HMIPS
HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

Report on HMP Glenochil

Full Inspection
24 to 28 February 2025

Contents

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.prisonsinspectoratescotland.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 presentation on 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 about both the management of the prison and the future of 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 before the inspection
- reviewing the Independent Prison Monitor (IPM) reports and conducting a focus group with IPMs

HMIPS is supported in our work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, 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**	Indicates **good performance** which may constitute good practice.
Satisfactory	Indicates overall **satisfactory performance**.
Generally Acceptable	Indicates **generally acceptable performance** though some improvements are required.
Poor	Indicates **poor performance** and will be accompanied by a statement of what requires **to be addressed**.
Unacceptable	Indicates **unacceptable performance** that requires immediate attention.
Not applicable	Quality indicator is **not applicable**.

2. A written record of the evidence gathered which 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 can comment on findings throughout the inspection and at a deliberation session prior to final assessments being reached. This supports fairness and reaching an unbiased assessment before 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

Location
HMP Glenochil is located near Tullibody in Clackmannanshire, Central Scotland.

Accommodation
HMP Glenochil has been a prison on the current site from 1966. It has developed and expanded over time and now presents as a modern facility. The prison has two main residential halls, Harviestoun and Abercrombie with the SRU located separately in Devon Hall.

Date of last inspection
April 2019

Healthcare provider
NHS Forth Valley

Learning provider
Fife College

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

The HMIPS inspection of HMP Glenochil in February 2025 found a combination of both positive and concerning elements against the inspection standards. This is born out in the overall assessments which range from good to poor. One standard was assessed as “Good”, three as “Satisfactory”, four as “Generally Acceptable” and one as “Poor”.

We identified 35 examples of good practice, 20 of which were around health services. This is indicative of the care which was being shown to the older and infirm population held at Glenochil. Excellent health and social care support was offered to the many ill, disabled and dying men. One has to question whether prison is the right place for many who present little risk to the public and some of whom had dementia and could make no sense out of being sentenced to custody.

Inspectors from Healthcare Improvement Scotland (HIS) rated Standard 9 - Health and Wellbeing - as “Good”, an improvement since our inspection in 2019 when it was “Satisfactory”. There had been improvements to pharmaceutical and other services and many good practice examples focused on patient care and health outcomes. Strong and supportive leadership within the healthcare team remained committed to providing high quality care for patients. Another demonstration of the focus on patient care in the prison was the new non-emergency ambulance service to facilitate critical medical appointments in the event of GEOAmey (the SPS transport provider) cancelling planned transport. The laundry service was effective, a vital part of maintaining hygiene and health within the population.

The use of peer mentors, particularly to deliver local induction and the recovery programme, was excellent. The peer mentor in the recovery programme had dealt with addiction himself and had come from the Open Estate to offer support and inspiration to those engaging with the services available at the prison.

Facilities for visits were welcoming and appreciated by prisoners and their families, particularly the ability to book double and triple visits for those travelling longer distances.

Glenochil was affected by the overcrowding issue in Scottish prisons that we have reported on in so many of our inspections. Population pressures were forcing prisoners to share cells designed for single occupancy. At the time of this inspection 244 men were sharing cells built for one person, in breach of internationally recognised standards on minimum living space in custodial settings. There is barely any aspect of prison life which is not affected by overpopulation.

Particularly disadvantaged at Glenochil were the burgeoning numbers of men on non-offence protection. There was not one aspect of what they might expect the prison to provide in terms of working towards release which was not affected. Their access to faith services, employment and activity, addiction services and therapeutic activities and Links Centre preparation for release were all restricted and far less was available to them than the rest of the population.

The number of people subject to solitary confinement at the prison overspilled the Separation and Rehabilitation Unit. Sixteen prisoners were being held on Rule 95 in the main residential areas with no regime and with more ad hoc reliance on the checks and balances in place for prisoners isolated from others. Despite this there were enough employment opportunities for every convicted prisoner who wished to work, to do so three days a week.

The prison's performance against Standard 2 - Decency - was rated "Poor" because of substantial concerns regarding food and hygiene. Recent reports from Clackmannanshire's Environmental Health Service criticised poor compliance with food hygiene, storage, preparation and record keeping controls, and confirmed that improvement was required urgently. The prison was not complying with the SPS Food Safety Manual guidance regarding food temperature checks. Menus had not changed for four years. Another issue contributing to the "Poor" rating was the amount of litter surrounding the buildings, which can lead to infestations of vermin as well as giving the impression of neglect. This sense of lack of care was repeated inside the prison on Harviestoun wing, with poor levels of cleanliness, a lack of cleaning equipment and cleaning chemicals being stored insecurely. Processes for controlling and distributing clothing and mattresses were ineffective.

In common with consistent findings from other prison inspections, as well as repeated concerns expressed by the Independent Prison Monitors who visit prisons weekly, prisoners lacked confidence in the complaints system. Prisoners felt that it was hard to submit a complaint in the way they are currently required to, through staff, as staff were likely to try to dissuade them that a complaint was needed. Prisoners felt hampered in accessing their property. Simplifying and speeding up access to personal items offers a tangible demonstration that prisoners concerns are being listened to.

Generally, prisoners were not sufficiently included in discussions around decisions affecting them. The processes in places for consultation such as the Prisoner Council meetings and food forums were utilised inconsistently. Although the prison had clearly sought to respond to prisoner concerns about an inconsistent regime and offer more predictability, the timetable was still subject to significant slippage, especially in the afternoon when delays in the morning led to late unlock for activities, and prisoners were locked up from 4 pm with no evening activities. Opportunities at weekends were particularly limited. Prisoners still had no access to chaplains at the weekend, despite that being a recommendation in our last report. Library provision was inadequate, and access was poorly managed.

In terms of the care for prisoners needing extra support, there was inconsistent recording in the documentation required under the current procedure for acting to protect prisoners found to be at risk of suicide and self-harm (Talk to Me), and there was a lack of awareness amongst staff about the Think Twice anti-bullying policy and procedures. Of greatest concern, because of its likelihood to lead to serious harm and death, as well as the toll on staff, was the number of prisoners being handled under Management of Offenders at Risk due to any Substance (MORS) procedures. In the December before the inspection took place, 19 prisoners were taken to hospital under emergency procedures. The level of illicit substance trafficking and taking is dangerous for both prisoners and staff.

The prison had suffered from significant staff shortages during the winter, and the regime experienced by prisoners had been inconsistent and unpredictable. There was an extremely poor record on completion of staff appraisals, leaving questions about the prison's ability to offer effective staff training and development as well as identifying and managing poor performance.

Given what we have said about staffing shortages and the impact on the regime, it may seem redundant to highlight the lack of time for Personal Officers to fulfil that role adequately. Yet a positive personal relationship with a dedicated member of staff can help those in situations of vulnerability to navigate the most difficult parts of their time in custody. At its most effective it also supports prisoners in reaching the targets needed to progress throughout their sentence, to address criminogenic needs and return to their communities less likely to reoffend. For staff to deliver this complex role there is a need for further mentoring and development as well as feedback about how well they are doing. Access to offending behaviour programmes remains a huge barrier, as across the whole prison estate, but a confident and competent Personal Officer can support prisoners in demonstrating good outcomes in the ways which are available to them and record these.

The new senior management team had focused on having sufficient staff to run a predictable, if not full, regime for prisoners and, at the time of our inspection, the prison seemed to be running on a more reliable basis. The team was open about the challenges facing the prison and how they were being tackled. The level of improvement was hard won and easily lost, as recovery was still at a very early stage. There is considerable work ahead to develop a fuller and more acceptable regime for all prisoner groups and address the other issues identified during this inspection.

Inspectors described 77 desired outcomes, and we encourage the prison and SPS HQ to focus on ensuring the following ten key desired outcomes are met:

For HMP Glenochil:

- **Key desired outcome 1:** Prisoners in situations of vulnerability receive appropriate care across the board. Staff are confident and supported in managing those at risk of suicide and self-harm and subject to bullying, and those pressured to use illicit items coming into the prison. Prisoners dealing with these issues feel well supported by staff.
- **Key desired outcome 2:** Prisoners receive reliable and equitable access to a full day of activities during the week and at weekends. At least 80% of the employment places are taken up daily.
- **Key desired outcome 3:** The excellent use of peer mentors is extended to regular participation by prisoners in discussions about issues which concern them with regular feedback provided to all prisoners on decisions reached by management.
- **Key desired outcome 4:** On the next pre-inspection survey, prisoners judge the quality and acceptability of food more highly than on this inspection and standards for the safe handling, preparation and serving of food are met.
- **Key desired outcome 5:** Prisoners and staff benefit from clear systems which deliver good basic hygiene and cleanliness throughout the prison. Staff and prisoners are trained and confident in how to maintain hygiene with appropriate equipment and kit provided.
- **Key desired outcome 6:** Every member of staff benefits from good management support, including regular discussions about role, performance, training and development through the appraisal process.

For SPS HQ:

- **Key desired outcome 7:** Prisoners have swift access to the activities and programmes they need to address their assessed risk to the public.
- **Key desired outcome 8:** Prisoners have confidence in the complaint system and can evidence complaints being acknowledged, responses in line with SPS targets and resolution of legitimate requests.
- **Key desired outcome 9:** One prisoner only is held in cells designed for one person.
- **Key desired outcome 10:** Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location.

Summary of PANEL principles

In terms of the **PANEL** principles for this standard:

Participation: There was a mixed picture in terms of prisoner participation and involvement in decisions affecting them. There was evidence of consultation with prisoners, for example on the recent change to the regime, but this was not routine. Prisoner Council Meetings or food forums were inconsistent, with nothing for non-offence protection prisoners, and no formal process in place to progress actions or update the prisoner group on change. There was no evidence that prisoners were able to influence the menu which had not changed for over four years. Conversely prisoners had the opportunity to request work party allocations, change their work party and to some extent suggest improvements to activities in work parties. Similarly for the education, physical, health and cultural activities the prisoner voice was heard, and improvements made whenever possible. Prisoners trained as Peer Recovery Coaches in the Recovery Café were highly involved in the direction of the recovery community in the prison, encouraging and supporting individuals throughout their journey. Communication between prisoners and staff for cell repairs was good with a general turnaround of a few days. Prisoners being managed under Rule 95 conditions were able to access recreation and the main gymnasium as an opportunity to support their transition from separation and reintegration unit (SRU) to mainstream.

Prisoner participation in Risk Management Team meetings (RMTs) was affected by the location in which RMTs were held, and alternatives need to be found to support prisoner involvement in meetings that are so crucial to their future. The Integrated Case Management (ICM) team were supportive of prisoners attending case conferences. They held pre-meetings to support prisoners before pre-release case conferences, which encouraged engagement and allowed them to provide input into their release plan. Minutes were shared and explained to prisoners after ICMs to support understanding and insight into their coordinated release plan.

Accountability: For older prisoners with greater needs, extra measures were put in place such as accessible cells, showers and passmen dedicated to the care of those with disabilities and unable to take care of themselves. The prison was failing with regard to general hygiene, cleanliness and appropriate outdoor clothing. The Talk to Me (TTM) books viewed were missing various manager signatures, and the books that were counter signed by the area First Line Manager (FLM) were of a poor standard. Awareness of and accountability for the Think Twice anti bullying strategy was lacking. Prisoners expressed frustration about access to property which was partly linked to staff shortages. Improving the complaints process needs prioritising. Complaints paperwork was not always available and there were no complaints boxes to allow prisoners to make a complaint directly to the FLM, without having to approach a member of staff.

There had been a recent change to the regime to try to make it more consistent for prisoners, but it was work in progress. Prisoners had access to work, training, education, the library, physical, health and cultural activities, but some groups had significantly less access than others.

In terms of pre-release planning, relationships between organisations were characterised by effective communication, information sharing and partnership working. Organisations were clear about their role and remit in supporting prisoners' transition to the community. Prison Based Social Work (PBSW) and the SPS had developed a performance framework to improve monitoring of performance, with monthly reporting and greater oversight by the SPS and Clackmannanshire Justice Social Work Service who provided the PBSW service.

Non-discrimination and equality: A local Equality and Diversity (E&D) questionnaire was completed as people arrived, which helped identify specific needs. There was a mixed picture in terms of staff awareness and use of translation services, and a need to improve the arrangements for ensuring that essential information on the first night was provided in the required languages. Menus catered for those who were following cultural, religious or medical dietary requirements although prisoners of Muslim faith had not been consulted on the food provision for Ramadan. Prisoners in situations of greatest vulnerability entering the prison via reception were treated well and the provision of accessible cells, hospital beds and showers for disabled prisoners was good.

Those held on a rule in the non-offence protection area did not have access to a regime and were not aways receiving their basic entitlements. This needs to be addressed as a priority. Non-offence protection prisoners expressed frustration about limited access to the Links Centre for chaplaincy services, recovery and therapeutic activities. The Chaplaincy Team ensured materials for all requested faiths were available as soon as practically possible for prisoners. Prisoner Ambassadors were actively encouraged to gather and present issues to the E&D meetings; however, this was only happening in Abercrombie Hall. Action plans and Equality and Human Rights Impact Assessments (EHRIAs) had been introduced in response to the 2019 inspection report. There were very few Equality and Diversity Framework (EDF) complaint forms submitted. Several groups ran to support those with a Protected Characteristic such as LGBTQ+ and Autism. The care and support provided to older, more infirm prisoners in Abercrombie Hall was commendably high.

Empowerment: Human rights featured in the local induction information, and peer mentors delivered these sessions. Conditional release eligibility dates were not communicated, which missed an opportunity for prisoners and their Personal Officer to be aware of key planning dates. Most prisoners on Talk to Me (TTM) felt they had been involved in decisions about their care and able to raise any points of concern. Prisoners were provided with appropriate information to understand processes and rights of appeal for such things as Rule 95 and Orderly Room adjudications. Staff were able to identify those requiring extra assistance to participate in case conferences. However, the general information available in the halls was inconsistent and the communication of information to prisoners through the TV channel should be maximised.

Legality: There were robust arrangements in place to ensure that prisoners were lawfully held and accommodated. Liberations and detentions in error were uncommon, and when they occurred, they were fully investigated. With 244 prisoners sharing small cells designed for single occupancy, the prison was not meeting the internationally recognised minimum standard cell space of four meters square per prisoner, excluding the toilet area. The rules surrounding Use of Force and reviews of any incidents were being implemented effectively. Prisoners had access to legal representatives without delay. The SPS and partner agencies collaborated effectively to ensure that planning and preparation for release aligned with relevant legislation, guidance, and procedures.

Summary of Inspection Findings

Standard 1 Lawful and Transparent Custody
Satisfactory

Standard 2 Decency
Poor

Standard 3 Personal Safety
Generally Acceptable

Standard 4 Effective, Courteous and Humane Exercise of Authority
Satisfactory

Standard 5 Respect, Autonomy and Protection against Mistreatment
Generally Acceptable

Standard 6 Purposeful Activity
Generally Acceptable

Standard 7 Transitions from Custody to Life in the Community
Generally Acceptable

Standard 8 Organisational Effectiveness
Satisfactory

Standard 9 Health and Wellbeing
Good

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

Under this standard, one quality indicator was rated as good, four as satisfactory, three as generally acceptable and one as poor, giving an overall rating of satisfactory. There were three examples of good practice and nine desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

Inspectors found that reception staff were courteous, helpful and knowledgeable on receiving prisoners into the establishment. Officers clearly checked comprehension levels and were aware of the process for accessing the translation service if required. Interviews were conducted sensitively to gather information and help assess risk.

A comprehensive suite of Standard Operating Procedures (SOPs) was in place to guide staff and underpin processes.

Robust processes and trained staff ensured lawful detention, and inspectors saw evidence that on the small number of occasions when errors were made, events were fully investigated. Processes for the identification, registration and classification of prisoners were followed, and liaison with the residential team ensured they were allocated to accommodation accordingly. Specific residential areas were provided for those with additional health needs, those who required protection from others, both offence-protection and non-offence protection prisoners, and a mainstream group. Cell sharing risk assessments were conducted by residential officers and inspectors found that they demonstrated knowledge and competence in the system, which was overseen by an assurance process.

HMIPS Standard 1
Lawful and Transparent Custody – Continued

The reception area itself was clean and tidy, although in need of decoration. The waiting areas were bare and there was a shortage of information: either reading material or television screens for distraction. Inspectors saw waiting times extended on occasion due to regime issues. There was no reading material or notices for those who did not speak English.

The first night provision needed attention. Inspectors found that staff provided information verbally, but essential information needed to be provided in a way that could be understood and confirmed. Fire Action Notices (FANs) were generated in a range of languages in reception but only displayed in English within cells.

An informative local induction had been developed, which was delivered by peer mentors and attendance attracted an incentive payment. It was clear that there were issues in getting people to get to the Links Centre because attendance was very low. Only those who attended received the local induction booklet.

Robust liberation arrangements were in place, including provision of practical assistance through travel warrants or transport provided by officers, and immediate financial funds. Arrangements were in place to ensure that the timing of liberations could be adjusted to co-ordinate with appointments or transport availability. Inspectors found that whilst liberation dates were confirmed verbally, only changes were communicated in writing and provisional release dates were not provided.

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: Poor

Overview

In this standard four quality indicators were rated as generally acceptable and two as poor. The overall rating is poor due to the importance of the two quality indicators that have been rated as poor: food and hygiene. There were no examples of good practice and 10 desired outcomes for improvement. Many of the recommendations in the HMIPS 2019 report have been repeated in the desired outcomes because they have not been addressed. A full list of good practice and desired outcomes can be found in Annexes A and B.

Despite being a relatively modern prison, HMP Glenochil struggled to meet acceptable hygiene levels or provide food to the necessary standards or decent living conditions for prisoners.

The internal communal areas were tidy, clean, well-maintained and in a good state of repair. They were cosmetically sound and bright. The maintenance programme showed that there were 30 outstanding planned jobs and 200 reactive jobs. The Estates Team had no cells out of commission at the time of the inspection despite the YTD cost of criminal damage to cells by prisoners being over £19k. The grounds were untidy with litter scattered in different areas and a biohazard bin overflowing.

There were three types of cells, double, single and emergency doubles. Emergency double cells were single cells fitted with bunk beds which did not meet the internationally recognised minimum space standard of four-square metres per prisoner, excluding the toilet area. At the time of the inspection 244 of the 710 prisoners were being held in emergency double cells.

HMIPS Standard 2 Decency – Continued

The VT cleaning party consisted of 20 prisoners from Abercrombie Hall who were well trained in all aspects of cleaning including Bio-Hazard. The training records for hall passmen were not accurately maintained and the majority had not been trained to carry out the role. This was reflected in the poor level of cleanliness of Harviestoun Hall and the general lack of cleaning equipment, chemicals and cleaning knowledge of the passmen. Cleaning equipment and chemicals were not stored securely in all areas and many cleaning chemical dispensing machines were defective.

All halls had shared showers. They were found to be in an acceptable condition and clean throughout the prison. Whilst shared showering facilities are not ideal, significant capital work would be needed to address this situation, and fewer cells would be available subsequently. The pre-inspection survey showed that 87% of prisoners were offered a shower every day and that there were adequate showering facilities for disabled prisoners. Those being held on a rule in the non-offence protection area did not always have access to a daily shower.

The pre-inspection prisoner survey also found that 87% of prisoners said they could have their clothes and bedding washed every week. There was a good supply of mattresses, towels and bedding held in storage, but the process for replacement in the halls was ineffective and not understood by everyone.

The prison laundry was effective and well-managed. All 23 prisoners employed from Abercrombie Hall had accurate training records and were confident in carrying out their role. Prison issued clothing was in good condition and storerooms contained a sufficient stock of clothing in all sizes. As mentioned previously, some staff were not aware of how to replenish stock on the halls. There were no waterproof jackets for prisoners to wear when going outdoors, and not all prisoners were issued with a fleece.

The survey and focus groups reported very negatively on the provision of food, with many reporting that the food was bad or very bad, that they never had enough to eat, and that food was often served cold. Inspectors observed that the portion sizes provided were sufficient. There was no evidence that the kitchen had taken account of prisoners' feedback. The menu rotated every three weeks with separate dietary, kosher, vegan and halal options. The menu had not changed for over four years, despite a recommendation made in the 2019 HMIPS report when it was found that it had not changed then for over three years. There were plans to introduce a revised menu when new kitchen equipment arrived.

The cleanliness of the hall pantries varied considerably as did the whites worn by passmen. Some had thin white poor-quality t-shirts that appeared grubby and tired, others had good quality white coats, and some had coats and checked chef style trousers.

HMIPS Standard 2
Decency – Continued

Heated trollies were used to transport food from the kitchen to the halls. On serving, some portions of hot food were found to be warm; further investigation found that the prison did not test the temperature of hot food in any of the pantries prior to serving or keep a record of such checks.

Inspectors examined the daily menu choices and found that the recommended daily intake for an adult of 2000 kcals a day could be met from the menu, with additional canteen options available on each hall for those who could afford to buy extra food. Prisoners could make unhealthy decisions but could also meet their daily kcal intake through healthier options.

At the time of our inspection, Glenochil was subject to a three-monthly visit schedule by Clackmannanshire Council Environmental Health Services under the 'Food Law Rating Scheme' due to poor compliance with food storage, preparation, service, record keeping and allergen controls. The 'Food Law Rating Scheme' for the prison was graded as "Improvement Required." It is essential for the safety of prisoners consuming food provided by the prison, that there is compliance with all of the outcomes in the Environmental Health report, and it moves to a "Pass" grading and monthly inspection visits move to 12 or 18 months as soon as possible.

The SPS Food Safety Manual (version 1.0.2020) had not been reviewed by a suitably qualified person since 2020. It is the responsibility of the SPS and their managers to ensure an effective Food Safety Management Process is in place and it is their duty to ensure that the process is monitored and maintained. This includes creating a plan that identifies hazards, outlines controls and sets clear guidelines for food safety and that it is regularly monitored by a suitably qualified person to ensure it is implemented consistently in all Scottish prisons. Catering managers in each prison are responsible for overseeing daily compliance, training staff, performing regular inspections and ensuring that the SPS Food Safety Manual (version 1.0.2020) is followed in their own prison. It was clear that this was not happening here nor in other prisons in Scotland.

The catering manager had ultimate responsibility for the prison in respect of food law and food provision. There appeared to be no further suitably qualified managerial levels beyond them within the SPS to allow them to seek advice, escalate concerns or monitor their performance and compliance. This had resulted in the prison developing their own understanding and delivery of the SPS Food Safety Manual (version 1.0.2020). This report recommends that the SPS carry out an urgent assessment of their managerial structure in respect of food law and food provision to ensure their Food Safety Management Process is reviewed, verified and monitored nationally to maintain the highest food safety standards possible

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: Generally Acceptable

Overview

In this standard, three quality indicators were rated as satisfactory, one as generally acceptable and three as poor, giving an overall rating of generally acceptable. There were no examples of good practice and three desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

Although this standard was satisfactory in three out of seven QIs, it was rated as generally acceptable due to QIs 3.4 and 3.5 being poor. The quality of the TTM processes were poor. The SPS Anti-bullying Strategy - (Think Twice) - was in place but not utilised as it should be. Various staff were identified to be "champions" and attended a training session with the goal that they would roll out awareness to other staff, but this has not materialised. At best, the way staff dealt with perpetrators or victims of bullying, harassment or intimidation could be described as ad hoc. Most staff said they would report bullying by way of an intelligence report, which keeps the Incident Management Unit (IMU) up to date with relevant information, but does not result in residential staff engaging systemically to support those under threat or challenge those behaving inappropriately...

Procedures for dealing with incidents were in place. Incident Command Team (ICT) roles were almost at full complement, with other staff identified to take up additional roles and awaiting training. Mutual aid was above complement. A good suite of SOPs supported operational readiness, and contingency plans were readily available and up to date. An operational readiness meeting was held monthly and contingency plans reviewed. Two recent cases of mutual aid were required following peaceful protests and these incidents appeared to have been well-managed. Information sharing and incident debriefs were held monthly.

Health and Safety (H&S) in the prison was well-organised, with appropriate processes in place to deal with accidents, near misses and fire evacuation. There was an extensive list of those on personal emergency evacuation plans (PEEPS), and it had recently been updated. Further managerial upskilling in accident investigation was required, as the overall standard of investigations was poor and not carried out within timescales.

Standard 4 – Effective, Courteous and Humane Exercise of Authority

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, two quality indicators were rated as good, six as satisfactory and two as generally acceptable, giving an overall rating of satisfactory. There were six examples of good practice and ten desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

The management team and staff implemented effective, courteous, and humane exercise of authority to a satisfactory standard, meeting most of the quality indicators. Use of force was not applied excessively, and when it was applied, evidence suggested that it was usually de-escalated at the earliest opportunity. Some of the potential areas of concern were aggravated by issues such as staff shortages, high prisoner numbers and spikes in management of an offender at risk of any substance (MORS).

Effective control and order of the prisoner population was exercised. Procedures relating to perimeter, entry and exit security, and the personal safety, searching, supervision and escorting of prisoners were effectively maintained to protect the personal safety of all those in their care, visitors, and staff. Staff and prisoners reported that, with the pressure of prisoner numbers, and staff absences, staff members were regularly redeployed, and prisoners were often subject to a restricted regime.

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: Generally Acceptable

Overview

Two quality indicators were rated as satisfactory, four as generally acceptable, and two as poor, giving an overall rating of generally acceptable. There were no examples of good practice and nine desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

Residential staff were working hard to deliver a daily regime and provide prisoners with their entitlements but within too short a period for this to work effectively. The regime rarely ran to time causing frustration to both staff and prisoners and placing a strain on relationships. The pre-inspection survey, in line with comparator prisons, had low confidence in prisoners being treated respectfully by staff. Staff gave a mixed view of relationships with prisoners during focus groups but generally described them as quite tense. Their view was that this was caused by the restricted and inconsistent regime, staff shortages and the lack of communication from the top down, which affected their ability to be effective in their role. Inspectors saw no negative behaviour towards prisoners and saw staff challenging issues appropriately and courteously. It was common practice for staff to congregate at the staff desk rather than be in the sections. The grille gates were shut for most of the day which created a barrier between staff and prisoners. Staff shouted names and reasons for the call, sometimes of a confidential nature, throughout the inspection instead of going to the individual.

HMIPS Standard 5
Respect, Autonomy and Protection Against Mistreatment – Continued

Inspectors spoke to several Personal Officers who wanted to do a good job but felt the regime and staff shortages did not allow for it.

