



HMIPS

HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

Report on HMP Barlinnie

Full Inspection

18-22 November 2024



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Introduction and Background

This report is part of the programme of inspections of prisons carried out by Her 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.

Her Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a pre defined set of Standards. These Standards are set out in the document 'Standards for Inspecting and Monitoring Prisons in Scotland', published in May 2018 which can be found at <https://www.prisoninspectorscotland.gov.uk/standards>.

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







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

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

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

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

1. A colour coded assessment marker

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

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

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

Key Facts

Location

HMP Barlinnie is situated in Northeast Glasgow.

Accommodation

There are five main accommodation blocks: A to E Halls. In addition there is a Separation and Reintegration Unit and a National Top End facility, Letham Hall. The main residential halls are of a traditional Victorian gallery style design, with Letham Hall being of semi-permanent modular construction.

Date of last inspection

August 2019.

Healthcare provider

NHS Greater Glasgow and Clyde.

Learning provider

Fife College.

Overview by HMCIPS

HMP Barlinnie dates back to 1882. It is not surprising therefore that with high narrow walkways and narrow steep flights of stairs in the main residential areas, which prisoners are expected to negotiate safely carrying trays of hot food, the prison infrastructure represents a barrier to safety and acceptable living standards. Our 2019 inspection report identified Letham hall. Letham hall, which houses the National Top End, as being in a state of disrepair. Five years later, despite some refurbishment, it remained in a wretchedly poor state. Moreover there were only five accessible cells, which is inadequate for a population that is regularly over 1300, particularly when Scotland has an ageing and more infirm prison population. The need for a replacement prison through the planned new HMP Glasgow therefore remains overwhelming and urgent.

The other deeply concerning factor was the unacceptable level of overcrowding. The Victorians who built Barlinnie, who would not nowadays be noted for their enlightened approach to penology, designed it for single occupancy. Unfortunately, at the time of our inspection it was more than 30% above its design capacity with almost two thirds of prisoners having to share cells designed for one person.

Overcrowding makes it harder to access basic entitlements, and the prison was not able to offer daily showers. It also makes it harder for staff to build and retain positive relationships with new arrivals, and the additional daily transactional work in dealing with more prisoners than a prison is designed to accommodate can put a strain on services and relationships. That may in part explain the most worrying aspect of our pre-inspection survey, where more than half (55%) of prisoners said they had witnessed staff members abusing, bullying, threatening, or assaulting another prisoner, and 42% reported that staff had abused, bullied, threatened, or assaulted them.

Inspectors never witnessed any unacceptable behaviour and indeed observed staff engaging prisoners in cheerful but respectful light-hearted banter, but these results were worse than for other closed prisons and gave serious cause for concern. We encourage the prison to reflect further on the survey findings.

However, it was pleasing to see that the SPS had completely refurbished the reception area, and the Health Centre had been reconfigured and modernised, creating a better experience for prisoners in these areas. The introduction of a new Resource Hub, where prisoner could seek the help of DWP, housing, Citizens Advice Bureau and other external agencies, as well as the Library, or play snooker or pool was an impressive development. Unfortunately, prisoners only got access to this great facility for a minimum of 45 minutes once a month.

The therapeutic work done in the Wellbeing Hub, which provided support for particularly vulnerable prisoners, was highly commendable. The sensory room was an excellent resource where families and children could access a quiet space. A 'Healthy Dads / Healthy Kids' initiative was testament to a prison that reached out to work with others in innovative ways. It was commendable too that the staff working in these impressive hubs felt empowered and supported to develop their ideas.

Similarly, it was encouraging to see the use of body worn cameras during planned removals and the introduction of an ATM to allow families to deposit money for their loved ones in Barlinnie. Effective use was being made of in-cell learning opportunities and the range of subjects and uptake in the Education Centre was good, while the well-equipped gym was well used.

The prison appeared safe to inspectors, although we urge greater use of the prison radio and peer mentoring to reinvigorate the SPS Anti-Bullying Strategy - Think Twice. Most prisoners said they felt safe, but the need to hold mixed categories of prisoner in A and B hall due to overcrowding limited the ability of staff to get people out of their cells safely. This meant that prisoners who were not at education or work could be locked up for 22 hours a day, which is unacceptable.

There was a shortage of outdoor clothing, and the rain jackets were of poor quality. Late arrivals for reasons outside the prison's control compromised the Healthcare Team's ability to provide important health checks on arrival.

As a result of the overcrowding, there was a shortage of employment opportunities and long waiting lists to access work. Library provision was poor.

Progression and waiting lists for rehabilitation programmes remained a problem in Barlinnie, with 200 prisoners awaiting an assessment of what programmes they might need to complete. The capacity of the Integrated Care Management (ICM) and Social Work teams was impacting on aspirations for targeted ICM work and timeous support for prisoners' rehabilitation journey. There were also lengthy waiting lists for addiction and alcohol recovery services. The prison needs to work with partners to address these capacity issues. Long-term prisoners (LTPs) in particular felt let down by the services and support available to them in Barlinnie, and we question whether the prison is currently geared up to adequately manage LTPs.

Support for Equality and Diversity (E&D) had improved since our last inspection with an E&D Strategy developed and regular meetings taking place, with prisoner representation. Unfortunately, it was a more mixed picture on the front line. It was excellent to see information on basic food hygiene and food handling available in 12 languages in the kitchen, but there was a very limited range of books, information sheets and DVDs in foreign languages in the residential areas. Inspectors were nevertheless pleased to hear a transgender prisoner praising the support they had received in Barlinnie, particularly from the Equalities Officer.

Although still not satisfactory, healthcare had improved from 'Poor' in our last inspection to 'Generally Acceptable,' partly because of the investment in improved healthcare facilities. However, concerns remained. For reasons beyond the prison's control, the unreliability of the prisoner transport service was still resulting in too many prisoners missing hospital and other secondary care appointments, as HMIPS has repeatedly highlighted. The number of prisoners being placed on Management of Offender at Risk due to Substance (MORS) after using illicit substances was a significant challenge for the SPS and the NHS, and they were certainly trying their best to keep people safe in very difficult circumstances. However, inspectors were concerned that the scale of the problem had forced Glasgow City Health and Social Care Partnership to follow their own processes rather than adhere to the national

guidance on MORS. Moreover, there was no clear clinical lead for healthcare services and the fragility of medical/GP provision, relying on agency staff, was a significant concern.

We have sympathy for hard pressed SPS and NHS staff, and their partner organisations, who do their best to try to work around intolerable levels of overcrowding. In many ways HMP Barlinnie proved to be a better place than we expected from our pre-inspection survey, in no small part due to the determined efforts being made by dedicated staff. However the perceptions of prisoners in the pre-inspection survey indicate that until a new modern HMP Glasgow comes on stream, further efforts must be made to overcome the significant challenges posed by an antiquated and overcrowded prison.

We strongly urge the Scottish Government to do more to reduce the overall prison population and tackle the fundamental problem of overcrowding that affects HMP Barlinnie. We also encourage the prison to review the findings from our survey of prisoners in relation to staff/prisoner relationships and, with its partners, give particularly focus to these 12 key recommendations:

Recommendation 15: HMP Barlinnie should ensure they address any issues identified in the final structural report for Letham Hall.

Recommendation 18: HMP Barlinnie should aim to offer all prisoners the opportunity to shower daily.

Recommendation 20: HMP Barlinnie should ensure that good quality, easily accessible waterproof jackets are available for all prisoners when required.

Recommendation 26: HMP Barlinnie should ensure that the Think Twice policy is adhered to, and that training is given to all staff so they can support those affected by bullying and intimidation.

Recommendation 52: HMP Barlinnie should provide more opportunities for prisoners to gain employment specific certification, particularly in the later stages of their sentences prior to liberation.

Recommendation 53: HMP Barlinnie, as a matter of urgency, must take measures to significantly extend the size of, and facilities within, the library.

Recommendation 58: HMP Barlinnie should ensure all relevant prisoners benefit from enhanced case management, and with reference to the updated guidance, ensure that the ICM team has sufficient capacity.

Recommendation 59: HMP Barlinnie should meet with relevant teams and agencies to develop a plan to improve the capacity of services to support timely access to programmes, to minimise the delays experienced by prisoners.

Recommendation 66: SPS HQ and Glasgow City HSCP must work together to ensure that there is a robust process in place to ensure that people arriving late to the prison receive a formal health screening assessment before they are admitted into the prison.

Recommendation 67: HMP Barlinnie and GEOAmev must facilitate patients' attendance at appointments to secondary care.

Recommendation 69: HMP Barlinnie, Glasgow City HSCP and other stakeholders should continue to work together to develop MORS guidance that can be adapted to meet the needs of patients and staff in individual settings.

Recommendation 82: Glasgow City HSCP should ensure that there is a robust and sustainable medical service at HMP Barlinnie.

Human Rights Based Approach Overview

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

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

While HMP Barlinnie had some elements where they encouraged prisoner participation, there was room for improvement. Prisoner consultation did not appear to be routine which was reflected in the pre-inspection survey. The majority (65%) of respondents reported that the prison did not consult prisoners for their opinions. Only 3% of respondents felt that the prison did ask for prisoners' opinions, and that things sometimes or often changed as a result. To improve participation, Barlinnie should embed regular PIACs or forums across the whole spectrum of prison life. The value of forums could be seen at HMP Barlinnie. Prisoners were asked their opinions on the choice of food which then influenced some items being placed on the winter menu for 2025/26. Although this was good work it was not a consistent approach across all residential areas. Other good examples were seen where prisoners were consulted about information sharing with their family. The education department consulted with prisoners on the education delivery, but this was primarily through informal discussion and surveys. Prisoners being meaningfully involved in decisions that affect their lives is central to good participation. The admission and liberation processes evidenced a good level of communication where prisoners were able to check their understanding of what would happen to them next. The redesign of the reception area, a key recommendation from the 2019 inspection, provided interview rooms which assured privacy. It was pleasing to note that the reception passmen were seen to be a valuable element of the team. Co-production had featured in the creation of admission information booklets that were developed through the Wellbeing Centre.

The induction process was another area where there was interaction for the benefit of the prisoner. Those placed on TTM fully participated in their management plan and were afforded their say on what would best meet their needs. Those managed under Rule 95 were invited to their case conferences where they were given an opportunity to voice their issues and discuss their management plans.

It was pleasing to see good examples of a person-centred approach with regards to disciplinary hearings, where the adjudicator ensured each prisoner was given an opportunity to be heard. There was good information available on the halls and events were communicated to prisoners via posters and the prison radio. The complaints process needs reviewed to allow prisoners to freely make a complaint without having to approach a member of staff. The local induction was available in a number of languages but the process for providing foreign national prisoners with forms/information in other languages in the residential areas was inconsistent. There was a wide range of religious services and events for prisoners to attend. All convicted prisoners were given the opportunity to discuss the employment and training opportunities available in the prison. In the gymnasium, prisoners were fully engaged in determining the potential risks of exercising based on their health history. Based on the outcomes of these discussions, PTIs created individual exercise

programmes. There was a well-established process in place to encourage prisoners to participate in the development of a plan for their release, where often their family were invited.

Disappointingly, prisoners did not attend E&D meetings, which should be encouraged. It was excellent to see prisoners able to nominate staff for the Butler Trust Award. Another example was the work carried out with a transgender prisoner, which was excellent. The prisoner praised the way the prison had supported them on their journey, most notably the Equalities Officer. In conclusion HMIPS would hope to see participation developed across the prison that places prisoners at the centre of decision making. If managed well, this has the potential to lead to more prisoners feeling meaningfully involved in decisions that affect their lives.

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

HMP Barlinnie had a series of reviews, assurance processes and trackers in place that enabled the prison to ensure that prisoners’ rights were not affected, and if they were, actions were put in place. In most cases they were carried out by designated individuals according to their role such as a member of the SMT, a FLM or the Business Improvement Team.

Some highlights were in areas such as the monitoring of work allocation, education looking at their engagement with the prison population and the timetabling and scheduling, as well as the monitoring of personal learning plans. When property was reported as lost there was a process in place to investigate it. Violence was looked at closely during the Good Order Meeting. However because there was no formal process in place for anti-bullying it was difficult to understand how bullying or intimidation was monitored and evaluated.

In contrast Health and Safety evidenced excellent accountability for keeping those that lived and worked in HMP Barlinnie safe. Unit Managers were knowledgeable on the Disciplinary Hearing process and ensured that paperwork was completed before a hearing took place and this was audited by a member of the SMT.

Improvements could be made to generic processes, such as ensuring phones are charged in reception prior to liberation, receiving pre-liberation information and updates being sent to prisoners on their HDC applications rather than having to request this. There were a number of databases serving the prison from critical dates for progression and parole and recommendations made by scrutiny bodies. The residential FLMs allocated Personal Officers and monitored and assessed progress. Individual staff were supported to ensure that they populated regular narrative updates on PR2.

Some areas seemed less effective in monitoring their responsibilities, such as the library. The residential areas had small boxes of older books in poor condition, typically less than ten, and there was no rotation of stock in these boxes. There was no indication of any improvement since the recommendation from the 2019 inspection report.

HMP Barlinnie used a number of trackers to plot progress against a number of areas of scrutiny such as PRLs and HMIPS inspection reports. They were managed well by the Business Improvement Manager who reported progress into various weekly, monthly and quarterly meetings. Scrutiny by the GIC and SMT regarding the impact model ensured that any current or new practices or initiatives complemented the Salutogenesis Theory: the building up of an individual's resources to deal with everyday life by improving their motivation, meaningfulness and being able to cope with stressful events.

There was evidence that HMP Barlinnie, whilst facing a challenge through high prisoner numbers, were trying to ensure that all those in their care had access to basic entitlements. Prison staff were aware of prisoners' rights and entitlements.

Although the prison had access to the "Saffron" catering management software it had not used it for some time. Therefore there was no formal way to ensure that the menus met the recognised calorie intake for an adult male or that it was a balanced healthy diet. The weekly and daily kitchen cleaning schedules, supervision notes and temperature checks were accurately and properly retained.

For prisoners with greater needs extra measures were put in place, such as cleaning schedules for those with disabilities and unable to take care of themselves.

Some areas however were failing; for example, the supply of suitable rainproof jackets and translation services could have been used more frequently.

HMIPS found some prisoners had little confidence in the complaints system with most respondents in the pre-inspection survey reporting that the complaints system worked badly or very badly (80%). This needs to be addressed locally and nationally.

From a risk perspective, the prison had well-established links with the community with regards to MAPPA cases, whereby any case conferences were attended by key stakeholders.

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

During the inspection there was no evidence that any form of intended discrimination took place. In most aspects all prisoner cohorts were treated equally and fairly, although there was some inequality with regards to the treatment of prisoners depending on their status, remand prisoners in particular had less access to activities than convicted prisoners. There were anomalous regime entitlement issues, such as remands who were not housed in the dedicated remand hall were not allowed to wear their own clothes. Time out of cell was also not consistent. SPS HQ and HMP Barlinnie need to work together to allow a fair and equitable regime for all prisoners, with more time out of cell. The system for selecting prisoners for paid work was thorough and fair and applied to all prisoner populations and employment opportunities. The wage policy did not disadvantage prisoners who wished to attend education, training or fitness activities during their work party session.

In terms of E&D, HMP Barlinnie had vastly improved since the last full inspection in 2019. There was an E&D Strategy in place, meetings held, staff ambassadors in the residential halls and a new Equalities Officer role. Equality and Diversity complaints were low and concluded successful. However we have once again made a recommendation to separate the EDF from the prisoner complaint form process. There was some good work in place to support transgender prisoners.

Translation services whether face to face or by phone were well used but there were still instances where this should have been more widely utilised.

The reception area had been recently refurbished following our recommendation in 2019, which resulted in small holding areas known locally as dog boxes were no longer in existence. The new reception holding areas were far more comfortable, roomy and conducive to upholding human decency. The most vulnerable entering the prison via reception were treated well. Staff were aware of the translation services, and while inspectors saw evidence of them being used, there was evidence that they could have been used more often. The searching booths in the recently refurbished reception area were big enough to accommodate wheelchair users which was fortunate as the adapted changing area was being used as a store.

Prison-based and community-based social workers were working together to ensure that vulnerable prisoner's plans for release were likely to meet their needs.

Prisoners who presented barriers such as physical disability or sensitivity to working in large groups were well supported by their personal officers. They were provided with extra assistance or offered alternative work arrangements wherever possible to help them participate in employment. For example, the tea packing party suited the needs of older or less mobile prisoners.

The prisons approach to diversity in the kitchen was positive, providing the necessary training in 10 different languages allowing a wider group of prisoners to gain employment in the kitchen.

Disappointingly, there had been no change from the last inspection to the small number of accessible cells suitable for disabled prisoners to serve a population of over 1300.

Prisoners spoken to on TTM felt safe and supported and in general those separated from mainstream prisoners reported they felt safe. Decisions made by senior management for those located within the SRU and at Disciplinary Hearings were non-discriminatory and they treated each case on an equal basis.

The kitchen ensured that a diverse range of prisoners were able to gain employment through the provision of basic food handling and hygiene training in 10 different languages. Interaction with prisoners in the kitchen provided evidence to inspectors that this was effective. This was seen as good practice.

Induction was offered to all but was not compulsory which is similar nationally. To increase attendance, officers attended the residential areas to encourage participation. This personal engagement appeared to be having a positive effect.

Prisoners with barriers to participating in well-being activity were given support to engage in fitness and health activities. Access to foreign language texts and large print was limited and did not reflect the needs of the prison population. There were no barriers to accessing the library with equal access for all. However, there were limited resources in braille, talking books or foreign languages. The prison offered equal access to all prisoners with regards to visits, programmes and addiction services.

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

It is important to every prisoner that they understand their rights and have opportunities to develop policy that affects them. This was a mixed picture. Prisoners had little voice in changes that affect them, and although there was some evidence of consultation as stated earlier, there was no evidence of where prisoners were engaged or had affected policy change. More could have been done to ensure prisoners were consulted so that they could influence their lives.

However there was also some good examples of empowerment. There was lots of relevant information available to prisoners on noticeboards in the halls and activity areas, including events and support groups that were taking place in the prison. Information was also shared with prisoners during their induction and via the prison radio 'Barbed Wireless' and the in-cell TV channel.

Where prisoners identified themselves the need to speak with services, the process of self-referral for supports or access to those agencies based in the prison was at times difficult. Often prisoners had to rely on busy residential staff to refer on their behalf and therefore they were not empowered to take a lead role themselves.

Prisoners understood the process for raising maintenance issues, obtaining essential hygiene items, and clothing. There were examples of staff looking at alternative methods of dealing with those that required privacy during showering, as showers were communal. However, it was challenging for prisoners to have a shower every day due to the high numbers.

Speaking to those on TTM confirmed that they had understood the process and were able to have a voice that influenced the support they required. Narratives in the case file support this.

Although Think Twice - the SPS Anti-bully Strategy, was delivered in an ad hoc way, there were various posters and leaflets in the prison informing prisoners that bullying would not be tolerated and who to go to for help. This must go alongside a formal process.

Each prisoner, whether attending a Rule 95 case conference, a Disciplinary Hearing, being subject to a search or issued with property, was provided with the appropriate support and information to understand the process. However the prison should ensure that management plan documentation and or case conference minutes are routinely provided to those held under Rule 95. Each prisoner was informed of their right of appeal at the Disciplinary Hearing and how to submit the appeal.

The Links Centre Officer met with prisoners to discuss the employment and training opportunities available in the prison, which enabled prisoners to reflect on their employment history and discuss their preferred work parties.

Education inductions were delivered within weeks of a prisoner entering the prison, giving a fuller account of the options available so prisoners could make informed choices of where they wished to work.

There was information available for prisoners on their legal rights, which could be accessed in the library area.

Prisoners had reasonable access to information about cultural events through posters, the radio station and staff information. Prisoners were aware of the different mentoring schemes and 'Listeners' spoke highly of them.

Where they were involved in pre-release planning processes, the prison was ensuring that most prisoners were successfully directed to services who would be able to support them in their transition from custody.

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

In general, staff were aware of, and often very knowledgeable of, the underpinning rules, regulations and laws which related to the quality indicators. Entitlements such as access to fresh air for at least one-hour per day was in place. The only area where there was a slight concern was the First Night in Custody as that did not have a timetable for fresh air. Inspectors were informed that those prisoners did not always get offered fresh air and if this is the case this needs resolved. Those that wished to do so were able to book the minimum visit allocation allowed.

Warrants were checked by trained staff before prisoners were admitted into the prison to ensure they were holding the person legally. Protection of a person's valuables and possessions were handled well ensuring they were held securely until liberation.

In common with other SPS establishments, there was evidence that the prison was not always able to accommodate cohorts separately as set out in the Prison and Young Offenders Rules (Scotland) 2011.


With over 65% of the population sharing a cell, the standard cell space of four meters square per prisoner, excluding the toilet area, was not being met. This was unsurprising due to the overcrowding experienced by HMP Barlinnie where they were holding 300 prisoners more than the design capacity, meaning prisoners were sharing cells originally designed for one. The opening of HMP Glasgow will remove this unacceptable situation.


A robust suite of Safe Systems of Work and Risk Assessment, SOPs and safety audits being conducted within the prison ensured that H&S legislation was adhered to.

Each case where Use of Force was applied was documented and fully explained, identifying the appropriate force used. All evidence checked confirmed that de-escalation was the favoured option at HMP Barlinnie. It was pleasing to note that all planned removals were recorded, which was not always the case in other inspections. However, rule 95(1) was not always being applied alongside the MORS policy.


The Prison Rules were available in all residential areas and within the prison library.


Summary of Inspection Findings

 **Standard 1 Lawful and Transparent Custody**
Satisfactory Performance

 **Standard 2 Decency**
Generally Acceptable

 **Standard 3 Personal Safety**
Satisfactory Performance

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

 **Standard 5 Respect, Autonomy and Protection against Mistreatment**
Generally Acceptable

 **Standard 6 Purposeful Activity**
Satisfactory Performance

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

 **Standard 8 Organisational Effectiveness**
Satisfactory Performance

 **Standard 9 Health and Wellbeing**
Generally Acceptable

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 Performance

Overview

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

HMP Barlinnie performed generally well across the range of quality indicators in this standard. The technical aspects of admission and liberation were carried out to a high standard and staff followed a comprehensive suite of Standard Operating Procedures (SOPs). Inspectors observed that they did so whilst responding to people in custody in a courteous way that encouraged questions and dialogue.

The First Night in Custody (FNIC) experience was less positive, and prisoners reported finding it a bewildering experience with limited information or support. Some of those admissions who arrived late at the establishment did not receive a health assessment.

The process for carrying out cell sharing risk assessments (CSRA) was carried out to a high standard. The induction process was well attended and was a supportive and person-centred event, delivering the core screen to generate referrals to partner agencies, helping with practical issues and assigning job roles with chaplaincy integrated into the process. That said uptake for national induction was disappointing.

HMIPS were very pleased to see that the reception area had been refurbished. The refurbishment, whilst not creating an ideal facility, had made best use of the limited space available. Crucially the small holding cubicles had been replaced with far more suitable larger spaces that were fitted with recessed TV screens and the interview rooms were private. Whilst it was busy, it had a professional and calm atmosphere.

HMIPS Standard 1 Lawful and Transparent Custody – Continued

List of Recommendations

- **Recommendation 1:** SPS HQ, NHS, GEOAmev and partners in the wider criminal justice system should work collaboratively to ensure that people being admitted to prison arrive at a time that enables health professionals and prison officers to conduct appropriate checks.
- **Recommendation 2:** HMP Barlinnie should review the location of the results screen for the body scanner to provide an appropriate level of privacy.
- **Recommendation 3:** HMP Barlinnie should ensure that the adapted changing area for wheelchair users is brought into use and maintained in a state of readiness.
- **Recommendation 4:** HMP Barlinnie should ensure that the shower in the reception area is brought into use and maintained in a state of readiness.
- **Recommendation 5:** HMP Barlinnie should ensure food is available for those being admitted throughout the day, and a hot food item should be part of the provision.
- **Recommendation 6:** HMP Barlinnie should develop an information leaflet covering the first 24 hours in custody, which is kept up to date and issued to all admissions on arrival, translated into their language where appropriate.
- **Recommendation 7:** HMP Barlinnie should ensure that the FNIC process includes information being logged on PR2 to record that all the necessary information has been provided and understood. There should be clear instructions on how to access the prisoner information channel.
- **Recommendation 8:** HMP Barlinnie should develop a process that enables those who require it access to a vape using advanced funds.
- **Recommendation 9:** SPS HQ should review the time restriction on the free minutes allocated to admissions.
- **Recommendation 10:** The SPS should work to ensure that there is adequate capacity for specific cohorts of offenders in its model of population management.
- **Recommendation 11:** HMP Barlinnie should ensure that where there are entitlements, these should be met, for example where remand prisoners are allowed to wear their own clothes but should be allowed in all areas.
- **Recommendation 12:** HMP Barlinnie should ensure that prisoners are informed about their release date, provisional release eligibility dates and updated regarding HDC applications.

List of Good Practice

- **Good practice 1:** HMP Barlinnie used a traffic light system to manage the flow of prisoners from the FNIC area to residential areas and allowed first offenders to extend their stay in the FNIC if required.
- **Good practice 2:** The peer Naloxone training was a good initiative.

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: Generally Acceptable Performance

Overview

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

With HMP Barlinnie opening in 1882 it was one of the oldest prisons in Scotland. Therefore, it was expected that it would be showing signs of deterioration and have difficulties in maintaining an acceptable level of comfort for habitation. Letham Hall (the National Top End Facility) certainly showed this to be the case with the HMIPS report of 2019 identifying that it was in a state of disrepair. This was found still be the case during this inspection some five years later.

Despite this, the communal areas and the halls were tidy, clean, well maintained and in a good state of repair, they were cosmetically sound, bright and freshly painted. The maintenance programme showed that there were 74 outstanding planned jobs and 49 reactive jobs. For a prison of the size of HMP Barlinnie this was very good and better than some smaller prisons seen by HMIPS. In addition, it was recognised that the estates team had only 10 cells out of use, seven of them had been damaged by prisoners, one was closed due to an incident and two required repairs.

Cells at HMP Barlinnie were originally designed for single occupancy and at the time of the inspection nearly 66% of the prison population were being held in shared accommodation. Where cells were shared, there was insufficient space and they fell short of the agreed standard for shared cells of four-square meters per prisoner, excluding the toilet area.

The low number of disabled cells remained unchanged from the 2019 inspection with five in total for a population of over 1300. Inspectors did see evidence of reasonable adjustments in these cells, for example the lowering of the intercom units, installation of grab-rails, and the installation of an in-cell shower in E Hall.

HMIPS Standard 2 Decency – Continued

The communal areas of HMP Barlinnie were clean and well maintained. Given the age of the buildings an expected level of wear and tear was evident but did not significantly impede on the running of the prison. The Industrial Cleaning Party (ICP) were very well trained in all aspects of cleaning including Bio-Hazard. It was found however that cleaning chemicals were not stored securely in some areas and many cleaning chemical dispensing machines were defective.

The prisoner survey found that 93% of prisoners said they could have their clothes and bedding washed every week. Mattresses, towels and bedding was adequate with a good supply held by the prison, the process for replacement was effective and understood by all.

It was seen that on all the halls there were communal showers. They were found to be in an acceptable condition and clean throughout the prison. Whilst communal showering facilities are not desirable, it is understood that HMP Barlinnie were not able to address this. It was clear that due to overcrowding HMP Barlinnie were unable to offer prisoners a shower every day, and this was reflected in the survey that found that only 26% were able to shower daily. Inspectors were however informed by prisoners that staff would always try to facilitate a shower if it were required following a gym session, work or other reasonable request.

The prison laundry was extremely effective and well managed. The 24 prisoners employed there were all found to have accurate training records and were confident in carrying out their role. Prison-issued clothing was found to be in good condition and storerooms were found to contain a sufficient stock of clothing in all sizes. Inspectors did find that there was an insufficient number of waterproof jackets for prisoners to wear when going outdoors. The jackets that were available were of poor quality and not fit for purpose.

Remand prisoners sharing accommodation with convicted prisoners were not permitted to wear their own clothing. This was clearly restricting their right to choose what clothing they were entitled to wear.

The prisoner survey and focus groups reported negatively on the provision of food at HMP Barlinnie, with many reporting that the food was bad or very bad and that they never had enough to eat. It was worth noting however that most prisoners spoken to during the inspection acknowledged that they were in a prison with over 1300 prisoners to feed, and that the kitchen was trying its best for them in difficult circumstances. It was seen by inspectors that the portion sizes provided were good and many prisoners agreed. However as expected, some disagreed and stated they often used the readily available bread and butter to quash their hunger at mealtimes.

HMIPS Standard 2 Decency – Continued

A food focus group had been held in September 2024, and there was some evidence that requests made in this focus group had been delivered in the 2024/25 winter menu. HMP Barlinnie is encouraged to maintain the food focus groups and continue to garner prisoner opinion.

HMP Barlinnie operated a summer and winter menu rotating every three weeks with separate gluten free, kosher, vegan and halal menus and provided meals for religious festivals including Passover, Ramadan and Christmas.

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. It was seen that through choice a prisoner could make unhealthy decisions but could also meet their daily kcal intake through healthier options. In the absence of any legislative or national guidance on what food prisoners must be provided with, HMIPS are unable to comment in greater detail as to what food provision is deemed to be satisfactory.

The “Saffron” catering management software had not been used for some time but was being implemented for use in early 2025 to upload and manage menu choices. Once this software is operational, catering staff intend to promote healthy eating through an easy read traffic light system showing how much fat, saturated fats, sugar and salt are in the food, with green indicators being healthier and to be preferred over those with red. Had this been in place at the time of inspection it would have been recognised as good practice so it would be good to see this in place by the next menu change in the summer of 2025.

It was recognised as good practice HMP Barlinnie's approach to diversity in the kitchen as it provided the necessary training in 10 different languages to allow a wider group of prisoners to gain employment in the kitchen. Training records were checked and all prisoners working in the kitchen and pantries had the necessary training. All kitchen staff were seen to be wearing appropriate clothing whilst working in the kitchen and during the preparation of meals.

HMIPS Standard 2 Decency – Continued

The kitchen at HMP Barlinnie was found to be spacious and fit for purpose with the cooking, storage and preparation areas separated and well maintained. Overall cleanliness of the kitchen and storage areas were good with the weekly and daily kitchen cleaning schedules, supervision notes, temperature checks etc being accurate and properly retained. The hall pantries were observed by inspectors, and all were found to be run effectively and showed a well-polished process to be in place. Heat probes were used in all halls to confirm the temperature of food before serving and accurate records kept on the halls. All pantry men were seen to be wearing whites (or blacks) hats and gloves whilst serving food and were supervised by members of staff at all times.

List of Recommendations:

- **Recommendation 13:** HMP Barlinnie should arrange for all cells to be painted to the required standard.
- **Recommendation 14:** The Scottish Government should take further action to reduce the prison population to a level where single cells in HMP Barlinnie are not routinely having to be used as doubles when the majority are too small for two people.
- **Recommendation 15:** HMP Barlinnie should ensure they address any issues identified in the final structural report for Letham Hall.
- **Recommendation 16:** HMP Barlinnie should ensure that cleaning chemicals are securely stored with access controlled by staff.
- **Recommendation 17:** HMP Barlinnie ensures that Quattro dilution control stations are available for all passmen to use to ensure the safe handling of cleaning chemicals.
- **Recommendation 18:** HMP Barlinnie should aim to offer all prisoners the opportunity to shower daily.
- **Recommendation 19:** HMP Barlinnie should allow all remand prisoners the choice to wear their own clothing.
- **Recommendation 20:** HMP Barlinnie should ensure that good quality, easily accessible waterproof jackets are available for all prisoners when required.

List of Good Practice

- **Good practice 3:** The prison's approach to diversity in the kitchen by providing the necessary training in 10 different languages allowing a wider group of prisoners to gain employment in the kitchen.

Standard 3 - Personal Safety

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

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

Inspection Findings

Overall Rating: Satisfactory Performance

Overview

In this standard, one quality indicator was rated as good performance, two were rated as satisfactory, three were rated as generally acceptable performance and one was rated as poor performance, giving an overall rating of satisfactory performance. There were six examples of good practice and 11 recommendations for improvement.

Talk to Me (TTM) was managed well with a robust audit process in place led by a Wellbeing Manager. The documentation was of a good quality and case conferences were detailed. There is a recommendation that the remainder of the observation cells are upgraded to a better standard. The SPS should develop a specific self-harm strategy to support those in a period of crisis. Mental health first aid training was noted as an area of good practice for those working within the High Dependency Unit. It is recommended that this is extended to all staff.

As highlighted in the HMIPS 2019 inspection, the application of the MORS policy was not in line with SPS policy requirements, and clarity is required from the NHS provider. The establishment had ensured a work-around process was in place, which was overseen by dedicated support and wellbeing FLMs, excellent records and referral processes onto the Wellbeing Centre and Drug Liaison Officer to support these individuals. With regards to the application of Rule 41 there was no information available, and it is recommended that the application of this is reviewed collaboratively between HMP Barlinnie and the NHS.

In relation to safety risk identification, analysis and mitigations, there were robust processes and meeting structures in place, with earlier identification of potential risks and mitigation. This was noted as an area of good practice. A recommendation was made to ensure that the application of MORS be included on the corporate risk register, as this sits outwith HMP Barlinnie's control.

HMIPS Standard 3 Personal Safety – Continued

The HMIPS pre-inspection survey highlighted that 62% of prisoners who responded felt safe most of or all the time, with 20% reporting feeling unsafe some of the time. The survey did highlight some concerns around staff behaviours. However, during the week of inspection, the inspection team concluded that it was a safe place to live and work.

Disappointingly, the Think Twice (TT), the SPS Anti-bullying Strategy - was underused and inspectors struggled to identify those that had been involved in the policy. Although there appeared to be some anecdotal evidence that staff did deal with bullying or intimidation when observed, there was no evidence of the TT process being followed. Most staff said they would report bullying by way of an intelligence report, which should be commended, as it keeps the IMU up to date with information, but HMP Barlinnie must seek to use the TT policy in a more formal way and a recommendation has been made in this respect. A recommendation is made that the well-being centre is fully utilised to support those who have been victims of bullying and harassment, as this is a positive resource.

With regards to operational readiness, HMP Barlinnie was in positive place. SOPs and contingency plans were in place to deal with a multitude of incidents. Testing of the command room was a regular occurrence with tactical decision-making being used to also assess operational readiness. One issue was around the personal alarms which have come to the end of their life cycle. The access control method for the kit store was noted as an area of good practice.

Health and Safety (H&S) in the prison was rated as good practice. The H&S Coordinator was very knowledgeable and organised. Policy and guidance were accessible to staff through the local H&S SharePoint site. This site also contained a raft of Safe Systems of Work (SSOW) and Risk Assessments (RA). H&S meetings were held quarterly and there were good examples of reports from Senior Managers following their H&S visits to the residential halls, highlighting issues that needed to be addressed.

HMIPS Standard 3

Personal Safety – Continued

List of Recommendations:

- **Recommendation 21:** HMP Barlinnie should consider converting some observation cells to the same standard as the safer cells.
- **Recommendation 22:** SPS HQ should ensure a self-harm policy is introduced.
- **Recommendation 23:** SPS HQ should extend Mental Health First Aid training to all staff.
- **Recommendation 24:** HMP Barlinnie's application of MORS should be brought into line with SPS national policy or identified as a corporate risk.
- **Recommendation 25:** HMP Barlinnie and the NHS should review how rule 41 are applied within to assure itself that they are supporting the most vulnerable.
- **Recommendation 26:** HMP Barlinnie should ensure that the Think Twice policy is adhered to, and that training is given to all staff so they can support those affected by bullying and intimidation.
- **Recommendation 27:** HMP Barlinnie should ensure a clear monitoring and recording process for all instance of bullying, harassment or intimidation, not just violent events, via the Violent Incident Reports process. These should be discussed at the Good Order meeting.
- **Recommendation 28:** HMP Barlinnie should reinvigorate the national SPS Think Twice policy.
- **Recommendation 29:** HMP Barlinnie should fully utilise the radio station and peer mentors to support victims of bullying and or harassment.
- **Recommendation 30:** HMP Barlinnie should consider a new alarm system that identifies who is carrying an alarm.
- **Recommendation 31:** HMP Barlinnie should ensure that if required a fire notice in the occupant's own language should be issued when allocated their cell.

List of Good Practice

- **Good practice 4:** Dedicated FLM in place for TTM, as recommendation from the previous HMIPS inspection in 2019.
- **Good practice 5:** Mental Health first aid training provided to staff in the High Dependency Unit in D Hall.
- **Good practice 6:** Development of the Well Being Centre to support all within the establishment to avoid social isolation.
- **Good practice 7:** HMP Barlinnie has robust intelligence process in place, which identify potential risk and meeting structures in place to ensure risks are identified quickly and mitigations put in place.
- **Good practice 8:** The controlled access process and monitoring for accessing the kit store.
- **Good practice 9:** The H&S Coordinator had developed a comprehensive SharePoint for all health and fire safety documentation, which was categorised per area. It was up to date and easy for all to use.

Standard 4 - Effective, Courteous and Humane Exercise of Authority

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

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

Inspection Findings

Overall Rating: Satisfactory Performance

Overview

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

HMP Barlinnie had good practices in place to support the safety and security of those who worked and lived there. In particular, the use of Body Worn Video Cameras during planned removals, the processing and auditing of Use of Force (UoF) forms, together with IMU input into the establishments Tactical Tasking meetings was good.

The management of Rule 95s was good, with prisoners given the opportunity to have a voice. Inspectors were advised by the Separation and Reintegration Unit (SRU) FLM that all prisoners in the SRU were provided with a Prisoner Information Booklet on admission, which set out the regime and privileges within the SRU. The adjudication process was observed, and each Disciplinary Hearing had a person-centred approach, offering support, guidance, opportunities to change and ensuring each prisoner was given an opportunity to be heard.

There was a process for prisoners to get access to their property and personal cash. Reception processes were robust, and all property was recorded on the prisoner's property card. However, the establishment have some work to do to address the HMIPS Pre-Inspection Survey findings which advised that 80% of respondents felt that the system for accessing personal property in HMP Barlinnie worked badly. The establishment had an article allowed in use policy which informed prisoners of their entitlements. Access to Prisoners Personal Cash (PPC) was available to all prisoners through canteen and sundry purchases on a weekly basis. Families were able to hand in cash and deposit cash to their loved ones online and via an ATM in the vestibule.

HMP Barlinnie had a dedicated staff group to complete Mandatory Drug Testing (MDT), and tests were conducted within a separate area off the main reception area of the prison. The staff were suitably trained and were knowledgeable about the MDT process.

HMIPS Standard 4

Effective, Courteous and Humane Exercise of Authority – Continued

List of Recommendations:

- **Recommendation 32:** HMP Barlinnie should encourage staff to use rigid cuffs during all removals as a safer option.
- **Recommendation 33:** HMP Barlinnie should ensure that a consistent VIRS form is used for all violent incidents.
- **Recommendation 34:** HMP Barlinnie should ensure that there is adequate staff cover for the SRU during lunch break so that the patrol period is not prolonged.
- **Recommendation 35:** Greater Glasgow & Clyde Health Board should ensure that there is a representative from NHS at every Rule 95 case conference.
- **Recommendation 36:** HMP Barlinnie should ensure that the Management Plan documentation and or case conference minute is routinely provided to those held under Rule 95.
- **Recommendation 37:** HMP Barlinnie should ensure that all prisoners being managed under the MORS policy are placed on Rule 95(1).
- **Recommendation 38:** HMP Barlinnie should ensure that cell searches for those managed under SSM are conducted at least once per week and recorded on PR2.
- **Recommendation 39:** HMP Barlinnie should ensure that prisoners are given a reasonable explanation as to why their cell is being searched.
- **Recommendation 40:** HMP Barlinnie should ensure that before commencing a routine cell search, a copy of the prisoner's property card is obtained from reception prior to conducting the search.
- **Recommendation 41:** HMP Barlinnie should ensure that all cells are searched at least three times per year, once in every four-month period and that the searches are recorded on PR2. The establishment should also ensure that FLMs are aware of how to prioritise which cells require to be searched based on the PR2 report.
- **Recommendation 42:** SPS HQ should install the drone tracker systems in all prisons.

List of Good Practice

- **Good practice 10:** The use of body worn video cameras during planned removals.
- **Good practice 11:** Good processing and auditing of UoF Forms.
- **Good practice 12:** All prisoners in the SRU were provided with a copy of the Prisoner Information Booklet on admission, which set out the regime and privileges within the SRU.
- **Good practice 13:** The introduction of the ATM machine in the vestibule of the prison for families to deposit money to their loved ones.

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 Performance

Overview

Three quality indicators were rated as satisfactory and five were rated as generally acceptable, giving an overall rating of generally acceptable. There were nine recommendations for improvement and no examples of good practice.

The wealth of experience and confidence amongst the staff group was clear the see. In the HMIPS pre-inspection survey, 55% of prisoners said they were treated with respect by staff all or most of the time. Fifteen percent reported rarely or never being treated with respect by staff. Inspectors did not witness any negative behaviours towards prisoners during the week of the inspection, but it was difficult to observe relationships because the halls were quiet with most prisoners locked in their cells. Prisoners in D hall and E hall were much more positive about their relationships with staff. This could be because they had more time out of their cell to get to know each other and build these important relationships. Prisoners were also extremely positive about their relationships with staff working in the activity's areas and the wellbeing hub.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

Due to the prison being overcrowded, HMP Barlinnie had a mixed category of prisoners co-located in A and B Hall. Although C hall was all remand prisoners, there were too many prisoners that required to be kept separate to allow more time out of cell. The antiquated design of the halls was also such that it was difficult to have prisoners open and keep them safe. Therefore, it was more challenging for the prison to allow time out of cell in these halls. Prisoners in these halls who did not work were locked up for 22-23 hours every day. Some spoken to reported that when they were eventually opened they could be quite frustrated, and that staff were often short with them which was a bad mix. These findings correlate with the findings in our 2019 report. HMP Barlinnie should reflect on this and consider what they can do to allow more interaction between residential staff and prisoners and thereby improve relationships. SPS HQ may also wish to consider the staff levels in HMP Barlinnie, and whether they are sufficient to offer a decent regime.

There were mixed reports about the personal officer scheme. Prisoners reported often waiting a long-time following admission to be told who their PO was, that it was difficult to track them down and they were not spoken to regularly. However staff spoken to felt they had time to do the PO role effectively.

There was limited space available in the residential halls for staff to have confidential conversations with prisoners due to the design of the building. Although confidential paperwork was kept out of sight of prisoners and locked away overnight, the process of noting on the cell door sign that someone is on TTM should be ceased as this information should be kept confidential. Staff were also observed shouting prisoners' names and the reason they were required which was sometimes on a confidential nature. This should be discouraged.

The environment in HMP Barlinnie was orderly and well controlled, and staff reported that the regime ran smoothly. This was easier to achieve because many prisoners were locked up for most of the day. The residential staff worked well together as a team, communicating with each other continually to ensure the safe running of the halls.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

Most prisoners who left comments on the pre-inspection survey wrote about the regime, purposeful activity and the amount of time they spent locked in their cells. Many reported that they were spending around 23 hours per day locked in their cells. The main reason for this appeared to be because of overcrowding. Two out of the five halls housed mixed categories of prisoners, so it was difficult for the prison to keep them all separate whilst providing a good and equitable regime. D and E hall had a better regime, mainly due to E hall having the same category of prisoner throughout the hall and D hall being smaller areas. SPS HQ should review the categories of prisoners held in HMP Barlinnie once the national prison population has reduced, to allow those living there to be offered a better regime and more time out of cell.

The Prisoner Information and Action committee (PIAC) process was not consistent or embedded across the prison. PIACs had taken place in all halls prior to the inspection taking place. Inspectors spoke to the staff who had organised them and some of the prisoners who had attended them. There were mixed reports on how often they were taking place, how useful they were and whether things changed as a result.

The Prison Rules were available in all residential halls offices but there was no signposting to inform prisoners where they were held. There were also copies in the prison library alongside a good selection of legal texts.

There was no evidence found of information available in other languages on the halls. But there was a poster in 12 languages informing non-English speaking prisoners to speak to an officer if they needed a form in a different language. Some staff told inspectors that they could print off certain forms and information in other languages, others did not know the process and there were also reports of foreign nationals translating for each other. There was information in the induction material about access to legal representatives and foreign national entitlements, and the material was available in other languages.

If a solicitor needed to see their client it was a drop-in service rather than a pre-booking system. Staff reported that it ran smoothly and that prisoners were able to see their agents quickly.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

The HMIPS pre-inspection survey informed us that most prisoners (80%) said that the complaints system worked badly or very badly. Our IPMs also told us that the system was poor, and they had received reports of staff destroying forms and prisoners not receiving a reply. Prisoners also complained to inspectors during the inspection that the forms were not always freely available on the hall and therefore they had to ask for one, and that they felt pressure from staff not to complain. PCF1s and PCF2s were available in all areas at the time of the inspection. The guidance stated that a PCF1 should be handed to staff and that they should discuss and try to resolve the issue. If it cannot be resolved the PCF1 is passed to an FLM. Whilst HMIPS agrees that it is good practice to try to resolve issues at first instance, once a PCF1 has been completed it should go directly to an FLM as per the relevant GMA. Complaints boxes should be made available so that prisoners can submit a complaint without the need to approach a member of staff should the FLM not be available. Envelopes for PCF2s were not freely available on all halls.

IPM posters were displayed in all residential halls and throughout the prison, and the contact number was on prisoners' in-cell phones. Prisoners and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and they knew how to contact them, and the local induction material informed prisoners of the IPM role. IPMs completed 79 visits to the prison in the last year and dealt with 138 requests from prisoners, so the service was well used. HMIPS will consider what further work can be done to raise the profile of IPMs.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

List of Recommendations:

- **Recommendation 43:** HMP Barlinnie should consider what can be done to allow more interaction between residential staff and prisoners, thereby improving relationships.
- **Recommendation 44:** HMP Barlinnie should cease the practice of recording that a prisoner is on TTM on the cell door sign.
- **Recommendation 45:** HMP Barlinnie should ensure that SAR forms should be freely available to prisoners within the residential halls and data protection notices should be displayed in every flat, in the languages spoken on the hall. The local induction material should also be updated to inform prisoners how to make a SAR on arrival.
- **Recommendation 46:** HMP Barlinnie should discourage staff from shouting prisoners' names and the reason they are required and instead make use of the intercom system to protect their confidentiality.
- **Recommendation 47:** SPS HQ should review the categories of prisoners held in HMP Barlinnie once the national prison population has reduced, to allow those living there to be offered a better regime and more time out of cell.
- **Recommendation 48:** HMP Barlinnie should review the PIAC process to make sure that meetings are taking place regularly in every hall, that processes are consistent, and prisoners are given the opportunity to put forward items for discussion and provided with an update on progress with the issues they have raised. The local induction material should also be updated to provide an overview of the PIAC process.
- **Recommendation 49:** SPS HQ should update the national induction slides to include information about PIACs process.
- **Recommendation 50:** SPS HQ should introduce a system that tracks each complaint and provides regular updates on progress to the complainer.
- **Recommendation 51:** HMP Barlinnie should advertise the SPS complaints process in the residential halls and install complaints boxes to prevent prisoners having to hand their forms to an officer. Envelopes for PCF2s should also be freely available.

Standard 6 - Purposeful Activity

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

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

Inspection Findings

Overall Rating: Satisfactory Performance

Overview

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

There was a wide range of employment opportunities in work parties that suited the abilities of most prisoners. Those prisoners who attended employment regularly engaged enthusiastically and benefited from a good experience. However there were insufficient employment opportunities for the prison population and all work parties had long waiting lists. Most of the vocational training opportunities were based predominantly on mandatory training requirements for essential services within the establishment. Most prisoners gained the appropriate certifications to carry out these tasks such as Royal Environmental Health Institute of Scotland (REHIS) certificates and SVQ awards in cleaning. Prisoners were provided with information about work party options and encouraged to attend work and advised how to request a change to their work party if required. Some prisoners engaged in good quality work placement opportunities towards the end of their sentence. This supported them well with their transition to the employment market at liberation.

Access to education was available to all prisoners within HMP Barlinnie, although the uptake and attendance was higher in some groups than others. There was good use made of in-cell learning and learning packs, with several hundred being distributed monthly. The range of subjects and the level of uptake in education was good and increasing, however, with a capacity of 42 attendees, there were still some small waiting lists for courses. A small number of prisoners were being supported with their distance learning.

HMIPS Standard 6 Purposeful Activity – Continued

The prison offered a wide range of fitness and health activities in a number of settings across the prison estate and was well attended. The facilities were well equipped with the main gymnasium accommodating up to three separate prisoner groups.

Library provision was rated as poor for a range of reasons such as a limited range of useful materials in the library, with a small and dated book stock and too few CDs and DVDs for the prisoner population. Relatively few prisoners made any use of the library lending services. Library staff were helpful to prisoners and did at times organise author visits but there were very few themed events.

There was a limited range of cultural, recreational and self-help activities and although a few events such as Burns Supper were in place, these were not well designed to enhance understanding of different cultures. Where events were organised there was reasonable uptake. Most events were promoted through the radio station and posters as well as word of mouth.

The prison 'Listener service' was in place along with other peer support services which was a previous recommendation made in 2019. There was training and certification available for mentors, and in some cases, qualifications in volunteering.

There were a number of innovative and supportive activities developed to support the mental health and wellbeing of prisoners. Evening activities on offer in the prison included volleyball; football; chess; reading, and music.

Each area allowed their prisoners access to fresh air daily. The only restriction to fresh air was when it was extremely frosty making the exercise yards unsafe. Although prisoners were provided with warm clothing, outer clothing was not shower/waterproof. The chaplaincy team were visible throughout the establishment and well known to staff and prisoners. The team supplied a good range of religious services for each of the major faiths. Where there were prisoners observing less common religious faiths, the chaplaincy team made every effort to ensure they were provided with the necessary support. There were a number of religious events facilitated throughout the year where individuals could take part in celebrating their religious calendar.

The prison had a wide range of services which supported opportunities for prisoners to meet and interact with their families. Family Contact officers (FCOs) were on hand to offer support to families and good evidence of strong relationships with those visiting at HMP Barlinnie. Additional support came from external partners such as 'The Croft' and the 'PlayStation' Team. A recent addition of a sensory room where families and children could access a quiet space was excellent.

HMIPS Standard 6

Purposeful Activity – Continued

Support for fathers and their children was offered at children's visits area which had a relaxed feel about it. This allowed children to interact in a relaxed environment where they could move around freely. Early Years Scotland work in partnership in providing a 10-week programme for fathers, with a focus on learning together through play. The fathers in attendance spoke positively about the programme stating they felt more confident in communicating with their children. Normal face to face visits offered a relaxed atmosphere with staff conscious of giving families space to engage without compromising in security. There were also a number of information weeks where the partners and visit teams facilitate for families to attend where they were made aware of the supports available to them. There was good use of the virtual visits for families to help maintain contact.

There was a wide range of therapeutic activities available within the establishment including the Hub and the Wellbeing area and both areas were well attended.

For those struggling with addiction HMP Barlinnie's addictions team offered a number of activities including the recovery café which was well received.

Progression and national waiting lists were still an issue, and more needs to be done to meet the needs of the prison population with regards to lack of offending programmes. There were nearly 200 individuals on the list to be assessed for programmes using the Generic Programmes Assessment (GPA).

The Enhanced ICM teams were knowledgeable. Their caseloads were challenging but they had extensive databases to ensure that cases were proactively managed. There was a perception that lifers awaiting a decision for First Grant of Temporary Release were left for a significant time before any update was provided. Although this was not reflected by information from HQ, more work is required to improve communications and perceptions. RMTs and ICMs were facilitated in a person-centred way. There had been a significant focus on improving personal officer engagement led by the Governor, but this was still very much work in progress.

HMIPS Standard 6 Purposeful Activity – Continued

List of Recommendations:

- **Recommendation 52:** HMP Barlinnie should provide more opportunities for prisoners to gain employment specific certification, particularly in the later stages of their sentences prior to liberation.
- **Recommendation 53:** HMP Barlinnie, as a matter of urgency, must take measures to significantly extend the size of, and facilities within, the library.
- **Recommendation 54:** HMP Barlinnie library should work with other areas of the prison to support themed events to promote a better understanding of health, inclusion, or topics of importance.
- **Recommendation 55:** HMP Barlinnie should develop a prison-wide plan of activities and events which include activities to widen the understanding of other cultures and share with staff and prisoners.
- **Recommendation 56:** SPS HQ should increase the number of programmes spaces available to meet the needs of the prison population ensuring that there is provision for those who require these interventions.
- **Recommendation 57:** SPS HQ and HMP Barlinnie should update the local teams, personal officers and prisoners regularly on progress for those applying for a First Grant for Temporary Release.

List of Good Practice

- **Good practice 14:** The education unit have identified external funding to allow prisoners to buy and keep books to support their studies.
- **Good practice 15:** The education staff work well to make best use of learning opportunities for prisoners. They were pro-active in visiting residential halls to find the reasons for non-attendance and actively encouraging prisoners to re-engage. They also promoted helpful in-cell learning packs and have a very high take up.
- **Good practice 16:** HMP Barlinnie are leading a new programme: Healthy Dads, Healthy Kids. This eight-week programme helped educate fathers and their children about the importance of healthy eating and physical activity. HMP Barlinnie were the first prison in the world to introduce this programme in a custodial environment and were disseminating this to other prisons across Scotland by training their PTI staff.
- **Good practice 17:** The level and nature of individual support provided within the Hub was valued by prisoners and was making a real difference to many.
- **Good practice 18:** The 'one stop shop' arrangement in the resource hub where all prisoners have weekly access made it easy for prisoners to get support quickly and discretely from a variety of agencies.

Standard 7 - Transitions from custody to life in the community

Prisoners are prepared for their successful return to the community.

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

Inspection Findings

Overall Rating: Satisfactory Performance

Overview

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

There was a strong engagement between the prison and the range of agencies and services which were key in supporting transitions from custody. These links were well-established at both a strategic and operational level. The prison was supporting developments which were improving collaboration across agencies and addressing the challenges faced in trying to meet the community integration needs of prisoners.

The capacity of the ICM Team was challenged by the size and profile of the prison population. Enhanced ICM processes were well-established and operated effectively. There was good attendance from prisoners, community-based and prison-based social workers. There was evidence of improved attendance of family and personal officers.

There were significant challenges to supporting the timeous engagement of prisoners in development or treatment programmes in HMP Barlinnie. Delivery of recovery groups for prisoners with drug and alcohol issues was well-established, but there were significant waiting lists. The prison had a good understanding of the extent of unmet programme need but were limited in the actions they could take due to the availability of resources.

The pre-liberation process was engaging most prisoners due for release in making plans. Release plans were well developed at this stage and the day of liberation plans were clear. Prisoners appreciated the support they received from Link Centre staff, including staff working for key agencies. Personal officers were not consistently playing a central role in empowering prisoners to ensure they get the advice and support they need.

The prison was not directly providing any throughcare service for prisoners once liberated. However, they had well-established partnerships with key services that were supporting some prisoners and their families on release.

HMIPS Standard 7

Transitions from custody to life in the community – Continued

List of Recommendations

- **Recommendation 58:** HMP Barlinnie should ensure all relevant prisoners benefit from enhanced case management, with reference to the updated guidance, ensure that the ICM team has sufficient capacity.
- **Recommendation 59:** HMP Barlinnie should meet with relevant teams and agencies to develop a plan to improve the capacity of services to support timely access to programmes, to minimise the delays experienced by prisoners.
- **Recommendation 60:** HMP Barlinnie should review current processes for sharing information with prisoners and self-referral to services, to further empower prisoners in making plans for transition from custody. They should involve prisoners in this review to maximise the effectiveness of any required changes.

List of Good Practice

- **Good practice 19:** Resource Hub – this is a large social space where a multi-agency presence was improving access to advice services, government agencies and family support services. Prisoners resistant to formal planning were also able to take advantage of drop in advice and support.
- **Good practice 20:** [Improving Lives Project](#) – including the delivery of 'life skills' workshops and the co-production of materials to improve awareness of and access to pre-liberation planning supports.
- **Good practice 21:** [DWP pilot](#) – was providing enhanced provision of DWP work coaches and pre-release facility to enable access to benefit entitlement on release.

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 Performance

Overview

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

It was the view of the inspection team that HMP Barlinnie was a well-run prison, led by an experienced senior management team. The management team were visible around the prison and staff reported that they were approachable.

In the last full inspection in 2019, it was recommended that Senior Management should provide more visible direction and support for the E&D agenda through attendance at E&D committee, ensuring prisoner representation on the committee and the development of a clear action plan. It was also reported that they should improve the support for the E&D Manager. E&D had improved significantly since our last visit. There was an E&D strategy in place, meetings being held with good attendance including prisoner support. The E&D Manager felt supported by the SMT and staff and was now assisted by a newly created Equalities officer.

Although there were challenges facing E&D such as the sheer numbers of those that were a protected characteristic, it was HMIPS view that more work could be done to improve things. It was pleasing to see staff E&D officers in the residential areas, but HMIPS ask that the prison consider introducing prisoner ambassadors. The 2019 report also made comment on the use of translation services. It was clear that this had improved significantly as the global service reports suggested, but on the front line it was a mixed picture. There was a lack of information, reading material and DVDs in foreign languages. When you looked at the large number of foreign prisoners (141) from 35 different countries, it was a challenge but even the most common languages such as Polish were still limited in reading material, DVDs and basic information. HMIPS feels that the prison could improve on this.

HMIPS Standard 8 Organisational Effectiveness – Continued

HMP Barlinnie had an excellent system for tracking progress against issues raised by scrutiny and oversight organisations. The Business Improvement Manager (BIM) was the responsible person for keeping everything up to date and carried out the role diligently. Where the prison implemented plans to improve performance, there was clear evidence of progress, and all trackers observed were up to date. Staff described the prison as working as one big team and that came across strongly during our inspection. Staff training and core competencies were impressive.

The Learning and Development (L&D) Manager felt supported by everyone at the prison and had recently successfully bid for extra money to train staff in areas such as Dementia and Autism, and the process for next year's bid has already started.

Team building with new operational and direct entrant residential staff was an excellent initiative and one that will continue.

Staff had a good understanding of each other's roles and respected and valued each other's inputs. Good performance was recognised in various ways such as recognition for good work, GIC commendations to staff who had dealt with difficult situations, long service events and the Butler trust awards. However, not having a long service recognition board for staff, recognising their commitment to the prison service, was disappointing, and although not a recommendation we ask that the GIC consider introducing one, or at least plan for it when the new prison opens.

Unlike other prisons, lack of maternity cover was not such an issue for HMP Barlinnie, with only five staff affected. HMIPS have again recommended that SPS HQ should address this nationally.

The prison was effective in fostering supportive working relationships with all their internal and external partners. Engaging with the community was clear to see, especially around the new prison build. There were a number of strong relationships with partners in both the justice sector and the community. The GIC was also visible in the local and national press, where he took every opportunity to enlighten the public as to the good work carried out at the prison but also the absolute need to move to a new modern prison as soon as possible.

HMIPS Standard 8

Organisational Effectiveness – Continued

List of Recommendations

- **Recommendation 61:** HMP Barlinnie should put in place E&D ambassadors from the prisoner population.
- **Recommendation 62:** HMP Barlinnie should ensure that translation services are used for those that indicate they do not speak English and have access to reading and viewing material in their language.
- **Recommendation 63:** SPS HQ should consider the scope for all new residential officers to spend the first three months in operations to acclimatise themselves to the prison environment.
- **Recommendation 64:** SPS HQ should look at adding staffing cover to prison compliments for those on maternity leave.

List of Good Practice

- **Good practice 22:** PRL audits were carried out by managers from other areas to ensure impartiality.
- **Good practice 23:** Team building events held with new recruits (both operational and direct entry residential officers) that developed team cohesion, encourage collaboration, identified strengths and skillsets and understood each other's roles.

Standard 9 - Health and Wellbeing

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

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

Inspection Findings

Overall Rating: Generally Acceptable Performance

Overview

In this standard, four quality indicators were rated as good, four were rated as satisfactory, seven were rated as generally acceptable and one was rated as poor, giving an overall rating of generally acceptable. There were ten examples of good practice and nineteen recommendations for improvement.

During the last inspection at HMP Barlinnie in 2019, the inspection team had significant concerns about the adverse environmental conditions in the healthcare facility, with the severe state of disrepair of the rooms used for healthcare services. The consequent risk posed to both patients and staff required urgent attention, with the fabric of the building compromising infection control and patient care. Because of this, inspectors gave an overall grade of Poor. It is important to highlight that during this inspection, inspectors saw that following significant financial investment into the prison estate, there had been a substantial improvement in the condition of the healthcare facilities. This had not only improved the environment, making it fit for purpose to deliver healthcare services but has had a positive impact for both patients and healthcare staff in the prison.

Whilst inspectors recognised the overall patient experience at HMP Barlinnie was generally positive, this inspection identified areas for improvement, including unmet recommendations since the last inspection. Inspectors are still concerned that the national issue of variations in the performance of the prisoner transport provider GEOAmev, continued to result in patients missing their secondary care appointments, such as hospital and nurse specialists. This is a national issue and had been previously escalated by HMIPS to the Cabinet Secretary for Justice and Home Affairs. HMP Barlinnie continued to collate and present this data at the National Prisoner Healthcare Network and supports patients who have missed appointments to be reappointed.

HMIPS Standard 9 Health and Wellbeing – Continued

During the inspection to HMP Barlinnie in 2019, inspectors recommended that healthcare staff and SPS work together to improve escorts for patients to attend appointments in the Health Centre. It was therefore concerning that there were still ongoing challenges with SPS escorts within the prison. This resulted in significant numbers of patients missing their appointments and healthcare staff's time was not being utilised to its full potential.

HMP Barlinnie had significant challenges with the number of patients being placed on MORS after using illicit substances. This placed an increased workload on healthcare staff which could result in some healthcare services being suspended. Inspectors were told by senior healthcare staff that due to the number of people being placed onto MORS, there were concerns about staff safety and their capacity to adhere to the draft national MORS guidance. The Glasgow City Health and Social Care Partnership (HSCP) had therefore taken the decision to follow their own process across the four prisons in Glasgow. They were however, committed to stay involved with the review of MORS to develop guidance that meets the needs of patients and staff within prison.

At the time of the inspection, there was no clinical lead for the healthcare service and GP sessions were being delivered by agency staff. Inspectors were concerned by the sustainability of this and the potential impact on service delivery. The ongoing fragility of the current medical/GP provision in the prison was a concern. Following the workforce review undertaken at NHS Greater Glasgow & Clyde (NHS GGC), work was ongoing to introduce Advance Nurse Practitioners (ANP) into the healthcare services at HMP Barlinnie. Ensuring the provision of a safe and sustainable service should be Glasgow City HSCP's main priority.

Culture and leadership

The Healthcare Leadership Team in HMP Barlinnie had clear and visible leadership that was well organised and structured which supported person-centred and compassionate care. Staff spoken with described the Management Team as visible and supportive. This again had been enhanced by the refurbishment work that had been undertaken in the Health Centre. The housing of all healthcare staff in the one building has cultivated positive relationships and communication between disciplines.

The introduction of the professional nurse lead role and the inclusion of the HSCP's wider Senior Nursing Team to lead and direct the strategic professional and clinical development of nurses in the Glasgow prisons has also been a positive development for staff. All staff spoken with described feeling well supported by senior managers. Staff were observed to deliver care with a high degree of professionalism and commitment and with a good understanding of the human rights approach and the importance of inequalities-sensitive practice.

HMIPS Standard 9 Health and Wellbeing – Continued

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 inspectors were told all registered staff had completed confirmation of death training.

Primary Care

The immediate health and wellbeing needs of all patients were assessed on arrival at HMP Barlinnie by members of the Primary Care Team using a standardised assessment screening tool. All health screening information was clearly recorded onto the electronic patient care record Vision. As part of the assessment, validated tools were available to carry out drug and alcohol withdrawal screening.

Healthcare delivery at HMP Barlinnie was led by GPs, nurses and some recently introduced ANPs. The Forensic Physician (FP) provided medical cover out of hours, including the weekends. All admissions to HMP Barlinnie were seen by a GP the following day.

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.

Medications at HMP Barlinnie were administered to patients three times a day. The last medication round took place in the early evening, Monday to Friday but was earlier at weekends. This meant that some medications were administered outwith the therapeutic timeframes.

Patients had to regularly wait up to 11 weeks for urgent or emergency appointments and 123 weeks for routine appointments with the dentist. This exceeds the Scottish Government's recommended time of 10 weeks for access to dental treatment in prisons.¹ The Dental Team advised that their time in the prison was predominantly spent treating emergencies. As highlighted during the last inspection, SPS staff did not always bring prisoners to their appointments, resulting in less patients being treated.

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.

1 [Oral Health Improvement and Dental Services in Scottish Prisons: Guidance for NHS Boards](#) Para 3.10

HMIPS Standard 9 Health and Wellbeing – Continued

The clinics were nurse-led with support from the GP's and colleagues in secondary care. Healthcare staff told inspectors that good links had been made with secondary care and community colleagues to support the management of patients with long-term conditions. Patients requiring palliative or end of life care would be identified and be seen by the GP or primary care nurses initially.

Healthcare staff at HMP Barlinnie were able to describe, and were positive about, the links that had been established with community services. The service had a palliative and enhanced care register in place and met regularly with SPS managers to discuss any patients on the palliative care register and or any patients in receipt of care through a regulated care agency.

Infection, prevention and control

It was reassuring to see that since the last inspection in 2019, there had been significant investment by the SPS to improve the environment, making it fit for purpose. This was a positive development for both patients and healthcare staff. PPE and hand hygiene facilities were available. Near patient equipment was in a good state of repair, clean and ready for use.

Infection prevention and control assurance was achieved through a combined care assurance audit tool (CCAAT) which looks at compliance with PPE, staff awareness of infection prevention and control assurance policies and compliance with standard infection prevention and control precautions (SIPCs). Inspectors saw that the completed CCAAT showed 100% compliance.

Staff could access infection prevention and control information through the NHS GGCs staff intranet. Staff inspectors observed were compliant SIPCs.

HMIPS Standard 9 Health and Wellbeing – Continued

Mental health

The Mental Health Team had robust systems and processes in place to monitor referrals and triage. Referrals were being responded to within appropriate timescales depending on the level of risk and the patient's presentation. This was equitable to community provision.

Psychiatry appointments were available for patients with complex needs, and the Psychiatrist attends twice weekly and can attend the prison for patients requiring urgent review and assessment, where deemed appropriate. Recently established timetabled multidisciplinary team (MDT) meetings were taking place, which provided the opportunity to co-work and plan care between disciplines and joint working with the Addictions Team.

The process for completing and accessing patient's clinical healthcare assessments, care plans and risk assessments were found to be complicated and difficult to navigate for the wider healthcare team.

Risk management should be integral to the care planning process. However, care plans were not interlinked to the patient's risk assessment or accessible to the wider healthcare team, as care plans were not recorded electronically on the patient's vision healthcare record.

Substance Use Service

The Addiction Team in HMP Barlinnie presented as a cohesive and focused team that was working hard to recover from a period of significant staffing shortages.

During the inspection, inspectors saw that the team was now fully staffed and were in a remobilisation period, moving from a focus on providing care for clinical priorities, to providing a range of harm reduction and psychological interventions and treatments to their patients who had substance use issues in the prison. These improvements included working towards the implementation of Medication Assisted Treatment (MAT) standards² and care planning for patients on the substance use caseload.

The Addictions Team had access to a range of multidisciplinary professionals. An Alcohol Liaison Nurse was in post. There was a weekly timetabled multidisciplinary allocation meeting to discuss allocation of referrals, current assessments and reviews, and a representative attended from the Mental Health Team.

There were also quarterly Substance Misuse Strategy meetings between the SPS and healthcare, this helped to inform healthcare staff on what substances were in the establishment.

2 MATstandards1and2 <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/pages/11/>

HMIPS Standard 9 Health and Wellbeing – Continued

List of Recommendations

- **Recommendation 65:** Glasgow City Health and Social Care Partnership (HSCP) should develop guidance and a Standard Operating Procedure (SOP) to support the admission process including the assessment of a person's fitness to remain in custody.
- **Recommendation 66:** SPS HQ and Glasgow City HSCP must work together to ensure that there is a robust process in place to ensure that people arriving late to the prison receive a formal health screening assessment before they are admitted into the prison.
- **Recommendation 67:** HMP Barlinnie and GEOAmev must facilitate patients' attendance at appointments to secondary care.
- **Recommendation 68:** HMP Barlinnie and Glasgow City HSCP must work together to ensure that patients are supported to attend healthcare appointments within HMP Barlinnie.
- **Recommendation 69:** SPS HQ, HMP Barlinnie, Glasgow City HSCP and other stakeholders should continue to work together to develop MORS guidance that can be adapted to meet the needs of patients and staff in individual settings.
- **Recommendation 70:** Glasgow City HSCP should review the assessment, care planning and recording of clinical information to ensure up-to-date clinical information is recorded and shared with the healthcare team.
- **Recommendation 71:** Glasgow City HSCP should ensure that there is written protocols for discharge planning for people who require follow up from Mental Health services on liberation.
- **Recommendation 72:** Glasgow HSCP must as a priority work towards the implementation of Medication Assisted Treatment (MAT) standards and care planning for patients on the substance use caseload.
- **Recommendation 73:** Glasgow City HSCP must ensure that patients identified as requiring intervention, treatment and support by the Substance Misuse Team receive the regular planned interventions and care planning.
- **Recommendation 74:** Glasgow City HSCP must ensure that individual care plans are person centred and in place for all patients receiving care from the Addictions Team.
- **Recommendation 75:** Glasgow City HSCP and HMP Barlinnie staff should continue to work together to ensure that medications are administered when therapeutically appropriate and with the correct time between doses.
- **Recommendation 76:** Glasgow City HSCP must improve access to dentistry in line with national waiting times standards.
- **Recommendation 77:** HMP Barlinnie and HMP Barlinnie management should ensure that patients are escorted to dental appointments.

HMIPS Standard 9 Health and Wellbeing – Continued

- **Recommendation 78:** Glasgow City HSCP must ensure that all healthcare professionals are adhering to the SPS suicide prevention TTM strategy.
- **Recommendation 79:** Glasgow City HSCP should ensure complaints are responded to as per the timeframes on the policy available to patients.
- **Recommendation 80:** Glasgow City HSCP should ensure learning from complaints is discussed and shared with the Healthcare Team.
- **Recommendation 81:** SPS and Glasgow City HSCP should have systems in place that allow healthcare staff to easily manage the healthcare environment.
- **Recommendation 82:** Glasgow City HSCP should ensure that there is a robust and sustainable medical service at HMP Barlinnie.
- **Recommendation 83:** Glasgow City HSCP should implement a process to collect and record patients' feedback.

List of Good Practice

- **Good practice 24:** Healthcare referrals were triaged by the primary care nurses three times daily. This ensured that any emergency referrals could be actioned quickly.
- **Good practice 25:** Multimedia had been utilised to provide video and audio presentations on a range of topics to increase awareness and engagement with healthcare services available within HMP Barlinnie.
- **Good practice 26:** To reduce stigmatisation, peer support would arrange for Nyxoid to be delivered to people's cells prior to liberation.
- **Good practice 27:** A wider peer mentor role programme was in place including skills sharing information on Tobacco, Vape and Second-Hand Smoke information, Alcohol Brief Intervention, Naloxone, Oral Health and Healthy Minds Sessions.
- **Good Practice 28:** An Occupational Therapy Service has been established in the prison. The service focused on health inequalities and prevention by supporting people to overcome barriers to engage with health services, prison-based activities, and support them to explore occupations which provide them with meaning and purpose, to support community integration.
- **Good practice 29:** Patients were involved in planning and agreeing their care and were given a copy of their treatment plan.
- **Good practice 30:** Nursing staff had also completed training to carry out assessments when an OT or physiotherapist was not available.
- **Good practice 31:** An Alcohol Liaison Nurse had been recruited.
- **Good practice 32:** The dental health support worker offered oral health risk assessments to those prisoners on remand or with less than six months left of their service.
- **Good practice 33:** Patients were given a copy of the prison's 'Our complaints procedure' leaflet when their complaint was acknowledged. This provided patients with an overview of the complaints process and how to seek independent advice from the Scottish Public Services Ombudsman.

Annex A

Summary of Good Practice

REC NO.	QI NO.	GOOD PRACTICE
Standard 1 - Lawful and Transparent Custody		
1	1.5	HMP Barlinnie used a traffic light system to manage the flow of prisoners from the FNIC area to residential areas and allowed first offenders to extend their stay in the FNIC if required.
2	1.9	The peer Naloxone training was a good initiative.
Standard 2 - Decency		
3	2.6	The prisons approach to diversity in the kitchen by providing the necessary training in 10 different languages allowing a wider group of prisoners to gain employment in the kitchen.
Standard 3 - Personal Safety		
4	3.1	Dedicated FLM in place for TTM, as recommendation from the previous HMIPS inspection in 2019.
5	3.1	Mental Health first aid training provided to staff in the High Dependency Unit in D Hall.
6	3.2	Development of the Well Being Centre to support all within the establishment to avoid social isolation.
7	3.3	HMP Barlinnie has robust intelligence process in place, which identify potential risk and meeting structures in place to ensure risks are identified quickly and mitigations put in place.
8	3.6	The controlled access process and monitoring for accessing the kit store.
9	3.7	The H&S Coordinator had developed a comprehensive SharePoint for all health and fire safety documentation, which was categorised per area. It was up to date and easy for all to use.
Standard 4 - Effective, Courteous and Humane Exercise of Authority		
10	4.1	The use of body worn video cameras during planned removals.
11	4.1	Good processing and auditing of UoF Forms.
12	4.2	All prisoners in the SRU were provided with a copy of the Prisoner Information Booklet on admission, which set out the regime and privileges within the SRU.
13	4.6	The introduction of the ATM machine in the vestibule of the prison for families to deposit money to their loved ones.

Standard 5 – Respect, Autonomy and Protection Against Mistreatment

Nil

Standard 6 – Purposeful Activity

- 14 6.3 The education unit have identified external funding to allow prisoners to buy and keep books to support their studies.
- 15 6.3 The education staff work well to make best use of learning opportunities for prisoners. They were pro-active in visiting residential halls to find the reasons for non-attendance and actively encouraging prisoners to re-engage. They also promoted helpful in-cell learning packs and have a very high take up.
- 16 6.4 HMP Barlinnie are leading a new programme: Healthy Dads, Healthy Kids. This 8-week programme helped educate fathers and their children about the importance of healthy eating and physical activity. HMP Barlinnie were the first prison in the world to introduce this programme in a custodial environment and were disseminating this to other prisons across Scotland by training their PTI staff.
- 17 6.6 The level and nature of individual support provided within the Hub was valued by prisoners and was making a real difference to many.
- 18 6.6 The 'one stop shop' arrangement in the resource hub where all prisoners have weekly access made it easy for prisoners to get support quickly and discretely from a variety of agencies.

Standard 7 – Transitions from Custody to Life in the Community

- 19 7.1 Resource Hub – this is a large social space where a multi-agency presence was improving access to advice services, government agencies and family support services. Prisoners resistant to formal planning were also able to take advantage of drop in advice and support.
- 20 7.1 [Improving Lives Project](#) – including the delivery of 'life skills' workshops and the co-production of materials to improve awareness of and access to pre-liberation planning supports.
- 21 7.1 [DWP pilot](#) – was providing enhanced provision of DWP work coaches and pre-release facility to enable access to benefit entitlement on release.

Standard 8 – Organisational Effectiveness

- 22 8.2 PRL audits were carried out by managers from other areas to ensure impartiality.
- 23 8.4 Team building events held with new recruits (both operational and direct entry residential officers that developed team cohesion, encourage collaboration, identify strengths and skillsets and that understood each other's roles.

Standard 9 - Health and Wellbeing

- 24 9.2 Healthcare referrals were triaged by the primary care nurses three times daily. This ensured that any emergency referrals could be actioned quickly.
- 25 9.3 Multimedia had been utilised to provide video and audio presentations on a range of topics to increase awareness and engagement with healthcare services available within HMP Barlinnie.
- 26 9.3 To reduce stigmatisation, peer support would arrange for Nyxoid to be delivered to people's cells prior to liberation.
- 27 9.3 A wider peer mentor role programme was in place including skills sharing information on Tobacco, Vape and Second-Hand Smoke information, Alcohol Brief Intervention, Naloxone, Oral Health and Healthy Minds Sessions.
- 28 9.4 An Occupational Therapy Service has been established in the prison. The service focused on health inequalities and prevention by supporting people to overcome barriers to engage with health services, prison-based activities, and support them to explore occupations which provide them with meaning and purpose, to support community integration.
- 29 9.6 Patients were involved in planning and agreeing their care and were given a copy of their treatment plan.
- 30 9.6 Nursing staff had also completed training to carry out assessments when an OT or physiotherapist was not available.
- 31 9.7 An Alcohol Liaison Nurse had been recruited.
- 32 9.9 The dental health support worker offered oral health risk assessments to those prisoners on remand or with less than six months left of their service.
- 33 9.13 Patients were given a copy of the prison's 'Our complaints procedure' leaflet when their complaint was acknowledged. This provided patients with an overview of the complaints process and how to seek independent advice from the Scottish Public Services Ombudsman.

Annex B

Summary of Recommendations

REC NO.	QI NO.	RECOMMENDATION
Standard 1 – Lawful and Transparent Custody		
1	1.1	SPS HQ, NHS, GEOAmev and partners in the wider criminal justice system should work collaboratively to ensure that people being admitted to prison arrive at a time that enables health professionals and prison officers to conduct appropriate checks.
2	1.1	HMP Barlinnie should review the location of the results screen for the body scanner to provide an appropriate level of privacy.
3	1.1	HMP Barlinnie should ensure that the adapted changing area for wheelchair users is brought into use and maintained in a state of readiness.
4	1.1	HMP Barlinnie should ensure that the shower in the reception area is brought into use and maintained in a state of readiness.
5	1.1	HMP Barlinnie should ensure food is available for those being admitted throughout the day, and a hot food item should be part of the provision.
6	1.2	HMP Barlinnie should develop an information leaflet covering the first 24 hours in custody, which is kept up to date and issued to all admissions on arrival, translated into their language where appropriate.
7	1.2	HMP Barlinnie should ensure that the FNIC process includes information being logged on PR2 to record that all the necessary information has been provided and understood. There should be clear instructions on how to access the prisoner information channel.
8	1.2	HMP Barlinnie should develop a process that enables those who require it access to a vape using advanced funds.
9	1.2	SPS HQ should review the time restriction on the free minutes allocated to admissions.
10	1.5	The SPS should work to ensure that there is adequate capacity for specific cohorts of offenders in its model of population management.
11	1.5	HMP Barlinnie should ensure that where there are entitlements, these should be met, for example where remand prisoners are allowed to wear their own clothes but should be allowed in all areas.
12	1.7	HMP Barlinnie should ensure that prisoners are informed about their release date, provisional release eligibility dates and updated regarding HDC applications.

Standard 2 – Decency

- 13 2.1 HMP Barlinnie should arrange for all cells to be painted to the required standard.
- 14 2.1 The Scottish Government should take further action to reduce the prison population to a level where single cells in HMP Barlinnie are not routinely having to be used as doubles when the majority are too small for two people.
- 15 2.1 HMP Barlinnie should ensure they address any issues identified in the final structural report for Letham Hall.
- 16 2.2 HMP Barlinnie should ensure that cleaning chemicals are securely stored with access controlled by staff.
- 17 2.2 HMP Barlinnie ensures that Quattro dilution control stations are available for all passmen to use to ensure the safe handling of cleaning chemicals.
- 18 2.4 HMP Barlinnie should aim to offer all prisoners the opportunity to shower daily.
- 19 2.5 HMP Barlinnie should allow all remand prisoners the choice to wear their own clothing.
- 20 2.5 HMP Barlinnie should ensure that good quality, easily accessible waterproof jackets are available for all prisoners when required.

Standard 3 – Personal Safety

- 21 3.1 HMP Barlinnie should consider converting some observation cells to the same standard as the safer cells.
- 22 3.1 SPS HQ should ensure a self-harm policy is introduced.
- 23 3.1 SPS HQ should extend Mental Health First Aid training to all staff.
- 24 3.2 HMP Barlinnie's application of MORS should be brought into line with SPS national policy or identified as a corporate risk.
- 25 3.2 HMP Barlinnie and the NHS should review how rule 41 are applied within to assure itself that they are supporting the most vulnerable.
- 26 3.4 HMP Barlinnie should ensure that the Think Twice policy is adhered to, and that training is given to all staff so they can support those affected by bullying and intimidation.
- 27 3.4 HMP Barlinnie should ensure a clear monitoring and recording process for all instances of bullying, harassment or intimidation, not just violent events, via the Violent Incident Reports process. These should be discussed at the Good Order meeting.
- 28 3.5 HMP Barlinnie should reinvigorate the national SPS Think Twice policy.
- 29 3.5 HMP Barlinnie should fully utilise the radio station and peer mentors to support victims of bullying and or harassment.

- 30 3.6 HMP Barlinnie should consider a new alarm system that identifies who is carrying an alarm.
- 31 3.7 HMP Barlinnie should ensure that if required a fire notice in the occupant's own language should be issued when allocated their cell.

Standard 4 – Effective, Courteous and Humane Exercise of Authority

- 32 4.1 HMP Barlinnie should encourage staff to use rigid cuffs during all removals as a safer option.
- 33 4.1 HMP Barlinnie should ensure that a consistent VIRS form is used for all violent incidents.
- 34 4.2 HMP Barlinnie should ensure that there is adequate staff cover for the SRU during lunch break so that the patrol period is not prolonged.
- 35 4.2 Greater Glasgow & Clyde Health Board should ensure that there is a representative from NHS at every Rule 95 case conference.
- 36 4.2 HMP Barlinnie should ensure that the Management Plan documentation and or case conference minute is routinely provided to those held under Rule 95.
- 37 4.2 HMP Barlinnie should ensure that all prisoners being managed under the MORS policy are placed on Rule 95(1).
- 38 4.3 HMP Barlinnie should ensure that cell searches for those managed under SSM are conducted at least once per week and recorded on PR2.
- 39 4.5 HMP Barlinnie should ensure that prisoners are given a reasonable explanation as to why their cell is being searched.
- 40 4.5 HMP Barlinnie should ensure that before commencing a routine cell search, a copy of the prisoner's property card is obtained from reception prior to conducting the search.
- 41 4.5 HMP Barlinnie should ensure that all cells are searched at least three times per year, once in every four-month period and that the searches are recorded on PR2. The establishment should also ensure that FLMs are aware of how to prioritise which cells require to be searched based on the PR2 report.
- 42 4.10 SPS HQ should install the drone tracker systems in all prisons.

Standard 5 – Respect, Autonomy and Protection against Mistreatment

- 43 5.2 HMP Barlinnie should consider what can be done to allow more interaction between residential staff and prisoners, thereby improving relationships.
- 44 5.3 HMP Barlinnie should cease the practice of recording that a prisoner is on TTM on the cell door sign.
- 45 5.3 HMP Barlinnie should ensure that SAR forms should be freely available to prisoners within the residential halls and data protection notices should be displayed in every flat, in the languages spoken on the hall. The local induction material should also be updated to inform prisoners how to make a SAR on arrival.
- 46 5.3 HMP Barlinnie should discourage staff from shouting prisoners' names and the reason they are required and instead make use of the intercom system to protect their confidentiality.
- 47 5.4 SPS HQ should review the categories of prisoners held in HMP Barlinnie once the national prison population has reduced, to allow those living there to be offered a better regime and more time out of cell.
- 48 5.5 HMP Barlinnie should review the PIAC process to make sure that meetings are taking place regularly in every hall, that processes are consistent, and prisoners are given the opportunity to put forward items for discussion and provided with an update on progress with the issues they have raised. The local induction material should also be updated to provide an overview of the PIAC process.
- 49 5.5 SPS HQ should update the national induction slides to include information about PIACs process.
- 50 5.7 SPS HQ should introduce a system that tracks each complaint and provides regular updates on progress to the complainer.
- 51 5.7 HMP Barlinnie should advertise the SPS complaints process in the residential halls and install complaints boxes to prevent prisoners having to hand their forms to an officer. Envelopes for PCF2s should also be freely available.

Standard 6 – Purposeful Activity

- 52 6.1 HMP Barlinnie should provide more opportunities for prisoners to gain employment specific certification, particularly in the later stages of their sentences prior to liberation.
- 53 6.5 HMP Barlinnie, as a matter of urgency, must take measures to significantly extend the size of, and facilities within, the library.
- 54 6.5 HMP Barlinnie library should work with other areas of the prison to support themed events to promote a better understanding of health, inclusion, or topics of importance.
- 55 6.6 HMP Barlinnie should develop a prison-wide plan of activities and events which include activities to widen the understanding of other cultures and share with staff and prisoners
- 56 6.13 SPS HQ should increase the number of programmes spaces available to meet the needs of the prison population ensuring that there is provision for those who require these interventions.
- 57 6.14 SPS HQ and HMP Barlinnie should update the local teams, personal officers and prisoners regularly on progress for those applying for a First Grant for Temporary Release.

Standard 7 – Transitions from Custody to life in the Community

- 58 7.2 HMP Barlinnie should ensure all relevant prisoners benefit from enhanced case management, with reference to the updated guidance, ensuring that the ICM team has sufficient capacity.
- 59 7.3 HMP Barlinnie should meet with relevant teams and agencies to develop a plan to improve the capacity of services to support timely access to programmes, to minimise the delays experienced by prisoners.
- 60 7.4 HMP Barlinnie should review current processes for sharing information with prisoners and self-referral to services, to further empower prisoners in making plans for transition from custody. They should involve prisoners in this review to maximise the effectiveness of any required changes.

Standard 8 – Organisational Effectiveness

- 61 8.1 HMP Barlinnie should put in place E&D ambassadors from the prisoner population.
- 62 8.1 HMP Barlinnie should ensure that translation services are used for those that indicate they do not speak English and have access to reading and viewing material in their language.
- 63 8.5 SPS HQ should consider the scope for all new residential officers to spend the first three months in operations to acclimatise themselves to the prison environment.
- 64 8.6 SPS HQ should look at adding staffing cover to prison compliments for those on maternity leave.

Standard 9 – Health and Wellbeing

- 65 9.1 Glasgow City Health and Social Care Partnership (HSCP) should develop guidance and a Standard Operating Procedure (SOP) to support the admission process including the assessment of a person's fitness to remain in custody.
- 66 9.1 SPS HQ and Glasgow City HSCP must work together to ensure that there is a robust process in place to ensure that people arriving late to the prison receive a formal health screening assessment before they are admitted into the prison.
- 67 9.2 HMP Barlinnie and GEOAmev must facilitate patients' attendance at appointments to secondary care.
- 68 9.2 HMP Barlinnie and Glasgow City HSCP must work together to ensure that patients are supported to attend healthcare appointments within HMP Barlinnie.
- 69 9.2 SPS HQ, HMP Barlinnie, Glasgow City HSCP and other stakeholders should continue to work together to develop MORS guidance that can be adapted to meet the needs of patients and staff in individual settings.
- 70 9.5 Glasgow City HSCP should review the assessment, care planning and recording of clinical information to ensure up-to-date clinical information is recorded and shared with the healthcare team.
- 71 9.5 Glasgow City HSCP should ensure that there is written protocols for discharge planning for people who require follow up from Mental Health services on liberation.
- 72 9.7 Glasgow HSCP must as a priority work towards the implementation of Medication Assisted Treatment (MAT) standards and care planning for patients on the substance use caseload.
- 73 9.7 Glasgow City HSCP must ensure that patients identified as requiring intervention, treatment and support by the Substance Misuse Team receive the regular planned interventions and care planning.
- 74 9.7 Glasgow City HSCP must ensure that individual care plans are person centred and in place for all patients receiving care from the Addictions Team.
- 75 9.8 Glasgow City HSCP and HMP Barlinnie staff should continue to work together to ensure that medications are administered when therapeutically appropriate and with the correct time between doses.
- 76 9.9 Glasgow City HSCP must improve access to dentistry in line with national waiting times standards.

- 77 9.9 HMP Barlinnie and HMP Barlinnie management should ensure that patients are escorted to dental appointments.
- 78 9.12 Glasgow City HSCP must ensure that all healthcare professionals are adhering to the SPS suicide prevention TTM strategy.
- 79 9.13 Glasgow City HSCP should ensure complaints are responded to as per the timeframes on the policy available to patients.
- 80 9.13 Glasgow City HSCP should ensure learning from complaints is discussed and shared with the Healthcare Team.
- 81 9.15 SPS and Glasgow City HSCP should have systems in place that allow healthcare staff to easily manage the healthcare environment.
- 82 9.16 Glasgow City HSCP should ensure that there is a robust and sustainable medical service at HMP Barlinnie.
- 83 9.17 Glasgow City HSCP should implement a process to collect and record patients' feedback.

Annex C

Summary of Ratings

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

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

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

Annex D

Inspection Team

Stephen Sandham, HMIPS

Jacqueline Clinton, Standard 1, HMIPS

Graeme Neill, Standard 2, HMIPS

Carol-Ann Murray, Standard 3, SPS

Greg Knox, Standard 4, SPS

Kerry Love, Standard 5, HMIPS

Susan McKechnie, Standard 6, SPS

Ian Beach, Standard 6, Education Scotland

John Laird, Standard 6, Education Scotland

Neil Gentleman, Standard 7, Care Inspectorate

Calum McCarthy, Standard 8, HMIPS

James Thomson, Standard 9, Health Improvement Scotland

Elaine Rogerson, Standard 9, Health Improvement Scotland

Catherine Haley, Standard 9, Health Improvement Scotland

Helen Samborek, Standard 9, Health Improvement Scotland

Annex E

Acronyms used in this report

AAW	Accident at Work
ANP	Advance Nurse Practitioner
BBV	Blood-Borne Virus
BIM	Business Improvement Manager
CCAAT	Combined Care Assurance Audit Tool
C&R	Control and Restraint
CSRA	Cell Sharing Risk Assessment
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
E&D	Equality and Diversity
FLM	First Line Manager
FP	Forensic Physician
GGC	Greater Glasgow and Clyde
GMA	Governors and Managers Action
GPA	Generic Programme Assessment
H&S	Health and Safety
HDC	Home Detention Curfew
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
ICP	Industrial Cleaning Party
IMU	Intelligence Management Unit
IPM	Independent Prison Monitor
L&D	Learning and Development
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
LTP	Long-term prisoner

MAPPA	Multi-Agency Public Protection Arrangements
MAT	Medication-Assisted Treatment
MBS	Must Be Kept Separate
MDT	Mandatory Drug Testing & Multi-disciplinary Team
MORS	Management of Offenders at Risk due to any Substance
NRT	Nicotine Replacement Therapy
NTSU	National Tactical Searching Unit
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
OT	Occupational Therapist
PANEL	Participation, Accountability Non-Discriminatory, Empowerment and Legality
PCF	Prisoner Complaint Form
PCMB	Programme Case Management Board
PDP	Personal Development Plan
PEEP	Personal Emergency Evacuation Plan
PER	Personal Escort Record
PGD	Patient Group Directions
PIAC	Prisoner Information Action Committee
PMAG	Prisoner Monitoring and Assurance Group
PPC	Prisoners Personal Cash
PPT	Personal Protective Training
PR2	Prisoner Records Version 2
PRL	Prison Resource Library
PTI	Physical Training Instructor
QI	Quality Indicator
REHIS	Royal Environmental Health Institute of Scotland
RMT	Risk Management Team
RMN	Registered Mental Health Nurse

RRA	Reception Risk Assessment
RRC	Refusal to Return to Circulation
SAR	Subject Access Request
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
SPSC	Scottish Prison Service College
SPSO	Scottish Public Services Ombudsman
SRU	Separation and Reintegration Unit
SSM	Special Security Measure
SSOW	Safe System of Work
SQA	Scottish Qualifications Authority
STP	Short-term Prisoner
TARL	Throughcare Assessment for Release on Licence
TOR	Terms of Reference
TT	Think Twice – The SPS Anti-bullying Strategy
TTCG	Tactical Tasking Control Group
TTM	Talk to Me
UoF	Use of Force
VIRS	Violence Incident Reduction Strategy

Evidence Report

Quality Indicators:

Quality Indicators

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

Rating: Satisfactory Performance

The reception area in HMP Barlinnie managed a high volume of people being admitted from the busy Glasgow courts and arriving via inter-prison transfers or being liberated. Admissions often arrived from court later into the evening. This occurred during the week of the inspection when a number of people arrived after the prison closing time. Some of them did not undergo a health check because they arrived after the nurses' finishing time. In response to this, Inspectors found that officers and administration staff worked beyond their finishing time to process people through reception, demonstrating flexibility and care to ensure admission processes were completed for the evening. Reception officers officially finished at 9.30pm however stayed until midnight one evening during the inspection because 29 admissions were received late, and around half of them were not assessed by a nurse. Therefore Interim Support Plans were put in place until they could be seen the following day. This is not acceptable.

During the inspection, HMP Barlinnie fulfilled its role in providing surge capacity by receiving prisoners diverted from courts further afield due to the allocated prison being full. Whilst the reception area could be very busy and the processes necessarily business-like due to volume and the design of the facility, the staff interactions were observed to be confident, courteous and friendly. Actively checking people understood why they were in custody, letting them know their provisional release dates where appropriate and providing the opportunity for dialogue and clarification.

At the time of the inspection, there were over 130 prisoners registered as foreign nationals on PR2. Staff demonstrated confidence in how to use the translation service and inspectors obtained evidence of its usage, which showed that the service was being used at various points throughout the day to access translation in Vietnamese, Arabic, Albanian, Lithuanian, Mandarin and British Sign Language. The Governor informed inspectors that his officers were trained in this.

HMIPS were pleased to see that since the previous inspection in 2019, the reception area had undergone significant refurbishment and improvement, within the limitations of the space available. It remained somewhat cramped around the entry area compounded by the presence of a large body scanning unit. However it was clean, the décor appeared fresh and the environment well-ordered. Inspectors were particularly pleased to see that the previous unacceptably small holding cubicles had been replaced by larger units that were equipped with integrated TV screens. In addition, the changing areas offered increased privacy due to the design of the door. Notwithstanding this, some staff spoken to felt this impeded their ability to monitor without approaching the cubicle and potentially provoking a reaction from the person inside. Whilst we have not made a recommendation, we would encourage the local

management team to engage with staff to seek feedback on the efficacy of the new reception area.

Regarding the scanning equipment, inspectors considered that a change in the position of the screen where results were viewed could offer more privacy.

The adapted area for wheelchair users was used as a store, and inspectors were assured that the regular cubicles were large enough to accommodate a wheelchair user. Nonetheless the spacious, purpose-built area should be kept in a state of readiness for deployment should it be required in exceptional circumstances.

Inspectors also found that the shower room was not in use. Given that prisoners in the residential areas were not provided with showers daily we considered that it ought to be routinely available in reception.

The rooms used by prison officers and NHS colleagues to interview admissions were adjacent to each other, comfortable and in a location away from the busy entry point. This encouraged a joined-up approach between SPS and NHS colleagues, assured privacy and provided a positive environment in which to conduct a focussed interview and assess risk of self-harm. Inspectors observed an interview and found it was conducted in a courteous and supportive way, which facilitated two-way dialogue and participation, and the individual confirmed that he felt supported. Inspectors spoke to a number of prisoners in reception who provided positive feedback on the experience.

In the HMIPS pre-inspection survey, 42% of respondents indicated that they were treated very or quite well on arrival, whilst a further 46% said they were treated neither well nor badly and 12% reported being treated quite or very badly. Inspectors spoke to people in custody about their first night experience and found a mixed response, with some people confirming the survey results that the staff there had not taken time to reassure them or provide enough information.

The admission process was underpinned by SOPs that emphasised a requirement for positive staff behaviours as well as detailing processes. Staff demonstrated competence and confidence.

Sandwiches were available in the reception area for those arriving too late for the evening meal. Inspectors heard from someone who had arrived after lunch but before the sandwich delivery later in the day and so had not received a meal and considered that the addition of a hot food would be appropriate.

Recommendation 1: SPS HQ, NHS, GEOAmev and partners in the wider criminal justice system should work collaboratively to ensure that people being admitted to prison arrive at a time that enables health professionals and prison officers to conduct appropriate checks.

Recommendation 2: HMP Barlinnie should review the location of the results screen for the body scanner to provide an appropriate level of privacy.

Recommendation 3: HMP Barlinnie should ensure that the adapted changing area for wheelchair users is brought into use and maintained in a state of readiness.

Recommendation 4: HMP Barlinnie should ensure that the shower in the reception area is brought into use and maintained in a state of readiness.

Recommendation 5: HMP Barlinnie should ensure food is available for those being admitted throughout the day, and a hot food item should be part of the provision.

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 Performance

Once processed in reception, prisoners were interviewed by a reception officer and then a nurse to assess any immediate needs and vulnerabilities. All individuals were then taken to the FNIC area unless a safer cell was required in another area.

When people were taken to the First Night in Custody area staff told us they go through initial information verbally. Written material was not provided. Whilst this verbal communication may have benefits, no checklist was completed to provide assurance. Inspectors were told that the prison radio channel was a rich source of information. However, when inspectors asked to see it, it was difficult to find the correct channel and no clear instructions on how to access it.

The HMIPS pre-inspection survey indicated that prisoners believed there was a lack of consistency from staff in relation to providing information. There were further comments about difficulty in obtaining the correct information from staff about access to services because of a lack of knowledge and out of date information. The people inspectors spoke to provided a mixed picture. There were reports that things were much improved in recent years and staff were helpful and courteous, alongside a view that information was limited, and it could be difficult to ask officers for help.

Telephone interpreter services were available via the First Line Manager's (FLM) office.

In terms of additional support there was a passman in the area who was a Listener, and he confirmed that he had been deployed recently.

Inspectors found that the lockfast safes in the cells in the FNIC were all non-functioning and the FLM assured us that this had been reported to the Estates for resolution.

Staff and people in custody told us that it would be hugely beneficial if the prison had arrangements to issue vapes on admission. This is a practice HMIPS have found in other prisons. They also spoke about an issue whereby the 200 free minutes available on the telephones would only refresh for an individual after a calendar month had passed. Therefore, if a person was admitted more than once in that period, there were no free minutes of talk time available for the new admission.

Recommendation 6: HMP Barlinnie should develop an information leaflet covering the first 24 hours in custody, which is kept up to date and issued to all admissions on arrival, translated into their language where appropriate.

Recommendation 7: HMP Barlinnie should ensure that the FNIC process includes information being logged on PR2 to record that all the necessary information has been provided and understood. There should be clear instructions on how to access the prisoner information channel.

Recommendation 8: HMP Barlinnie should develop a process that enables those who require it access to a vape using advanced funds.

Recommendation 9: SPS HQ should review the time restriction on the free minutes allocated to admissions.

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

Rating: Satisfactory Performance

Inspectors observed prisoners arriving at the reception area. They observed an exchange of information at the front desk between the transport and prison staff, via a review of the Prisoner Escort Record (PER), as well as verbal briefing and a formal signed handover, which included the checking of property seals.

The reception officers spoken to were confident, competent and trained in warrants administration. A suite of SOPs were in place and reception officers were observed conducting a seven-point check of the warrant, including identification. There was a follow up process to confirm the warrant via the administration team who followed up on any ambiguity with the court and logged the outcome on PR2. Inspectors requested a list of staff trained in warrants and were provided with a list of ten staff, which appeared low number to ensure service continuity in a large prison. Inspectors were assured that further training was programmed.

A very comprehensive SOP was in place covering the admission procedure. It was clear about the positive behaviours expected of reception staff as they convey information and check understanding. Inspectors observed this guidance being put into practice.

Inspectors also observed administration staff and officers working effectively together to process warrants and checks late in to the evening.

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

Rating: Satisfactory Performance

Officer interviews took place in reception in private rooms where relevant information was gathered and recorded on PR2, including offence, characteristics and risks. Reception Risk Assessments were carried out to assess risk of self-harm. Inspectors

reviewed examples of these and found them to be acceptable, with management assurance checks conducted by the responsible FLM, and further audits completed by the Duty Governor at weekends.

Inspectors observed a RRA interview in which the person had already been in custody on remand and returned from court convicted. The officer checked how the prisoner felt about this and explained that he would be allocated to a different residential area in recognition of the change to his legal status.

Nurse interviews also took place in reception to record and respond to any health care needs or vulnerabilities.

There were cards in the reception holding areas that provided information about the availability of “Listeners” trained by Samaritans. These could be used to discretely alert officers when someone wished to use the service. We considered this good practice.

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: Generally Acceptable Performance

All admissions to HMP Barlinnie were allocated to the FNIC area unless a safer or adapted room was required beyond the capacity in that unit. The FNIC was a busy area that required to continuously move people on to their place of allocation in the wider prison daily, to ensure there was space for new admissions. Staff told inspectors there were challenges in re-allocating people who required protection due to their offence, compounded by overcrowding. It impacted on the ability to create enough daily spaces and was resulting in some people spending longer in the FNIC than necessary.

The FLM told inspectors they used a traffic light system to manage the population flow to other residential areas, aligned with processes to assess and record initial needs and any issues such as enemies. This enabled flexibility for those identified as first offenders to extend their stay to help them acclimatise. A SOP was being drafted to support this helpful local process which we considered to be good practice.

Following their stay in the FNIC, prisoners were allocated to the relevant part of the prison dependent on offence or protection status. This allocation necessarily involved the mixing of people who were remand and convicted status at times. Inspectors found that this created some anomalous in local entitlement issues. For example, whilst those on remand were permitted to wear their own clothing, this was not the case if they were allocated to an area out with the recognised remand hall.

Good practice 1: HMP Barlinnie used a traffic light system to manage the flow of prisoners from the FNIC area to residential areas and allowed first offenders to extend their stay in the FNIC if required.

Recommendation 10: The SPS should work to ensure that there is adequate capacity for specific cohorts of offenders in its model of population management.

Recommendation 11: HMP Barlinnie should ensure that where there are entitlements, these should be met, for example where remand prisoners are allowed to wear their own clothes but should be allowed in all areas.

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

Rating: Satisfactory Performance

Guidance for undertaking CSRA was set out in a SOP and detailed in desk top instructions. Inspectors reviewed a number of CSRAs that had recently been completed in the FNIC area. The narratives recording the rationale for invoking the cell sharing arrangement were suitably detailed and it was apparent that they had considered any relevant information logged on PR2. The assessments were signed off by the officer conducting them, providing assurance that all relevant matters had been considered.

The initial process was assisted by good communications and liaison between reception and the FNIC area, and it was clear that assessments were individualised. Staff spoke about how they had placed some people in single rooms for an initial period when they considered this would benefit the person, despite there being no recorded reason to negate cell sharing.

There was a system of assurance through daily checks by FLMS on alerts generated by PR2 when a CSRA correction needed to be made. In addition, the Business Improvement Manager issued a daily list of any outstanding issues.

Inspectors also saw evidence of the Duty Governor quality checks that were completed on CSRAs across the establishment. These were mostly conducted to a high standard; the checks were thorough and where improvements were required these were communicated as learning points. The establishment had conducted a local audit of standards in August 2024.

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

Rating: Generally Acceptable Performance

Reception officers checked warrants at the initial stage of the admission process and verbally communicated provisional release dates to the prisoner at that point. There was a SOP to underpin this process. Confirmation of the warrant was then conducted through the administration office the next day. There was also a process in place to conduct extra checks when the wording on the warrant was assessed to be ambiguous. This involved the administration staff liaising directly with the courts to gain clarity and obtain an amended extract of the warrant when required. Following this, confirmed liberation dates were annotated on PR2 and provided to the induction area via an electronic spreadsheet on SharePoint, to enable officers to confirm release dates and provide them as part of the induction process the following day.

Conditional release date eligibility dates were not routinely provided, and inspectors found that those being considered for HDC were not routinely kept apprised of the progress of their applications, and as a result inspectors spoke to people who were unsure of their release date. Update letters were generated only in response to specific requests.

Inspectors saw evidence that there had been one case of detention in error and three cases of liberation in error for the year so far. In each case a full investigation had taken place to establish what had occurred and learn any lessons. It was clear from the files that the issues contributing to the errors were of a multi-agency nature.

Recommendation 12: HMP Barlinnie should ensure that prisoners are informed about their release date, provisional release eligibility dates and updated regarding HDC applications.

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: Satisfactory performance

An induction process commenced the day following the first night in custody. A high rate of pre-inspection survey respondents (83%) had indicated they were offered this, which was a more positive outcome than comparator sites. The induction officers told inspectors that they attended the residential areas to encourage participation, and this personal engagement appeared to be having a positive effect. The induction process in HMP Barlinnie consisted of an individualised, one to one interview that took place in the Links Centre with induction officers. It covered the prison regime, use of the phone, online bank details, visits, canteen and services available in the prison.

The core screen was completed as part of induction and referrals to a range of services such as housing were generated by email for partner agencies to pick up. The induction officers also generated internal referrals to the Barlinnie Resource Centre, the Learning Centre and the Mental Health Team. A day 1 induction was provided for all, and a day 2 referral was arranged, if considered necessary, for first offenders and those with further needs. Residential colleagues could also generate referrals to the induction officers to assist with issues such as access to funds. Inspectors saw an excellent example of them working with Citizens Advice assisting a person with no external support to transfer their own funds to their prison account.

Booklets about the prison regime were available in a range of languages. Induction officers were familiar with the process for using interpreter services by telephone, and during the inspection there was an interpreter onsite that they had arranged.

The national induction slides were offered as an input; however inspectors were told that a high number of people decline this opportunity. Considering repeated findings that this is often the case, combined with the fact that the national induction is the only source of information HMIPS are aware of that focusses on human rights in

custody as well as the national Anti-bullying strategy “Think Twice” we considered this should prompt further action from SPS headquarters.

The induction officers told inspectors that they also offered practical assistance and provided examples such as contacting the relevant agencies to take care of pets that had been left in the home without care. There was a chaplaincy presence in the Links Centre as an integral part of the induction arrangements. They gathered details in relation to next of kin. They also offered one to one discussions and responded to issues such as bereavement. We considered this inclusion to be good practice.

A recent local development was that the induction team has taken on labour allocation/employability activity. The FLM conducted the necessary security and enemy checks, and this facilitated the early identification of individuals to undertake trusted roles as well as generating work party lists at an early stage.

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

Rating: Satisfactory Performance

The administration function generated a liberation scroll a day in advance. This was the record of those due to be released and was held in the reception area. In accordance with this the Administration Team also arranged the required travel warrants and liberation grants. Most liberations occurred in the morning, although inspectors were told that release timings could be tailored to suit individual needs. Indeed, inspectors encountered a person who was being released to the Western Isles and found he was able to request an early liberation time to align with his travel arrangements. This was not automatically considered or offered but rather relied on request.

Inspectors observed several people being liberated, one of whom was subject to immigration bail conditions which were read out by administration staff with a copy issued and signature obtained. There was an opportunity to check understanding and ask questions. Identity was checked by asking questions and reference to the PR2, including the photograph. Inspectors observed further identity checks being conducted at the gate area, and observed medication being issued by the NHS.

Property was returned following a check of the property card and clothing racks were pre-prepared in holding rooms within sealed bags. A black hold-all bag was issued enabling property to be carried discretely.

Passmen working in reception played a crucial peer support role. They also maintained a stock of donated clothing for those in need and inspectors saw them issuing a jacket to a person who was being liberated during cold weather.

Personal phones were not routinely charged however inspectors were told that this could be done upon request as part of weekend property requests. There was no local process in place or communication to let people know about this. HMIPS have found good practice in at least one other prison where this was delivered under a local written process.

There were two dedicated pre-release officers. Pre-release planning commenced eight weeks prior to liberation date. This timescale had been extended to accommodate the arranging of bank accounts and cards which the prison undertook in partnership with the Bank of Scotland. Staff assisted with providing identification. Once received, the card goes into the valuable property store for activation on the day of liberation. The prison had opened 435 bank accounts since the scheme started.

Inspectors found that DWP were piloting an arrangement in which claims and advances were set up and appointments prepared for the day of liberation. The Glasgow Homelessness Team were on site and the pre-release officers showed evidence that good working connections had been made with housing providers across Scottish local authority areas. In terms of addiction support, a Wise Group mentor could be arranged to meet the person at the gate on the day of liberation.

Inspectors found that HMP Barlinnie had an effective partnership with the Citizen's Advice Bureau and inspectors were pleased to hear they were developing a peer mentor work party group to support those entering and leaving the establishment. They had prepared a booklet entitled "through the gate" to help people plan release.

Inspectors found that peer Naloxone training was available for anyone with a planned liberation date, via a scheme delivered by NHS. At the time of the inspection there were three trained mentors in place with a further five in training and we considered this good practice. Since November 2021 there had been a 52% uptake with 14% of those being people at risk themselves. Inspectors were told that in 46% of cases where people were not trained this was due to an operational access issue. An example of one such issue was the wearing of the t-shirt which identifies the trainers. NHS told us that some areas of the prison allow this whilst others do not. Whilst we have not made a specific recommendation, we urge that this operational issue is examined collaboratively with SPS.

Good practice 2: The peer Naloxone training was a good initiative.

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

Rating: Poor Performance

HMP Barlinnie is the largest and one of the oldest prisons in Scotland. First opening with the commissioning of A hall in July 1882 followed by four more halls: B, C, D and E, being built in stages between 1882 and 1897.

In the northeast corner of the prison is Letham Hall, this is the National Top End Facility housing long-term prisoners nearing the end of their sentences. This will be referred to separately at the end of this QI.

At the time of the inspection, HMP Barlinnie was in the process of a major project to replace two of the four main boilers for the prison, they were also reaching the end of

the replacement of flooring in all the shower areas of A,B,C,D and E halls and the upgrading of all electrical circuit boards. Pending projects included the replacement of the slate roofs on B Hall and the Health Centre.

At the time of the inspection there were only 10 cells out of use, seven of them had been damaged by prisoners, one was closed due to an incident and two required plumbing repairs. For a prison of this age and size this was an impressive achievement by the Estates Team. It was worth noting that year to date, the cost of criminal damage to cells imposed on HMP Barlinnie by prisoners was over £19k.

Despite the age of the establishment, the communal areas around the prison and in all the halls were tidy, clean, well maintained and in a good state of repair. They were cosmetically sound, bright and freshly painted. Staff and prisoners reported that they knew how to raise concerns, any faults reported were dealt with quickly by the maintenance staff. Requests were logged by operational staff via the "Agility" maintenance system that then graded the requests dependent on urgency. The maintenance programme was viewed and at the time of inspection there were 74 outstanding planned jobs and 49 reactive jobs, for a prison of the size of HMP Barlinnie this was very good and better than some smaller prisons that had been inspected.

Most cells in the prison required to be painted, some had graffiti damage and staining on the walls. The heating system in the cells consisted of two large diameter heat pipes that ran the width of the cell that could not be individually controlled by the occupants. This reportedly made living conditions uncomfortable for a large part of the year. Most cells in the residential blocks lacked sufficient natural light and ventilation for fresh air, with windows in the cells being high and did not let in much natural light. Windows were grilled over and had broad slats on the outside this restricted the amount of natural light and fresh air that could get into a cell.

Cell intercoms were working, and most cells had operational safes for valuables to be stored.

The cells at HMP Barlinnie were originally designed for single occupancy. All had steel framed beds bolted to the floor. The furniture was adequate with some cells having furniture replaced recently, but other cells were tired and along with the cell toilets were showing signs of wear and tear. At the time of the inspection, nearly 66% of the prison population were being held in shared accommodation. Where cells were shared there was insufficient space and they fell short of the agreed standard for shared cells of four-square meters per prisoner, excluding the toilet area.

Each of the residential halls had a disabled cell, this provided five in total for a population of over 1300. Inspectors saw evidence of reasonable adjustments, for example the lowering of the intercom units, installation of grab-rails, and the installation of an in-cell shower in E Hall. Showers in all halls had a separate shower for disabled prisoners with grab rails and seats. All disabled cells had emergency call buttons located near the beds, but D and E halls also issued emergency call wrist bands. The halls had good facilities for the dispersal of medication.

A check found that all cells were certified daily and recorded centrally, any failure to submit such certification triggered an enquiry from management. This was an

improvement from the 2019 HMIPS report that found cell certification checks were sporadic and not robustly managed.

Letham Hall

Letham Hall is the National Top End Facility and is a self-contained, prefabricated, four storey building. It is essentially a number of portable modular units that have been connected and cladded to form one large building.

The HMIPS report in 2019 identified that Letham Hall was in a state of disrepair, and this is still the case during this inspection some five years later.

Inspectors found that all cells were operational, but a large number of them were not being used. Of the 76 capacity only 26 prisoners were resident.

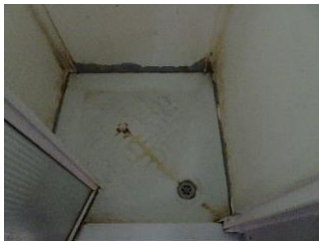
A number of issues were found by inspectors. Windows, flooring, showers, grilles and cladding were all showing signs of decay and in need of either significant repair or demolition. It would not have been helpful to make a large number of recommendations for each, therefore it was fortuitous that HMP Barlinnie had carried out a full detailed structural report for Letham Hall a matter of days before the inspection. This report should feature all that can and cannot be repaired. HMIPS have requested to view this report and are satisfied that through this report HMP Barlinnie will be fully aware of the condition of Letham Hall and can plan for what is required to address each of the issues.

An example of some of the conditions found by inspectors in Letham Hall can be found in the following photographs.

Recommendation 13: HMP Barlinnie should arrange for all cells to be painted to the required standard.

Recommendation 14: The Scottish Government should take further action to reduce the prison population to a level where single cells in HMP Barlinnie are not routinely having to be used as doubles when the majority are too small for two people.

Recommendation 15: HMP Barlinnie should ensure they address any issues identified in the final structural report for Letham Hall.



Shower base – Section 2 – Letham Hall



Showers – Section 2 – Letham Hall



Shower floor – Section 2 – Letham Hall

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: Satisfactory Performance

During the HMIPS inspection of 2019 an infestation of rats in the grounds of the prison was identified. It was good to find that this appeared to have been improved considerably through a contract with a pest control company that carried out monthly checks and implemented preventative measures. Cockroaches were still being reported as a periodic issue and any sightings of vermin was reported by staff through the “Agility” system and dealt with without delay.

The communal areas of HMP Barlinnie were clean and well maintained. Given the age of the buildings an expected level of wear and tear was evident but did not significantly impede on the running of the prison.

The Industrial Cleaning Party (ICP) was managed by two members of staff and had 18 prisoners. They had responsibility for delivering the daily and weekly cleaning programme, responding to all biohazard incidents, deep cleaning requests and the cleaning of a small number of cells belonging to prisoners who due to medical issues required additional cleaning of their cells.

Training records for all 18 ICP prisoners were found to be fully updated, and each were trained to the same “SQA” Cleaning Services and “Kay’s Medical” Bio-Hazard levels. This allowed all the ICP to operate on a 24-hour rota to deal with any biohazard incidents and there were sufficient biohazard response kits distributed throughout the prison. It should be noted that at the time of the inspection, year to date, the ICP had dealt with 1140 minor and 328 major bio-hazard incidents.

Cleaning passmen on the halls received manual handling training and an information booklet titled “Hall Pass Awareness Pack” before they started working. This ensured they were aware of the colour coding of cleaning equipment, the use of cleaning chemicals and how to comply with cleaning schedules that were displayed on most walls in the halls and kitchen.

Prisoners were encouraged to keep their cells tidy and passmen cleaned the cells of prisoners who were not able to care for themselves. Passmen reported that there was always plenty of cleaning equipment available for them to carry out their duties effectively and this was seen to be the case by inspectors.

Cleaning Chemicals were found to be securely stored in A, B, C, D and E halls but not so in Letham Hall, where the cleaning storage cupboard in the dining and other areas was unlocked and could be easily accessed by prisoners. This had already been identified by the prison in previous internal Health and Safety inspections.

It was noted that there was a very small number of “Quattro” dilution control stations, which are used for dispensing concentrated cleaning chemicals simultaneously at the appropriate volume, which were operational in the prison. Some halls and levels had none but the majority that were there were broken.

Recommendation 16: HMP Barlinnie should ensure that cleaning chemicals are securely stored with access controlled by staff.

Recommendation 17: HMP Barlinnie ensures that Quattro dilution control stations are available for all passmen to use to ensure the safe handling of cleaning chemicals.

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

Rating: Satisfactory Performance

Of the total number of respondents to the HMIPS pre-inspection survey, 93% said they could have their clothes and bedding washed every week.

The beds in all halls were of heavy steel construction and bolted to the floor, most reflected the condition of the cells in general, in that they were worn and in need of a coat of paint. Beds were checked as part of the cell certification process. Mattresses, towels and bedding was adequate and like those found in all Scottish prisons. There was a good supply held by the prison centrally and in the halls, and the process for replacements seemed effective and understood by all.

HMP Barlinnie had an effective process in place for the replacement of worn or damaged towels or bedding passing through the laundry, such items would be placed into a bag marked condemned and returned to the halls for replacement. 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.

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 Performance

The HMIPS pre-inspection survey found that only 26% of respondents said they were able to have a shower every day. During the inspection it was found that on all hall's prisoners shared showers and generally they were found to be in acceptable condition and clean throughout the prison. Whilst shared showering facilities are not desirable, at the time of the inspection, it is understood that HMP Barlinnie will never be able to address this. As the facilities for showering were acceptable it was clear that the sheer number of prisoners held at HMP Barlinnie prevented prisoners being offered a shower every day. