' support in the community.

7.2 Where there is a statutory duty on any agency to supervise a prisoner after release, all reasonable steps are taken to ensure this happens in accordance with relevant legislation and guidance.

Rating: Satisfactory

Enhanced ICM processes were well-established and operated effectively. While the introduction of the new targeted ICM guidance was broadly welcomed by staff, there was uncertainty as to how well this had been communicated to prisoners which was seen as hindering implementation.

In response to the new guidance, the prison had established an ICM review group attended by prison-based social work (PBSW) and the Case Management Team to review the circumstances of prisoners who would previously have had an annual ICM case conference. This forum considered whether needs would be better met by holding a case conference and allowed oversight of the individual plans formulated in other establishments. This helped to ensure consistent practice and standard of quality. It further provided a level of assurance that prisoners' risks and needs were managed appropriately while the targeted ICM guidance was implemented. The change in circumstances due to the transfer to HMP Dumfries was a significant factor in deciding whether to have a case conference. At the time of this inspection there was no terms of reference for this group, something which may have supported consistency of decision-making.

Community-based social work (CBSW) attendance at ICM case conferences had recently improved following the impact of COVID-19. The manager for the PBSW team also managed the community throughcare social workers in Dumfries and Galloway, providing robust oversight of pre-release planning and reintegration for statutory prisoners. There was efficient and effective partnership working between PBSW and CBSW. Prisoners released to the Dumfries and Galloway area were met at the gate by a community-based social worker on their release. Almost all social work risk assessments were completed on time and were appropriately used to formulate plans for release.

Throughcare Assessments for Release on Licence (TARL) arrangements were becoming established and PBSW were confident that consensus with CBSW was generally reached.

Case management officers chaired ICM case conferences sensitively, ensuring that prisoners were able to participate meaningfully in the process. Invites were extended to family members as standard, but these were often declined by the prisoner themselves or by family members, often due to the location of the prison and the

extensive travel involved. Opportunities to attend virtually were therefore offered routinely.

Effective communication and co-operation between case management staff, PBSW and CBSW, Police Scotland, health and psychology supported clear and consistent decision-making. MAPPA were well-established and operating effectively.

RMT processes also operated effectively which contributed to robust planning for progression. RMTs were limited to once per month, although there was some flexibility for ad hoc meetings. The lack of on-site psychological services was a significant contributory factor to this. An RMT oversight group provided robust oversight of pending RMT case discussions to identify progress with assessments and programmes availability. This helped to identify gaps, target resources and ensure efficient and constructive meetings.

It was pleasing to see that prisoner participation at part of the RMT meetings had recently increased, offering an opportunity to clarify prisoners understanding of plans and seek their views. This helped to ensure that plans were well-balanced, meaningful and realistic. HMIPS would like this to continue and that all prisoners attend their RMTs if they wish to do so.

Personal officers understood their role within the ICM processes and where they were unable to attend case conferences due to other duties, they provided reports on time.

Recommendation 36: HMP Dumfries should develop a terms of reference for the ICM review group to aid consistency in decision-making.

Good Practice 13: The ICM review group provided a mechanism to consider if a prisoner's change in circumstances required further consideration through ICM case conferencing, and provided a level of assurance that prisoners' risks and needs were managed appropriately while the targeted ICM guidance was implemented.

7.3 Where prisoners have been engaged in development or treatment programmes during their sentence, the prison takes appropriate action to enable them to continue or reinforce the programme on their return to the community.

Rating: Poor

Where relevant, prisoners had timely access to treatment and support for drug and alcohol issues through individual support agencies and the recovery staff. Advice on administering naloxone was provided by trained prisoners and information on services supplying naloxone was available. Similarly, for those experiencing mental health issues, there was access to in-reach services, including psychiatry. Joint planning meetings usefully informed the planning of support for prisoners' return to the community.

Through the Programmes Case Management Board (PCMB) and RMT oversight group, the prison had a good understanding of the extent of Generic Programme Assessment (GPA) backlogs and unmet programme need.

As reported in Standard 6, offence-focussed programmes were not available in the prison. As a result, this limited prisoners' opportunities for progression which was a source of frustration for both prisoners and staff. Prisoners' access to programmes was therefore only available by transferring to another prison, which not all wished to do due to the disruption caused for themselves and their families. The absence of an on-site psychology team at the prison further limited opportunities for any offence-focussed work being undertaken by prisoners.

Access to programmes was reliant on the timely completion of the GPA. While there had been some recent improvement in completion timescales, there was a backlog of GPAs due to staff capacity. While a number of strategies were being considered to improve this, these had yet to be implemented.

Where assessments were complete, decision-making at the PCMB was clear and timely referrals made for programme work through the national waiting list for those willing to be transferred. However, there were then often lengthy delays and prisoners were not always clear about their lack of movement up the waiting list. This all adversely affected prisoners' motivation and their ability to evidence change.

There was effective and efficient communication between CBSW and PBSW for statutory prisoners, ensuring continuity of treatment and interventions in the community. For prisoners serving short sentences, planning was through the MACRIB.

Recommendation 37: SPS HQ should prioritise the implementation of offence-focussed programmes, supported by a fully staffed programme delivery team, to ensure that risks and needs are addressed, and prisoners are prepared for release.

7.4 All prisoners have the opportunity to contribute to a co-ordinated plan which prepares them for release and addresses their specific community integration needs and requirements.

Rating: Satisfactory

Planning for long-term statutory prisoners was effective. During ICM case conferences prisoners were actively encouraged and enabled to participate fully in the formulation of their community integration plans. Plans were developed collaboratively between the prisoner, CBSW and PBSW, and Police Scotland where relevant. Planning considered future scenarios and reflections on past experience in the community. This helped prisoners preparing for release to develop coping strategies and identify key supports in the community.

Involvement from housing sexual offender liaison officers (SOLO) assisted in securing the most appropriate accommodation upon release and supported effective communication between the SOLO and CBSW. Housing options were routinely

discussed with prisoners and their needs and views were considered when securing accommodation, including mobility issues. This was valued by prisoners and reduced anxiety about reintegrating in the community.

For non-statutory prisoners, the well-established MACRIB considered the continuity of treatment and support upon release from custody. This extended to prisoners held on remand. This forum brought together statutory and third sector partners to effectively plan and co-ordinate services to meet the support needs of prisoners. For prisoners being liberated to the Dumfries and Galloway area, CBSW had made arrangements for gate pick-ups and support to attend appointments immediately upon release.

Life skills staff provided prisoners with opportunities to learn new skills to support themselves in the community including cooking, hygiene, health and safety, and first aid. Various levels of cooking courses were available to cater for a range of abilities and included sessions delivered by guest chefs from the local area. LTPs were given the opportunity to complete a full year course, "Grow a Brighter Future." Prisoners prepared meals using vegetables they had grown and nurtured over the previous year. Participants would then prepare new plots in the well-being garden and provide peer support for those participating in the next course. This was a popular option that provided skills for use in the community and improved opportunities for employment in the catering industry.

Transgender prisoners were offered regular case conferences to ensure their needs were met. For example, single occupancy cells and private access to showers. In addition to ensuring their needs were met in custody, case conferences considered forward planning for their return to the community.

7.5 Where the prison offers any services to prisoners after their release, those services are well planned and effectively supervised.

Rating: Satisfactory

The prison was not directly providing any throughcare service for prisoners once liberated. Apex Scotland were providing an in-reach mentoring service to the Links Centre, and established relationships with prisoners to support the transition from custody to the community. This service was offered from the day of release and continued for up to six-months offering practical reintegration assistance.

The focus of the MACRIB extended beyond planning for release and was a forum for community-based services to share information and provide updates on prisoners previously released. This worked effectively for prisoners who returned to Dumfries and Galloway on release, however there was limited knowledge about the circumstances of those released to other areas. Senior management in the prison recognised that while this provided useful insight about the circumstances of prisoners immediately after release, more systematic monitoring, and review of progress in the longer term would enable a better understanding of effectiveness and inform future service delivery. We were told that this was being considered further through the local community justice partnership.

8.1 The prison's Equality and Diversity (E&D) Strategy meets the legal requirements of all groups of prisoners, including those with protected characteristics. Staff understand and play an active role in implementing the Strategy.

Rating: Satisfactory

The last two HMIPS inspection reports highlighted a lack of E&D meetings and a key recommendation from the 2020 inspection report was:

Key recommendation 3: HMP Dumfries should take further steps to embed its structures around promoting E&D, developing and implementing a robust E&D Action Plan, and using education and other services to promote understanding of other cultures and equality issues.

HMP Dumfries had an E&D strategy document for 2023–2028 in place, which contained key themes including users voice, communications, surveys and events and was now embedded.

The E&D meetings, chaired by the GIC, had a fixed agenda covering all aspects of E&D. There was strong attendance from the SMT, along with the Business Improvement Manager (BIM), Chaplaincy, the E&D Co-ordinator and prisoner representatives, of which there were four. Prior to the meeting, the E&D Co-ordinator met with the prison representatives, who had already gathered issues from the prisoners, with the objective of determining what issues were E&D matters that could be placed on the agenda. Minutes with actions were recorded and it was the responsibility of the prisoner representatives to distribute these to the residential areas. An action plan was in place and updated at the start of every meeting. Part of the agenda was an update from the national E&D Group which the GIC chaired. Prisoner representatives described their contribution to the group as inclusive, and although they sometimes felt nervous and apprehensive about speaking to a large group, the support they received at the meeting, especially from the chair, was appreciated. All minutes and action plans were fully accessible to staff on the local SharePoint site.

Although the GIC was the chair of the national E&D group, the local E&D Co-ordinator also attended to represent HMP Dumfries and ensured that any national issues were fed back to the local E&D group. The GIC also received regular data in the form of a dashboard that was broken down into protected characteristics and prisoner cohorts, as well as risk and conditions. This allowed the GIC to look at any trends or risks associated with looking after those with a protected characteristic. Depending on the population, it also highlighted opportunities to include them in the events calendar, for example celebrating St Patrick's day or Ramadan.

The GIC will also audit adjudication paperwork to ensure that all those appearing at adjudications were treated equitably and that there was no unconscious bias taking place.

Throughout the inspection, inspectors spoke to staff about E&D. They were able to describe how they ensured those with protected characteristics were supported, which was confirmed through a number of conversations inspectors had with

different prisoner cohorts. An example of this was a residential area that held mostly older prisoners where, due to mobility and age, activities were mostly facilitated on their hall such as PT. They also dined in the area rather than having to attend the dining room.

Unlike other prisons, staff were unable to access translation services in the residential areas as there were no outside telephone lines. Instead, this was provided in Reception and the Links Centre. Although most staff knew the process for accessing translation services some did not know it was available in the Links Centre.

Although HMIPS are sympathetic to this situation due to the age of the buildings, it was far from ideal and not a conducive environment to take those that were the most vulnerable, that is on TTM, or if they were on a rule or attending adjudications. The area in reception was small, so not much room for these engagements to take place. To access the service the reception area required to be free. The logistics of moving vulnerable people to the Reception or even the Links Centre and having the translation services available at short notice was challenging and this was the experience of inspectors who utilised this service as part of the inspection. This may explain the low usage of the translation service. Although the number of non-English speaking prisoners were low, there was a requirement to utilise this service more regularly. The translation usage was recorded on a spreadsheet, and it was checked against a number of Foreign Nationals on the list where translation was recorded as not required. Some on the list were able to communicate reasonably well, however at least two spoken to had poor or no English and therefore translation should have been used. When using the translation services for these two men, the inspector was able to confirm that there was a lack of reading material, basic induction information or even menus in their language, see QI 2.6. This would not have been the case if translation services had been used. This was reported immediately to the GIC and BIM to be rectified. Other checks were made where crucial information was required, such as fire notices. In most instances they were in the occupant's language, but not in all cases.

It was unusual to find that only the SMT were identified as E&D ambassadors. Although this fitted with the E&D PRL, HMIPS felt that staff who had closer links to those with protected characteristics would have a better idea of how and when to deal with issues that arose. It was difficult to find posters in other languages, see QI 5.5, menus - see QI 2.6, induction information - see QI 1.8. These could have been a quick fix by staff ambassadors. The GIC should consider identifying uniformed staff as ambassadors to assist those that require help. A good example of this was the Veterans in Custody Support Officer (VICSO), who was ex-military and had a passion for supporting those affected by their time in the armed services. He held support sessions called Tea & Toast, which is a military tradition, where service people sit down at a given time with no agenda other than to chat.

HMP Dumfries had recently formed a LGBTQ group that had held a number of meetings.

There was very few EDFs in the last year, but all were satisfactorily concluded. However, as reported in previous inspection reports, there was a need to separate

the EDF form from the PCF process so that the forms are easier to track and audit. PR2 also did not record EDFs other than as part of the PCF process and this need to be rectified.

During the inspection, a book came to our attention, which had been written by a transgender prisoner, 'Gemma on her journey'. She explained that speaking to a local Chaplain about her journey ignited a spark and she decided to write about it. She spoke highly of the support she received from a member of staff in the Education Department who helped to edit it, and the general support she received from prison staff. She hopes that at some point it can be shared more widely to help others.

8.2 Appropriate action has been taken in response to recommendations of oversight and scrutiny authorities that have reported on the performance of the prison.

Rating: Good

HMP Dumfries had a robust and effective system for tracking progress against issues raised by scrutiny and oversight organisations. The BIM was responsible for updating and ensuring compliance and there were a number of trackers containing recommendations from different audits or inspections. They formed part of a larger local tracker which allowed easier oversight. Although some dates were past the agreed completion times there was evidence of mitigation. Actions were communicated and dealt with on a regular basis. The BIM met with the GIC and the SMT on a regular basis and presented to the monthly business meeting as well as the SPS HQ Business Review. The trackers were accessible via the local SharePoint site. The BIM highlights any issues or trends to the GIC where appropriate.

The 2020 HMIPS inspection report identified six key recommendations and a further 70 smaller recommendations. The tracker containing these recommendations was last updated in 2020 by the then GIC and 16 were ongoing and four were in progress. However, they were never agreed with HMIPS due to the COVID-19 pandemic starting soon after the inspection and a change in the way HMIPS manage recommendations. Recommendations were checked, some were no longer relevant some were not checked due to time constraints or opportunities. A new list of recommendations will follow the new practice introduced by HMIPS.

The BIM is also responsible for ensuring internal audits such as PRLs were undertaken in time. The appropriate manager was e-mailed in advance of the due PRL. Where a PRL had not met the deadline, there was an escalation process in place. In the 2020 HMIPS report, a recommendation was made that PRLs should be carried out by staff in other areas to gain an independent view on how a process was working. Although HMP Dumfries had not met the spirit of the recommendation, the BIM ensured that the same PRL was not sent to the same person every time. In summary, the way in which scrutiny was undertaken at HMP Dumfries gave inspectors confidence that the prison was committed to appropriate action in response to issues brought to its attention by internal and external scrutiny.

8.3 The prison successfully implements plans to improve performance against these Standards, and the management team make regular and effective use of information to do so. Management give clear leadership and communicate the prison's priorities effectively.

Rating: Satisfactory

Following on from QI 8.2, the prison held regular monthly business meetings that tracked progress against a number of trackers and the Annual Delivery Plan (ADP). Along with the risk register, there was substantial evidence that the prison tracked and actioned recommendations made by scrutiny bodies. The E&D Strategy was one good example but there were others.

The prison had recently been audited on TTM by the SPS Audit Team and received limited assurance. This was a disappointing outcome for the prison. However, actions had been taken immediately to address the concerns and recorded on the PRL and local tracker. Although some staff could not always describe the ADP, it was clear that they understood the direction of the prison. Staff made comment that the GIC was always accessible and was able, the majority of the time, to answer any questions they had. It was the perception of some staff that apart from the Deputy Governor the rest of the SMT were not as visible, other than in their own areas. However, during the inspection this was not found to be the case, and inspectors were content with the level of communication to staff. There were a number of avenues utilised by the prison to communicate to staff including emails and staff notice boards. The media loop was also a very good resource for information. The lack of staff meetings had been raised during the recent staff survey. A notice signed by the GIC in February 2024 laid out the principles for group meetings. It recognised the difficulties of having all staff attend due to the size of the staffing groups, particularly those staff in singleton posts. However, there were strategies in place to ensure as full attendance as possible, with minimal disruption to the prison regime. Staff were empowered to chair these meetings, and a generic agenda was in place. Actions and an action plan were in place and minutes approved and placed on the local SharePoint site. It was clear that these meetings had just started but hopefully they will continue.

8.4 Staff are clear about the contribution they are expected to make to the priorities of the prison and are trained to fulfil the requirements of their role. Succession and development training plans are in place.

Rating: Good

The GICs vision for HMP Dumfries was one of a well-being prison and staff had adopted this vision. There were a number of examples where this was the case, and it was evident through speaking to both staff and prisoners. Examples were given where planned attendance at work by prisoners was disrupted when opportunities arose for prisoners to take part in well-being activity. Although a frustration to staff that they had lost productivity, they understood and supported prisoners to attend. Ad hoc access to fresh air in the well-being garden was also evident as explained in QI 6.7 and was excellent.

The Learning and Development (L&D) Manager although line managed by the Scottish Prison Service College (SPSC) felt very much part of the HMP Dumfries team. The L&D Manager attended the staff roster meetings and having a robust development plan, was able to inform the meetings of up-and-coming training requirements in advance. This also helped getting trainers, such as C&R instructors released which, due to staffing levels, could be a challenge. The training statistics in the table below are impressive and some of the best we have found.

Training	%
C&R	82%
H&S for Managers SMT	95%
Emergency Response.	87%
C&R Supervising Officer	83%
PPT	86%
Safe Working	93%
Mentally Healthy Workplace for Managers	93%
Fire Safety	90%
TTM	98%
E&D	97%
Prevent	100%
Professional Boundaries	100%
Intelligence Awareness	100%

The prison also had some impressive training statistics regarding operational support, with most roles either on or over compliment, which has been a struggle for other prisons.

A concern HMIPS normally have is the level of competency in C&R. However, the gym had been closed for six months where the C&R training takes place. To lose that amount of time and still be at 82% was impressive and there was a robust plan in place to get to a more comfortable position. However, once you take maternity leave and long-term sick leave, which is not subtracted, from the totals these numbers were even better. Robust succession planning was in place with regards to training in specialised roles but also support for those looking to progress.

8.5 Staff at all levels and in each functional staff group understand and respect the value of work undertaken by others.

Rating: Good

Inspectors continually reported the 'good feeling' they had when walking around the prison and engaging with staff and concluded that HMP Dumfries demonstrated a collaborative and supportive culture. Staff were aware of each other's roles and were supportive of them. When issues arose such as in the staff survey, where staff wanted to know the role of the new Well-being and Recovery officer, an information workshop was facilitated. Internal partners within the prison were complimentary of their relationships with SPS staff. This was confirmed by the inspection team who reported many examples of good working relationships between different staff groups.

An area of good practice was in relation to those returning from the SPSC as a direct entrant residential officer. Following the first cohort taking up post and providing feedback to the prison, the GIC decided that more support was required. Particularly where new recruits were posted to singleton posts. All new residential officers now spent the first three months in operations to get used to the prison environment. Staff spoken to who had recently come through this process, spoke highly of the support they had received from staff, the L&D Manager and management. It was interesting to note that HMP Dumfries had retained all those staff, which could not be said for other prisons that have been inspected since direct entrant residential officers were introduced. Perhaps the SPS HQ could look at this best practice and bring it into all prisons.

Good Practice 14: HMP Dumfries ensured that all new residential officers spent the first three months in operations to acclimatise themselves to the prison environment.

8.6 Good performance at work is recognised by the prison in ways that are valued by staff. Effective steps are taken to remedy inappropriate behaviour or poor performance.

Rating: Good

HMP Dumfries recognised good performance and the value they placed in staff, including Governor's Awards, Butler Trust nominations, Chief Executive's Certificates, King's Coronation Medal, nominations for staff to attend the King's Garden Party at Holyrood and BICSc Awards to prisoners who had gained certification to train other prisoners. Good mental health was at the forefront of the prison, with the Kennedy Suite recently opened in the memory of an ex-governor, to help staff decompress from the stresses of prison work. The prison had a Staff Recognition Committee with 10 members who met every quarter to deliberate on submissions from staff. Staff could access a recognition form from the local SharePoint site and submit it to the Committee. The findings of the Committee were then presented at one of two staff recognition events a year. The prison recognised those who had outstanding service and good conduct by inviting them to a presentation ceremony held by the GIC. Inspectors were surprised to note that there was no record of long service on display to acknowledge the commitment staff have to the SPS. However, it was reported that this was at the request of prison staff not to have one. Although not a recommendation, HMIPS have always positively commented where prisons have them on display and would ask staff to reconsider this for the future.

It was pleasing to see that many of the issues identified following the staff survey had started to be addressed, with an action plan to track progress. It was pleasing to see that any letters of thanks from the public were displayed on the staff notice boards.

As a duty of care, HMP Dumfries held a monthly strategic staff meeting chaired by the GIC. This meeting looked at the support staff required to allow them to return to work, or not if appropriate. The prison did not have high numbers of sick absence

compared with other prisons, but due to the small staff group, two or three staff off could have a significant impact, therefore the prison made great efforts to support people back to work. Inspectors were impressed by the sensitivity shown when discussing those that had been absent from work through illness and the process of contact and support was worthy of praise. Each absence was looked at individually in how to support them back to work. Also, each staff member who had been off for six weeks was invited to have a chat with the GIC, where discussions took place on how best the prison could support them to return to work. This meeting also looked at budgets, ex-gratia, succession planning, where there might be opportunities to support staff in areas such as promotion or any other issues that may have an impact on staff or the prison. Opportunities were also identified where on occasion residential staffing was over compliment, experienced staff were assigned to operations duties to help mentor those with less experience.

Similarly to many other prisons, HMP Dumfries experienced challenges around filling vacancies due to maternity leave. HMIPS find it difficult to understand why cover is not in place, particularly as it affects so many prisons and recommend that this is addressed.

SPS record staff performance through the Performance Feedback Portfolio (PFP). This is an annual reporting mechanism which differed from the previous one in that HR only receive records of performance at the end of the reporting year rather than at the midpoint also. This can cause issues where managers have not kept up-to-date with reporting throughout the year and there was no assurance checks carried out by HR at the six-month period. Managers were sent a reminder to submit their end of year reports in advance of the submission date. In most cases managers had submitted there PFPs on time, however some PFPs were still outstanding, and an extension had been given. If there was a failure to respond to the reminder there was an escalation process in place, however this is rarely used. Anyone not performing to an acceptable level was managed under the SPS Performance Improvement Policy. HR offered advice on how to carry out this process to managers, however it was reported that this practice was rarely needed. Serious misconduct issues were addressed through the disciplinary code of conduct where necessary, with the involvement of SPS HQ if appropriate.

Recommendation 38: SPS HQ should look at adding staffing cover to prison complements for those on maternity leave.

8.7 The prison is effective in fostering supportive working relationships with other parts of the prison service and the wider justice system, including organisations working in partnership to support prisoners and provide services during custody or on release.

Rating: Good

Along with the obligatory SPS meetings attended by the SMT, staff also attended meetings with internal partners and external stakeholders. As mentioned previously, the GIC was the Chair of the National E&D group.

The prison made great efforts to be part of the community and for the community to be part of the prison. More so than HMIPS has witnessed in any other prison.

The prison supported community projects by supplying products from the work sheds and welcomed residents from a local care home to the well-being garden once a week, with some input from prisoners into the organising of these events. An unintended consequence to this is that a neighbour of the prison approached to ask if a family member could also attend. This request will be risk assessed and hopefully a decision will be made to allow this to happen.

The prison was an active partner in a range of community partnerships including the Dumfries and Galloway (D&G) Public Protection Partnership (PPP), the GIC also attended the Ayrshire PPP, the White Ribbon Steering group of which the GIC was Vice Chair, and the local Rotary Club to name but a few. The GIC also attended the D&G Community Justice Partnership, where attendees belonged to high level private and public partnerships and the GIC had recently presented to the meeting on how the prison was developing.

Internal partners within the prison were complimentary of their relationships with SPS staff. This was confirmed by the HMIPS Team who reported many examples of good working relationships between different staff groups.

The prison had also set up an excellent partnership with Summerhill Community Centre as a visitor's centre/support as well as supporting the FCO with visits as mentioned in this report.

8.8 The prison is effective in communicating its work to the public and in maintaining constructive relationships with local and national media.

Rating: Good

Although national events and information regarding HMP Dumfries were communicated via the SPS twitter page, it was obvious that the GIC would take any opportunity to inform the public of the good work taking place at the prison and encouraged the community to see and understand what was happening behind the prison walls.

HMP Dumfries made great efforts to engage with the media and had built up an excellent relationship with the local press, where the prison had featured in a number of articles as well national media articles. HMP Dumfries held local recruitment days supported by SPS HQ where they offered potential candidates a tour of the prison. A local journalist was also invited on the same day to experience what it was like to live and work at the prison, resulting in some real positive press coverage. The GIC had also recently appeared on local TV, talking about his life at the prison. Local Members of the Scottish Parliament (MSPs) and the last two Scottish Government Cabinet Secretaries for Justice had also visited the prison.

The prison recently opened its door to the families of staff and partner agencies who worked at the prison. Ninety-two people attended a presentation by the GIC and then

a tour of the prison. It received very positive feedback from those who attended that appreciated the opportunity to see the environment their families worked in.

9.1 An assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning.

Rating: Satisfactory

The immediate health and wellbeing needs of all patients were assessed on arrival at HMP Dumfries by a member of the Primary Care Team using a standardised assessment screening tool. All health screening information was clearly recorded onto the electronic patient care record - Vision. As part of the assessment, patients who reported using drugs or alcohol had withdrawal screening carried out using validated tools.

Nursing staff spoken with were able to describe the process if someone was thought to be unfit to be in custody. However, there was no written guidance to help support staff with this.

Anyone identified as being at risk of self-harm or suicide was placed on the SPS suicide prevention strategy, TTM. Staff were observed to treat patients with respect and maintain their dignity throughout their health screening. The dedicated treatment room allowed confidentiality to be maintained.

The health screening process informed the patient's care planning and referrals were made to the relevant services with the patient's consent. Patients were given verbal information regarding the healthcare services available in HMP Dumfries. Although a written healthcare information booklet was available, this was not seen to be provided to patients.

Unlike some other prisons in Scotland, late admissions to HMP Dumfries were uncommon. Where there were late admissions, inspectors were told that healthcare staff would remain on shift to carry out health screening to ensure that patients were safe to be admitted into the prison.

Recommendation 39: Dumfries and Galloway's HSCP should develop guidance and a Standard Operating Procedure to support the admission process including the assessment of a person's fitness to remain in custody.

Recommendation 40: Dumfries and Galloway's HSCP should ensure that patients are provided with written healthcare information in a language and format to meet their needs.

9.2 The individual's healthcare needs are assessed and addressed throughout the individual's stay in prison.

Rating: Satisfactory

Healthcare delivery at HMP Dumfries is nurse-led with support from GPs and a mental health ANP. A GP visited the prison, every Monday to Friday morning. The

GP could also be contacted in hours when not in the prison for advice. FME provided medical cover out of hours, including the weekends.

Patients were able to access healthcare using self-referral forms. These were easy to read but not in picture format to support those with literacy difficulties. Although they were not readily available in different languages, inspectors were assured that they could be easily obtained, if required.

There was no process for patients to submit their referrals confidentially as envelopes were not readily available, and locked boxes for the submission of referrals were not used.

Inspectors were told that patients could also verbally request to see a nurse and a process was in place for SPS officers to share a referrals list with the Healthcare Team each morning.

A process was in place for referrals to be triaged by the primary care nurses daily. This could result in the patient seeing a GP, referral to the mental health nurse or the Addictions Team. All patients identified through triage to see a primary care nurse would be seen that day. While primary care nurses mainly delivered care in the Health Centre, there was a Satellite Centre available in A, B and C Halls to enable easier access for those patients requiring care.

Patients who required a referral to secondary care, were receiving a service equitable to that of primary care in the community setting. The national issue of patients missing secondary care appointments due to variations in the performance of the prisoner transport provider GEOAmeY, was less acute in HMP Dumfries. At the time of the inspection, the information provided demonstrated attendances at secondary care appointments were very rarely missed. A process was in place for healthcare staff to highlight urgent appointments so that SPS could provide transport if GEOAmeY were unable to.

All staff were trained in Basic Life Support. Emergency bags were situated both within the Health Centre and Satellite Centre and inspectors saw that these were organised and that emergency medications were in date. However, there was no evidence of emergency equipment being checked regularly.

Automated external defibrillators were available in residential areas. Staff were able to describe the process for responding to emergency situations, however there was no guidance in place to support decision-making for emergency or minor injury care.

Recommendation 41: Dumfries and Galloway's HSCP should ensure that self-referral forms are readily available in formats and languages that meet the needs of patients.

Recommendation 42: Dumfries and Galloway's HSCP should ensure that there is a process in place that allow patients to submit their healthcare referral forms in way that maintains their confidentiality.

Recommendation 43: Dumfries and Galloway's HSCP should ensure checks on emergency equipment are carried out and recorded to ensure all equipment is in date and ready for use.

Recommendation 44: Dumfries and Galloway's HSCP should ensure guidance, and a Standard Operating Procedure are available to support staff with decision-making during emergency situations.

9.3 Health improvement, health prevention and health promotion information and activities are available for everyone.

Rating: Good

All admissions, as part of the induction process to the prison, were invited to the Links Centre for a one-to-one meeting with the addictions nurse. Patients would be informed of healthcare services available including expected waiting times and how to refer to services. Patients were routinely offered drug and alcohol screening, screening for sexual health, national and local age-appropriate immunisation, harm reduction and Naloxone training. Complaints procedures and discharge planning was also discussed at this meeting, with the nurse and patient signing the completed induction paperwork. This is good practice.

An opt-out Blood Borne Virus (BBV) screening programme was in place as part of the health screening process at the prison. Where patients had not received this screening at reception, they were able to opt-in to be screened later.

Patients were made aware of smoking cessation services that were available within HMP Dumfries on admission. Inspectors were told nicotine replacement therapy (NRT) was available to patients through prescriptions from the GP and patients could also buy rechargeable vapes from SPS.

Access to national screening programmes continued in line with community provision and a process was in place for administration staff to receive letters and distribute these to eligible patients.

Verbal advice and written health promotion information were offered during one-to-one patient consultations by all healthcare staff. Translation services were available for patients when English was not their first language. Health promotion information was seen displayed on notice boards around the prison. Inspectors were told that each month, forthcoming campaigns were displayed on the media channel around the prison.

A well-being garden had been designed by staff and prisoners to support health and wellbeing and create an area that offered passive therapeutic benefits for prisoners. This was good practice.

Inspectors were told that there were peer mentors who delivered training on how to use Naloxone, which was offered to all prisoners on liberation.

All prisoners were offered safe drug kits, take home Naloxone and condoms on liberation.

Good Practice 15: All patients are invited to meet an addictions nurse to receive information about accessing healthcare and promote engagement with health screening and health promotion interventions as part of the admission process.

Good Practice 16: A well-being garden had been designed by staff and prisoners to support health and wellbeing and create an area that offered passive therapeutic benefits for prisoners.

9.4 All stakeholders demonstrate commitment to addressing the health inequalities of prisoners.

Rating: Good

Staff spoken with had a good understanding of the health inequalities experienced by many of their patients and understood the barriers that many prisoners face when accessing healthcare in prison. Inspectors observed a range of healthcare interactions between staff and patients and saw that interactions were supportive.

Inspectors saw good compliance for adult support and protection training in addition to Equality and Diversity modules as part of their NHS Dumfries and Galloway mandatory training.

Inspectors were told the lead community nurse for trauma-informed practice had carried out training sessions with both NHS and SPS staff to promote communicating with patients consistently in a trauma-informed way. This is good practice.

Good Practice 17: The lead community nurse for trauma-informed practice carried out training sessions with both NHS and SPS staff to promote communicating with patients consistently in a trauma-informed way.

9.5 Everyone with a mental health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Satisfactory

The Mental Health Team had a robust caseload management system in place to triage, risk assess and allocate referrals. Standardised assessment tools were well completed on the electronic patient care record system. Evidence was seen of all patients on the mental health caseload having up-to-date risk assessments. Care plans were patient-centred with evidence of patient involvement in the development, reflecting individual goals for treatment.

Robust systems were in place to monitor referrals and allocate triage with responsive waiting times. Registered Mental Health Nurses (RMNs) were available to respond to urgent assessments, often on the same day. A process was in place for routine

assessments to be seen within two weeks. Psychiatry appointments were available for patients with complex needs, and the Psychiatrist would attend the prison for patients requiring urgent review and assessment, where deemed appropriate.

A number of multi-agency forums took place for professionals to discuss patients' wellbeing and safety, with a view to support and deliver a consistent collaborative approach across the establishment. There was also a strong emphasis on discharge planning to support people on liberation.

The clinical lead for the team was an ANP and regularly timetabled multidisciplinary team meetings took place to review patients referred to the Mental Health Team. Despite many attempts at recruitment, the HSCP had been unsuccessful in recruiting to their clinical psychology post for individual patient sessions. This was raised as a concern in the previous inspection report in 2020 and is therefore an unmet recommendation since the last inspection. Actions had been taken by the HSCP to mitigate the gap in provision by having a clinical psychologist to provide complex case discussion at the team's multidisciplinary team meeting. This enabled care planning formulation for development of complex care plans to support ongoing needs of their patients by the Healthcare Team. The RMNs were trained in safety and stabilisation training which enabled them to deliver evidence-based low intensity psychological interventions on an individual basis to their patients.

Inspectors were told that the service is currently under review by the Forensic Mental Health Directorate in Dumfries and Galloway to assess the population of the prison's unmet mental health needs. Inspectors are therefore recommending again that the HSCP review workforce planning to ensure the full range and skill mix of appropriate professionals are available within the mental health multidisciplinary team to offer and deliver psychologically informed assessment and treatment interventions to their patients.

There was close integrated working with the Addictions Team and a range of meetings were attended by both services.

At the time of inspection, there were no patients awaiting transfer to mental health secure hospital beds. A SOP was in place for patients requiring assessment and transfer to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003 and how to escalate, where there were delays in transfer. While there was no formal neurodevelopment pathway in place, inspectors were told links were established with relevant organisations.

A discharge pathway was in place outlining appropriate engagement with Community Mental Health Teams including sharing of a discharge summary. This outlined the care patients have received at HMP Dumfries and prepared patients for liberation, where the release date was known in advance.

Inspectors saw information available for families in the Visit Room on how to contact the Mental Health Team if they were concerned about the wellbeing of their family member in prison. This was good practice.

Good Practice 18: A strong emphasis on discharge planning was in place to support people on liberation.

Good Practice 19: A poster was in place in the Visit Room with contact details for the Mental Health Team, which the family of the person in prison could contact if they had concerns about their family members.

Recommendation 45: Dumfries and Galloway's HSCP must ensure the full range and skill mix of appropriate professionals are available within the Mental Health Multidisciplinary Team to offer and deliver psychologically informed assessment and treatment interventions.

9.6 Everyone with a long-term health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Generally Acceptable

Patients with long-term conditions were identified during health screening carried out as part of the admission process. They were also identified when patients referred themselves to healthcare.

A comprehensive long-term conditions register was in place which contained details of when patients were seen, their next review date and any planned secondary care appointments. This is good practice. The management of patients with long-term conditions was nurse-led with support from the GP. Healthcare staff told inspectors that good links had been made with secondary care and community colleagues to support the management of patients with long-term conditions.

Long-term conditions clinics were not held on a regular basis but were organised when patients required their periodic reviews. Disease specific healthcare information was available from the NHS website and given to patients at their reviews, if required.

As with the inspection in January 2020, inspectors saw no evidence of patient-centred, outcome-focussed care plans for long-term conditions that the patient had been involved in developing. Healthcare staff spoken with recognised this as an area for improvement.

At the time of the inspection, there were no patients in HMP Dumfries requiring social care. However, staff spoken with were able to describe the process for accessing this if required. They said the community occupational therapist and physiotherapists were easily contactable to support functional assessments. Healthcare staff could request assistive equipment directly. There was one accessible cell within HMP Dumfries, although inspectors noted that there would be difficulties in using some kinds of assistive equipment, due to its size and layout. NHS and SPS staff were aware of the environmental limitations of the accessible cell and were seeking alternative solutions within the estate.

Good Practice 20: A comprehensive long-term conditions register was in place which contained details of when patients were seen, their next review date and any planned secondary care appointments.

Recommendation 46: Dumfries and Galloway's HSCP should ensure that all patients with long-term conditions have a care plan that is person-centred, outcome-focussed and has been agreed with the patient.

9.7 Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Good

The Addictions Team at HMP Dumfries had clear pathways in place to deliver services to people dependant on alcohol or substances.

Patients requiring support with alcohol or substance dependence were identified and if clinically indicated, were prescribed appropriate medication on arrival to the prison. Confirmation of any OST was part of the health screening process with access to prescribers within 24 hours. This ensured timely continuity and commencement of OST.

As highlighted as good practice in QI 9.3, following admission, all prisoners were invited to the Links Centre for a one-to-one meeting for drug and alcohol screening and offered a range of harm reduction interventions.

Robust caseload management systems were in place to triage, risk assess and allocate referrals. Standardised assessment tools were well completed on the electronic patient care record system. Evidence was seen of all patients on the Addictions Team caseload having up-to-date risk assessments. Care plans were patient-centred with evidence of patient involvement in the development, reflecting individual goals for treatment. Robust systems were in place to monitor referrals and allocate triage with responsive waiting times.

There was evidence that work had commenced on the implementation of the MAT standards with patients having access to a range of OST with their choice being considered.

The clinical lead for the team was an ANP and regularly timetabled multidisciplinary team meetings took place to review and allocate patients referred to the Addictions Team. As referenced in QI 9.5, the Addictions Team worked closely with the Mental Health Team with joint multidisciplinary team meetings. This was supported by a formalised joint working policy in place.

A Prison Link meeting was also in place which was held fortnightly. This meeting discussed upcoming court appearances and liberations with the Community Specialist Drug and Alcohol Service staff to ensure continuity and a smooth transition of care. This is good practice.

Good Practice 21: A Prison Link meeting was held fortnightly. This meeting discussed upcoming court appearances and liberations with the community specialist drug and alcohol service staff to ensure continuity and a smooth transition of care.

9.8 There is a comprehensive medical and pharmacy service delivered by the service.

Rating: Generally Acceptable

HMP Dumfries did not have an accessible clinical pharmacy service for patients to directly access. However, support was available from pharmacists within the Mental Health Directorate who provided advice on an ad hoc basis to staff within the Health Centre. A pharmacist from the national pharmacy provider also visited the prison to carry out drug Kardex checks but did not provide clinical advice. The Clinical Service Manager (CSM) for HMP Dumfries attended various meetings where pharmacy issues were discussed, including receiving feedback from the Prison Pharmacy Group. This supported any pharmacy issues and good practice being fed back to nursing staff at HMP Dumfries.

Nursing staff managed all medicines ordering, storage and administration. This was a lengthy and time-consuming process, which could impact on time to deliver patient care. There would be benefit in NHS Dumfries and Galloway considering support mechanisms from other sources.

Medicine reconciliation was carried out by nursing staff when patients were admitted to HMP Dumfries and involved contacting community providers, pharmacies and checking electronic sources. Prescribing was carried out by the GP or ANP. Healthcare staff spoken with, told us that they were being supported to train as Non-Medical Prescribers which would enhance the service provided to patients.

Systems and processes were in place to ensure that medications were handled safely and stored securely in line with national and professional guidance and legislation. Patients who were in possession of medication were given secure storage and nursing staff explained it was their responsibility to keep these secure.

Medications at HMP Dumfries were administered three times a day. The last medication round took place at 7.30pm during the week and 4.30pm at weekends. This meant that some medications were administered out with the therapeutic timeframes. To reduce the risk of this, inspectors were told that different preparations for medications would be explored, and that night sedation was rarely prescribed at HMP Dumfries.

Morning medications were observed being administered and these were seen to be carried out in a calm and organised manner and was supported by SPS officers. The patient's name and SPIN were seen to be checked prior to a patient being given their medication, however the patient's DOB was not checked. Some non-clinical staff at HMP Dumfries had been trained as competent witnesses to support medication administration, when required. However, inspectors noted that the training resources being used were out of date.

Concealment checks were completed where appropriate. Administration recording paperwork was completed accurately, and the balances of the controlled drugs used were checked. Patient confidentiality was maintained throughout the medication administration process.

Inspectors observed that patients would receive their OST and other morning medications before going to court.

On liberation, patients were given a prescription to obtain a 28-day supply of medication from a community pharmacy of their choosing. Processes were in place to contact community services to ensure that patients on OST continued in treatment.

Recommendation 47: Dumfries and Galloway's HSCP must explore the role of pharmacy staff within HMP Dumfries in line with Pharmacy 2030; a professional vision, to ensure the safety and effectiveness of medicines and to offer an accessible clinical pharmacy service.

Recommendation 48: Dumfries and Galloway's HSCP and SPS staff should continue to work together to ensure that medications are administered when therapeutically appropriate and with the correct time between doses.

Recommendation 49: Dumfries and Galloway's HSCP should ensure appropriate identification of patients is undertaken to facilitate the safe and effective use of medicines.

Recommendation 50: Dumfries and Galloway's HSCP should ensure that resources used to support training for competent witnesses is the most up-to-date available.

9.9 Support and advice is provided to maintain and maximise individuals' oral health.

Rating: Generally Acceptable

The dental surgery environment was intact and visibly clean. All instruments were managed safely by the dental nurse and removed at the end of each day for decontamination, as per national guidance.

Dental services were provided one full day a week. Patients were reviewed within one week of request. A limited range of dental treatment for those patients who were on remand beyond six months was available, including emergency care. Dental waiting times for routine appointments was two months.

Systems were in place for patients to access emergency dental care out of hours. Patients could also be seen by primary care staff who would facilitate the prescription of analgesia or antibiotics, if required, out with the dental clinics.

There was no Mouth Matters programme¹ or Oral Health Promotion Team within the prison. The introduction of an oral health promotion nurse, to provide mouth matters advice to patients, would benefit the service and patients.

Recommendation 51: Dumfries and Galloway's HSCP should consider introducing an Oral Health Promotion Team to provide mouth matters advice to support the dental service and improve patients' dental health outcomes.

9.10 All pregnant women, and those caring for babies and young children, receive care and support equitable to that available in the community, and are supported with their wellbeing throughout their stay in prison, on transfer and on release.

Rating: Not Applicable

HMP Dumfries does not hold female prisoners and there were no pregnant people in the prison during our inspection.

9.11 Everyone with palliative care or end of life care needs can access treatment and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release.

Rating: Generally Acceptable

At the time of the inspection, no patients in the prison had been identified as having palliative or end of life care needs. Patients requiring palliative or end of life care would be identified and be seen by the GP or primary care nurses initially.

Staff had little experience of, or training, in caring for patients with palliative or end of life care needs within HMP Dumfries. However, some staff had experience of this in previous roles and were keen to support the delivery of palliative and end of life care in the prison.

The CSM described having good links with NHS Dumfries and Galloway's hospital and Community Palliative Care Teams. Inspectors were told that these teams would be happy to provide education and support to staff within the prison to enable them to deliver effective care. Anticipatory care plans were in place and assessment tools were readily available from community services, if required.

All registered staff at HMP Dumfries had completed confirmation of expected death training, which was a recommendation from the death in custody report.

9.12 Everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment, and support with their wellbeing throughout their stay in prison, on transfer and on release.

¹ Mouth Matters is an evidence-informed oral health promotion resource designed to enable health professionals, prison staff and support workers to meet the specific oral health needs of offender populations in Scotland

Rating: Satisfactory

At the time of the inspection, there were no prisoners on the TTM pathway. Inspectors reviewed HMP Dumfries's processes and guidance and saw that there were effective processes in place to ensure TTM was implemented to manage people at risk of self-harm or suicide. A process was in place for RMNs to attend TTM case conferences, with evidence of case conferences taking place at the earliest opportunity.

As discussed in QI 9.5, there was evidence of collaborative working between NHS and HMP Dumfries staff to review and manage patients risks.

As referenced in QI 9.5 inspectors were pleased and assured that information was available on how to contact the Mental Health Team for families in the Visit Room, if they were concerned about the wellbeing of their family member in prison.

9.13 All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner.

Rating: Satisfactory

Complaints, comments, and feedback were managed in line NHS Scotland's complaints policy, with a clear governance structure for reporting and responding to complaints and feedback.

Information advising patients about how to provide feedback or make a complaint in relation to health care was available on notice boards and the information TV screens.

Requests for complaint forms were made directly to either SPS officers or healthcare staff by the patient. The Patient Advice and Support Service (PASS) information leaflet was supplied with every complaint form. The process for patients to submit their complaints was not confidential, as envelopes and dedicated locked Health Centre boxes were not readily available.

There was evidence that all complaints were allocated to professionals to investigate, and patients received a face-to-face consultation, to discuss their complaint. A response letter was then sent to the patient by the ANP.

The Health Centre Administration Team review all submitted forms, and a thorough system was in place to ensure that all complaints were recorded on a system, including the date received. Notifications were observed to be recorded and actioned within recommended time frames and in accordance with data protection legislation. Confidentiality protocols were followed, with complaints not recorded in the patients Vision records.

Inspectors were told that themes and learning from complaints and concerns were discussed at the clinical governance meetings and Health Centre meetings.

However, there was no process in place to regularly review and share any learning from complaints with the wider Healthcare Team.

Staff were trained in managing complaints through training delivered by NHS Dumfries and Galloway's Patient Services Team and online eLearning on the TURAS platform.

Recommendation 52: Dumfries and Galloway's HSCP should ensure that patients can submit their complaints, comments or feedback forms confidentially.

Recommendation 53: Dumfries and Galloway's HSCP should ensure learning from complaints is discussed and shared with the Healthcare Team.

9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting.

Rating: Good

Healthcare staff had a clear understanding of their roles and responsibilities in reporting any situations that could result in physical or psychological harm to those in prison. Healthcare staff described their responsibilities to assess, record and report any medical evidence of mistreatment of people in the prison and to offer treatment, as required. Staff described the SPS system used to record concerns.

Systems were in place to ensure the safe storage of patients' electronic records and hard copy health information. All hard copy patient records and health information were securely held in locked rooms that were out of public access.

All staff spoken with indicated that the relationship between healthcare staff and SPS staff was cohesive and supportive. Communication was good between both staff groups and there was evidence of a supportive approach to looking after people in their care.

9.15 The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.

Rating: Satisfactory

Environmental cleanliness throughout HMP Dumfries was of a high standard. Passmen were BICSc trained and were responsible for cleaning corridors, toilets and residential areas. Healthcare staff were responsible for cleaning surfaces and near patient equipment which inspectors observed being cleaned between patients.

Healthcare facilities, both within the Health Centre and the Satellite Centre, were in a good state of repair. The CSM reported that the SPS Estates Team were helpful and carried out repairs quickly.

PPE and hand hygiene facilities were available. Near patient equipment was in a good state of repair, clean and ready for use. Staff were compliant with standard infection prevention and control (SIPC) precautions. Staff could access infection prevention and control information through the NHS Dumfries and Galloway staff intranet.

NHS Dumfries and Galloway's Infection Prevention and Control Team continued to carry out two yearly infection prevention and control audits. The last audit was carried out in November 2023 and the CSM confirmed that the requirements and recommendations from this audit had been addressed. Inspectors saw no evidence of local infection and prevention control audits being carried out to monitor the cleanliness of the environment or staff compliance with SIPC.

A suitable chlorine releasing cleaning product was available for the management of body fluid spillages in healthcare areas. Passmen who were bio-hazard trained, managed body fluid spillages in the residential areas.

Recommendation 54: Dumfries and Galloway's HSCP should ensure systems and processes are in place to regularly audit infection prevention and control precautions with improvement actions taken when non-compliance is identified.

9.16 The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care.

Rating: Good

The Healthcare Team in HMP Dumfries was well managed with good operational leadership in place. Communication across all disciplines of staff was effective and staff were focussed on the provision of safe and compassionate patient care. All staff spoken with described feeling well supported by senior managers.

Despite recruitment campaigns, as described in QI 9.5 there was still challenges in recruiting a clinical psychologist within the Healthcare Team. The staff rotas inspectors reviewed indicated consistent staffing numbers. Any gaps identified within staffing were covered by their own staff. Inspectors were informed that discussions were being taken to explore alternative ways to cover gaps via the staff bank.

Staff received an NHS Dumfries and Galloway induction as well as a prison specific induction and there was evidence that staff had completed their induction programme. New staff were given four weeks of being supernumerary. This was to allow them to complete their induction and complete a competency framework, to familiarise themselves with healthcare delivery in the prison environment. This is good practice.

Inspectors saw that healthcare staff had completed all mandatory and role-specific training courses.

Appraisals and personal development plans were in place for all staff.

Good Practice 22: Staff received an NHS Dumfries and Galloway induction as well as a prison specific induction. New staff were given four weeks of being supernumerary to allow them to complete their induction and familiarise themselves with healthcare delivery and the prison environment.

9.17 There is a commitment from the NHS Board to the delivery of safe, effective and person-centred care which ensures a culture of continuous improvement.

Rating: Good

Staff demonstrated an understanding of reporting structures within the prison. There were clear and visible line management and governance structures in place through NHS Dumfries and Galloway Mental Health Directorate, who report to the Senior Health and Social Care Management Team and Integrated Joint Board.

There was representation of prisoner healthcare in many local forums, meetings and the wider NHS board. This, and the appointment of a directorate lead for prison healthcare, was helpful in raising the profile of prisoner healthcare.

Minutes from team meetings showed structured agendas with multidisciplinary attendance from the Healthcare Team. It was encouraging to see that this provided the opportunity to share updates and discuss any current issues faced by the Healthcare Team.

As referenced in QI 9.14, a recognised electronic system was in place for staff to report incidents and adverse events. Staff could also access another electronic system to report concerns about SPS staff or if they were worried about how SPS were treating patients. Inspectors were told that these were discussed at the governance meetings.

There was a service profile 'working to reduce health inequalities within the prison population' strategy. This helped develop a high-quality service for patients and was reviewed annually.

Feedback from patients was gathered using the complaint, concern or feedback form, as described in QI 9.13. There was currently no mechanism to record patient's suggestions or feedback about the healthcare service they received.

The HSCP should implement a process for collecting feedback to inform service improvement.

Recommendation 55: Dumfries and Galloway's HSCP should implement a process to collect and record patients' feedback.



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