Daily life was controlled but the regime did not run to time. Prisoners were locked up early at 4pm with no evening activities but most had at least two hours of recreation time per day, better than in other prisons currently. Equity of access to the regime was reasonable but 16 prisoners were socially isolated and had no regime due to being held on a rule 95 within the non-offence protection area.

In the pre-inspection survey, the majority of respondents said that the prison did not consult with them to ask their opinions on issues that affect them. Only 9% said that they were consulted and that things often or sometimes change as a result. This is significantly lower than comparator prisons that sit at 17%. Information displayed on the hall noticeboards was untidy and inconsistent. There was no information displayed in foreign languages and the in-cell TV information channel could be better used to share information. Prisoners had been consulted about the recent change to the regime and there were plans to involve them in future changes.

Prisoner Council Meetings were running regularly in Abercrombie. The process for selecting the membership of the group was good but the meetings were ineffective and causing frustration for prisoners who did not see things changing as a result. There was no evidence of regular meetings taking place in Harviestoun, despite speaking to various people involved in the process, and prisoner attendees could not recall ever seeing minutes of the meetings. On both halls prisoners reported they did not feel listened to, and this was reinforced by staff who confirmed that some of the issues raised were resolvable but not actioned. This supports the pre-inspection survey findings. The value of acting on legitimate concerns was highlighted by the pre-Christmas passive protests where prisoners felt the only way they could get their views across was through indiscipline. The admission information made no mention of the Prisoner Council Meetings. The opportunity to make prisoners immediately aware on arrival of the Prisoner Council Meetings and how they can contribute to improving prison life was therefore missed. A recurring recommendation to SPS HQ from our inspections has been for the national induction slide template to feature and promote Prisoner Council Meetings.

HMIPS Standard 5
Respect, Autonomy and Protection Against Mistreatment – Continued

The pre-inspection survey said 85% of prisoners felt that the complaints system worked badly. Respondents reported that complaint forms were often not freely available, not processed by prison staff and that they felt dissuaded from making complaints. Inspectors found that the complaints process was only displayed in two flats. PCF1s and PCF2s were available in most flats, but not all, and there were no complaints boxes anywhere. Instead PCF1s were handed to staff, and they were encouraged to discuss it with the prisoner to try to resolve the complaint. If they were unable to resolve it, it was passed to an FLM. While it is good practice to try to resolve issues and complaints at the lowest level, once a PCF1 has been completed it should go directly to an FLM as per the relevant Governors and Managers Actions (GMA). Complaints boxes allow prisoners to submit a PCF1 without the need to discuss it first with a member of staff or hand it to them to pass on. A system to track each complaint and provide updates on progress to the complainant is long overdue.

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: Generally Acceptable

Overview

In this standard, two quality indicators were rated as good, four satisfactory, seven generally acceptable, one poor and one as unacceptable, giving an overall rating of Generally Acceptable. There were six examples of good practice and fifteen desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

The prison offered a broad range of employment and training opportunities in well-equipped, purpose-built workshops. Overall, there were sufficient employment opportunities available for all prisoners who were eligible for work to do so three days per week. However, not all prison populations received equitable access to employment. Vocational training activities offered to prisoners were limited with no opportunities to progress further into higher level training.

The paid work policy was fair and thorough and the rationale for allocating paid work roles was understood by staff and prisoners. Induction, support and training was provided to prisoners who entered employment. However, personal preference was not always considered as this was dependent on the need for highly productive work parties to meet prison production contracts and essential prison services.

The Learning Centre provided a calm and welcoming environment for education activities with a good standard of facilities, equipment, and classrooms. The standard of learning and teaching was high. However, most qualifications were at Scottish Qualifications and Credit Framework (SCQF) level 2 to level 6 and there were few progression opportunities. There were insufficient education opportunities to meet the needs of all prisoners.

HMIPS Standard 6
Purposeful Activity – Continued

The prison provided a good range of physical and health activities in well-managed facilities. The exercise and fitness equipment were good quality, and all prison populations had access to sporting and fitness activities. Prisoners could achieve informal health and fitness certificates. Externally recognised health and fitness awards had not been re-introduced.

The library was situated in a small, cheerless room within the Links Centre with a few chairs and no space for group work or additional activities. It was not promoted actively within the prison. The book stock was limited to arbitrary donations, much of which was outdated and there was no DVD stock. Overall, library resources available to all prisoners were inadequate, unmanaged, and unsatisfactory.

All prisoners had access to a wide range of cultural, recreational, self-help and peer support activities appropriate to their individual needs. Education Centre staff encouraged prisoners in art and media studies to submit their creative work for awards and exhibitions. The Links Centre provided prisoners with access to self-help and peer support activities in the Recovery café. However, events and recreational activities had been organised in isolation by different areas of the prison with limited consultation with prisoners.

The offer of one hour in the open air everyday was embedded in the regime, and staff and prisoners were aware of their legal entitlement. Prisoners were able to utilise a half time system during exercise, which offered flexibility.

The Chaplaincy Centre was in the Links Centre, which is located centrally within the establishment and numerous services were available to prisoners. The Chaplaincy Team had representations from The Church of Scotland, Roman Catholic, Muslim faiths, Reformed and Jehovah Witness representation offering religious care to any individual every two weeks. Prisoners spoke highly of the Chaplaincy Centre and confirmed that the turnaround from a chaplaincy request to appointment was usually within a 24-hour period. A recommendation outcome was made in the last HMIPS inspection in 2019 to have access to chaplains at the weekend. While the prison did not have Sunday services, Chaplains occasionally attended at the weekend to facilitate virtual funerals, respond to urgent requests or if there is a death in custody. They will also attend to facilitate special events such as Easter Sunday. Chaplains were always on-call over the weekend period and there is a system in place for this. There was no opportunity for non-offence protection prisoners to attend faith services, and evidence gathered from prisoner interviews suggested there was a need for this service. An in-hall chaplaincy visit was available on request.

HMIPS Standard 6
Purposeful Activity – Continued

Visiting facilitates and the Visitor Centre were open and welcoming to all. Prisoners spoke positively about visits, especially the ability to have double and treble visits. Prisoners and families found the facility very welcoming, and many families travelled from further afield for visits. Colourful play areas in both the visit room and Visitor Centre were easily accessible for children, and a plethora of information was available for prisoners and families throughout both areas. Other forms of communication with families were well utilised, including in-cell telephony, email a prisoner and virtual visits. There were five virtual visit ports in the visit room and one in the SRU. It was observed that the noise levels in the visit room could sometimes affect the virtual visits and made it difficult for prisoners to have private and meaningful conversations.

A variety of therapeutic activities were available through the Recovery Café, Links Centre and Programmes Team. The story and journey of an individual who went through the recovery programme whilst in custody and has now become a recovery coach was inspiring for the recovery community at the prison. As across SPS, the national waiting lists in place for specialist Offender Behaviour Programmes (OBPs) meant prisoners were not able to meet the targets set for them. The backlog of Generic Programme Assessments (GPAs) is resulting in further delays to accessing programmes and subsequently creating a negative impact on progression.

The ICM case conferences co-ordinated by the ICM Team were thorough in gathering evidence from all partners, and they regularly checked in with the prisoner to ensure understanding. The ICMs took place in the Links Centre, which meant the prisoner and Personal Officer were able to attend. There were mixed reviews from prisoners of their Personal Officer. Residential staff expressed concerns about not having time to complete Personal Officer duties due staffing constraints within the residential areas. They also highlighted that they were given limited training as part of their recruitment process, which they felt was inadequate to support them with their caseload and they therefore learned from their peers.

RMTs took place weekly. They were chaired by the Deputy Governor with a coherent and systematic approach, involving all partners and individuals in the discussion. There was recognised concern about prisoners not being able to attend RMTs due to their location and frustration about the lack of accessibility for prisoners to participate and complete outstanding needs because of the current national waiting lists for OBPs.

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: Generally Acceptable

Overview

In this standard, one quality indicator was rated as satisfactory, and four as generally acceptable, giving an overall rating of generally acceptable. There were no examples of good practice and five desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

The prison was responsible for the management of men serving long-term statutory sentences including a high number of those being held on an OLR, and a smaller number of men serving short-term sentences. This required effective and efficient partnership working between SPS staff, Psychology and Community and PBSW whilst ensuring that key processes were followed. While there were some challenges with capacity, agencies maintained good relationships, characterised by effective communication and mutual respect, regardless of the current waiting lists.

The prison had developed a comprehensive recovery service offering a range of interventions for prisoners experiencing issues with drugs and alcohol, mental health and trauma, promoting person-centred support. The peer mentoring service was empowering prisoners and helped built capacity beyond 'traditional' services.

While the basic needs of short-term prisoners were being met upon release, there was scope to improve the coordination of release planning for this group.

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: Satisfactory

Overview

In this standard, five quality indicators were rated as satisfactory, and three were rated as generally acceptable, giving an overall rating of satisfactory. There were no examples of good practice and six desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

The prison had been struggling with high levels of staff sickness during 2024, peaking at 60 staff absent in November 2024, which had affected the prison's ability to provide a consistent regime. This had in turn frustrated prisoners and led to some largely peaceful incidents of concerted indiscipline. The new Governor had therefore focused on providing a limited but more consistent regime for prisoners, while also ensuring that absence management policies were implemented diligently but with compassion. This had helped bring sickness levels down to more acceptable levels at the time of our inspection in February 2025.

Training statistics and core competencies were generally at an acceptable level and good performance was being recognised, but the performance appraisal system was not being implemented effectively. Inspectors noted inconsistencies in the way that rules and processes were applied between the two houseblocks and even between flats on the same houseblock. Prisoners complained about these inconsistencies too in relation to how processes were applied between the two staff divisions. Managers had tried to address this through the introduction of Day Shift Managers in the two houseblocks, but the issue remained, exacerbated by staff sickness levels and the need to bring people across from work sheds to help out in residential areas who were not used to the systems.

HMIPS Standard 8
Organisational Effectiveness – Continued

E&D had been rated poor in our 2019 report, but the prison had responded positively to that, introducing prisoner and staff Ambassadors for the E&D Committee, and ensuring this met regularly and worked through an agreed action plan. There was still room for further improvement, regarding securing prisoner representation from both house blocks and ensuring that the minutes and agreed action points from these meetings were easily available to prisoners. There was scope also to improve access to information in their own language for foreign nationals and improve access to feminine products for transgender prisoners.

Business planning and action plan tracking was of a high standard, but the prison needs to invest greater resources to manage the increase in SARs made by prisoners and which is affecting the team's ability to deal with other core tasks.

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.

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Inspection Findings
Overall Rating: Good

Overview

Under this standard, ten quality indicators were rated as good, two were rated as satisfactory and four were rated as generally acceptable, giving an overall rating of good. There were 20 examples of good practice and 10 desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

Summary

Concerns from 2019 regarding pharmacy services had been resolved by this inspection with the securing of a Home Office Controlled Drug Licence and improvements to the rooms used for dispensing medications meaning they were safe.

There was continued evidence of strong and supportive leadership within the healthcare team which remained committed to providing high quality care to their patients. This had been further improved by the introduction of the professional nurse lead role.

The number of patients being placed on MORS after using illicit substances presented a significant challenge. The increased workload had sometimes led to the suspension of some healthcare services. A new Management of Risk under the Influence of Substances (MORS) clinical guidelines has been developed and piloted at the prison, with plans for its implementation across the wider prison estate. This new guidance is designed to enhance the safe management of individuals under the influence of illicit substances. While initial implementation has been positive, it is too early to draw definitive conclusions regarding its effectiveness. Ongoing monitoring and evaluation will be essential to assess its long-term impact and outcomes.

Multi-agency meetings were held to allow relevant parties to discuss patient wellbeing and ensure a coordinated approach across the establishment.

HMIPS Standard 9
Health and Wellbeing – Continued

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Culture and Leadership

The healthcare leadership team offered clear and visible leadership, which was well organised and structured to support the delivery of healthcare. Staff spoken with described the SMT as visible and supportive. The housing of all healthcare staff in one building had cultivated positive relationships and communication between disciplines. However, there were challenges with available room space to accommodate the number of staff or meet the current demand for services.

The introduction of the professional nurse lead role, and the inclusion of the Health and Social Care Partnerships (HSCPs) wider Senior Nursing Team to lead and direct the strategic professional and clinical development of nurses in the Forth Valley prisons has been a positive development for staff. All staff spoken with described feeling well supported by senior managers. Structured meeting schedules also ensured all staff were kept informed of operational issues and facilitated staff feedback.

All healthcare staff working in the prison received a comprehensive HSCP induction, as well as a prison specific induction. There was good compliance with mandatory training and new staff were supernumerary for four weeks. This allowed them to complete their induction and competency framework, and to familiarise themselves with healthcare delivery in the prison environment. All registered staff had completed certification of death training. This was a recommendation from the Independent Review of the Response to Deaths in Prison Custody Report.

Primary Care

The immediate health needs of all patients were assessed on arrival at the prison, using a standardised assessment screening tool. All health screening information was clearly recorded in the electronic patient care record: Vision. As part of the assessment, validated tools were available to carry out drug and alcohol withdrawal screening.

Healthcare delivery was delivered by Advanced Nurse Practitioners (ANPs), General Practitioners (GPs) and nurse-led clinics. This was supported by an out of hours service. All transfers were seen by a nurse on arrival where TTM, cell sharing risk assessment and medications were reviewed and patient seen again within 72 hours to complete additional transfer paperwork.

Patients were able to access healthcare services using self-referral forms. These were easy to read, with some pictures to support those with literacy difficulties.

HMIPS Standard 9
Health and Wellbeing – Continued

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Medication was administered three times daily. 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 outwith therapeutic times.

The waiting times for dental routine appointments exceeded the Scottish Government's recommended time of 10 weeks.[1] A recent Quality Improvement Project had looked at improving waiting times. Patients transferred into the prison already undergoing dental treatment, were placed on the waiting list so that their treatment continued within an appropriate timeframe.

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. They were also identified when patients referred themselves to healthcare.

Long-term condition clinics were delivered in a way that was equitable to community provision. Patients were involved in planning and agreeing their care and were given a copy of their treatment plan.

The long-term conditions nurse delivered nurse-led clinics and was supported by the GP, ANP and colleagues in secondary care. Good links had been made with secondary care and community colleagues to support the management of patients with long-term conditions. However, some patients had missed their secondary care appointments, such as hospital and nurse specialists, due to variations in the performance of the prisoner transport provider, GEOAmey.

Patients requiring palliative or end of life care were identified and seen by the GP or primary care nurses initially. The service had a frailty and palliative care register in place and patients with palliative care needs were discussed at the frailty meeting. Good links had been established with Strathcarron Hospice.

1 Oral Health Improvement and Dental Services in Scottish Prisons: Guidance for NHS Boards Para 3.10

HMIPS Standard 9
Health and Wellbeing – Continued

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Infection, Prevention and control

The health centre and dispensary areas were in a generally good state of repair and could be cleaned effectively. Personal Protection Equipment (PPE) and hand hygiene facilities were available.

Monthly infection prevention control audits took place and the results seen showed good compliance. An external infection prevention and control assurance visit was carried out in November 2024, during which no significant issues had been identified.

Staff could access infection prevention and control information through the staff intranet. The staff that inspectors observed were compliant with standard infection prevention control precautions.

Mental health

The mental health team had robust systems and processes in place to monitor referrals and triage. Urgent referrals were being responded to within appropriate timescales. Routine assessment did not meet the seven-day period defined in their Standard Operating Procedure.

Standardised assessment tools, risk assessments and care planning were completed on the electronic patient care record system: Care Partner. Information was also accessible on Vision to ensure it was available for effective cross-working within the healthcare team. On reviewing the patient care records, some had limited information, and some had no evidence of patient centred goals or treatment aims.

A weekly Clinical Team Meeting (CTM) was held with membership from the mental health nursing team, forensic consultant psychiatrist, clinical psychologist, mental health occupational therapist and speech and language therapist (SaLT).

There was routine collaborative working between the mental health team and Substance Use and Recovery Team (SRT), including attending each team's weekly meeting. A neurodevelopment pathway had recently been established.

A range of psychological interventions were available from the clinical psychology team. This team supported SPS with complex case discussion and provided clinical supervision for staff delivering trauma informed care. Psychiatry appointments were available on a weekly basis.

Screening for cognitive impairment was being rolled out for the over 60 age group, with the development of a cognitive impairment pathway for use in the prison and links established with Old Age Psychiatry Team in Forth Valley.

HMIPS Standard 9
Health and Wellbeing – Continued

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Substance Use Service

The SRT had clear pathways in place to deliver services to people dependant on alcohol or substances.

Prisoners with drug and/or alcohol dependence were identified during their initial health screening. If the patient had an existing prescription for opiate replacement therapy, there was a process for the patient to continue Opiate Substitution Therapy (OST) medication during their stay in prison.

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 patients on the SRT 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 of the implementation of the Medication Assisted Treatment (MAT) standards with patients having access to OST with their choice being considered.

The clinical lead for the team was the lead GP and regularly timetabled meetings took place to review and allocate patients referred to the team. This was supported by a formalised joint working policy in place.

Annex A

List of Good Practice

****Not all Standards evidence good practice.**

Good Practice No.	QI No.	Good Practice
Standard 1 – Lawful and Transparent Custody		
1	1.8	The delivery of a comprehensive local induction by peer mentors.
2	1.8	The availability of regime information for those located in the Separation and Reintegration Unit.
3	1.9	The photographic identification provided on liberation.
Standard 4 – Effective, Courteous and Humane Exercise of Authority		
4	4.1	Monthly operational readiness meeting attendees included Head of Operations and all available ICT role holders. Monthly reviews were completed on previous actions, and future planning agreed. There was a dedicated Share Point site where all role holders and regular local training events were scheduled, including joint events with the NHS.
5	4.1	Good processing, auditing, and review of UoF forms in place. Head of Operations reviews all instances of UoF, followed by a learning review where necessary. Good system of IMU uploading intelligence information to PR2.
6	4.2	Rule case conferences included multi-disciplinary attendees and input from the mental health nursing team, senior manager, speech and language therapist and social care professionals.
7	4.4	Robust processes in place to ensure safe monitoring and movement of those on SSM, including controlled movement, CCTV, and written documentation to support the safety of staff and others and safe keeping of those on SSM.
8	4.7	A comprehensive and robust escort brief prior to each escort, further supported further by regular escort reviews.
9	4.7	The ABC non-emergency ambulance service to facilitate critical medical appointments in the event of GEOAmey cancellations.

Standard 6 – Purposeful Activity		
10	6.2	The National Demolition Group provided training qualifications which could be used to gain employment once people were released from prison.
11	6.7	Half and half exercise periods.
12	6.9	The opportunity to gain double and treble sessions easily, especially for travelling families.
13	6.9	The dad's group provided positive interactions for prisoners and their families. Prisoners and Visitor Centre staff spoke highly of the programme and the increased connections with families.
14	6.10	The support the Forth Valley Inclusion workers and volunteers provided was highly commendable and recognised by not only the inspectors but families, prisoners and staff.
15	6.13	The recovery service offered a range of interventions for mainstream and offence-protection prisoners at various stages of recovery. The peer mentoring was experienced as both empowering and effective in supporting recovery.
Standard 9 – Health and Wellbeing		
16	9.2	Good systems were in place to support communication at the end of each day between the prison and the out of hours service.
17	9.2	Referral forms were available for people to self-refer to healthcare and were in easy read, picture format to support patients with literacy difficulties. They could also be obtained in the five most common languages spoken currently in the prison.
18	9.3	Outreach work in the prisons had resulted in an uptake on BBV testing and provided the opportunity for harm reduction education.
19	9.5	A neurodevelopment pathway had recently been established for people with a diagnosis of autism. There was support available through a peer autism group which a speech and language therapist facilitated.
20	9.5	Screening for cognitive impairment was being rolled out for the over 60 age group with the development of a cognitive impairment pathway for use in the prison.
21	9.6	A long-term conditions nurse was in post to support the care of patients with such conditions.
22	9.6	Patients were involved in planning and agreeing their care and were given a copy of their treatment plan.
23	9.6	Those patients identified as requiring enhanced care had further assessments completed outlined in NHS Forth Valley's assessment and care plan booklet. Assessments completed included a pressure area skin assessment and MUST.

24	9.6	Patients who were considered frail or requiring palliative care were discussed at a monthly frailty meeting.
25	9.6	A senior rehabilitation support worker provided a wide range of support for patients.
26	9.7	Patients liberated on MAT have a community handover sheet completed by the caseworker which details work completed in the prison, for example BBV status and Naloxone status. This is sent to the relevant community team three weeks in advance of liberation to ensure community services have sufficient time to ensure the prescription is continued.
27	9.8	Kardex and controlled drug register audits were carried out and findings from audits shared with staff to promote learning and encourage good practice.
28	9.8	A risk-based approach was in place to protect vulnerable patients when deciding the type and amount of medication to be provided on liberation.
29	9.9	Patients who are transferred to the prison and are undergoing dental treatments are placed on the waiting list so that their treatment continues within an appropriate timeframe.
30	9.9	A recently completed QI project had looked at improving waiting times and therefore access to treatments by reviewing the waiting list, identifying delays in delivering clinics and updating the referral and triage processes.
31	9.13	Information gathered from the patient satisfaction survey and patient relations nurse was communicated back to the team with clear processes to regularly share learning from feedback and complaints with the healthcare team.
32	9.13	The prison had a patient relations nurse who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the patient's relation nurse was communicated back to the team to share learning from complaints.
33	9.16	New staff are supernumerary for four weeks which allowed them to complete their induction and competency framework, and to familiarise themselves with healthcare delivery in the prison environment.
34	9.16	All healthcare clinical staff were encouraged to attend a monthly reflective practice group facilitated by NHS Forth Valley's Lead Mental Health Nurse and clinical psychology. This allows staff to recognise their strengths and weaknesses and use this to guide ongoing learning.
35	9.17	Patient Safety Visits were held, where Health Board Executives and Non-executives spoke to healthcare staff regarding any patient safety concerns. This supports healthy outcomes for patients.

Annex B

List of Desired Outcomes

KEY DESIRED OUTCOMES

Key Desired Outcome No.	Key Desired Outcome
For HMP Glenochil:	
1	Prisoners in situations of vulnerability receive appropriate care across the board. Staff are confident and supported in managing those at risk of suicide and self-harm and subject to bullying, and those pressured to use illicit items coming into the prison. Prisoners dealing with these issues feel well supported by staff.
2	Prisoners receive reliable and equitable access to a full day of activities during the week and at weekends. At least 80% of the employment places are taken up daily.
3	The excellent use of peer mentors is extended to regular participation by prisoners in discussions about issues which concern them with regular feedback provided to all prisoners on decisions reached by management.
4	On the next pre-inspection survey, prisoners judge the quality and acceptability of food more highly than on this inspection and standards for the safe handling, preparation and serving of food are met.
5	Prisoners and staff benefit from clear systems which deliver good basic hygiene and cleanliness throughout the prison. Staff and prisoners are trained and confident in how to maintain hygiene with appropriate equipment and kit provided.
6	Every member of staff benefits from good management support, including regular discussions about role, performance, training and development through the appraisal process.
For SPS HQ:	
7	Prisoners have swift access to the activities and programmes they need to address their assessed risk to the public.
8	Prisoners have confidence in the complaint system and can evidence complaints being acknowledged, responses in line with SPS targets and resolution of legitimate requests.
9	One prisoner only is held in cells designed for one person.
10	Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location.

Desired Outcome No.	QI No.	Desired Outcome
Standard 1 – Lawful and Transparent Custody		
For HMP Glenochil:		
1	1.1	Prisoners in reception have access to initial information in a way which is accessible and useful and private interview space is available for SPS and NHS staff.
3	1.2	All prisoners have a Fire Action Notice in their cell in a language they understand.
4	1.2	Staff confirm essential first night information in a language understood by the newly arrived prisoner has been given by uploading a signed checklist to PR2.
6	1.6	First Line Managers act daily on matters flagged in CSRA assurance checks.
7	1.7	All prisoners have their release and eligibility dates in writing.
8	1.8	All prisoners know about and attend the HMP Glenochil induction unless they volunteer not to. Irrespective of attendance, they receive the induction booklet.
9	1.9	Those released with mobile phones have them fully charged beforehand and carry their possessions in an anonymous hold-all.
For SPS HQ:		
2	1.1	Prisoners calling outwith the UK access the same number of free minutes on the telephone as those calling within the UK.
5	1.4	SPS HQ and relevant partners work together to minimise the occurrence and impact of late arrival to prison. Prisoners receive an initial screening by medically trained staff; whatever time they arrive at the prison.
Standard 2 – Decency		
For HMP Glenochil:		
10	2.1	Residential staff who carry out cell certification checks should be reminded of the standards required and the process for reporting any faults found during such checks.
11	2.1	Prisoners in double occupancy cells have sufficient personal storage, safes, chairs and table space.
13	2.1	Prisoners live in cells free of graffiti and damage.

14	2.2	Prisoners and staff benefit from clear systems which deliver good basic hygiene and cleanliness throughout the prison. Staff and prisoners are trained and confident in how to maintain hygiene with appropriate equipment and kit provided. Prisoners access their property within one week of making a request.
15	2.3	Systems are in place for mattress, bedding, towels, clothing and hygiene item ordering, storage, distribution and exchange and supervised effectively.
16	2.4	All prisoners, including non-offence protection, access a shower daily.
17	2.5	All prisoners have appropriate clothing in order to access time in the fresh air, irrespective of the weather.
18	2.6	On the next pre-inspection survey, prisoners judge the quality and acceptability of food more highly than on this inspection and standards for the safe handling, preparation and serving of food are met.
19	2.6	Catering managers in prisons have professional support at HQ and the SPS Food Safety Manual is up to date and complied with.
For SPS HQ:		
12	2.1	One prisoner only is held in cells designed for one person.
Standard 3 – Personal Safety		
For HMP Glenochil:		
20	3.1	Prisoners in situations of vulnerability receive appropriate care across the board. Staff are confident and supported in managing those at risk of suicide and self-harm and subject to bullying, and those pressured to use illicit items coming into the prison. Prisoners dealing with these issues feel well supported by staff.
21	3.6	Staff know who is first and second response at the start of a shift and respond proportionately and swiftly to emergency incidents.
22	3.7	FLMs complete accident investigations thoroughly and speedily.
Standard 4 – Effective, Courteous and Humane Exercise of Authority		
For HMP Glenochil:		
23	4.1	Violence Incident Report (VIR) forms routinely include the motivation behind incidents.
28	4.5	Routine cell and area searches are completed in a four monthly cycle and recorded on PR2.
29	4.6	Prisoners' visitors can pay money into personal cash accounts on arrival at the prison.
30	4.6	All SOPs are up to date and relevant.

31	4.7	IT and phone equipment are up to date and reliable.
32	4.8	Mandatory drug testing routinely identifies drugs in use to inform harm reduction approaches and improved health outcomes for prisoners.
For HMP Glenochil and SPS HQ:		
24	4.2	Prisoners held in the SRU spend time in the fresh air in a more natural and pleasant environment.
25	4.2	Prisoners on Rules 95 and 114 are risk assessed and spend time in the fresh air with others where possible and desired by the individual.
26	4.2	Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location.
27	4.2	At the point a prisoner is being considered for Rule 95 or Rule 114, all other alternatives are tried before the Rule is invoked. Plans for moving off the Rule with target dates for a move back to main circulation are completed simultaneously.
Standard 5 – Respect, Autonomy and Protection Against Mistreatment		
For HMP Glenochil:		
33	5.2	Relationships between staff and prisoners are mutually respectful and in residential areas staff are located in the same space as the prisoners and walk to speak with individuals who are required for appointments etc.
34	5.3	Subject Access Request (SAR) forms and data protection notices about their use are readily available and in languages understood by the prisoners currently held.
35	5.4	All prisoners including non-offence protection prisoners have access to a full and consistent regime, published and understood by them, and prisoners and staff are fully involved in the development of this.
36	5.5	Relevant and up to date information is accessible in common areas.
37	5.5	Translation services are understood and used whenever indicated.

38	5.5	The excellent use of peer mentors is extended to regular participation by prisoners in discussions about issues which concern them with regular feedback provided to all prisoners on decisions reached by management. Prisoners arriving at the prison are informed about the prisoner consultation process and encouraged to take part in regular meetings, irrespective of where they are located. These meetings result in meaningful discussion and action on agreed issues.
40	5.7	Prisoners have confidence in the complaint system and can evidence complaints being acknowledged, responses in line with SPS targets and resolution of legitimate requests.
41	5.8	IPMs who are PPT trained speak freely with prisoners without staff being present.
For SPS HQ:		
39	5.5	The national induction slide template features and promotes prisoner consultation mechanisms.
Standard 6 – Purposeful Activity		
For HMP Glenochil:		
42	6.1	There is a sufficient range of employment and training opportunities for all prisoner groups, which improve their ability to secure employment on release.
43	6.1	The prison maximises opportunities for all prisoners to attend education and at least 80% of all employment, training and education places are taken up daily.
44	6.1	Prisoners are consulted in the planning of activities and qualifications that suit a range of interests and abilities and that are relevant to the community on release.
45	6.2	Equitable access to employment and training opportunities is offered to all prisoner groups and individual skills and learning objectives are factored into decision making.
46	6.4	Prisoner engagement in health and fitness allows the attainment of externally accredited qualifications.
47	6.5	All prisoners have access to a library service which is well stocked with materials that take account of the cultural and religious backgrounds of the prisoner population. This includes access for prisoners within their accommodation halls.
48	6.6	Staff consult prisoners and collaboratively plan and actively promote cross-establishment cultural and recreational events and activities for prisoners which will contribute to their health and well-being.

49	6.7	Access to fresh air exercise for individuals held in isolation on Rules is not restricted to early mornings.
50	6.8	The Fellowship group is available for those wishing to access it. Chaplaincy services are available at weekends as well as during the week and provide opportunities for non-offence protection prisoners too.
51	6.9	Families have access to toilet and baby changing facilities when visiting without further need for staff engagement.
52	6.11	Virtual visits are held in a peaceful environment.
53	6.13	Prisoners receive reliable and equitable access to addiction services and therapeutic activities during the week and at the weekend.
54	6.14	Personal Officers perform their role effectively, with sufficient time and mentoring, including attending RMTs and managing the high volume of complex OLR and MAPPA cases.
55	6.14	All required GPAs are completed and up to date.
56	6.15	All prisoners participate in RMTs.
Standard 7 – Transitions from Custody to Life in the Community		
For HMP Glenochil:		
57	7.1	Prisoners access dedicated housing advice in advance of release to ensure they are released to suitable accommodation, where possible, through a dedicated housing officer based in the prison.
58	7.1	Non-offence protection prisoners have equitable access to support within the Links Centre.
60	7.4	All short-term prisoners experience consistent pre-release screening processes.
61	7.4	All prisoners contribute to a coordinated plan for their release.
For SPS HQ:		
59	7.3	Prisoners have swift access to the activities and programmes they need to address their assessed risk to the public.
Standard 8 – Organisational Effectiveness		
For HMP Glenochil:		
62	8.1	Prisoners are aware of the outcomes from the E&D committee.
63	8.1	Prisoners for whom English is not their first language can make informed choices because all relevant information has been made available to them in their own language.
65	8.3	Staffing resources match SAR response requirements.

66	8.5	Staff deliver, and prisoners experience, a consistency of application of processes within the prison and between the houseblocks.
67	8.6	Every member of staff benefits from good management support, including regular discussions about role, performance, training and development through the appraisal process.
For SPS HQ:		
64	8.1	Foreign national prisoners can utilise 200 minutes a month to telephone outwith the UK, free of charge to them.
Standard 9 – Health and Wellbeing		
For SPS HQ and GEOAmey:		
68	9.2	Patients access secondary care appointments. Cancellations are rare and due only to unforeseen and extraordinary circumstances.
For NHS Forth Valley HSCP:		
69	9.2	All emergency equipment is within date and ready for use.
70	9.5	Patients referred to the Mental Health Team are seen within seven days.
71	9.5	All patients receiving care from the Mental Health Team have a risk assessment and care plan in place.
72	9.8	Medication is transported between residential and the main dispensaries securely.
74	9.9	Prisoners wait no longer for dental treatment in HMP Glenochil than they would in the community. Services include access to an oral health improvement programme.
75	9.12	All patients on TTM have identified risks and outcomes in their healthcare records.
76	9.13	Patients receive answers to their complaints within policy timeframes.
For NHS Forth Valley and HMP Glenochil:		
73	9.8	Patients receive their medication in a timely manner and within therapeutic timeframes.
77	9.16	The developing health team and services have suitable and enough space within the health centre to deliver the services needed by patients.

Annex C

Summary of Ratings

Standard/QI	Standard Rating/QI Rating
Standard 1 – Lawful and Transparent Custody	**Satisfactory**
QI 1.1	Satisfactory
QI 1.2	Poor
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Generally Acceptable
QI 1.7	Generally Acceptable
QI 1.8	Generally Acceptable
QI 1.9	Good
Standard 2 – Decency	**Satisfactory**
QI 2.1	Generally Acceptable
QI 2.2	Poor
QI 2.3	Generally Acceptable
QI 2.4	Generally Acceptable
QI 2.5	Generally Acceptable
QI 2.6	Poor
Standard 3 – Personal Safety	**Satisfactory**
QI 3.1	Poor
QI 3.2	Satisfactory
QI 3.3	Satisfactory
QI 3.4	Poor
QI 3.5	Poor
QI 3.6	Generally Acceptable
QI 3.7	Satisfactory

Standard 4 – Effective, Courteous and Humane Exercise of Authority	Satisfactory
QI 4.1	Good
QI 4.2	Satisfactory
QI 4.3	Satisfactory
QI 4.4	Good
QI 4.5	Generally Acceptable
QI 4.6	Satisfactory
QI 4.7	Satisfactory
QI 4.8	Generally Acceptable
QI 4.9	Satisfactory
QI 4.10	Satisfactory
Standard 5 – Respect, Autonomy and Protection Against Mistreatment	**Satisfactory**
QI 5.1	Satisfactory
QI 5.2	Generally Acceptable
QI 5.3	Generally Acceptable
QI 5.4	Generally Acceptable
QI 5.5	Poor
QI 5.6	Generally Acceptable
QI 5.7	Poor
QI 5.8	Satisfactory
Standard 6 – Purposeful Activity	**Satisfactory**
QI 6.1	Poor
QI 6.2	Generally Acceptable
QI 6.3	Generally Acceptable
QI 6.4	Satisfactory
QI 6.5	Unacceptable
QI 6.6	Generally Acceptable
QI 6.7	Generally Acceptable
QI 6.8	Generally Acceptable
QI 6.9	Good
QI 6.10	Good
QI 6.11	Satisfactory
QI 6.12	Satisfactory
QI 6.13	Satisfactory
QI 6.14	Generally Acceptable
QI 6.15	Generally Acceptable

Standard 7 – Transitions from Custody to Life in the Community	Satisfactory
QI 7.1	Generally Acceptable
QI 7.2	Generally Acceptable
QI 7.3	Generally Acceptable
QI 7.4	Generally Acceptable
QI 7.5	Satisfactory
Standard 8 – Organisational Effectiveness	**Good**
QI 8.1	Generally Acceptable
QI 8.2	Satisfactory
QI 8.3	Satisfactory
QI 8.4	Satisfactory
QI 8.5	Generally Acceptable
QI 8.6	Generally Acceptable
QI 8.7	Satisfactory
QI 8.8	Satisfactory
Standard 9 – Health and Wellbeing	**Satisfactory**
QI 9.1	Good
QI 9.2	Satisfactory
QI 9.3	Good
QI 9.4	Good
QI 9.5	Generally Acceptable
QI 9.6	Good
QI 9.7	Good
QI 9.8	Generally Acceptable
QI 9.9	Generally Acceptable
QI 9.10	Not applicable
QI 9.11	Good
QI 9.12	Satisfactory
QI 9.13	Generally Acceptable
QI 9.14	Good
QI 9.15	Good
QI 9.16	Good
QI 9.17	Good

Annex D

Inspection Team

Sara Snell, HMCIPS

Calum McCarthy, HMIPS

Jacqueline Clinton, Standard 1, HMIPS

Graeme Neill, Standard 2, HMIPS

Derek Walker, Standard 3, Sodexo

Leanne Duncan, Standard 4, SPS

Kerry Love, Standard 5, HMIPS

Ian Beach, Standard 6.1 – 6.6, Education Scotland

Sarah Halliwell, Standard 6.1 – 6.6, Education Scotland

Emma Robertson, Standard 6.7 – 6.15, SPS

James Black, Standard 7, Care Inspectorate

Stephen Sandham, Standard 8, HMIPS

James Thomson, Standard 9, Healthcare Improvement Scotland

Elaine Rogerson, Standard 9, Healthcare Improvement Scotland

Catherine Haley, Standard 9, Healthcare Improvement Scotland

Helen Samborek, Standard 9, Healthcare Improvement Scotland

Annex E

Acronyms used in this report

AAB	Activity Allocation Board
ACP	Anticipatory Care Plans
ADP	Annual Delivery Plan
ANP	Advance Nurse Practitioner
BBV	Blood-Borne Virus
BICS	British Institute of Cleaning Science
BIM	Business Improvement Manager
CBSW	Community-based Social Work
C&R	Control and Restraint
CSRA	Cell Sharing Risk Assessment
CTM	Clinical Team Meeting
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DWP	Department of Work and Pensions
EDF	Equality and Diversity Form
E&D	Equality and Diversity
EHRIA	Equality and Human Rights Impact Assessment
FAN	Fire Action Notice
FCO	Family Contact Officer
FLM	First Line Manager
GMA	Governors and Managers Action
GPA	Generic Programme Assessment
H&S	Health and Safety
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
HSCP	Health and Social Care Partnership
ICM	Integrated Case Management

IMU	Intelligence Management Unit
IPM	Independent Prison Monitor
MAPPA	Multi-Agency Public Protection Arrangements
MAT	Medication-Assisted Treatment
MDT	Mandatory Drug Testing & Multi-disciplinary Team
MORS	Management of Offenders at Risk due to any Substance
MUST	Malnutrition Universal Screening Tool
OBP	Offender Behaviour Programmes
OLR	Order for Lifelong Restriction
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitution Therapy
PANEL	Participation, Accountability Non-Discriminatory, Empowerment and Legality
PBSW	Prison-based Social Work
PCF	Prisoner Complaint Form
PCMB	Programme Case Management Board
PEEP	Personal Emergency Evacuation Plan
PER	Personal Escort Record
PPE	Personal Protection Equipment
PPT	Personal Protective Training
PR2	Prisoner Records Version 2
PRL	Prison Resource Library
PTI	Physical Training Instructor
QI	Quality Indicator
RAAC	Reinforced Autoclaved Aerated Concrete
REHIS	Royal Environmental Health Institute of Scotland
RMT	Risk Management Team
RMN	Registered Mental Health Nurse
RRA	Reception Risk Assessment
SALT	Speech and Language Therapy Team

SAR	Subject Access Request
SCQF	Scottish Qualifications and Credit Framework
SIPC	Standard Infection Prevention and Control
SMT	Senior Management Team
SOP	Standard Operating Procedure
SPICT	Supportive and Palliative Care Indicators Tool
SPS	Scottish Prison Service
SPSO	Scottish Public Services Ombudsman
SRT	Substance Use and Recovery Team
SRU	Separation and Reintegration Unit
SSM	Special Security Measure
SQA	Scottish Qualifications Authority
STP	Short-term Prisoner
TARL	Throughcare Assessment for Release on Licence
TDSU	Tactical Dog Search Unit
TT	Think Twice – The SPS Anti-bullying Strategy
TTM	Talk to Me
UoF	Use of Force
VIRS	Violence Incident Reduction Strategy
WTMD	Walk-through Metal Detector

Evidence Report

Quality Indicators:

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

Rating: Satisfactory

Prisoners at HMP Glenochil came from other prisons via inter-prison transfer rather than directly from court. Having knowledge of the identity of those being transferred provided the opportunity to review electronic records in advance. Inspectors observed reception staff gathering information, preparing paperwork and completing checks prior to the prisoner's arrival.

Inspectors observed staff engage with individuals as they arrived in the prison in ways that encouraged questions, provided clarification, and allowed officers to check levels of understanding and wellbeing. In the HMIPS prisoner pre-inspection survey, 49% of respondents indicated they had been treated well on arrival, and a further 37% reported they were treated "neither well nor badly". This is in line with comparator prisons. The people inspectors spoke to reported that staff were helpful.

Reception staff had a poster depicting all national flags which they said was used to establish the language used by those entering custody when communication issues were evident. There was an SOP in relation to use of interpreter and translation services. The document was clear that those whose first language was not English and who required additional communication support must be afforded the appropriate interpreter and translation services throughout their period in custody, and it described the process for arranging the service. The staff spoken with in reception were familiar with the process to use the service and inspectors saw it had been used a number of times in recent months. However, the waiting areas had limited information posted on the walls and it was all in English. The TV in the waiting area had not been in operation for some time and there was no additional reading material available. This would be helpful given that some people experienced extended stays in the area due to regime issues.

In terms of communicating with the outside world, as HMIPS has previously reported, the free 'phone time is limited to the UK and therefore disadvantages foreign national prisoners.

The telephone translation service was available from both the area behind the reception desk and the manager's office next to it. This provision was adequate although staff cautioned that it could be awkward when the office was not available, Space was at a premium, and the addition of a body scanner meant there was now no space to provide a working area for NHS staff, resulting in reception officers having to escort prisoners to the health centre for health screening and interview. Although this was close, the arrangement interrupted the flow of the process and required staff to leave reception resulting in reduced supervision.

Inspectors observed an officer reception interview and found that it was conducted sensitively and privately. The interviewee confirmed they felt the same. The reception risk assessment element of the SPS Suicide Prevention Policy was

completed appropriately. Reception officers completed a list of all assessments each day to facilitate reconciliation of movements and this formed part of management audit.

Desired outcome 1: Prisoners in reception have access to initial information in a way which is accessible and useful and private interview space is available for SPS and NHS staff.

Desired outcome 2: Prisoners calling outwith the UK access the same number of free minutes on the telephone as those calling within the UK.

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: Poor

When inspectors observed prisoners arriving at the residential hall, the regime was extremely busy. Officers confirmed that those arriving would be given a welcome pack of the items they would need. The first night processes would be explained verbally, and an interview would be held in the office, time permitting. The recently implemented restricted regime limited their capacity to do this. Whilst interpersonal dialogue was positive, inspectors considered that essential first night information should be produced in written form, in the language required, and that a record should be kept. Recently arrived prisoners told inspectors they would have welcomed more information. In at least one other prison we have observed a signed checklist in place that is held on PR2.

Desired outcome 3: All prisoners have a Fire Action Notice in their cell in a language they understand.

Desired outcome 4: Staff confirm essential first night information in a language understood by the newly arrived prisoner has been given by uploading a signed checklist to PR2.

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

Rating: Satisfactory

A suite of SOPs covered the admission and transfer process and included people with significantly impaired mobility or returning from hospital. Inspectors noted that in many cases the SOP review dates had recently expired and therefore require attention.

Inspectors observed reception officers conducting the warrant seven-point check, which was set out in an SOP and on an aide-memoire displayed on the wall. The written guidance described how warrants were processed onto PR2. In accordance with this, reception officers were observed to review the Prisoner Escort Record

(PER) as they took over custody from the transport provider and ensured that they were aware of any events during the journey.

Inspectors observed that property seals were checked as part of this handover and saw property being registered, processed and stored.

Because people were received from other prisons and not directly from court, the staff were aware of who they were receiving which allowed them to review information in advance. Inspectors observed this happening and relevant preparation had taken place where known factors had been identified. Officers appeared to be knowledgeable and confident in the processes.

Staff engaged in dialogue as part of the registration process and checked that individuals were aware of their sentence and liberation date. When liberation dates changed, for example following court appearances, this was communicated to prisoners in writing.

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

Rating: Satisfactory

Inspectors observed that following the initial checks at the reception desk, an officer interview took place in the adjacent office. The office was equipped with a computer allowing for relevant details to be recorded during the interview, where risks were assessed to inform the Reception Risk Assessment (RRA) element of the SPS Talk to Me (TTM) Suicide Prevention Strategy. The interview was observed to be conducted in private and staff interactions with the people in their care were courteous and engaging. Inspectors spoke to the interviewee who confirmed he was comfortable with the process and considered he had been treated with courtesy.

There was an assurance system in place where RRAs were checked by the Duty Manager at weekends. Reception kept a tally of daily movements and reconciled these with RRAs, accounting for any differences in number e.g. a person being detained in hospital. Staff told inspectors that late arrivals sometimes occurred and confirmed that they were aware of the interim support process to be invoked if this took place after the NHS shift finish time, resulting in delayed health screening. Inspectors have commented on the unacceptable nature of risk presented to people arriving late in other inspections.

There was a rolling system in place for checking that photographs held electronically were in date. In addition, inspectors observed officers conducting dynamic checks on the photographs of individuals as part of the reception process to ensure that the photograph held electronically was accurate. All prisoners coming into the prison were provided with a photographic identity card which they were instructed to keep with them to facilitate the checking of identity as they move around the establishment.

Desired outcome 5: SPS HQ and relevant partners work together to minimise the occurrence and impact of late arrival to prison. Prisoners receive an initial screening by medically trained staff; whatever time they arrive at the prison.

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

Reception staff liaised with residential staff in specific locations in each of the two accommodation halls to arrange cell allocation for incoming prisoners. This took individual circumstances and classification into account. The main halls provided separate areas to accommodate discrete cohorts separately. Allocation was influenced by offence type, a need for protection from others, or for enhanced care due to health needs.

Mainstream prisoners were allocated by identified staff in Harviestoun Hall, and offence-protection prisoners were allocated by identified Abercrombie Hall staff. Non-offence protection prisoners were allocated by the staff on the relevant landing. Inspectors found that the prison had introduced a local equality and diversity questionnaire into the reception process. This gathered current information as prisoners arrived in relation to their level of understanding, ethnicity, disability, gender, belief and relationship status to assist staff to take individual circumstances into account.

As all prisoners were transferred from other prisons, assignment of a prisoner supervision level on arrival was not required, and the core screen element of the integrated case management system was not initiated. Given there was prior knowledge of the identity of prisoners arriving, checks on enemies and other security issues were conducted in advance.

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

Rating: Generally Acceptable

A SOP was in place to guide staff in relation to conducting cell sharing risk assessments. Inspectors followed prisoners from the point of admission to the accommodation area to observe the process which was conducted by specific officers on the hall desk. Those spoken with demonstrated good knowledge about the process and its purpose, and particularly the importance of appending notes to explain why cell sharing was invoked when there were risk markers to consider.

Information was gathered in reception and annotated on a paper form, which was taken to the accommodation area to assist officers to complete the process on the electronic system. The form used to record this was an obsolete one that was not referenced in the SOP. When inspectors brought this to the attention of the Governor, we were assured that action would be taken. FLMs conducted an evening

check and senior managers reported to us that this was recorded via a handover process.

In terms of governance, the prison had conducted a local audit of the process in June 2024, and the Business Improvement Manager (BIM) ran reports to provide daily compliance checks that were shared with managers. Inspectors saw a report that evidenced checks on the quality of notes generated by residential staff, to describe the rationale for invoking cell sharing when a risk or condition had been highlighted. The vast majority were considered adequate and where action was required this was highlighted. Inspectors found there was also a focus on the cell sharing process through weekly compliance meetings chaired by the Deputy Governor. Despite this, inspectors observed that a small number of the issues highlighted in the daily checks were outstanding for several days.

Desired outcome 6: First Line Managers act daily on matters flagged in CSRA assurance checks.

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

Rating: Generally Acceptable

The liberation scroll was compiled by the Criminal Administration Team and signed off by the Duty Manager. Inspectors observed reception staff check liberation dates and confirm these verbally with prisoners at the point that they were received into the establishment. A further check was then conducted by the Criminal Administration Team. Inspectors were informed that there were seventeen members of staff competent in warrant calculation. A SOP was in place detailing arrangements for the Criminal Administration Team to contact the courts to check ambiguous warrants. Inspectors considered these arrangements to be robust and there had been no liberations or detentions in error in the current reporting year. There had been one of each the previous year and the reasons for them had been fully reviewed for multi-agency learning.

A written note of the release date was provided to prisoners only where there had been a change, e.g. following a court appearance.

Desired outcome 7: All prisoners have their release and eligibility dates in writing.

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

Some people in custody said they had received a local induction, but most of those inspectors spoke to said that they had not been offered the opportunity. In the HMIPS prisoner pre-inspection survey only 44% of respondents indicated that they had been offered induction.

The national SPS induction was not delivered because it should have been offered in the initial receiving establishment. The induction on offer was a local one that took place over two days. Inspectors reviewed the induction material and found it to be comprehensive, consisting of 53 slides and covering a broad range of very relevant and useful topics including the regime, human rights, activities, visits, requests, TTM, “Think Twice” the SPS Anti-bullying Strategy, arrangements for cell sharing and fire safety information. There was also a section explaining the role of Independent Prison Monitoring, and supportive inputs in relation to mental health as well as sections on how to access the Home Detention Curfew scheme and the progression system. Whilst it detailed how to complain, it did not describe how user voice and influence is engaged through the Prisoner Council Meetings. See QI 5.5 For more about Prisoner Council Meetings.

Inspectors were informed that from October 2024 induction for both halls had been delivered in the Links Centre, by peer mentors who received training from the Recovery Team. This meaningful contribution by people living in the prison was a very positive development, although inspectors felt it could be enhanced through an element of co-delivery with officers to support it.

The system to make the induction available to prisoners was for officers in the Links Centre to pass invitation lists containing all new arrivals to the halls for action within a few days of arrival. Residential officers were then to issue the invitation and arrange attendance. This arrangement was not working effectively. Prisoners in focus groups told us they would have liked to access induction but had not been offered it. On one afternoon during the inspection, seven people were listed and none attended. The peer mentor was in attendance awaiting the expected inductees. It transpired the residential staff had missed the email from the Links Centre staff, but attendance was generally low. Attendance levels were not routinely measured but Links Officers manually calculated that in January 2025, 50 prisoners were listed to attend and 18 had providing a participation rate of 36%. The management team had recognised the issue and offered an incentive in the form of £3 phone credit for all attendees.

The local induction booklet was informative, and inspectors were assured it could be generated in other languages. However, inspectors found it was issued only on attendance at local induction and so was given to only a minority of those resident in the prison. During the inspection staff stated they would start to provide it to all arrivals in a language they could understand.

Information was available for those removed from association in the Separation and Reintegration Unit which described the regime, visits and the operation of rules and case conferences. This helped people predict the regime available to them.

Good practice 1: The delivery of a comprehensive local induction by peer mentors.

Good practice 2: The availability of regime information for those located in the Separation and Reintegration Unit.

Desired outcome 8: All prisoners know about and attend the HMP Glenochil induction unless they volunteer not to. Irrespective of attendance, they receive the induction booklet.

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

Rating: Good

Officers were knowledgeable, supportive and courteous during the liberation process. This continued during challenging circumstances when timing was affected by a delay in the route movement. It was evident that positive relationships had been developed.

A liberation scroll was prepared by the Criminal Administration Team. Reception staff checked this and conducted security checks, such as photographs prior to liberation. An SOP provided step-by-step guidance for staff on the liberation process. Property was prepared in advance and the owner's signature was obtained. Immediate financial assistance was provided via liberation grants that were prepared by the Criminal Administration Team and issued in reception, along with personal cash. Travel warrants were provided and inspectors observed officers explaining how to use them. There was a request book in place that enabled the timing of liberation to be adjusted to suit travel or appointments when required. Medication was issued in private in the Health Centre and inspectors also observed that take home naloxone was made available where appropriate by the Addictions Team.

The reception area maintained a stock of clothing donated by prisoners and it was well prepared for use by those in need. More formal clothing was kept in readiness for those who might need it to attend a funeral. Whilst this may seem like a small thing, it was an important and valued provision. During the last HMIPS inspection, an opaque bag had been provided, enabling property to be carried confidentially whilst minimising risk of stigma. This practice had ceased when the bags were no longer available from the prison that had manufactured them. Staff avoided using transparent polythene bags, and during the inspection indicated they would source alternative hold-all type bags.

Personal phones were returned once beyond the secure line. A SOP detailed the process for charging phones pre-liberation to enable immediate use, but staff spoken to were unaware of this.

As at the previous inspection, liberated prisoners who did not have transport arranged were driven by staff to a local railway station.

As part of the release arrangements, a paper form of photographic identification was provided for use when presenting to services outside.

Good practice 3: The photographic identification provided on liberation.

Desired outcome 9: Those released with mobile phones have them fully charged beforehand and carry their possessions in an anonymous hold-all.

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

Rating: Generally Acceptable

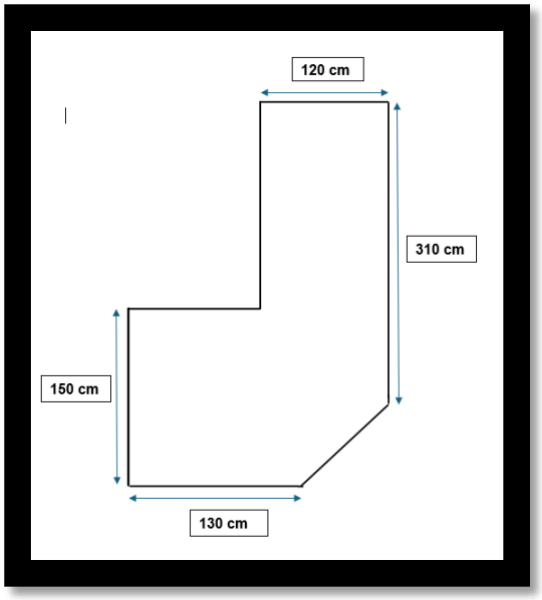
At the time of the inspection, the prison had just completed a major project to replace skylights on Harviestoun Hall and were in the process of upgrading the CCTV system throughout the prison. HMP Glenochil is the only prison in Scotland to have suffered from reinforced autoclaved aerated concrete (RAAC) issues. Work started in May 2024 to address structural defects in the boiler and work shed areas and was finishing at the time of the inspection. Future major projects include the fitting of window grilles to combat drone activity and the upgrading of solar panels in the grounds of the prison.

Staff and prisoners reported that they knew how to raise concerns, and any faults reported were dealt with quickly by maintenance staff. Requests were logged via the "Agility" maintenance system that were then graded dependent on urgency. The maintenance programme at the time of inspection had 30 outstanding planned jobs and 200 reactive jobs. Of the 200 the oldest had been outstanding for 39 weeks with good reason for this delay.

At the time of the inspection, no cells were out of use, demonstrating the timely work carried out by the Estates Team, who had dealt with over £19,000 worth of criminal damage to eight cells over the past year. Residential staff carried out cell certifications three times a week and recorded them accurately. Some cell defects identified by residential staff were reported. However, it was noted that the number of reactive jobs raised by residential staff in Harviestoun and Abercrombie was at its lowest recorded level. The Estates Team had recently conducted their own cell certification checks across all cells and identified 150 jobs requiring attention. Inspectors were advised that some of these issues should have been detected and reported by residential staff as part of their routine checks. This highlighted the need to remind residential staff of the required standards and to reinforce the proper procedures for reporting faults identified during cell certification checks.

A large number of cells in both halls needed to be painted, some had graffiti and other minor damage to the walls. Cells in the residential blocks had good sized windows allowing natural light and sufficient ventilation for fresh air. Cell intercoms were working in most cells, as were the lockfast safes for storage of valuables. Some safes were found to be defective, but most had been reported for repair. The halls had good facilities for dispensing medication and for private meetings.

At the time of inspection, both Harviestoun and Abercrombie halls had three main categories of cells, single, double and emergency doubles (known locally as skinny doubles - these were single occupancy cells that had bunk beds fitted to accommodate two occupants). At the time of the inspection there were 73 emergency double cells in operation on Harviestoun and 49 in Abercrombie. These cells had an area of 6.99^{m2} as the living area and 0.77^{m2} for the toilet. When beds and fixed furniture were added the following diagram shows just how small the useable floor space was for two persons.



A number of emergency doubles had only one “under bed storage box” that was meant for one person. Despite doubling up the cells an additional storage box had not been provided in many of them, causing clutter and hygiene issues in an already confined space. The impact these small cells had on the individuals who occupied them was significant. Occupants were in these cells for many hours, often sharing with somebody they did not know, with little dignity or privacy to go to the bathroom. They were required to eat on their bed or on the limited desk space. One prisoner of Muslim faith reported that there was insufficient floor space to lay a prayer mat. Others reported having to use the floor space directly in front of the cell door to locate their chair, often obstructing staff when they opened the cell door. This had been identified and reported on in the 2019 HMIPS inspection report.

Safer cells in Abercrombie Hall were not occupied at the time of inspection but were found to be well equipped and ready for immediate use. Level three in Abercrombie had three accessible cells, these cells were significantly larger and contained the necessary adjustments such as lowered intercoms, grab rails and hospital beds. These cells easily accommodated wheelchair users. In addition, single cells on level three were able to accommodate a full-size hospital bed, and if grab rails or other adjustments were required then the Estates team fitted them on request. The communal showers on this level incorporated a disabled shower with a ramp, seating and grab rails. The three accessible cells were cosmetically in a very poor condition and needed to be painted.

There were no painting parties in operation at the time of the inspection. This was reflected in the condition of accessible and other cells. The frequency for painting the halls was sporadic and there was no clear process in place to manage or maintain this work. The last time paint was requested from the Estates team by the halls was in November 2024.

Desired outcome 10: Residential staff who carry out cell certification checks should be reminded of the standards required and the process for reporting any faults found during such checks.

Desired outcome 11: Prisoners in double occupancy cells have sufficient personal storage, safes, chairs and table space.

Desired outcome 12: One prisoner only is held in cells designed for one person.

Desired outcome 13: Prisoners live in cells free of graffiti and damage.

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: Poor

The internal communal areas around the prison were clean and in good condition. In contrast, externally the grounds were quite untidy in places and requiring attention. The biohazard bin at Harviestoun hall was overflowing with yellow plastic bags containing contaminated waste, and in the areas below the windows of the residential halls rubbish had been thrown out by prisoners. As can be seen from the following photographs, litter was present in a number of places.

Devon Hall

Reception

The VT cleaning party was managed by two members of staff and consisted of 20 prisoners from Abercrombie Hall. They had responsibility for delivering the daily and weekly cleaning programme, responding to all major biohazard incidents and deep cleaning requests from the halls, gym and the kitchen. The cleaning party was also used to clean the food trollies in the evenings, although this was managed by residential staff and not VT cleaning or kitchen staff.

Staff had just received their renewed British Institute of Cleaning Science (BICS) accreditation as assessors, and the prison as a training centre. Training records for all 20 prisoners were found to be fully updated and each were trained to the same BICS levels, with 18 trained as major biohazard responders.

While the VT cleaning party dealt with major biohazard incidents, minor biohazards were generally dealt with by passmen on the halls who were trained using response kits located in the halls. A check of these kits found that almost all were missing the necessary disinfectant spray and absorbent powder or gel.

All of the 18 qualified major biohazard responders were from Abercrombie Hall. This created a logistical problem for any incidents that occurred in Harviestoun Hall. At the time of the inspection, any major biohazard incidents in Harviestoun Hall were dealt with by VT cleaning staff attending and using cleaning passmen under direct supervision to deal with the incident.

Residential staff on the halls appointed cleaning passmen without providing any BICS training or basic levels of instruction. A number of these prisoners were spoken to and almost all reported being trained at other prisons prior to HMP Glenochil, with some reporting not being trained at all. The prison did not keep an accurate record of passmen who were cleaners or biohazard trained. No cleaning passmen had been trained since August 2024. A brief review of training records estimated that only 10% of passmen on Harviestoun Hall and 25% in Abercrombie Hall were BICS trained.

There was a significant difference in the cleanliness and cleaning processes between Abercrombie and Harviestoun halls.

Abercrombie Hall was generally clean with cleaning equipment and chemicals readily available and well stocked. Passmen appeared to have a good understanding of their role and how to use the colour coded equipment, although the majority had not received training.

There was a poor level of cleanliness in Harviestoun Hall. The pantry floors were dirty on level four and the sink was clogged with foodstuff (see photograph). Three of the four mechanical floor cleaning machines were defective and the cleaning cupboards on each level were missing essential cleaning materials such as mops, brushes and chemicals. Many of the hall floors were dirty with some prisoners on level four reporting the hall floor had not been cleaned since before Christmas 2024. All of the “Quattro” dilution control stations used for dispensing concentrated cleaning chemicals simultaneously at the appropriate volume, were either empty or did not contain the correct cleaning products. Cleaning passmen did not understand the purpose of the colour coding system for cleaning equipment and areas. On one level there was only one mop for the whole hall, and this mop was used for showers, pantry, toilets, hall floor and individual cells.

There were no cleaning equipment colour coding guides or cleaning schedules displayed anywhere in the hall. With no trained passmen, no clear scheduling and no cleaning equipment it was obvious why Harviestoun Hall was so unclean. Inspectors could not find a member of hall staff with responsibility for cleaning. Both staff and prisoners reported that there was no cleaning equipment available for them to use. Further investigation found plenty of cleaning equipment in the storage unit adjacent to the hall. What was missing was a managed cleaning process that ensured availability of cleaning equipment, the maintenance of a cleaning schedule, and an understanding of how to request, retain and properly use equipment by trained individuals.

The Infection Control Meeting held on 13 February 25 seemed to have identified that there was poor managerial oversight, a lack of cleaning equipment and little or no training for passmen. The meeting acknowledged that the prison did not have an acceptable level of cleanliness. The 2019 inspection report identified a shortage of colour coded cleaning equipment and materials throughout the prison to prevent and control infection.

Harviestoun

Desired outcome 14: Prisoners and staff benefit from clear systems which deliver good basic hygiene and cleanliness throughout the prison. Staff and prisoners are trained and confident in how to maintain hygiene with appropriate equipment and kit provided. Prisoners access their property within one week of making a request.

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: Generally Acceptable

Of the total number of respondents to the HMIPS prisoner pre-inspection survey, 87% said they could have their clothes and bedding washed at least once a week.

The single and bunk beds in all halls were of heavy steel construction and bolted to the floor. Beds and mattresses were checked as part of the cell certification process but there was no process in place for the routine replacement of mattresses. All halls had a waiting list of prisoners who had requested a replacement mattress. Staff reported that when new stock arrived the next name on the list received a new mattress. A sample check of this list on Abercrombie Hall level 3 found that there were a number of prisoners waiting for replacement mattresses, with one prisoner waiting since July 2024. It appeared that the last batch of mattresses had been handed out on this hall in May 2024, and staff could not say when they expected to receive more. Inspectors examined the storage containers outside Harviestoun and Abercrombie Halls and in the prisons main store and found a plentiful supply of new mattresses. There was no process for the staff on the halls to manage the distribution and replacement of mattresses.

The quality of the bedding and towels was good. There was a healthy supply held by the prison centrally, but on levels 1,3 and 5 of Harviestoun Hall the storerooms were almost empty of clothing and towels. Staff spoken to on these halls were inconsistent in their description of the processes for requesting more, but level 2 seemed to be

well stocked. Abercrombie Hall was well stocked and the process for replacements seemed effective and understood by all.

It was clear there was a difference in the allocation of towels in Abercrombie and Harviestoun Halls. A recently implemented “one out one in” process seemed to be working well in Abercrombie but not so much in Harviestoun. Here prisoners and staff reported that when clean towels arrived on the hall the allocation was not managed, and prisoners took what they wanted. Inspectors found that there was a breakdown in communication between the halls and the stores due to some hall staff being unsure who had responsibility for requests. The main store and hall storage container held a plentiful supply of most items that were not on the halls as they were not being requested.

Abercrombie Hall was found to have a good number of towels and clothes on all levels and had a process in place for the supply and exchange of towels.

Desired outcome 15: Systems are in place for mattress, bedding, towels, clothing and hygiene item ordering, storage, distribution and exchange and supervised effectively.

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: Generally Acceptable

The pre-inspection survey found that 87% of respondents said they were able to have a shower every day. This was confirmed in conversations with prisoners, except for those held on a rule in the non-offence protection area. On all the halls the shared showers were found to be in good condition and clean. Of the respondents, 60% said they got all the toiletries they needed from the canteen, 27% said they relied on both the prison and the canteen to access them and only 6% said they could access all the toiletries they needed. In contrast to this, inspectors found that there was a plentiful supply of toothpaste, toothbrushes, shampoo, soap and shaving equipment held on each hall for prisoners to access if needed. However, inspectors found that the toiletries were not kept securely, and the distribution was not managed by staff. Prisoners could take any number of items unsupervised, including razors.

Desired outcome 16: All prisoners, including non-offence protection, access a shower daily.

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: Generally Acceptable

No waterproof clothing was provided for prisoners to use during inclement weather whilst taking outdoor exercise. Each prisoner in Abercrombie Hall was issued with a fleece. Harviestoun prisoners were not, and they were required to grab any available fleeces from a storeroom on the way out of the hall and deposit them on the way back. This same issue was identified in our 2019 inspection report.

The pre-inspection survey found that 92% of prisoners were able to have their clothes washed at least once a week. The prison laundry was managed by two members of staff and employed 23 prisoners from Abercrombie Hall, who all had accurate training records and were confident in carrying out their role. The prison laundry was effective and well-managed, with each cell being allocated a light and dark wash bag with their cell number on it helping to ensure the safe return of clothing.

Bio-Hazard clothing, including soiled items and conditions such as scabies, ringworm and other infectious diseases was handled safely, by being placed in a “Red Alginate” laundry bag by the halls and sent to the laundry for safe handling by the laundry staff.

Desired outcome 17: All prisoners have appropriate clothing in order to access time in the fresh air, irrespective of the weather.

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: Poor

Recent inspection reports by Clackmannanshire Council Environmental Health Services identified a number of issues relating to the compliance of food law in the kitchen and pantries at HMP Glenochil. This included food storage, food preparation, food service, record keeping and allergen control. At the time of inspection, the ‘Food Law Rating Scheme’ for the prison was graded as “Improvement Required” and it had been placed on three-monthly visit schedule. It is essential for the safety of prisoners consuming food provided by the prison that there is compliance with all the recommendations in the Environmental Health report, and that the prison moves to a “Pass” grading and monthly inspection visits extended to 12 or 18 months as soon as possible.

The SPS Food Safety Manual (version 1.0.2020) appeared not to have been reviewed or updated by a suitably qualified person since 2020 (minimum suitable qualification being in Hazard Analysis and Critical Control Point HACCP). It is the responsibility of the SPS and their managers to ensure an effective Food Safety Management Process is in place, and it is their duty to ensure that the process is monitored and maintained. This includes creating a plan that identifies hazards, outlines controls and sets clear guidelines for food safety, and that it is regularly monitored by a suitably qualified person to ensure it is implemented consistently in all Scottish prisons. As with all prisons, the Catering Manager at HMP Glenochil was responsible for overseeing daily compliance, training staff, performing regular inspections and ensuring that the SPS Food Safety Manual (version 1.0.2020) was

followed in their own prison. It was clear that this was not happening as recent HMIPS inspections have found that many prisons are not following the SPS processes and procedures.

In line with other prisons, the Catering Manager at HMP Glenochil appeared to have ultimate responsibility for their prison in respect of food law and food provision. There appeared to be no further suitably qualified and knowledgeable managerial levels beyond them within the SPS to allow catering managers to seek advice, escalate concerns or monitor their own performance and compliance. This combination of siloed catering managers and no qualified senior management with responsibility for food law compliance has resulted in each prison developing a different understanding and delivery of the SPS Food Safety Manual (version 1.0.2020). The introduction of the 90-minute food delivery rule (referenced below) at HMP Glenochil being a good example.

Respondents to the pre-inspection prisoner survey and focus groups reported negatively on the provision of food. Eighty-four percent reported that the food was generally of poor quality and 48% said that they rarely or never had enough to eat at mealtimes. A number reported that the food was often cold on delivery. Inspectors sought clarity on this and found that most portion sizes appeared to be adequate. However, some prisoners disagreed and stated that they often used canteen items and the readily available bread and butter on the halls to alleviate their hunger. It was good to see a recommendation made during the last HMIPS inspection had been addressed, as prisoners were provided with a food pack for the longer periods between meals at the weekends.

Heated trollies were used to transport food from the kitchen to the halls. On serving, some portions of hot food were found to be only warm; further investigation found that the prison did not test the temperature of hot food in any of the pantries prior to serving or keep a record of such checks. It was clear that the temperature of hot food could not be evidenced by the prison at the point of serving. This did not follow the guidance in the SPS Food Safety Manual (version 1.0.2020) or that of the aforesaid Clackmannanshire Council Environmental Health Services Report dated 21 January 2025. The Catering Manager informed inspectors that the prison followed a 90-minute rule that allowed them to test the temperature of food on leaving the kitchen, to ensure it was above the required 82º, but that it had to be served within 90-minutes of that point, with the presumption the food would not drop below the required 63º on serving. The Catering Manager stated that the prison had operated this process for several months following consultation with Clackmannanshire Council Environmental Health Services. When HMIPS consulted with Clackmannanshire Council Environmental Health Services following the inspection, they confirmed that this appeared to be a misunderstanding and evidence that hot food was being served in their pantries at the legally required temperature of 63º was required. This recommendation was also made in the HMIPS 2019 inspection report.

The Catering Manager confirmed that the menu had not changed for over four years. The HMIPS report from 2019 identified that the menu had not been changed then for three years. This was clearly a consistent issue, and it appeared this may be due to a long period of instability in the management of the kitchen preventing longer term ownership and delivery of change. All the menus were on a three-week rotation and

had not been changed seasonally. There were plans, however, to introduce a revised menu when new kitchen equipment arrived.

There was separate gluten free, kosher, vegan and halal menus. At the time of the inspection the prison provided meals for 39 kosher, 27 halal, nine vegan and eight specialist meals for allergy related requirements. Prisoners with health concerns that demand a more substantial menu adjustment were subject to a referral to the kitchen by the NHS. As with the mainstream menu, specialist menus were repetitive and did not reflect seasonal changes.

The prison had access to the “Saffron” catering management software but did not use it to upload and manage menu choices. Despite two members of staff being recently trained, there was no indication that they intended to use it. Menu choices had been decided locally by the kitchen staff and were not based on any input by a professional nutritionist or the “Saffron” system to provide evidence-based information and guidance on the impact of meals on the health of prisoners.

To provide prisoners with allergen information, a statement on the menu directed them to contact the Catering Manager. The most recent Environmental Health Report that identified the kitchen was unable to provide allergen information for a curry sauce mix. The ingredients and calorific or nutritional values of food was also not available to prisoners.

Inspectors were informed that the prison provided meals for religious festivals including Passover, Ramadan and Christmas. As with other prisons, during Ramadan, flasks were made available allowing prisoners of Muslim faith to store hot food and manage their own daily food intake at a time of their choosing. During the inspection, the kitchen was preparing hot meals and freezing them in preparation for Ramadan the following week. Inspectors found that every hot meal was a curry, with no consideration given to alternatives. Moreover, an ingredient used in the chicken curry, which in previous years had been removed as unsuitable, had reappeared this year. When brought to his attention, the Deputy Governor immediately addressed the issue. However, it reflected concerns inspectors had that the kitchen had not held any prisoner forums or sought prisoner feedback specifically for Ramadan, and there was no additional evidence that the kitchen responded to the findings of Prisoner Council Meetings. Prisoners did inform inspectors that staff were very good at ensuring when they broke fast, they had access to microwaves to ensure the food was hot.

The kitchen operated with one catering manager, seven members of staff and 29 prisoners from Harviestoun Hall. Training records were checked and all prisoners working in the kitchen had only completed basic “Kitchen Induction Training,” with no prisoners having completed the Royal Environmental Health Institute of Scotland (REHIS) Introduction to Food Hygiene or Elementary Food Hygiene courses, despite these being listed on training records as an option. SVQ Level 1 Food Preparation and Cooking was also not being offered as training to prisoners at the time of the inspection. The prison was not offering any transferable skills training to prisoners working in the kitchen.

All kitchen staff were seen to be wearing appropriate clothing whilst working in the kitchen and during the preparation of meals. The whites worn by prisoners in the hall pantries varied considerably. Some had thin white poor-quality t-shirts that appeared grubby and tired, whilst others had good quality white coats, and some had coats and checked chef style trousers.

Desired outcome 18: On the next pre-inspection survey, prisoners judge the quality and acceptability of food more highly than on this inspection and standards for the safe handling, preparation and serving of food are met.

Desired outcome 19: Catering managers in prisons have professional support at HQ and the SPS Food Safety Manual is up to date and complied with.

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

Rating: Poor

Throughout the prison, staff evidenced a varied understanding of the SPS TTM Policy.

On the day inspectors looked at this, 10 prisoners were on TTM, and all live files were sampled. Although correct processes were being followed, the standard of the files and TTM books was poor. The most common mistake was that the FLM or staff signatures were missing, the responsible person had not annotated them, and dates were missing. Some of the staff narratives had minimal information but had been signed off by an FLM. The Duty Manager audited the TTM books on a weekly basis and should have picked up these errors and rectified them before the file went to the TTM coordinator for a closed file review. More work was needed in the residential halls by officers, FLMs and Unit Managers to ensure closed files are of a good standard at review.

There had not been any TTM meetings for several months. The health and wellbeing manager who conducted regular reviews and audits of the TTM books was assisting in the residential halls due to staff shortages which had resulted in the lack of attention to this important area.

Prisoners spoken to who had been or were on TTM reported that they had generally been treated well by staff and felt that they had a say in their management plan. They said some staff were more supportive than others.

The prison had safer cells. During the inspection, the cells were in good condition, although they needed to be painted. Those cells that were ready for use had the safer bedding and clothing. The cells were austere and cheerless. The case conferences we observed during the inspection were conducted well and there was some good evidence of a person-centred approach by the FLM and healthcare staff.

Although there was some lack of knowledge around the TTM process, most staff spoken to portrayed a reasonable level of understanding, and of the importance of the role they held. The prison stood at 90.5% for compliance in TTM training, which

was below the recognised national compliance level. Of those out of ticket, four were non-deployable and long-term sick and five had recently returned but not yet attended training.

Desired outcome 20: Prisoners in situations of vulnerability receive appropriate care across the board. Staff are confident and supported in managing those at risk of suicide and self-harm and subject to bullying, and those pressured to use illicit items coming into the prison. Prisoners dealing with these issues feel well supported by staff.

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: Satisfactory

All returns from court or transfers were met by reception staff. Staff were often observed speaking to prisoners so that they could identify any circumstances that could heighten the risk of harm or abuse by others. All information available to staff was utilised to ensure those that may be at risk were separated from others. Those that self-disclosed potential issues around their own safety were able to request protection.

The prison held a 'Person of Concern' meeting. This was a multi-disciplinary meeting that included the Head of Operations, Unit Managers, FLMs, healthcare practitioners, psychology, social work and the TTM Coordinator. Prisoners were discussed who may be subject of a risk to themselves from others or to others, from TTM, health issues or SSM. Each prisoner was discussed and either a plan was in place, or they were removed as there was no further action to take place.

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: Satisfactory

The prison was complex with regard to potential risks of subversive, aggressive or violent behaviour. With the current prison population of mainstream, offence protection and non-offence protection prisoners, it dealt with a number of challenges in keeping prisoners safe and the prison running in an orderly fashion. There was a clear strategic approach to this, led by the IMU with support from all other areas. Several strategies were utilised, from intelligence reports, intelligence meetings with FLMs and staff and external information streams. The IMU reported that they received a high number of reports which were analysed and acted upon, either by tasking or operations such as area or cell searches. This information, along with other information streams, fed into a Tactical Assessment meeting. These meetings were held on a regular basis to inform the Governor in Charge (GiC) and attendees of the intelligence picture, highlighting recent activity and possible threats and risks to the prison, as well as keeping them updated on individuals or groups that were of

interest. Any actions required were logged, completed and reported back to the meeting. Intelligence Liaison Officers had recently been introduced within the prison and were helping to enhance the level and quality of intelligence provided to the IMU. Understanding behaviours, preventing conflict and building and maintaining relationships requires close contact between staff and those they look after. During the inspection, it was common to enter a residential area and see staff congregated around the staff desk and the grille gates closed. Staff generally shouted to prisoners from the desk from behind the closed grille gates, which was not conducive to building relationships and understanding those staff look after. See QI 5.3 for more about this.

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: Poor

There was still no evidence of a strategic approach to managing those that bully, intimidate or harass other individuals, despite the SPS Think Twice Strategy being in place since 2018 and our recommendations from the previous inspection in 2019. Although the IMU was able to capture the more prominent bullying, the lower-level incidents were not dealt with in a structured manner. There was no evidence of any recognised reporting method i.e. no submission of Subject of Bullying Reports, only intelligence reports, and there was no recording system. There was proactive work by the IMU in tasking possible intelligence regarding bullying.

In discussion with staff, there was a mixed view on how they would deal with those that were displaying bullying or intimidatory behaviours towards others. Staff appeared to be unaware of the Think Twice Strategy and their role within the policy. The less experienced staff had no real knowledge of what to do and stated that they would put in an intelligence report rather than challenge the individual.

Within Harviestoun Hall there was one individual being managed under the Think Twice Strategy. However, this appeared to be a managerial decision, and staff were unaware of the strategy being implemented. There was no apparent support in place for the victims of bullying, which the strategy requires.

Posters and leaflets were available, and Think Twice was an agenda item on the Safer Prison's Forum, but there was no real investment in the anti-bullying strategy. Two staff had been identified to undertake additional Think Twice training and deliver awareness sessions to staff but neither remained at the prison.

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

Rating: Poor

The pre-inspection survey found that the majority of respondents reported feeling safe all or most of the time. As outlined in QI 3.4, there was no structured system to deal with negative behaviour. Due to no formal recording system being in place,

inspectors were unable to speak to those that had been a victim of bullying or harassment. Staff did not know the signs of someone being bullied or how to approach them or the process that should then be followed. In most cases, staff stated they thought that placing the person on a Rule 95, isolating them until an investigation was carried out, was the best way to deal with this rather than support the person. This is not in line with the Think Twice Strategy. This QI was rated as poor as it sits alongside QI 3.4.

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: Generally Acceptable

Where a staff alarm was activated during the inspection, response was swift. There did not appear to be a first or second responder identified at the start of a shift. Whilst on inspection a staff alarm had been activated and the majority of staff from one hall attended leaving the area vulnerable and only covered by the area FLM. After consultation with staff and the Emergency Control Room (ECR), there appeared to be no process in place to allocate staff to attend incidents. The relevant SOP stated a response should be allocated prior to a shift commencing and this process should be reinvigorated. Allocating a dedicated first and second response to ensure an adequate staff response minimises the risk of diversionary tactics drawing large numbers of staff away from an area. The alarms and radios were tested weekly by the prison and there were enough for each shift.

There was a suite of SOPs and contingency plans in place to respond to a variety of threats to safety or life, and all were up to date.

The prison was well-prepared for all levels of incident, with ICT roles up to compliment and over compliment for mutual aid, to support other prisons when required. The command room was set up on a weekly basis and contingency plans tested. A level two incident had recently been managed and was reported to have worked well.

Desired outcome 21: Staff know who is first and second response at the start of a shift and respond proportionately and swiftly to emergency incidents.

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

Rating: Satisfactory

Inspectors met with the local Health and Safety (H&S) Coordinator, who was also the Fire Safety Officer for the prison. There was a local H&S Policy Statement outlining roles and responsibilities which was accessible to all staff on SharePoint. The coordinator carried out their duties according to the policy statement, ensuring that

accidents and near misses were reported, investigated and followed up with any actions. Inspectors noted the lack of FLM training in accident investigation, and accidents investigations were not completed on time or to an acceptable standard. There was a clear plan of cell evacuation drills, which were regularly tested. The coordinator produced the H&S statistics for the Governor and Deputy Governor, and these were shared monthly. The fire reports carried out by the H&S Coordinator informed the Scottish Fire and Rescue Service post attendance at a fire. Each residential area had a dedicated fire marshal who completed weekly checks of fire evacuation routes, fire equipment and local signage and fire evacuation notices within cells.

Any foreign national unable to read English was given a FAN in reception, and the languages they were available in was regularly reviewed and updated. Inspectors sampled some cells in all residential areas and found that not all cells had FANs, including those in a foreign language. This was surprising considering cell certifications were carried out by staff regularly. If FANs for foreign nationals were the responsibility of the residential areas, similar to other prisons, as this would allow staff to replace damaged FANs or put one in places where a prisoner arrives from another hall, without having to contact reception or H&S. For those with mobility issues, the Personal Emergency Evacuation Plan (PEEPS) register was checked. It was an extensive list and had been recently updated. Of the eight entries sampled within the residential hall, five had not been signed by staff and required updating. Hard copies of PEEPS were kept within the residential offices and staff appeared knowledgeable of each PEEP within their area.

Desired outcome 22: FLMs complete accident investigations thoroughly and speedily.

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

Rating: Good

Use of Force (UoF) was undertaken in line with prison rules. Local SOPs for UoF were in place and available to all staff on SharePoint. UoF was not observed during the inspection. In the course of 2024, 247 UoFs were conducted, with 79 of those being planned removals. Thirteen of the 79 were not video recorded. The UoF database had mitigation documented for each, including valid reasons, such as the recording ending due to emergency first aid being conducted.

The process of collating and auditing UoF was good. UoF forms were collated by the Security Team and then submitted to the Head of Operations for audit, review and sign off. The Head of Operations reviewed each UoF, followed by a learning review if required. All instances of UoF were stored within the IMU and recorded on the IMU database, and the IMU followed the guidelines for retention purposes. A random sample of UoF forms were checked. All indicated the appropriate level of force was used, and there was good evidence of removals being conducted using ‘come along holds’ and consideration of de-escalation, including the use of rigid cuffs. Guidance from the Head of Operations was that rigid cuffs were to be used in each removal where possible. There was a monthly Safer Prisons Forum, and part of the meeting

was dedicated to reviewing good practice and potential lessons learned from incidents. Forty-eight members of staff were trained in the use of rigid cuffs, including all the security group and SRU staff. At the time of the inspection, control and restraint (C&R) training compliance was 83% with Personal Protection Training (PPT) at 90.4%.

Good practice 4: Monthly operational readiness meeting attendees included Head of Operations and all available ICT role holders. Monthly reviews were completed on previous actions, and future planning agreed. There was a dedicated Share Point site where all role holders and regular local training events were scheduled, including joint events with the NHS.

Good practice 5: Good processing, auditing, and review of UoF forms in place. Head of Operations reviews all instances of UoF, followed by a learning review where necessary. Good system of IMU uploading intelligence information to PR2.

Desired outcome 23: Violence Incident Report (VIR) forms routinely include the motivation behind incidents.

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 effected, 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: Satisfactory

At the time of the inspection, there were 46 individuals being managed under Rule 95. Seven were under R95(1), 29 under R95(11) and 10 under R95(12).

During the inspection, Devon, the Separation and Reintegration Unit (SRU), was observed to be professionally managed. Inspectors observed positive relationships between the staff and prisoners, with staff encouraging those in the SRU to participate in time in open air and engage with services. The area available for time outside was a featureless concrete cage with a metal mesh ceiling.

There was a library available to those in the SRU with a selection of reading materials and DVDs. There was also a closed visit booth which allowed occupants of the SRU access to agents visits from the SRU. At the time of inspection, the closed visit booth was also used for a family visit. A GP visited each prisoner on a weekly basis. The FLM and staff within the SRU had a good knowledge of the process for all rule conditions. All narratives were completed to a good standard, and all applications were approved at the appropriate management level and annotated correctly on PR2. This included robust and detailed case conference minutes and management plans.

Inspectors witnessed each prisoner being visited by a mental health nurse, who worked closely with SRU staff and prisoners to provide support and participate fully in the Rule 41 process where required. The SRU staff and mental health nurse evidenced good knowledge of those in the SRU and their individual cases.

Inspectors observed two R95 case conferences where each prisoner and a multi-disciplinary team were in attendance. Management plans were person-centred and considered the individuals' needs as well as their risk. Inspectors observed evidence of the support provided to complex cases included the Speech and Language Therapy Team (SaLT) and psychiatry input. NHS and SPS staff encouraged individuals to engage with their case conferences and explore options provided within their management plan. A refusal to attend a R95 case conference, despite staff encouraging the individual to participate, nevertheless resulted in a proper discussion, a review against the agreed action plan, and the outcome of the case conference was communicated to the individual alongside a further attempt to engage the individual to provide self-representations. Inspectors observed good open discussion about ongoing support and options for meaningful activity for the individuals concerned.

It was unusual for Inspectors to see so many on an extended Rule outwith the SRU. At the time of the inspection there were 16 extended R95s held in cells on the halls. If each had opted for time in open air this would have been unachievable and the early hour of the offer of this statutory right militated against it being taken up. The intention was for time in the fresh air to take place in the featureless and unpleasant SRU exercise cages. Risk assessment may allow people held under Rule 95 to share time in the fresh air with others and in the hall recreation areas. Integration plans involving access to mainstream activities were in place. This process needed to start at the point Rule 95 was being considered for an individual with target dates for a move back to the main population.

The Deputy Governor attended the monthly Prisoner Monitoring and Assurance Group meetings, where those serving three months or more within an SRU were discussed. The purpose was to support the movement of prisoners who were less able to integrate into mainstream circulation to other prisons. There was frustration about the time it took for prisoners to transfer to alternative establishments, which is consistent with other inspection reports. Often these were segregation to segregation moves rather than the person on Rule 95 having a fresh start in mainstream circulation in the receiving prison.

Good practice 6: Rule case conferences included multi-disciplinary attendees and input from the mental health nursing team, senior manager, speech and language therapist and social care professionals.

Desired outcome 24: Prisoners held in the SRU spend time in the fresh air in a more natural and pleasant environment.

Desired outcome 25: Prisoners on Rules 95 and 114 are risk assessed and spend time in the fresh air with others where possible and desired by the individual.

Desired outcome 26: Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location.

Desired outcome 27: At the point a prisoner is being considered for Rule 95 or Rule 114, all other alternatives are tried before the Rule is invoked. Plans for moving off the Rule with target dates for a move back to main circulation are completed simultaneously.

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

Rating: Satisfactory

Inspectors observed several disciplinary hearings held in a dedicated room within the SRU. The room was a good size and suitable as an adjudication room, giving sufficient space and distance for witnesses and the person being adjudicated upon. The prisoner entered the room for the hearing before the adjudicator was given the paperwork, and each hearing was individualised and person-centred. The prisoners were consulted throughout and confirmation of their understating of each section of the process was sought. A copy of the orderly room guidance and Prison Rules were available in the adjudication room for reference by either party if required. The adjudicating Unit Manager gave the prisoner an opportunity to enter any mitigation and to explain fully what had happened. The appeal process was explained at the time of the orderly room outcome.

A variety of adjudications were heard, including one adjourned for the reporting officer to be present, another held with the witnessing officer present to provide evidence, and an incident involving two fighters in which CCTV evidence was presented. The adjudicators were mindful of the individual and efforts were made to support the more vulnerable and marginalised attendees. Where a punishment was given, the adjudicator considered behaviour, the individuals discipline record, and any mitigation. Punishments observed included suspended punishments, loss of privileges such as access to recreation and loss of wages. There was good, detailed, information contained in each misconduct report within each section of the paperwork filled out correctly. The completed adjudication paperwork was stored securely within the prisoners warrant file. The hearings inspectors observed were facilitated in accordance with the SPS Disciplinary Hearing Policy 2018.

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

Rating: Good

At the time of the inspection, there were four prisoners on Special Security Measures (SSM), three located within Devon SRU, and one in Abercrombie Hall. Everyone spoken to, was aware of the reasons why they were being managed on SSM and understood the process and the conditions for these. All confirmed they had been given the opportunity to read, sign and provide self-representations, although some had decided not to. Regular reviews took place, and inspectors evidenced a reduction in the level of SSM, and SSM in practice during the inspection. Staff in the areas where the individuals were located showed a good knowledge and understanding of the SSM process and each individual measure in place.

Inspectors observed live movement of those subject to SSM within the SRU, and the use of the closed visit booth within the SRU for appointments and visits. Staff in other areas were aware of the SSM measures and actions to be taken. An electronic copy of each SSM was available on the SharePoint site, and each area where the individuals were located held hard copies available for all staff to read. The ECR staff controlled all of these movements. They too showed a good understanding and could talk through the measures taken in relation to the controlled movement of those on SSM. Those subject to SSM were highlighted in the ECR for all staff to see, and logs completed for each movement.

Good practice 7: Robust processes in place to ensure safe monitoring and movement of those on SSM, including controlled movement, CCTV, and written documentation to support the safety of staff and others and safe keeping of those on SSM.

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

Rating: Generally Acceptable

Several detailed SOPs described the different types of searching techniques including body scanner, body search, cell search, rub down search and vehicle searching supported staff to conduct searches appropriately.

Under a third of respondents (31%) in the pre-Inspection survey felt they were given a reasonable explanation every time or most times they or their cell was searched. A further quarter (26%) said they were sometimes given a reasonable explanation, while almost half (44%) said they were never given a reasonable explanation. Inspectors observed several searches, including cell and rub down searches and transfers into reception. Effective use of non-invasive searching equipment was observed in all searches, with communication from staff to minimise potential anxiety, stress or discomfort to the prisoners. Inspectors observed staff explaining the reason for the searches, and the prisoners understood them.

During observations of the route movement to work, all prisoners passed through a Walk-Through Metal Detector (WTMD), rub down and a handheld metal detector wand was available if required. During a cell search, the prisoner was treated with dignity and never left fully unclothed. The prisoner's property was managed carefully, and they understood the reason for the search was routine. Although no productions were recovered, staff were able to talk through the production process with confidence then logged the search on PR2. The Security Team completed all special searches, including those supported by the Tactical Dog Search Unit (TDSU). Head of Operations and the IMU work with the TDSU to organise specialist searches, and there was evidence of weekly security overview meetings taking place.

The 2024 statistics for cell searching indicated that HMP Glenochil had not met the conditions where each cell had been searched once every four months. Although Devon was at 100%, Abercrombie was 71% and Harviestoun 64%.

Desired outcome 28: Routine cell and area searches are completed in a four monthly cycle and recorded on PR2.

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

In the pre-inspection survey, most respondents (72%) reported that the system for accessing their personal property worked poorly. During the inspection, prisoners raised concerns with us that they did not get their property within a reasonable time. On inspection we saw reception request books in each residential area, but not all residential areas followed the process of sending the request book to reception daily. Staff told us that difficulty arose because the third postholder in the area was very often redeployed to cover shortages elsewhere and keeping the regime working in the halls meant getting property to individuals was a challenge and the waiting times were unpredictable. They described trying to make it work at weekends outwith visiting times.

There were SOPs for all prisoners' property entering the establishment, either at the point of admission, handed in or posted in with a proforma. Inspectors observed property handed in being searched, processed, recorded, and stored to be allocated to the prisoners at the earliest opportunity. Some of the SOPs were beyond their review date.

Cash could be posted in via the Royal Mail and all staff spoken with knew how this worked. Prisoners could request access to personal cash to purchase additional phone credit in accordance with prison rules. The SOP covering this (832 Res) was due for review in December 2024. In line with many prisons in Scotland, Prisoners' families and friends were not allowed to hand in cash into the prison. We recommend replication of the practice at HMP Barlinnie where an ATM at the entrance allows the paying in of cash.

All prisoner mail was photocopied in an endeavour to reduce incoming psychoactive substances.

Desired outcome 29: Prisoners' visitors can pay money into personal cash accounts on arrival at the prison.

Desired outcome 30: All SOPs are up to date and relevant.

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

Digital and hard copies of all special escort arrangements were held in the Security Manager's office. The Head of Operations, or duty manager in their absence, was

contacted and briefed escorting staff prior to any SSM or high-risk escorts leaving the establishment. The PER forms reviewed and observed during the inspection were of a good standard. GEOAmey staff observed during inspection identified each prisoner, read the corresponding risk assessment form, and confirmed the details with the reception staff. The PER forms were managed and updated by the GEOAmey staff during the escort by annotating a record of the escorts on the documentation, before being signed by reception staff on return to the establishment. All GEOAmey facilitated escorts observed imposed the minimum restraint required, as identified on the PER. The preparation of risk assessments for non-core escorts facilitated by the SPS were completed by the operations FLMs.

Paperwork reviewed during the inspection was of a good standard. The SPS staff were briefed by the security FLM and the escort observed by inspectors used the minimal use of restraint identified in the risk assessment. Prisoner next of kin were contacted if a prisoner was detained in hospital.

Informative escort risk assessments and briefing booklets for each of the three local hospitals provided comprehensive details about their layout and security. Six mobile telephones were allocated for SPS escorts but were dated models with poor battery retention. At the time of inspection three were out of use.

The Head of Operations provided evidence of having implemented a weekly escort brief, and a weekly audit of all escort paperwork to comply with policy requirements following a learning review and operational debriefs. There was an emergency escort database which recorded all emergency escorts.
A private ambulance SOP was in place to facilitate urgent hospital escorts in the event of GEOAmey being unable to deliver. Critical medical appointments had taken place using this facility.

Good practice 8: A comprehensive and robust escort brief prior to each escort, further supported further by regular escort reviews.

Good practice 9: The ABC non-emergency ambulance service to facilitate critical medical appointments in the event of GEOAmey cancellations.

Desired outcome 31: IT and phone equipment are up to date and reliable.

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

Rating: Generally Acceptable

A comprehensive SOP for the testing of prisoners for alcohol and controlled drugs was in place. Due to staff shortages the Mandatory Drug Testing (MDT) team members were redeployed to support other areas. To mitigate this, a pool of residential and operations staff had been trained to conduct MDTs and there was evidence that priority MDTs were taking place for progression and parole purposes. There were no records of MDTs completed since December 2024. Alcohol testing was not routinely facilitated, although this would not necessarily be needed in a closed prison.

The Life Liaison Officer (LLO) organised all progression MDTs and said there was a list of prisoners ready to be referred to MDT for progression purposes.

There was a dedicated and appropriate area for completing MDTs, and three “train the trainers” were in place to support the further roll out of MDT trained staff.

Two rapiscan machines capable of testing items/substances for traces of illicit substances were managed by Security team members who were well-versed in their use. The machines were used for reactive testing of retrieved items/substances and proactive operations to restrict the introduction of illicit substances.

Desired outcome 32: Mandatory drug testing routinely identifies drugs in use to inform harm reduction approaches and improved health outcomes for prisoners.

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

We saw good, well-managed and controlled route movement which was requested and controlled through the ECR. The movement of different prisoner groups and SSM was managed safely and effectively, and the performance of the ECR staff under challenging circumstances was impressive. All movement requests were carefully considered and verified as safe, prior to authorisation being given to proceed. Route movement and movement of hot meal trollies was particularly well-managed, with good communication going out to all areas. Hazard lighting along the route, alerted everyone there was to be no movement during trolly delivery to avoid accidents.

Main route movements were well-staffed and managed by FLMs and officers from all areas of the establishment.

All prisoners moved via a WTMD, and random rubdown searches were facilitated. The Security Group also facilitated additional random rubdown and body searches in a designated area located on the main route.

The CCTV covering route, exercise, visits, stairwells, priority areas was well-managed by the ECR staff, via the extensive CCTV system on the bank of monitors within the ECR. There were specific monitors allocated to key features such as staff alarms and pressure sensors on the perimeter walls (PIDS) which, when activated, tracked the staff alarm and perimeter pressure activations. ECR staff displayed good knowledge about the system and evidenced it was tested daily.

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

Rating: Satisfactory

Inspectors reviewed numerous documents and observed the security procedures relating to the pedestrian gate, vehicle gate, prison perimeter and area searching. The Front of House area was managed by the gate/visits FLM and staff, and it was also supported by the Security team. Pedestrians, including staff and all visitors were required to provide identification. They were then courteously processed through a WTMD and had all their permitted property x-rayed.

SOPs were in place to inform the various searching procedures. There was evidence of area searches as well as ad hoc and targeted additional searches of staff, visitors and vehicles conducted by the Security Group and, when available, supported by the Tactical Dog Unit. Cameras were tested daily and logged in the ECR. Inspectors observed Royal Mail deliveries, which were processed as per national SOP requirements and distributed without delay to the prisoners.

As stated in QI 4.9, the prison's large CCTV network was monitored by the ECR and included perimeter cameras and pressure activated perimeter cameras. There had been CCTV blind spots around the perimeter of the establishment. To rectify that a business case had been approved, and cameras were being installed this year to provide full perimeter CCTV coverage. Additional measures were in place including regular external patrols which were logged and audited daily by the security team. Prison watch notices containing a direct dial telephone number to the ECR for members of the public to report any cases of suspicious activity were present around the perimeter. Despite this, dangerous illicit substances were breaching perimeter security putting prisoners and staff at risk. In the December before the inspection 19 prisoners had been admitted to hospital under emergency procedures after becoming dangerously unwell after such a delivery.

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

Rating: Satisfactory

An SOP detailed how to share news of a death or illness of a family member with prisoners. Staff spoken to in every flat were able to explain the process. The hall FLM decided who was best placed to deliver the news, dependent on who knew the prisoner best, and the Chaplaincy Team were informed. Staff talked about offering people additional support by checking on them regularly, facilitating telephone calls and offering them access to a Listener. More often prisoners were receiving this type of news directly via their in-cell phone, or a request would come from a family member asking them to call home. If staff knew about the news the same level of support was offered.

Similarly, a process existed for notifying a prisoner's next of kin if they became seriously ill. The hall FLM discussed the prisoner's wishes and, with their consent to share information with friends/family, the hall staff would then make contact.

Inspectors heard good examples of where staff had acted quickly to facilitate a visit to an ill relative in hospital or arrange attendance at a funeral, and the prisoners affected were grateful for the support they had received from staff.

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: Generally Acceptable

Despite residential staff working hard to deliver a regime and provide prisoners with their entitlements, the time within which to do it was too short. Because of this, the regime rarely ran to time causing frustration to both staff and prisoners and straining their relationship.

In the pre-inspection survey, only 55% of prisoners said they were treated with respect by staff all or most of the time. Almost one third (29%) said they were treated with respect "some of the time", while 15% said they were rarely or never treated with respect by staff. This poor perception is in line with comparator prisons. Over 40% of those who left comments referred to relationships with staff. Some comments were positive, praising staff for their helpfulness and treating them with respect, but more were negative. A common issue was prisoners reporting being treated with a lack of respect by officers, with reports of officers swearing at them; threatening them; shouting down the halls to get prisoners' attention and talking openly about prisoners' private matters. Several respondents also reported that it took a long time for staff to help, even with minor issues. Some felt that this was down to poor systems of communication, while others felt it was due to poor attitudes and a lack of willingness to help from staff.

During focus groups with staff, they gave a mixed view of staff/prisoner relationships but generally felt they were quite tense. Their view was that this was caused by the restricted and inconsistent regime. They said they were given no forewarning of changes, meaning prisoners were informed last minute when something they were expecting was not happening. Staff felt they were often undermined by decisions taken by the management team and that there was a lack of communication from the top down, which affected their ability to be effective in their role and therefore affected their relationships with prisoners. Staff also reported that staff shortages prevented them developing better relationships with prisoners. The shortages were either due to sickness or staff being off operational duties although this sickness absence was improving by the time of the inspection.

Staff relationships with prisoners in Abercrombie Hall appeared better than in Harviestoun. Staff on both wings described the nature of managing the different populations as challenging in different ways. In neither hall did we see any negative behaviour towards prisoners, and we did see appropriate and courteous challenging of poor behaviour. Inspectors also witnessed positive interactions between staff and prisoners in the exercise yards.

It was common practice for staff to congregate at the staff desk rather than be on the halls. The grille gates were shut for most of the day, creating a barrier between staff and prisoners. Inspectors regularly heard staff shouting down the halls to prisoners and saw prisoners standing at the grill gates trying to get the attention of staff. Meaningful interaction between residential staff and prisoners on the flats should

improve relationships as should walking to speak with individuals who are required for appointments etc.

Inspectors were told of some division amongst the staffing group, both between the two halls and between the shifts on the same hall. Improved relations between staff should lead to a more supportive working environment which, in turn, should provide better support to prisoners.

In the pre-inspection survey, those who said they had a Personal Officer were asked how helpful they were. Just over half said that their Personal Officer was helpful (54%), including 35% who reported that they were “very helpful”. A further quarter (25%) described them as “neither helpful nor unhelpful”, and 22% described them as unhelpful. This is significantly worse than at comparator prisons that are at 64%. This tied in with what was found during the inspection where Personal Officers told us that they wanted to do a good job, but the regime and staff shortages did not allow for it. They said they simply did not have the time to have regular meaningful conversations with the prisoners allocated to them and to update PR2 as they would like to. They tried to do the basics by meeting with their prisoners once per month and putting a short narrative on PR2, and/or reported by exception. They did not have time to attend Integrated Case Management Meetings (ICMs) or Risk Management Team Meetings (RMTs), and it was a struggle to find time to do progression paperwork. Some staff said they would benefit from more guidance around what was expected of them. Inspectors found inconsistency in the narratives on PR2. Prisoners are currently compromised in the support to progress through their sentence.

Desired outcome 33: Relationships between staff and prisoners are mutually respectful and in residential areas staff are located in the same space as the prisoners and walk to speak with individuals who are required for appointments etc.

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

Rating: Generally Acceptable

There was space available in the residential halls for staff to have confidential conversations with prisoners. In all halls, confidential paperwork such as TTM, was kept out of sight of prisoners. However, throughout the inspection, staff were observed shouting prisoners’ names and the reason they were required which was sometimes of a confidential nature.

Prisoners were informed about data protection in the local induction material provided on arrival. A SOP covered information security and staff spoken to were aware of how to report information security breaches and deal with a SAR. There was 86% competence in Responsible for Information e-learning staff training. SPS Data Protection Privacy Notices were displayed in a couple, but not all flats. Inspectors were unable to locate SAR forms on the residential halls, leaving prisoner having to ask staff for them. These forms should be freely available. Prisoners did not seem deterred from making a SAR. The prison administration resources were under serious pressure because of the high number of SARs received, totalling 234

since April 2024. Almost 90% were responded to on time which is impressive given the volume.

There was no information available in other languages on the halls, and some staff spoken to were not aware of the interpretation services available to them. Instead, they tried to muddle through or relied on other prisoners interpreting for them. This is poor practice because it compromises any confidential conversations, and staff cannot be certain the interpretation is accurate.

Staff and prisoners reported that the SOP for the management of prisoner mail worked well, including confidential correspondence. It was secure and offered privacy to prisoners.

When in cell, prisoners could contact staff using their call buttons. They worked well and were included in daily cell certification checks. Any issues reported to estates were fixed quickly. Most prisoners had access to a working safe in their cell to store confidential information.

Desired outcome 34: Subject Access Request (SAR) forms and data protection notices about their use are readily available and in languages understood by the prisoners currently held.

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

Rating: Generally Acceptable

Daily life was controlled but not always orderly due to staff shortages and the regime not running to time. Over 30% of prisoners who left comments on the pre-inspection survey wrote about the regime and purposeful activity at the prison. Some were positive about the regime, particularly those who had transferred from other prisons, with several people noting that they got good access to recreation and time out of cell. However, others reported that the regime was unpredictable and constantly changing which was difficult and upsetting for prisoners and staff. Staff also reported their frustration with the current regime.

It was clear that the residential staff group were working hard to deliver a daily regime that provided prisoners with their entitlements in too short a period. During the inspection, we saw delays in the regime putting pressure on staff and causing prisoners to become frustrated. Prisoners were locked up early at 4pm with no evening activities. However, most prisoners received two hours of recreation time per day, which was better than at some other Scottish prisons.

There was reasonably equitable access to the daily regime, with the exception of the 16 prisoners on a rule within the non-offence protection area. They were eating their meals in their cells, offered exercise at 08.30 in the SRU exercise cage so uptake was low, and offered a shower in the evening when it could be facilitated. Staff were honest that it was not always possible to offer a daily shower.

The management team were very aware of the inconsistencies and shortcomings with the current regime. They were actively working to improve it but had to deliver with the staff who attended for work each day. Sickness absence levels were better than they had been and with that came a better and more predictable regime.

Prisoners who did not attend the local induction session had no information about the hall regime as it was not displayed on the noticeboards or walls in the halls. Nor was it available in any other languages.

Desired outcome 35: All prisoners including non-offence protection prisoners have access to a full and consistent regime, published and understood by them, and prisoners and staff are fully involved in the development of this**.**

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: Poor

In the pre-inspection survey, the majority of respondents (59%) said that the prison did not consult with them to ask their opinions on issues that affect them such as food, canteen and healthcare. Fewer than one in ten (9%) said that they were consulted and that things often or sometimes change as a result. 9% is significantly lower than the 17% of comparator prisons.

Information displayed on the hall noticeboards was inconsistent and difficult to find. It was also very out of date in a couple of halls, where inspectors found notices dating as far back as 2016. There was no information displayed in foreign languages and when speaking to staff only some were aware that PCF1s were available in other languages. Some residential staff were not aware of the translation services available to them. Prisoners who do not speak English will never be properly consulted with or well-informed without these services. The in-cell TV information channel offered greater scope to share information.

The common good fund's only income was from canteen profit. It was used to pay for Sky TV for prisoners, delivery of newspapers, prizes for competitions and themed food nights. The Governor authorised any spend. Inspectors were told that prisoners were consulted on how to spend it during Prisoner Council Meetings but could find no evidence of this. Finance staff informed inspectors that they had attended a Prisoner Council Meeting in each hall this year. The common good fund balance was displayed in most halls, but not all.

The team was told that Prisoner Council Meetings were taking place monthly in both houseblocks and that the prison population chose two representatives per flat to attend these meetings. Inspectors were also informed that prisoners met one week before the meeting to agree the agenda and the invitation list e.g. the kitchen manager if food was to be discussed, and that prisoners produced the minutes of the meetings. This was not what inspectors found to happen.

Staff and prisoners told us that Prisoner Council Meetings were running monthly on Abercrombie Hall but were not effective. Senior managers who attended had not acted on the issues raised at the previous meeting and the right people were not in attendance e.g. the kitchen manager or finance or canteen staff. This caused a lot of frustration for prisoners as they did not see things changing because of the meetings. In the minutes provided, no actions were recorded or updates on previous meetings. The prison had asked for expressions of interest from prisoners who wanted to attend the meetings and prisoners had recently held a vote to replace someone. A prisoner attendee took the minutes and passed them to the nominated staff member to be typed up. The minutes were sent to every flat and to the staff and prisoner representatives, but staff were now placing them on noticeboards themselves. The process on Abercrombie Hall during the last inspection had been assessed as good practice but is no longer in place.

Inspectors were only able to obtain one set of minutes from a meeting in October 2024 for Harviestoun. We were told that the last meeting took place in either December 2024 or January 2025 and that a pre-meeting also happened. Those that attended the meetings could not recall minutes ever being produced and shared, and they did not see the meetings as effective in bringing improvements. They reported that it felt very much like a tick box exercise. Inspectors were told that hall staff chose the prisoners to attend the meeting. The Abercrombie method of seeking volunteers is the paradigm.

On both halls prisoners reported they did not feel listened to, and this was reinforced by staff who confirmed that some of the issues raised which could be addressed were not. This ties in with the findings of the pre-inspection survey. Inspectors were told that the staff membership of the meetings was changing and that the house managers would be taking the lead. There was no Prisoner Council Meeting for non-offence protection prisoners.

Good practice identified during the last inspection of HMP & YOI Polmont may be relevant for improvement at Glenochil. Agenda suggestion forms were available in document holders on the wall in residential areas, giving all prisoners the opportunity to put forward items for discussion at future meetings. The halls may also want to routinely to invite the kitchen manager and canteen staff to Prisoner Council Meetings so that they can hear and answer prisoners' questions directly. Producing an action list and publishing it on the halls alongside the minutes allows prisoners see the changes resulting from the meetings, which may improve the perception of prisoners. The prisoner TV channel might also be a vehicle to publicise the meetings and the outcomes. There was no mention of the Prisoner Council Meetings in any of the admission information provided to prisoners, a missed opportunity to make prisoners immediately aware of how they can contribute to improving prison life. A recurring recommendation to SPS HQ from our inspections has been for the national induction slide template to feature and promote Prisoner Council Meetings.

Prisoners had been consulted about the recent change to the regime and there were plans to involve them in any future changes.

Desired outcome 36: Relevant and up to date information is accessible in common areas.

Desired outcome 37: Translation services are understood and used whenever indicated.

Desired outcome 38: The excellent use of peer mentors is extended to regular participation by prisoners in discussions about issues which concern them with regular feedback provided to all prisoners on decisions reached by management. Prisoners arriving at the prison are informed about the prisoner consultation process and encouraged to take part in regular meetings, irrespective of where they are located. These meetings result in meaningful discussion and action on agreed issues.

Desired outcome 39: The national induction slide template features and promotes prisoner consultation mechanisms.

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: Generally Acceptable

The Prison Rules were available in all residential halls and prisoners were informed of this on arrival in the Glenochil Information Booklet. There were also copies in the prison library alongside a good selection of legal texts that could be printed off in different languages if requested.

There was information in the national induction material about access to legal representatives and foreign national entitlements.
If an agent needed to see their client, they called the prison's agent booking telephone line, managed by a temporary non-operational member of staff in the HR Team. The agents visit area was run by two members of staff. It was small for the size of the prison, with only two rooms available. The closed visits area was used as the holding area when it was not being used and held a maximum of three prisoners. There were regular delays in meetings take place either because different categories of prisoner were booked alongside each other in error, or the close proximity to the visits room made movement difficult when different prisoner categories were scheduled to move at the same time, and because there was only a 15 minute timeslot to allow staff to take a prisoner back to a hall and pick the next one up. Solicitors voiced their frustration to staff about this, but it was not reflected in complaints received from visitors.

The Scottish Public Services Ombudsmen (SPSO) service was not consistently advertised throughout the residential areas.

5.7 The prison complaints system works well.

Rating: Poor

The pre-inspection survey said that most prisoners (85%) said that the complaints system worked badly, including 57% who said it worked very badly. Around 10% of comments referred to the complaints process, with respondents reporting that complaints forms were often not processed by prison staff and that the complainant does not hear back. Several respondents commented that they feel dissuaded from making complaints and punished if they do so. Prisoners also commented on having to go to the desk to ask for PCF forms as there were none available in the halls.

A SOP covered the requests and complaints procedure with the stated aim of resolving requests/complaints at the lowest level, providing guidance on the complaint's procedure in every hall and providing complaint forms without the need to ask staff for them.

Prisoners were given some information about the complaints process on arrival at the prison. It was only displayed in two flats. Both sets of forms were available in most flats, but not all. EDF complaint forms and guidance were only found in two flats, and there were no complaints boxes anywhere. Instead, PCF1s were handed to staff, and they were encouraged to discuss it with the prisoner to try to resolve the complaint. If they were unable to resolve it, it was passed to an FLM. While it is good practice to try to resolve issues and potential complaints at the lowest level, once a PCF1 has been completed it should go directly to an FLM as per the relevant GMA. Prisoners should be able to submit a PCF1 without the need to discuss it first with a member of staff or hand it to them to pass on. Envelopes for PCF2s should be freely available so that prisoners do not have to ask a member of staff for one.

The Business Improvement Manager had a robust process in place for tracking complaints and provided feedback to FLMs when issues were identified with the process. The number of PCF1s recorded seemed low, based on the make-up and size of the prisoner population. They were split almost 50/50 between the two halls. The top complaint categories were 24% property, 16% food, and 6% each for regime, visits and physical environment, with 4% being about the complaints process itself. Seventeen percent were responded to outwith the timescale. More than half were escalated to ICC, of which 14% were overturned and 31% were responded to late. A suitable assurance process was in place.

In comparison, the number of recorded PCF2s was very high but around 50% did not meet the criteria and should have gone through the PCF1 process. Inspectors were told prisoners were submitting PCF2s to avoid going through FLMs or attending an ICC which they found ineffective. Not using the correct process was slowing up the system and reducing its effectiveness. A spreadsheet tracked PCF2 responses and only a very small number of PCF2s were responded to late, despite the volume.

Inspector's findings matched those of our Independent Prison Monitors who visit the prison on a weekly basis. They completed some enquiries into the complaint system and reported on their findings to the governor. They received frequent reports of PCF1 forms going missing. The poor functioning complaint system is an issue nationally.

The SPSO provided HMIPS with a summary of complaints for the last three years. One hundred and fifteen complaints were received by them, and 51 (44%) case outcomes were judged to have been handled well. There was an increase in complaints during 2023-2024 (56), compared with the previous two years, 2022-2023 (29) and 2021-2022 (30). The top three areas of complaint were non-legal correspondence (13), property (11) and food (10).

Visitor complaints were low and there were no common themes. There was a sign in the visits room telling people there was a complaints box in the Family Centre. Alternatively, they could write to the Governor.

Desired outcome 40: Prisoners have confidence in the complaint system and can evidence complaints being acknowledged, responses in line with SPS targets and resolution of legitimate requests.

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

Rating: Satisfactory

According to the pre-inspection survey, 51% of respondents said they knew what the role of an IPM was, and 40% knew how to contact them which is similar to other prison survey results. Posters advertising IPMs were displayed in the communal areas of the prison, but not on the flats which HMIPS needs to address. The majority of respondents (68%) said they had never attempted to contact the IPM service. Of those who had (59 respondents), 61% reported that they had either not been able to contact an IPM, or that the service had been unhelpful. Again, HMIPS will review this. The IPM service at the prison is nevertheless well used. Since April 2024 IPMs have received 125 requests for prisoners to assist them and spent 121 hours in the prison dealing with those requests and monitoring the prison.

A focus group with IPMs, revealed that some prison staff believed they were being investigated or inspected by the volunteers. IPMs said they did not always feel comfortable because of the staff response and were dissuaded from moving beyond the grill gates onto the flats. They reported that the recent change in management had made them feel more welcome and their feedback more valued. Work is needed to help staff understand IPMs are PPT trained and that their role is to go anywhere and speak freely with prisoners and staff.

Prisoners and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and that they knew how to contact them. The local induction material included information about the IPM role.

Desired outcome 41: IPMs who are PPT trained speak freely with prisoners without staff being present.

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: Poor

The prison offered a broad range of employment and training opportunities in well-equipped, purpose-built workshops. Establishment facilities included good quality workshops for engineering, timber assembly, laminate manufacturing and a creative workshop for music. Work parties additionally offered catering, laundry, recycling and gardens.

Overall, the employment opportunities available were sufficient for all prisoners who wanted to work. However, not all prison populations received equitable access to employment. Offence-protection prisoners had access to seven work parties and their participation rates were high. Employment opportunities for mainstream prisoners were limited to catering, engineering, the industrial cleaning party and the Barbers. Both the ICP and Barbers offered split work party options. Offence-protection prisoners am and mainstream pm. Participation in work parties by mainstream prisoners was low, often around 50%. Low attendance rates by mainstream prisoners created delays in food production and completion of engineering contracts. Non-offence protection prisoners had access to a single work party and this group of prisoners were keen to find more employment across the prison.

Vocational training activities offered to prisoners were limited to barbering, painting and decorating at (SCQF) levels 4 and 5 and industrial cleaning in BISCs and bio-hazard. There was also a horticultural qualification offered in the gardens for offence-protection prisoners. There were no opportunities to progress further into higher level training. The views of prisoners were not routinely taken into consideration when planning employment or training opportunities.

Too few prisoners gained employability certificates such as Health and Safety, BICS, food safety, manual handling and asbestos awareness. Of particular concern was how few of those in critical work parties held cleaning and food hygiene certificates. Most prisoners were supported by the prison to take part in employment and training opportunities but there was limited collaboration with education, employers and external stakeholders to support prisoners with employability awards which would help them to find work on their liberation, improve their CV and gain life skills.

Prison managers reviewed the schedule of employment opportunities regularly to improve equality of access to work parties for all prison populations. However, frequent changes to regime times and high numbers of prison staff being called away from work parties for security duties prevented prisoners from taking part fully in employment and training opportunities.

Desired outcome 42: There is a sufficient range of employment and training opportunities for all prisoner groups, which improve their ability to secure employment on release.

Desired outcome 43: The prison maximises opportunities for all prisoners to attend education and at least 80% of all employment, training and education places are taken up daily.

Desired outcome 44: Prisoners are consulted in the planning of activities and qualifications that suit a range of interests and abilities and that are relevant to the community on 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: Generally Acceptable

The paid work policy was fair and thorough and the rationale for allocating paid work roles was clear, defined and understood by staff and prisoners. Prisoners had access to the Activity Allocation Board (AAB) to discuss employment options with an activities manager. Prisoners were able to apply for paid work and could change work party if a place was available.

The prison provided full information to prisoners in relation to the work placements available. Induction, support and training was provided to prisoners who entered employment. Personal preferences regarding work party participation were taken into account during the application process. While every effort was made to align allocations with individual preferences, final decisions were also guided by the operational requirements of production contracts and the delivery of essential prison services. As a result, there may be occasions where an applicant is assigned to a work party that does not fully reflect their stated preferences. Prisoners were given the opportunity to discuss their allocation during the Activity Allocation Board, where further consideration could be given to their circumstances and preferences. Vocational training opportunities were available to both offence-protection and mainstream prisoners. However, due to consistently higher attendance rates among offence-protection prisoners, they were more frequently allocated places, particularly where meeting external contract deadlines was a priority. This restricted the opportunities for mainstream and non-offence prisoners to access employment and training opportunities. Overall, the needs of the prison outweighed the needs of the prisoner groups when scheduling work placements.

Prisoners were not systematically consulted on opportunities for work placements. There were limited opportunities for prisoners to discuss their individual skills and learning objectives to influence the employment and training activities offered by the prison. This is done via the AAB interview process.

Prison managers had introduced a training qualification through partnership arrangements with The National Demolition Group. Seven prisoners had achieved a training qualification which could be used to enter employment in the construction industry on release, and this is an example of good practice.

Good practice 10: The National Demolition Group provided training qualifications which could be used to gain employment once people were released from prison.

Desired outcome 45: Equitable access to employment and training opportunities is offered to all prisoner groups and individual skills and learning objectives are factored into decision making.

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 Learning Centre provided a calm and welcoming environment for education activities with a good standard of facilities, equipment, and classrooms. It also incorporated the vocational training unit for barbering, which was popular with prisoners for hair appointments and encouraged prisoners to visit the Learning Centre.

Education staff attended each AAB to promote the educational activities available to prisoners seeking to join a work party. All prisoners attending education engaged in a well-planned induction session to discuss their interests. Learning Centre staff used this opportunity to assess prisoners' literacy and numeracy skills, establish personal goals and identify any additional learning needs.

Prisoners appreciated the encouragement and support provided by education staff, and relationships were positive. The standard of learning and teaching was high, with Peer Tutors used effectively to help prisoners achieve their learning goals. Project based learning and in-cell learning activity packs also helped to engage prisoners in education.

The Learning Centre offered a reasonable range of education activities, which included core skills, music, art, and English as a Second Language. A few prisoners studied Royal Society for the Prevention of Accidents (RoSPA) Health and Safety qualifications, advanced level programmes with the Open University and distance learning modules. However, most qualifications were at SCQF level 2 to level 6 and there were few progression opportunities.

Prisoners were encouraged to take part in informal activities to support their learning. These activities were popular with prisoners and included numeracy-based games that promoted health and wellbeing, author visits, and workshops such as poetry writing and chess competitions.

Education managers encouraged prisoners, stakeholders, and partners to complete evaluations that supported improvements to the quality and range of education provision.

However, prison managers had recently introduced a change to the scheduling of education activities. This resulted in a 25% reduction in education activities each week. Regime arrangements prevented the Learning Centre from infilling classes for non-attenders, averaging a loss of around one hundred spaces per day. These changes had a significant impact on attendance rates, reducing the opportunities for

all prison populations to engage in learning. Overall, there were insufficient education opportunities to meet the needs of all prisoners.

The Education Department actively engaged in external partnerships to enhance the value of learning opportunities. However, not all educational initiatives were developed collaboratively, and there were currently insufficient connections between the Learning Centre and other key areas of the prison, such as the Links Centre, library, vocational training teams, and work party managers. This lack of integration limited the potential impact and overall value of the educational activities available to prisoners.

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: Satisfactory

The prison provided a good range of physical and health activities in well-managed facilities. The exercise and fitness equipment were good quality, and all prisoners completed an induction before accessing sport and fitness equipment. Prisoners had a wide choice of activities including circuit training, football, volleyball, cardiovascular exercise, weights, bowls, and yoga.

Most prisoners engaged actively in health and fitness activities during timetabled sessions, which included evenings and weekends. A few prisoners made good use of the fitness equipment in small satellite gyms within the accommodation halls. All prison populations were given an opportunity to participate in sporting and fitness activities. Overall, attendance rates by prisoners from each of the prisoner populations was good.

Physical Training Instructors (PTIs) were proactive at organising events and initiatives to engage prisoners in health, fitness and recovery activities. They tailored activities to the age, interests, and ability of prisoners, including classes in wellbeing, recovery support and weight loss. PTIs worked effectively with third party organisations such as Street Soccer and Fighting for Freedom to offer sessions that combined health education with sport and fitness. These sessions were popular with prisoners.

Prisoners could join a good range of health and fitness programmes such as An Introduction to Health & Wellbeing, Fit for Life, Football Academy, Steroid Awareness and Sports Leader. A few of these programmes provided an opportunity for prisoners to achieve informal certification. A few prisoners had gained SQA units in Nutrition and Exercise and Fitness which were offered collaboratively with the Learning Centre. However, the prison had not re-introduced externally recognised health and fitness awards in the past year.

Prisoners engaged enthusiastically in a wide range of competitions and clubs which provided an added incentive to their health and fitness activities. These included

football competitions, recovery walks, Highland games, Tough Talk, Olympic challenges, Strongman, 10k runs, chess competitions, mental wealth walks and a Kettlebell Club.

Prisoners were consulted about the range, frequency, and type of health and fitness activities available. Overall, prisoners were positive about the opportunities on offer. PTIs reviewed the schedule of activities regularly and to provide flexibility, the timetable was revised on a four-weekly basis.

Desired outcome 46: Prisoner engagement in health and fitness allows the attainment of externally accredited qualifications.

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: Unacceptable

The library was situated in a small, cheerless room within the Links Centre with a few chairs and no space for group work or additional activities. The library was not promoted actively within the prison.

Most prisoners had access to the library including legal texts and reference resources. However, there was no partnership agreement in place with the local authority library, or the Learning Centre, for prisoners to request books or certain texts. The book stock was limited to arbitrary donations, much of which was outdated and there was no DVD stock. The magazine and alternative reading materials had not been updated for many months. The dictionaries and books and texts for foreign prisoners also relied on donations, and this stock was limited.

The book stock was managed by a passman with no support from a qualified librarian. The computer system for recording loans and manging stock had not been operational for many months. The loan and recording system were therefore unusable, with the passman relying entirely on the goodwill of prisoners to borrow and return library resources.

The prison had no arrangements in place for working with the Learning Centre to support prisoners in their education and training activities, or their personal interests. There were no loan arrangements in place to deliver and return books to the accommodation halls. Prisoners had resorted to maintaining their own book and DVD stock on each accommodation level. This varied from a small box of well-thumbed books to a room containing books and DVDs, depending on which level accommodation the prisoner was housed. On one level, a prisoner kept library stock in his own cell and managed access for other prisoners.

The prison did not consult prisoners about their views on library services or the resources available or encourage prisoners to contribute suggestions for improvement.

Overall, library resources available to all prisoners were inadequate, unmanaged, and unacceptable. The prison had not addressed the previous recommendation to secure a partnership with the local authority library service, or other service, to ensure that there is an adequate stock of books and other resources to meet the educational, training, and personal interests of all prisoners.

Desired outcome 47: All prisoners have access to a library service which is well stocked with materials that take account of the cultural and religious backgrounds of the prisoner population. This includes access for prisoners within their accommodation halls.

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: Generally Acceptable

All prisoners had access to a wide range of cultural, recreational, self-help and peer support activities appropriate to their individual needs.

Education Centre staff encouraged prisoners in art and media studies to submit their creative writing as part of the Ian Rankin scholarship award. Twenty-nine prisoners were successful in gaining recognition for their art projects in the Koestler Awards. The artwork of twelve prisoners was exhibited at the Fife College Connections Festival last year. Prisoners benefited from hearing an orchestra invited into the prison to play music composed by prisoners in the music group.

The Links Centre provided prisoners with access to self-help and peer support activities in the Recovery Café and prisoners were encouraged to participate in these. Peer mentors delivered induction in the Recovery Café and supported new prisoners to complete referrals for work parties, training, education and support services to discourage substance abuse. A useful booklet to raise awareness of the health services, recreational and self-help activities available to prisoners was provided as part of induction and a peer listening service was also available to support prisoners.

The Links Centre hosted a well-attended Dad's group to support prisoners with parenting skills and weekly self- coaching training sessions were facilitated for peer mentors. Ten prisoners from the recovery group had developed their life skills in the Great Glenochil Bake Off event. Other events such as the Recovery Walk, Fighting for Freedom and Breakfast Bingo had encouraged discussion groups between external stakeholder agencies to support prisoners with substance abuse.

The prison did not plan a cross-prison programme of events, and recreational activities had been organised in isolation by different areas of the prison. The prison staff did not routinely consult with prisoners on the range of cultural and recreational activities and events on offer. This significantly limited opportunities for prisoners to engage in, or be consulted about, events and recreational activities.

Desired outcome 48: Staff consult prisoners and collaboratively plan and actively promote cross-establishment cultural and recreational events and activities for prisoners which will contribute to their health and well-being.

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: Generally Acceptable

Offering one hour in open air everyday was embedded in the regime at the prison and staff and prisoners were aware of their legal entitlement. In the pre inspection questionnaire, 83% of prisoners stated they were given the opportunity to spend at least one hour outdoors in the fresh air if they wanted to do so.

The establishment had four exercise areas between the two halls and three smaller, cage exercise yards in the SRU. The exercise areas for the two halls were reasonable and utilised the football pitches beside each hall.

Time in the open air was facilitated at midday or first thing in the morning. Staff also provided a half time for exercise, allowing people to come in halfway through, which was appreciated.

Individuals who were on rules in the hall were asked first thing if they would like to attend exercise in the SRU. At the time of inspection this applied to 16 prisoners and if everyone accepted exercise it would be impossible to facilitate. During the inspection there was no uptake from prisoners on rules in the halls for exercise, and the general consensus from prisoners was it was far too early for exercise.

Prisoners were provided with a small number of fleeced jackets for adverse weather conditions. See Standard 2 for the relevant desired outcome.

Good practice 11: Half and half exercise periods.

Desired outcome 49: Access to fresh air exercise for individuals held in isolation on Rules is not restricted to early mornings.

6.8 Prisoners are assisted in their religious observances.

Rating: Generally Acceptable

The Chaplaincy Team comprised six chaplains, one full-time and five part-time on varied days, representing Church of Scotland, Roman Catholic, Non-Denominational Christianity, and Muslim. Access to chaplaincy services at the weekend, a recommendation from the last HMIPS inspection in 2019, was still not happening. Weekly religious services were available for mainstream and offence-protection prisoners but not for non-offence protection prisoners. Evidence gathered in prisoner interviews suggested a demand for this service, which is, in any case, a statutory right. Hall chaplaincy visits were available on request, but this is no substitution for corporate worship.

The chaplaincy area was located in the Links Centre, which meant a member of staff was available to support services. It was a bright and spacious area with a plethora of religious material available for all.

The prisoners and staff spoken to throughout the inspection were able to explain the process of how to access a chaplain. The chaplains also confirmed the process and shared their practice collecting the request book on arrival and completing a daily handover. Prisoners spoke highly of the Chaplaincy Centre and confirmed that the turnaround from a chaplaincy request to appointment was usually within a 24-hour period. The Chaplaincy Team were also present at the Frailty Meetings with Strathcarron Hospital, Health Care Needs Meetings, Equality and Diversity meetings, and particular TTM case conferences. There was also a facility for chaplains to attend ICMS, RMTs and parole hearings if requested.

The Team also worked in partnership with a counsellor who attended every second Monday to meet prisoners with more complex bereavement needs.

Several events have run through the Chaplaincy Centre recently, Tough to talk, (a mental health charity) worked in partnership with PTIs to provide prisoners with the opportunity to discuss difficult, sensitive issues in a safe environment. Other events included ‘author shares’ where authors of books presented and recited their work with a question-and-answer section, drama productions and Eid events.

The team have led several memorial services for prisoners in the past year, and Remembrance Day services. Also available through the Chaplaincy Team was the Sycamore and Alpha course, a 10-week Creative Workshop for Abercrombie Hall prisoners which culminated in a performance to prisoners and guests, working in partnership with Bethany Trust. Prison Fellowship meetings were very popular sessions but have not been running since Autumn due to the restricted evening regime, and prisoners and chaplains spoke of their frustration with this.

Desired outcome 50: The Fellowship group is available for those wishing to access it. Chaplaincy services are available at weekends as well as during the week and provide opportunities for non-offence protection prisoners too.

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: Good

The visit room was bright and spacious and offered wonderful views of the Ochil Hills and beyond. Tables were evenly dispersed throughout the visit room and permitted private conversations. A colourful, play area was provided at the top of the visit room with an array of toys, games, arts and crafts and an opportunity for prisoners to play the Xbox with older children. There was also a cupboard full of further activities utilised throughout the family visits.

Toilets and baby changing facilities were located at the front of house, which meant visitors had to be reprocessed every time they needed to use these facilities.

Father and kid's visits were not witnessed during the inspection, but images were shared of activities provided, and prisoners and staff spoke about the benefits of the family visits. These happen at weekends and every second Monday evening with a maximum of nine dads per session. The father and kid's sessions were given adequate time with up to a two-hour visit.

The classroom-based Dads awareness sessions run by the Visitor Centre staff occurred every week in the Links Centre and was well attended. Prisoners talked about the improvements with family interactions, they praised Visitor centre staff for the support and encouragement to become responsible, supportive parents. Visitor Centre staff and the Family Contact Officer (FCO) acknowledged the vast improvement in family relationships and agreed it was a very relaxed environment for families.

Visit information was provided throughout the halls and prisoners understood the visits process and spoke highly of the visit sessions. Prisoners were able to complete a visit form in the hall and pass it to residential staff who booked the visit on PR2. When staff were questioned about prisoners with additional needs, staff were able to demonstrate and verbalise the support mechanisms that were in place to assist prisoners with additional needs.

The prison regularly facilitated double and treble visits sessions. Inspectors spoke to several displaced prisoners who spoke of the benefits of these visits for them and their families due to the distance being covered to attend the visits. Prisoners spoke very highly of visiting opportunities.

The visits process to move prisoners from the halls to the visits area seemed smooth but some prisoners stated that, at times, the 13:30 session started late due to staff break times and the start times of visit staff. During the inspection, the visits ran on time.

There were currently two part-time FCOs, who worked in partnership with the Visitor Centre. Together, many events had been held in the visit room, and recent successful events included a summer picnic, Halloween and Christmas parties.

Good practice 12: The opportunity to gain double and treble sessions easily, especially for travelling families.

Good practice 13: The dad's group provided positive interactions for prisoners and their families. Prisoners and Visitor Centre staff spoke highly of the programme and the increased connections with families.

Desired outcome 51: Families have access to toilet and baby changing facilities when visiting without further need for staff engagement.

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: Good

The Visitor Centre was run by Forth Valley Inclusion, with Families Outside as their national lead. It was a small, dedicated service provided by staff and trained volunteers to help support families and visitors visiting the prison.

The Visitor Centre was a welcoming place for all visitors, providing free refreshments including a wide range of healthy living snacks before and after visits. There was also a colourful area for children to play in with several activities and games available.

The Visitor Centre staff also presented information in and around the Centre to support families in understanding processes within the establishment. In addition, inspectors watched staff provide emotional support whilst signposting to other agencies when required.

Visitors spoke highly of the Centre and said they felt extremely welcomed by the staff. They felt prison officers were very approachable throughout their time visiting the establishment. Inspectors observed the positive relationships that already existed between visitors and staff within the Centre. This was reflected in the pre-inspection survey. Of those who received in-person visits, the majority said that their visitors were treated with respect by prison staff all or most of the time (69%).

The Visit Centre Team also supported children's visits with arts and crafts as well as offering events such as Christmas and Halloween parties. Prisoners praised the Dad’s Awareness group run by Forth Valley Inclusion staff and expressed how supportive the Visitor Centre staff had been in encouraging their family contact and improving relationships with their children.

The visit room was very welcoming and offered appropriate support to individuals, through notices in and around the visiting area and staff interacting with families during visits. Staff were mindful of visits and positioned themselves appropriately to observe at distance. Prisoners adhered to rules around clothing and prisoners staff understood rules around specific hall colours to be worn on the top half only.

Good practice 14: The support the Forth Valley Inclusion workers and volunteers provided was highly commendable and recognised by not only the inspectors but families, prisoners and staff.

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

Virtual visits were well-used, with five ports located in the visit room and one in the SRU. Inspectors noticed one connection failure which was resolved promptly with staff assistance. Prisoners noted this facility was extremely beneficial, however sometimes it could be hard to hear with visits occurring at the same time. Inspectors witnessed the noise levels and recognised the concerns raised. Virtual visits followed the same timetable as face-to-face visits, which allowed for equity of access.

Inter-prison visits were booked through Personal Officers. Residential staff were able to talk through the process of booking inter-prison visits however the FCO acknowledged there had not been any for a long time.

In-cell telephony had brought a valuable communication link for prisoners and families. Prisoners were entitled to 200 minutes per month on their in-cell phone. Prisoners confirmed the system was beneficial for family contact especially with long periods of lock up in the evenings. This was reflected in the pre-inspection survey as 98% said they currently had access to a prison-issued personal phone in their cell.

The prison had a “keeping in touch” section on their website which directed prisoners’ friends and family to the email a prisoner website, which was easy to follow. Prisoners spoke positively of this process and families indicated the method was well-used to keep family contact and it was a simple way to do so. Officers were well aware of the process and notices were up in the hall and visiting areas to inform prisoners and families of this service.

Desired outcome 52: Virtual visits are held in a peaceful environment.

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

Three closed visits booths were available at the prison and located in the agents visit room. The rooms were clean and spacious. At the time of inspection there were two banned visitors and no visitors on closed conditions, so we did not see any closed condition visits.

Inspectors were content that a suitable system was in place to review prisoners in closed conditions and banned visitors and explanations were justifiable. A closed visit review pack annotated the Intelligence Manager and Head of Operations comments, and the decision made. The visitor and prisoner were informed in writing of the decision. The reviews occurred monthly.

Although there were no closed visits at time of inspection, the Visits Manager and FCO were able to talk through and provide adequate paperwork about the process and reasoning for previous decisions for closed visits.

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: Satisfactory

The prison had an excellent Recovery Café with one dedicated Recovery Officer and several peer trained prisoners as recovery coaches. The recovery hub was an alternative, therapeutic and supportive community for prisoners. One highlight was the successful story of the first ever recovery peer mentor within the prison who began his journey inside HMP Glenochil in recovery, continued to visit the prison from the Open Estate as his placement and has since been granted parole. He continues to drive recovery forward and is now a volunteer in the establishment with Recovery Coaching Scotland two days a week. He was a role model to many in the recovery community, and prisoners and staff spoke highly of the positive hope he brings.

The Recovery Café was based within the Links Centre so, should the Recovery Officer be unavailable, prisoners led sessions, and the daily running of the recovery community was uninterrupted.

A variety of therapeutic activities were available to mainstream and offence-protection prisoners but not non-offence protection prisoners, and those prisoners talked of their frustrations with this. Numerous activities ran through the recovery café, for example mindfulness, meditation, yoga, mental health check-ins, lived experience shares, peer led smart recovery meetings, Alcohol Anonymous (AA), Cocaine Anonymous (CA), Recovery Coaching Scotland 12-week self-coaching programme, and Scottish Recovery Consortium peer support and recovery essential course.

The Fighting for freedom course ran in the gymnasium, which was run by a third-party organisation who attended the establishment twice a week to support mainstream prisoners. It provided a holistic approach to recovery and looks into core values, triggers, coping strategies and emotional intelligence. Prisoners and staff spoke highly of this programme. Prisoners talked about the ability to open up with each other and speak about their recovery journey throughout the class.

A maximum of twelve prisoners per session attend the Recovery Café, which on inspection was full most sessions. There was a waiting list of individuals wishing to attend. Non-offence protection prisoners could not access the Café. The possibility of using the gymnasium to support this cohort of prisoners was being considered due to the limited access to therapeutic activities for them.

As across the SPS, prisoners were constrained by the national waiting lists in place for specialist OBPs delivered across the SPS estate. In the pre inspection survey

86% either said that it was difficult to access the programmes they needed, or that the programmes were not available for them to do at the prison.

The OBPs offered were Discovery for the mainstream population, Self Change Programme (SCP) for all individuals and SCP group work for offence-protection prisoners. Moving Forward to Change (MF2C) for offence-protection prisoners was due to start at the end of May, with three programme staff initially being trained at the end of March. The Discovery programme will end mid-March.

Good practice 15: The recovery service offered a range of interventions for mainstream and offence-protection prisoners at various stages of recovery. The peer mentoring was experienced as both empowering and effective in supporting recovery.

Desired outcome 53: Prisoners receive reliable and equitable access to addiction services and therapeutic activities during the week and at the weekend.

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: Generally Acceptable

The ICM Team controlled this process effectively. When observed by inspectors, the ICM was chaired by the Multi-Agency Public Protection Arrangements (MAPPA) Co-ordinator. The prisoner was in attendance as well as his Personal Officer, PBSW, and dialling in was the Police Public Protection Officer and Community Based Social Worker (CBSW). The ICM chair was very thorough in gathering evidence from all partners and regularly checked in with the prisoner to ensure his understanding. The prisoner confirmed he had received an invitation to the ICM three weeks in advance, and this included an invitation for the family for the prisoner to return. Minutes were shared with prisoners the same week following their ICM.

Prisoners appeared to have been allocated Personal Officers. On visiting each landing, a list was available in hardcopy or on SharePoint in some flats, which illustrated the list of prisoners with their Personal Officers and secondary Personal Officers beside it. However, when speaking to prisoners there were mixed views about the effectiveness of Personal Officers. Some prisoners felt they were extremely supportive and valuable in their case management, whilst others stated it took a long time to find out who their Personal Officer was, and that meetings with them were very rare. At the time of the inspection there were 67 Order for Lifelong Restriction (OLR) cases and over 400 MAPPA cases, so evident how important the Personal Officer role is.

As reported in QI 5.2, residential staff expressed concerns about not having time to complete Personal Officer duties due to staffing constraints within the residential areas. They also highlighted that they were given limited training to support them with their caseload and learned from their peers when completing reports. FLMs had been noted to provide feedback where appropriate to help guide Personal Officers

writing reports and ICM co-ordinators had delivered developmental coaching sessions for them. A selection of Personal Officer reports looked at indicated a mixture of experience and knowledge in the role and a need for more mentoring.

An excel sheet was managed through the Programmes Team, indicating prisoner's critical dates, which allowed better monitoring for the management of each individual. The waiting list for GPAs was at 99 individuals at the time of inspection, with 12 sitting with a risk assessment in place. The backlog of GPAs was resulting in further delays in accessing programmes and subsequently affecting progression. Individuals being transferred to the prison were arriving without a GPA. One individual who had been in another establishment for four years transferred to HMP Glenochil with no GPA.

The Programmes Team had 9.5 officers in post, instead of the full complement of 12. This does not help in reducing waiting lists or the pressures on progression. Prisoners, staff and families all raised concerns about the waiting lists for programmes.

Desired outcome 54: Personal Officers perform their role effectively, with sufficient time and mentoring, including attending RMTs and managing the high volume of complex OLR and MAPPA cases.

Desired outcome 55: All required GPAs are completed and up to date.

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: Generally Acceptable

RMTs took place weekly and were chaired by the Deputy Governor who took a coherent and systematic approach, involving all partners and individuals in the discussion. He included all suggested actions when pulling the summary together. The RMT had representation from a selection of departments throughout the prison including the ICM Team, PBSW, Psychology, Residential Unit Managers, Intelligence FLM, Head of Offender Outcomes and a mental health nurse. They also had CBSW dial into the meeting. It was evident that risks were previously scrutinised and discussed in full with Social Work, the ICM Team and Psychology.

The RMT process was comprehensive, applicable and reflected all significant risks to the individual, whilst taking an appropriate individualised approach. Prisoners did not attend any of the RMTs we observed, and this appeared to be an ongoing issue. RMTs took place in the board room which was in the administrative area of the establishment. There was only one entrance for the prisoner to gain access, and this was through the tribunal room. If a tribunal was happening the prisoner could not gain access to the board room for their RMT. The RMT chair spoke about the installation of 'Near Me' technology into the halls which would provide a video link for prisoners to dial into the RMT. He suggested prisoners would already be used to this process with parole hearings etc. Although this would be better than no involvement,

it would still limit the prisoners' face to face interaction with partners at meetings highly relevant to them.

Personal Officers were absent from RMTs observed. RMT minutes reviewed by inspectors showed that Personal Officers attended occasionally but prisoners and staff both talked about the current pressures within the halls that prevented them attending.

The outcome of the RMT was provided in writing and the ICM Manager also made a point of visiting the prisoners to update them of the outcome before he received the minutes.

The MAPPA case load was high at over 400. Partnership working was evident and there was clear and relevant communication between agencies throughout their case management, which was proportionate to the risk and intricacies connected with each case. Minutes from the case conferences were shared with appropriate partners for validation, and feedback was shared with prisoners following every case conference.

Inspectors attended Programme Case Management Board (PCMB) meetings and witnessed thorough discussions about OLR prisoners regarding future planning. A range of input was provided to discuss options. In one case the individual did not want to engage in any programmes, but the team still put actions in place to encourage motivation and willingness to engage in intervention.

There was clear frustration from staff, SMT, prisoners and families around the national waiting lists and the unfeasibility of any immediate resolution.

Desired outcome 56: All prisoners participate in RMTs.

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: Generally Acceptable

Access to the prison was effective for an appropriate range of organisations who supported the needs of prisoners transitioning to the community, including translation services as required. A lively Links Centre operated as a hub for prisoners accessing a range of services and activities. Relationships between organisations were characterised by effective communication, information sharing and partnership working. Organisations were clear about their role and remit in supporting prisoners' transition to the community. Demand for access to the Links Centre was high and schedules were timetabled well in advance to ensure these aligned with the wider prison regime. This was to support the safe management of different population groups within the prison when accessing the centre. Access to services was therefore by appointment only. Direct access for the non-offence protection population was not timetabled resulting in prisoners within this population being met outside the Centre.

Staff covering activities within the Links Centre were well known to prisoners and external agencies and were respectful in their interactions with those accessing the Centre. They were enthusiastic and understood the significance of their role supporting reintegration. As there was only one full-time allocated staff member for the Links Centre, this limited capacity.

Notable was the absence of a designated housing officer to offer specialist advice to inform release planning. While there was representation from local housing authorities to support people returning to their area, prisoners being released to other areas of the country did not have this direct support.

The Department of Work and Pensions (DWP) had a consistent presence in the Links Centre and engaged with prisoners six weeks prior to release. They provided essential assistance including completion of benefit application forms, arranging appointments with local job centres and providing advice on courses available to people returning to the local area. In partnership with the SPS, DWP had also facilitated a series of Employability Fayres involving services from the community.

Desired outcome 57: Prisoners access dedicated housing advice in advance of release to ensure they are released to suitable accommodation, where possible, through a dedicated housing officer based in the prison.

Desired outcome 58: Non-offence protection prisoners have equitable access to support within the Links Centre.

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: Generally Acceptable

Enhanced ICM processes were well-embedded and operated effectively. The ICM and MAPPA teams had merged which improved consistency and capacity. The introduction of targeted ICMs was welcomed by the ICM Team and had alleviated pressure.

Following a period of capacity challenges experienced by PBSW, attendance and participation in ICM case conferences had improved significantly. This was welcomed by all parties. Attendance by Community-based Social Work (CBSW) was also high, most frequently remotely via Teams. Both CBSW and PBSW were active contributors to preparations for release through assessment and planning. Throughcare Assessment for Release on Licence (TARL) processes were embedded but there were challenges in meeting timescales. Escalation processes were appropriately followed in the absence of a clear consensus between PBSW and CBSW.

The previous PBSW capacity challenges had contributed to delays in assessments being completed. As a result of additional funding the team was able to recruit additional staff, and while operating at full complement had made some progress in addressing the backlog of assessments. However, a recent loss of staff had affected

progress. While this was understandably frustrating, effective communication between parties, including the Parole Board for Scotland, enabled negotiation to prioritise workloads. See also QI 8.7.

In partnership, PBSW and the SPS had developed a performance framework to improve monitoring and reporting of performance. This test of change was intended to provide greater oversight and resource management for both the SPS and Clackmannanshire Justice Social Work Service who provided the PBSW service. A monthly reporting cycle ensured that issues were monitored and responded to dynamically.

Additional challenges for release planning included an increase in complexity of need of people in prison. This included management of prisoners who lacked capacity to give, or who refused consent for treatment. In these circumstances, effective liaison with specialist community health and social care services ensured all necessary measures were taken.

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: Generally Acceptable

The prison had established a broad ranging, peer led recovery service for prisoners affected by drug and alcohol, mental health and trauma issues. A range of interventions were available to prisoners at different stages of recovery. The service was coordinated by a dedicated Recovery Officer who had been redeployed from the Programmes Team, meaning they were able to draw on their experience of delivering accredited programmes within the prison. In partnership with an external agency, Recovery Coaching Scotland, a recovery coaching course was available for prisoners in the later stages of recovery who were considering a peer mentor role. Where relevant, prisoners were trained in the administration of naloxone and provided with kits on release.

All aspects of the recovery service were popular among prisoners with a waiting list for places. At the time of the inspection, non-offence protection prisoners were not able to access recovery services due to capacity and safety issues. While there were plans to resolve this issue, these had yet to be implemented.

While the Programmes Case Management Board processes operated effectively and ensured a comprehensive overview of outstanding assessments and unmet need, a significant number of General Programme Assessments (GPA) were outstanding. Factors contributing to the backlog were the delays in risk assessments, staff shortages in the Programmes Team and prisoners being transferred without the GPA being completed. The national waiting list for programmes was a source of frustration for staff and prisoners alike.

The only programme available to continue in the community following release from custody was MF2C. At the time of inspection, MF2C had not been implemented as

staff had not been trained. However, plans for training and implementation were imminent and programme delivery timetabled. The limited capacity of the programmes team meant that in order to run MF2C, another programme would be discontinued. Key elements of the discontinued programme were being incorporated into the recovery service.

There were limited opportunities to develop life skills due to lack of physical facilities available to run the life skills course, and staff being redeployed to provide cover elsewhere in the prison.

Desired outcome 59: Prisoners have swift access to the activities and programmes they need to address their assessed risk to the public.

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: Generally Acceptable

Statutory prisoners were facilitated to contribute to pre-release plans through ICM and, to a lesser extent RMT, processes. Effective communication between PBSW and CBSW ensured that unmet needs were appropriately identified, and strategies developed to meet them.

Prisoners were encouraged and supported to participate in their ICM processes. ICM Coordinators met with prisoners prior to case conferences to review plans and ensure the person was at ease prior to attendance. Prisoners' views were sought at each stage of planning and their understanding of release plans confirmed. Invitations were extended to family members as a matter of course, however uptake was low. This was in part due to the location of the prison. Where family members were able to attend, the ICM Team made efforts to synchronise the timing of the case conference with visiting times.

For non-statutory prisoners, the main sources of support were the Links Centre and New Routes mentoring service. These services sought to ensure that needs such as housing, benefits, employability and banking were identified prior to release. Those engaged in recovery services were linked into local community recovery services. Similarly, people who had been receiving medical treatment while in custody were linked in with medical services prior to release.

Processes for release planning for statutory prisoners were robust. There was scope to improve planning for non-statutory prisoners. While most prisoners spoken to who were due for release had been linked in with DWP and housing, they were not aware of a plan for their return to the community. New Routes were proactive in identifying people scheduled to be released six months prior to their liberation. However, there were some exclusions to their remit, for example prisoners being released outwith Scotland, which meant that some prisoners were not identified as in need of services. Access to the services in the Links Centre was heavily reliant on self-referral or referral by Personal Officers, but some prisoners scheduled for release reported that they did not know who their Personal Officer was.

Desired outcome 60: All short-term prisoners experience consistent pre-release screening processes.

Desired outcome 61: All prisoners contribute to a coordinated plan for their release.

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 providing any services to prisoners once liberated. The SPS Throughcare Support Officer role was withdrawn nationally in 2019.

The New Routes mentoring service supported short-term prisoners released throughout Scotland. Prisoners engaged in the recovery service while in custody were helpfully linked with appropriate recovery services in the community.

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: Generally Acceptable

E&D was rated as poor in the HMIPS 2019 inspection report. The outcome was that an E&D Action Plan should be implemented effectively, E&D impact assessments conducted more systematically, and wider action taken to embed a culture of respect for human rights. During this inspection there was evidence EHRIAs had taken place, such as for access to the gardens and palliative care. An E&D Action Plan was in place.

Four E&D meetings had been held in the last 12 months, chaired by the Governor, with a formal agenda covering all aspects of E&D. There was a strong attendance from the SMT, along with the BIM, Chaplaincy, Prison Liaison Representatives and the E&D Co-ordinator. Prisoner Ambassadors, of which there were two, attended part of the meetings to discuss items they had raised. This was positive progress from 2019, and the Ambassadors reported feeling included and able to raise issues. Unfortunately, both Ambassadors represented Abercrombie Hall so there was a gap in representation for Harviestoun, despite efforts to recruit volunteers from there. The holistic benefits will not be realised without Harviestoun Hall engagement.

Areas for improvements were identified. Deadlines for actions were often missing, as well as updates. In some cases, action points that had not been completed did not roll forward to the next meeting. The Ambassadors canvassed the hall before the E&D meeting took place to decide what went on the agenda, but this had slipped towards the end of 2024. There was no evidence of action plans or minutes in either of the hall notice boards. It is important that prisoners see that their issues have been discussed, and any actions and outcomes reported.

There was a list of staff E&D Ambassadors which was an improvement from other inspections. This allowed the prison to deal with E&D issues at their lowest level. Some of the staff sought more training in E&D to help them carry out their role.

There was no evidence of information in other languages on notice boards, menus, induction information, official documentation such as adjudication paperwork or SSMs.

Although the SPS have recently translated the complaints form into several of the most common languages, there were no notices in those languages to inform prisoners how to access the complaints system. Inspectors saw a good example of how to do this during the HMP Barlinnie inspection in 2024, and recommend the prison considers this. Some official documentation had been translated so it is possible. Translation services were used for various reasons including admission and adjudication, but some residential staff spoken to were not aware of them or how to access them.

Although all prisoners were entitled to 200 minutes per month on their in-cell phone these could not be used by foreign nationals to phone their families in another country.

In most cases, transgender prisoners felt supported by prisoners and staff, but this was not always the case. Staff should be aware of the use of language when referring to transgender prisoners. Misgendering was a common complaint, which was witnessed by an inspector. Although it was a single occurrence, it caused unnecessary distress to the person affected. Transgender prisoners were able to access feminine products that were available to female prisoners in the prison estate, but said that clothing could also be improved such as undergarments to reflect their identity.

Desired outcome 62: Prisoners are aware of the outcomes from the E&D committee.

Desired outcome 63: Prisoners for whom English is not their first language can make informed choices because all relevant information has been made available to them in their own language.

Desired outcome 64: Foreign national prisoners can utilise 200 minutes a month to telephone outwith the UK, free of charge to them.

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: Satisfactory

The prison had maintained an action plan tracker in response to the 2019 HMIPS inspection report, and most recommendations had been addressed. Although it was disappointing to see that some issues identified in 2019, such as the GPA backlog had not been resolved more than five years later, most of these issues remained

highlighted as outstanding on the action tracker. Moreover, in the case of several outstanding recommendations, it was clear that action had been taken to try to address the issues, and further action was planned or in hand.

The prison was also able to provide evidence of recent PRL internal audit reports that had been carried out on the prison, and the action plan tracker in response which was reviewed at the monthly business meeting.

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

Regular internal monthly Business Review meetings and Quarterly Business Review meetings with the Director of Operations at SPS HQ were taking place. The slide deck of performance indicators that accompanied such meetings provided relevant information to inform discussion. Notes of those meetings were being maintained. A Risk Register was also being maintained and reviewed.

The Annual Delivery Plan (ADP) was also reviewed during these meetings and the new Governor in Charge was sending out updates to the staff in relation to the ADP. Unit managers were meeting FLMs, who were meeting the Deputy Governor once a week. Nevertheless, strengthening communication further was one of the new Governor's key priorities for the coming year and included in the ADP. With monthly staff newsletters planned and the aspiration to make the dashboard data used in the monthly business review meetings available to FLMs as live weekly updates.

One issue that was severely affecting the Business Improvement Administration support team was the significant rise in Subject Access Requests also mentioned in QI 5.3, which had leapt from 15 per year in 2017 to 208 in 2024. The process of responding to these requests and redacting information that could not be released was onerous and extremely time consuming, adversely affecting the time available for core business improvement and IMU activity. Greater support is required to address these requests.

Desired outcome 65: Staffing resources match SAR response requirements.

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: Satisfactory

Staff were clear about the role they were expected to make to the priorities of the prison.

The prison had a reasonable level of compliance with core training competencies at the time of the inspection, while still being short of target levels in some areas. Some

competencies such as TTM and PPT sat round around 90%, which was good, with several others in the 74-78% range. C&R sat at 85% when non-deployable staff were considered. The prison only had seven out of a complement of 11 C&R instructors but had two more staff booked to attend C&R instructor training. Similarly, the prison only had one First Aid instructor out of a complement of four, which was affecting their ability to deliver training to staff, but another instructor was expected to start shortly.

The prison had been running a development scheme for FLMs for some time and had responded to feedback from participants. The prison was now focused on developing the mentoring aspect of the scheme alongside the existing 'masterclass' presentations, which allowed everyone to get information at the same time on specific issues such as absence management. A mentor scheme for operations staff had started recently and one for residential staff was in development and due to launch soon. The aspiration was that as a package these schemes would provide a developmental ladder from C grade to D grade and then up to E grade, which would then assist with succession planning. This looked positive, although it was at an early stage at the time of our inspection.

The prison had a relatively high number of staff on temporary promotion, which provided opportunities for staff to test their suitability and interest in the role on a permanent basis. Some staff were frustrated however at the feeling that this had become the only way to secure promotion.

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

Rating: Generally Acceptable

Although staff in each functional group understood the roles played by other staff groups and the challenges facing them, there was more sense of underlying tension between staffing groups and inconsistency in approach between respective divisions and between houseblocks than inspectors have seen in other recent inspections. This inconsistency in the application of rules and processes was something that frustrated prisoners. This may at least in part have been influenced by one division being more affected by a greater number of acting up and greater staff sickness levels.

The management team were aware of the issue of inconsistency in approach and application of processes and had introduced Day Shift Managers in the summer of 2024 to try to ensure greater consistency, but the management of daily issues was preventing them delivering the required level of consistency. Improved consistency in the application of prison processes between houseblocks and staff divisions might help in delivering a greater sense of unity of purpose.

Desired outcome 66: Staff deliver, and prisoners experience, a consistency of application of processes within the prison and between the houseblocks.

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: Generally Acceptable

The prison recognised good performance through a Recognition Committee which met monthly to consider nominations for a number of meritorious awards such as the Butler Trust, Chief Executive's Certificate and Governor's Award. Quarterly recognition events were now taking place, and a good number of candidates were either being recognised locally or being put forward for national recognition.

The new Governor had been concerned by high staff sickness levels which had prevented the prison providing a stable and consistent regime, which prisoners had found very frustrating, and which had led to incidents of concerted indiscipline. The new Governor was gripping the issue and absence management policies were being applied diligently with the assistance of HR. Weekly meetings took place with the Governor and HR to review the staff on sick leave and ensure appropriate contact was being maintained, and discussion around any additional support that might be required to facilitate a return to work. This had helped reduce the overall number of staff on sick leave from 60 in November 2924 to 33 in February 2025 at the time of our inspection.

Potential misconduct cases had been investigated, and probation had sometimes been extended when necessary. The prison was not having to manage anyone through the poor performance processes at the time of our inspection. Inspectors were concerned by the exceptionally low completion rates around staff appraisals, with only 51 out of 400 appraisals recorded on the system as having been completed for the 2023-24 appraisal round. Performance in general is hard to measure and manage in the absence of this important engagement with staff.

The SPS People Survey scores for 2023 indicated significant room for improvement around engagement and other issues and the results from the 2024 survey were expected shortly. The SMT will wish to take account of these results before deciding on appropriate next steps.

Desired outcome 67: Every member of staff benefits from good management support, including regular discussions about role, performance, training and development through the appraisal process.

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: Satisfactory

The prison SMT participated in the Clackmannanshire Community Justice Partnership meetings and attended local MAPPA meetings. Strong relationships had

been developed between the prison and the NHS at different levels of their respective structures.

The prison supported the work of the Parole Board for Scotland and had worked constructively with Clackmannanshire Council Social Work Team to address long standing concerns that the PBSW Team was not adequately funded to fulfil its responsibilities, including meeting targets around the delivery of Parole Board dossiers. A business case had been submitted and approved for additional resources. Two additional social worker posts had been added to the complement, along with temporary administrative and team leader posts. Unfortunately, recruitment and retention problems meant that the team was still operating below complement. Although performance targets were still not being met, the SMT could see progress was being made and the underlying trend was improving. The prison was therefore keen that funding for the additional posts should continue.

The prison had been working constructively with partner agencies in the community to prepare for the earlier release of STPs.

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

Rating: Satisfactory

The prison was able to provide inspectors with examples of how the timber and metal fabrication work parties in particular had helped to support community projects through the production of planters, garden benches and other such items. It was clear that the delivery of these items was appreciated by these community groups and helped foster a positive impression of the prison.

As with other Scottish prisons, the prison worked closely with the Communications Team from SPS HQ around maintaining constructive relationships with local and national media. The prison had allowed a TV production company to come in to film the challenges in looking after older prisoners, and the prison was hoping to do the same to help showcase the good work done by the Recovery programme.

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: Good

Good systems and processes were in place to provide health screening to people being transferred into the prison. This included an assessment of the person's immediate mental and physical health requirements to ensure they were fit for custody. Initial health screening took place in a dedicated treatment room in the health centre that allowed confidentiality and dignity to be respected. The standardised transfer screening tool available on the patient care record system, Vision, was completed for all transfers arriving at the prison.

All prisoners were provided with a leaflet outlining how to access healthcare services and a health and wellbeing booklet. Materials had been developed by the SaLT, with the view of being accessible and understandable.

Anyone identified as being at risk of self-harm or suicide was managed in line with TTM. A detailed transfer process was completed for all patients by a registered nurse within 72 hours. This provided patients with an opportunity to share any outstanding healthcare needs or information.

A SOP was in place to manage those patients who were not fit to be admitted into the prison.

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

Rating: Satisfactory

The healthcare service and the model of care delivery supported accessible and co-ordinated person-focused care. It was delivered using ANP, GP and nurse-led clinics. This was supported by an out of hours service. Good systems were in place supporting communication between the prison and the out of hours service at the end of each day when prison healthcare staff were concerned about the wellbeing of patients' overnight or when patients required input from the out of hours service overnight. This is good practice.

All patients were seen by a nurse within 72 hours after transfer, who carried out a full assessment that included the patient's past medical history and any long-term conditions. Medicine Kardex's were rewritten by the ANP or GP the day after the patient was transferred, this allowed medications to be reviewed. Following the assessment, the nurse would refer the patient on to other services including mental health or substance use services if required.

Referral forms were available for people to self-refer to healthcare and were in an easy read, picture format to support patients with literacy difficulties. They could also be obtained in the five most common languages spoken currently at the prison. This is good practice. Interpretation services were also available to support patients access to healthcare. Lockable boxes were seen in the residential areas for patients to post their self-referral forms confidentially. Inspectors were told that self-referral forms were collected in the morning before being allocated to the appropriate service for triage by a registered nurse.

Patients were informed when their referral had been received and had been added to the requested clinic's waiting list. Waiting times were displayed on the information channels on the prisoners' televisions. At the time of the inspection, the waiting time to see a GP, ANP or attend a nurse clinic was good with people being offered timely appointments. Dedicated SPS officers escorted patients to the health centre to attend their appointments.

Some patients had missed their secondary care appointments, such as hospital and nurse specialists, due to variations in the performance of the prisoner transport

provider, GEOAmey. This has been previously escalated by HMIPS to the Cabinet Secretary for Justice and Home Affairs. HMP Glenochil continued to collate and present this data at the national prisoner healthcare network and supported patients who had missed appointments to be reappointed. If GEOAmey was unable to provide transport, those appointments identified by healthcare staff as needing to be prioritised were discussed with SPS staff to see if they could support with transport to the appointment.

The prison had significant challenges with the number of patients being placed on MORS after using illicit substances. This placed an increased workload on staff. A new clinical guideline for Management of MORS had been developed and trialled and has gone through the appropriate governance processes and professional bodies, including the Central Legal Office. This clinical guideline is benchmarked as best practice will now be implemented across the prison estates to manage people while under the influence of illicit substances.

Training records showed healthcare staff had access to basic life support training. Emergency equipment, which included an automated external defibrillator, oxygen and suction units, was accessible and ready for use, and emergency drugs were in date. Evidence showed that checks on emergency equipment were not consistently carried out, and inspectors found some pieces of equipment in the emergency bags were out of date**.** This was escalated to the healthcare manager who assured inspectors that the equipment would be replaced and that processes would be put in place to ensure checks would be consistently completed.

SOPs were in place to support decision making for emergency or minor injury care as well as fitness for custody. The GP or ANP supported the care of emergencies in hours, whilst out of hours, the out of hours GP service or 999 ambulance was available.

Good practice 16: Good systems were in place to support communication at the end of each day between the prison and the out of hours service.

Good practice 17: Referral forms were available for people to self-refer to healthcare and were in easy read, picture format to support patients with literacy difficulties. They could also be obtained in the five most common languages spoken currently in the prison.

Desired outcome 68: Patients access secondary care appointments. Cancellations are rare and due only to unforeseen and extraordinary circumstances.

Desired outcome 69: All emergency equipment is within date and ready for use.

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

Rating: Good

Health improvement and health promotion information was available for everyone. Information was accessible in the residential areas and in the health centre. There was evidence of a collaborative approach to promoting positive health improvement for patients, such as attending recovery courses and cafes, wellbeing days in the gymnasium and a recovery walk in September 2024, which involved community agencies.

Multimedia had been utilised to provide information on sexual health, BBV and improving sleep. The programme of broadcasts was available in-cell for all prisoners to watch.

An opt-out BBV screening programme was in place for all transfers. Sexual health clinics were held twice weekly, in which a specialist sexual health nurse carried out BBV screening, hepatitis A and B vaccinations and promote safe sex practices and harm reduction. To proactively engage and encourage the uptake in BBV testing, outreach work had taken place in the residential areas. This had resulted in an increase in requests for testing. This is good practice.

The SRT offered 'Quit your way' (smoking cessation) and nicotine replacement therapy (NRT) was available to patients through prescription from the GP and patients could also buy rechargeable vapes. NHS Inform states that "Similar to NRT, vapes are an option to help people who want to give up smoking" Vapes (e-cigarettes) | NHS inform

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 to eligible patients.

Good practice 18: Outreach work in the prisons had resulted in an uptake on BBV testing and provided the opportunity for harm reduction education.

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 Forth Valley mandatory training.

Introduction to trauma training and trauma in children, young people and families was available to all staff. This allowed staff to develop their understanding of health inequalities and the barriers, stigma and social deprivation that patients may have experienced, and how this can affect healthcare needs and engagement with services and treatment.

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: Generally Acceptable

The mental health team had clear processes for triage and referrals which were collected daily. Urgent referrals were seen within 48 hours and inspectors saw the team provided a responsive approach to requests to see patients with immediate concerns.

Waiting times for a routine assessment did not meet the seven-day period as defined in the team's SOP. A waiting list was being monitored and reviewed daily. At the time of the inspection, there were 30 routine referrals awaiting appointment with the longest wait of 20 days. Patients were notified that referrals had been received.

Standardised assessment tools, risk assessments and care planning were completed on the electronic patient care record system - Care Partner. Information was also accessible on Vision to ensure it was available for effective cross working within the healthcare team. When reviewing the completion of the patients' care records, they differed in standard. Some had limited information, and no evidence of patient centred goals or treatment aims.

The healthcare leadership team was aware of the variable standard and had plans to increase support for assessment and planning and monitor the quality regularly.

A CTM was held weekly with membership from the Mental Health Nursing Team, forensic consultant psychiatrist, clinical psychologist, mental health occupational therapist and SaLT. Discussion took place on those on TTM, Rule 41, medication changes, and new assessments.

A multi-agency forum was not in place for professionals to discuss patients' wellbeing, care planning and safety to ensure a consistent collaborative approach to care. The lead nurse had identified this as a gap in provision and was taking steps with the prison to establish this.

Mental health nurses had access to training and support to deliver low intensity psychological interventions, and completed a Mental Health Competency Framework, over a six-month period of commencing their role.

A range of psychological interventions were available from the Clinical Psychology team. The team supported SPS and healthcare staff with complex case discussions and provided clinical supervision for staff delivering trauma informed care. Psychiatry appointments were available on a weekly basis. There was also an ability to request urgent review through the CTM.

There was evidence of routine collaborative working between the mental health team and SRT, including attending each team's weekly meeting. A neurodevelopment pathway had recently been established. For people with a diagnosis of autism, there

was support available through a peer autism group with which a SaLT facilitates. This is good practice.

Screening for cognitive impairment was being rolled out for the over 60 age group with the development of a cognitive impairment pathway for use in the prison with links established with Old Age Psychiatry Team in Forth Valley. This is good practice.

At the time of inspection, there were no patients awaiting transfer to mental health secure hospital beds. An 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.

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 received during their incarceration and prepared patients for liberation where the release date was known in advance.

Good practice 19: A neurodevelopment pathway had recently been established for people with a diagnosis of autism. There was support available through a peer autism group which a speech and language therapist facilitated.

Good practice 20: Screening for cognitive impairment was being rolled out for the over 60 age group with the development of a cognitive impairment pathway for use in the prison.

Desired outcome 70: Patients referred to the Mental Health Team are seen within seven days.

Desired outcome 71: All patients receiving care from the Mental Health Team have a risk assessment and care plan in place.

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: Good

Long-term health conditions were identified when a patient was transferred to the prison or when they self-referred to healthcare. A long-term conditions nurse was in post to support the care of patients with these conditions. This is good practice. The nurse was completing the National Education Scotland practice nurse course and had been supported to secure a place on the course by senior healthcare managers. Nurses were able to describe how patients with long-term conditions were supported and had their care managed appropriately. A long-term conditions register was in place.

Patients with long-term conditions had their care managed by the GP, ANP or in nurse-led clinics delivered by the long-term conditions nurse. Clinics for cardiovascular disease and diabetes were being held. The nurse-led clinics were

delivered in a way that was equitable with community provision. Patients were involved in planning and agreeing their care and were given a copy of their care plan. This is good practice.

Care plans viewed were person-centred and outcome-focused and were completed on paper before being uploaded to the patient's electronic record. Care plans were signed by the patient, indicating they had agreed to them. The long-term conditions nurse described having good support from the GPs and ANPs. Good links had been made with secondary care and community colleagues to support the management of patients with long-term conditions.

Frailty assessments were completed and those patients identified as requiring enhanced care had further assessments completed as outlined in NHS Forth Valley's assessment and care plan booklet. Assessments completed include a pressure area skin assessment and MUST. This is good practice. Inspectors saw that anticipatory care plans (ACP) were also in place for patient who required them. A named nurse system was in place to ensure that assessments and ACPs were reviewed.

During the inspection, inspectors observed the frailty meeting. This meeting is held monthly and has a wide range of representatives, including healthcare professionals from the prison, SPS staff, Strathcarron Hospice, social work and chaplaincy. Patients who were considered frail or requiring palliative care and have given their written consent were discussed. A template was used to support discussions, which covered several areas including: the current level of function and support required, capacity, including adults with incapacity, guardianship and psychiatry assessments. Anticipatory care planning and Do Not Attend Cardiopulmonary Resuscitation (DNACPR) status. This is good practice.

There were clear systems and processes in place should a patient require social care, with carers from a regulated agency being available 24 hours per day, 365 days per year. Processes were in place for the carers and healthcare staff to communicate and provide updates on patients.

A senior rehabilitation support worker provided a wide range of support for patients. They worked closely with patients to improve access to services and support including social care. This is good practice**.** The senior rehabilitation support worker or the Community ReACH Team were able to assess patients and obtain assistive equipment, if required, to promote patients' independence. There were accessible cells that could accommodate hospital beds and assistive equipment.

Good practice 21: A long-term conditions nurse was in post to support the care of patients with such conditions.

Good practice 22: Patients were involved in planning and agreeing their care and were given a copy of their treatment plan.

Good practice 23: Those patients identified as requiring enhanced care had further assessments completed outlined in NHS Forth Valley's assessment and care plan

booklet. Assessments completed included a pressure area skin assessment and MUST.

Good practice 24: Patients who were considered frail or requiring palliative care were discussed at a monthly frailty meeting.

Good practice 25: A senior rehabilitation support worker provided a wide range of support for patients.

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 SRT Team had clear pathways in place to deliver services to people dependant on alcohol or substances.

Prisoners with drug and/or alcohol dependence were identified during their initial health screening. If the patient had an existing prescription for opiate replacement therapy, there was a process for the patient to continue opiate substitution therapy (OST) medication during their stay in prison.

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 patients on the SRT 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 of the implementation of the Medication Assisted Treatment (MAT)[2] standards with patients having access to OST with their choice being considered. An extensive delivery of group and peer recovery work was available for patients facilitated by NHS or SPS.

The clinical lead for the team was the lead GP and regularly timetabled meetings took place to review and allocate patients referred to the team. As referenced in Quality Indicator 9.5, the SRT Team worked closely with the mental health team with attendance at both SRT meetings. This was supported by a formalised joint working policy.

Patients liberated on MAT had a community handover sheet completed by the caseworker which details work completed in the prison, for example BBV status and Naloxone status. This is sent to the relevant community team three weeks in advance of liberation to ensure community services have sufficient time to ensure the prescription is continued. This is good practice.

[2] Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery-oriented systems of care.

Patients not on MAT but requiring post liberation support were also referred by the caseworker to mutually agreed relevant services.

Good practice 26: Patients liberated on MAT have a community handover sheet completed by the caseworker which details work completed in the prison, for example BBV status and Naloxone status. This is sent to the relevant community team three weeks in advance of liberation to ensure community services have sufficient time to ensure the prescription is continued.

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

Rating: Generally Acceptable

NHS Forth Valley had recently recruited a clinical pharmacist to join the pharmacy team at the prison. They will work as part of a multi-disciplinary team providing support and advice in line with local and national guidelines. Inspectors were told that NHS Forth Valley would like to develop a pharmacy first service at the prison and had carried out a small pilot at one of the other NHS Forth Valley prisons. Patients with queries or concerns regarding their medication would currently discuss these with the healthcare team in the first instance.

As discussed in Quality Indicator 9.2, patients had their medication reviewed when they were transferred to the prison. The patient's Kardex was rewritten by a ANP or GP and the patient informed by letter if there had been any changes made to their medication. A follow up appointment was arranged if the patient wished to discuss this further. Prescribing was carried out by either a GP, ANP or a non-medical prescriber. Processes were in place for medications to be prescribed out of hours, if required. It was encouraging to see that Kardex care bundle audits were completed, and any issues identified with prescribing were discussed with the responsible prescriber. Further to this, controlled drug register audits were also carried out.

Inspectors observed safes were available in cells for patients to safely store in-possession medication. The safes seen were working and ready for use and no concerns were highlighted regarding their availability. Any issues were easily reported and repairs carried out promptly. A multi-disciplinary team approach was taken to discuss any issues with compliance.

There were clear and robust systems and processes to ensure all medicines were handled safely and stored securely in line with national and professional guidance and legislation. Inspectors saw that medications, including controlled drugs, were transported from the pharmacy area in the Health Centre to the dispensaries in the residential areas in closed trolley boxes and staff were escorted by a SPS officer. However, inspectors were told by the healthcare manager that these boxes should also be padlocked when medications were being transported. A home office licence was in place for the storage of controlled drugs and an application for this to be renewed had recently been submitted.

Medication was administered three times daily. Inspectors observed a morning medicine round and saw that it was carried out in a calm and organised manner, with the appropriate patient identification checks being completed. Concealment checks were completed, where indicated. Observation indicated a supportive and professional relationship between healthcare staff and patients, as well as collaboration between healthcare staff and SPS staff to ensure the medication round was completed efficiently. Patient confidentiality was maintained, and appropriate infection control and prevention measures were used. Drug administration charts and controlled drugs registers were generally well completed, with no overwriting.

However, inspectors were concerned to see that due to the current prison 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 outwith therapeutic times. Healthcare staff told inspectors that they would like HMP Glenochil to be part of a national pilot looking at increasing the number of patients who have in possession medications.

There were processes in place to ensure patients received their supervised medication, including OST, before attending court. Patients were issued with either 28 days of their medication or a prescription that could be dispensed in a community pharmacy, when it was known someone was due to be liberated. There was a risk-based approach to protect vulnerable patients when deciding the type and amount of medication to be provided on liberation. This is good practice. Robust processes were in place for patients being liberated or who may be liberated directly from court to ensure there was no interruption to their OST.

Good practice 27: Kardex and controlled drug register audits were carried out and findings from audits shared with staff to promote learning and encourage good practice.

Good practice 28: A risk-based approach was in place to protect vulnerable patients when deciding the type and amount of medication to be provided on liberation.

Desired outcome 72: Medication is transported between residential and the main dispensaries securely.

Desired outcome 73: Patients receive their medication in a timely manner and within therapeutic timeframes.

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

Rating: Generally Acceptable

The environment was in a good state of repair and visibly clean, as was patient equipment, such as the dental chair. Systems and processes were in place to ensure that all sterile instruments were appropriately stored before use and were safely transported off-site for decontamination. All NHS dental practices were subject to a

practice inspection process and undergo an inspection by the local Health Board. The prison was due to be inspected in March 2025.

Inspectors saw that patients could access dental services through self-referral forms as discussed in Quality Indicator 9.2. Referrals were triaged by the dental team who appointed patients to the appropriate clinic. Patients could access both routine and emergency appointments. There was currently a vacancy within the public dental service which had not been recruited to despite being advertised on four occasions, and this was having an impact on waiting times. On reviewing dental waiting times, inspectors observed that patients regularly had to wait up to 44 weeks for routine appointments. This exceeded the Scottish Government's recommended time of 10-weeks for access to dental treatment in prisons. However, waiting times for emergency treatment were between zero and three weeks.

Patients who are transferred to the prison, and currently undergoing dental treatments, are placed on the waiting list so that their treatment continues within an appropriate timeframe. This is good practice.

A recently completed Quality Improvement Project had looked at improving waiting times and therefore access to treatments by reviewing the waiting list, identifying delays in delivering clinics and updating the referral and triage processes. This is good practice.

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

Dental nurses would provide 1:1 input for patients, if required. However, inspectors were told that the mouth matters programme delivered by health improvement staff was not currently being delivered due to the changes in the prison and SPS staff capacity. It was hoped that the programme would recommence alongside life skills and practical cooking courses with the support of peer mentors.

Inspectors were told that the dentist would advise and signpost patients who were to be liberated to register with a dentist so that their treatments and dental care could continue.

Good practice 29: Patients who are transferred to the prison and are undergoing dental treatments are placed on the waiting list so that their treatment continues within an appropriate timeframe.

Good practice 30: A recently completed QI project had looked at improving waiting times and therefore access to treatments by reviewing the waiting list, identifying delays in delivering clinics and updating the referral and triage processes.

Desired outcome 74: Prisoners wait no longer for dental treatment in HMP Glenochil than they would in the community. Services include access to an oral health improvement programme.

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

This is not applicable as no pregnant people would be resident in HMP Glenochil as the prison does not have the facilities to accommodate them.

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: Good

Good links had been established between the healthcare service at the prison and Strathcarron Hospice, and the service was looking to develop links with Macmillan Cancer Support.

The service had a frailty and palliative care register. Key operational documents and guidance were in place if patients required palliative care services in the prison. This included a Supportive and Palliative Care Indicators Tool (SPICT), Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documents, DNACPR forms, and as described in Q.I. 9.6, anticipatory care plans. Patients with palliative care needs were discussed at the frailty meeting described in QI 9.6.

As described in QI 9.6, processes were in place to access any assistive equipment and social care. Healthcare staff were in discussions with the SPS and community services to ensure that access to palliative care for those in prison, particularly in the out of hours period, was equitable to the care delivered in the community.

All registered staff had completed the national confirmation of death training as part of the induction process.

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.

Rating: Satisfactory

The healthcare team had effective processes in place to ensure TTM is implemented to manage people at risk of self-harm or suicide**.**

The standardised health screening tool was used as part of the screening process to ensure every patient at risk of self-harm or suicide was assessed.

A process was in place for Registered Mental Health Nurses (RMNs) to attend TTM case conferences with evidence of case conferences taking place at the earliest opportunity. Inspectors observed patients being treated with dignity and respect with

a person-centred approach which was also reflected in associated TTM documentation and risk management plans.

Patients' clinical records were updated following TTM case conferences. In the clinical records that inspectors reviewed, there was not a standardised approach to recording outcomes from the case conference and risks identified.

Desired outcome 75: All patients on TTM have identified risks and outcomes in their healthcare records.

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: Generally Acceptable

Complaints, comments, and feedback were managed in line with NHS Scotland's complaints policy, with a clear governance structure for reporting and responding to complaints and feedback. A patient relations nurse provided support four days a week in the three prisons in NHS Forth Valley. Information was available in the prison to inform patients of this service.

Feedback and complaint forms were available in the residential units and in the patient waiting area within the Health Centre. These forms were clear and easy to understand and were in English and available in alternative formats and languages, if required. Patients could be supported by the patient relations nurse or SPS Personal Officer to complete the form. Once completed, the complaint form would be put into a locked box in the halls which was accessed only by nursing staff.

Patients could complete an anonymous satisfaction survey electronically, evaluating the care they received. This included all patient clinic consultations within the health centre. Information gathered from the survey and by the patient relations nurse was communicated back to the team with clear processes to regularly share learning from feedback and complaints with the healthcare team. This is good practice.

The complaints policy viewed indicated that stage 2 complaints, which required a fuller investigation, would be responded to within 20 days. However, there was evidence that stage 2 complaints were not being responded to within the agreed set timescales of 20 working days. Inspectors were told that NHS Forth Valley's Patient Relation Team complete the Stage 2 complaint responses, and they had a significant backlog. Inspectors were told that the process for completing Stage 2 complaints was being reviewed and changed to reduce waits.

Staff were trained in managing complaints through training delivered by NHS Forth Valley's Patient Relations Team and online eLearning on the TURAS platform.

The prison had a patient relations nurse who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the patient's relation nurse was communicated back to the team to share learning from complaints. This is good practice.

Good practice 31: Information gathered from the patient satisfaction survey and patient relations nurse was communicated back to the team with clear processes to regularly share learning from feedback and complaints with the healthcare team.

Good practice 32: The prison had a patient relations nurse who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the patient's relation nurse was communicated back to the team to share learning from complaints.

Desired outcome 76: Patients receive answers to their complaints within policy timeframes.

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.

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 a supportive approach to looking after people in their care.

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. All healthcare staff had personal secure access to the electronic systems Vision and Care Partner.

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

Rating: Good

The Health Centre and dispensary areas were in a generally good state of repair and could be effectively cleaned. The health centre and dispensary areas were tidy and visibly clean. Cleaning of the health centre was carried out by an external company contracted by the SPS. Healthcare staff reported an acceptable standard of cleaning and that there was a process to escalate any concerns.

Passmen were responsible for cleaning the floors of the dispensary areas in the residential areas. Healthcare staff were responsible for cleaning the surfaces in both the health centre and dispensary areas.

Equipment routinely used by patients was in a good state of repair, clean and ready for use. Adequate supplies of PPE were in place and were stored appropriately. Hand hygiene facilities were available.

A chlorine releasing agent was available for managing blood and body fluid spillages in the health centre. Passmen who were biohazard trained, managed any blood and body fluid spillages in residential areas.

A monthly infection prevention control audit was completed. The audit covered nine standards relating to infection prevention and control and the results seen showed good compliance. Separate hand hygiene audits were also completed. Inspectors saw that an external infection prevention and control assurance visit was carried out in November 2024, during which no significant issues had been identified. Infection control compliance was reported through existing governance structures.

Staff could access infection, prevention and control information, including the national infection prevention and control manual, on the staff intranet. Staff mandatory training included infection and prevention modules; most staff had completed these modules. At the time of the inspection, healthcare staff observed were compliant with standard infection control precautions (SIPC).

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 leadership team had clear and visible leadership that was well organised and structured to support the delivery of healthcare. The housing of all healthcare staff in the one building, cultivated positive relationships and communication between disciplines. However, there were challenges with available room space to accommodate the number of staff and the actual room capacity not meeting current demand for services. Therefore, there were significant restrictions on the numbers of people that could be seen daily within the health Centre, which affected access to healthcare. The current infrastructure was too small for the numbers of people and tasks required of it.

Forth Valley HSCPs introduction of the professional nurse lead role, and the inclusion of the HSCP wider senior nursing team to lead and direct the strategic professional and clinical development of nurses in the Forth Valley prisons, has also been a positive development for staff. All staff spoken with described feeling well supported by senior managers. Structured meeting schedules also ensured that all staff were kept informed of operational issues and facilitated staff feedback.
All healthcare staff working in the prison received a comprehensive HSCP induction as well as a prison specific induction. There was evidence that all 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 competency framework, and 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. All healthcare staff received managerial supervision, which was planned every eight weeks. All healthcare clinical staff were encouraged to attend a monthly reflective practice group facilitated by NHS Forth Valley's Lead Mental Health Nurse and clinical psychology. This allows staff to recognise their own strength and weaknesses and use this to guide ongoing learning. This is good practice.

There was a proactive approach to identify gaps in staffing which would be covered using bank nurses. Inspectors were shown a daily real time staffing tool based on the common staffing method. There were clear escalation processes for any staffing issues, and an on-call rota for team leaders was in place to cover the weekend to support staff with operational issues, including staffing.

Good practice 33: New staff are supernumerary for four weeks which allowed them to complete their induction and competency framework, and to familiarise themselves with healthcare delivery in the prison environment.

Good practice 34: All healthcare clinical staff were encouraged to attend a monthly reflective practice group facilitated by NHS Forth Valley's Lead Mental Health Nurse and clinical psychology. This allows staff to recognise their strengths and weaknesses and use this to guide ongoing learning.

Desired outcome 77: The developing health team and services have suitable and enough space within the health centre to deliver the services needed by patients.

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

Healthcare was managed and governed through Forth Valley HSCPs established governance structures and processes. Staff demonstrated an understanding of reporting structures within the prison. There were clear and visible line management and governance structures in place through who report to the HSCP. There was representation of prisoner healthcare in many local forums, meetings and the wider partnership.

SPS front line managers and the Head of Operations attended regular structured meetings with HSCP to manage and discuss common issues.

Minutes from team meetings showed structured agendas with multidisciplinary attendance from the healthcare team. This provided the opportunity to share updates and discuss any current issues faced by the Healthcare Team.
A recognised NHS electronic system was in place for staff to report incidents and adverse events. These were discussed at the governance meetings. Themes and learning from complaints and concerns were discussed at the clinical governance

meetings, through meeting minutes and shared with the wider healthcare team at the fortnightly meetings.

There were several multi-agency forums taking place for professionals to discuss patients' wellbeing and safety with a view to ensuring a consistent collaborative approach was delivered across the establishment. Patient Safety Visits were held, where Health Board Executives and Non-executives spoke to healthcare staff regarding any patient safety concerns. This supports healthy outcomes for patients and is good practice.

Good practice 35: Patient Safety Visits were held, where Health Board Executives and Non-executives spoke to healthcare staff regarding any patient safety concerns. This supports healthy outcomes for patients.

HM Inspectorate of Prisons for Scotland is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

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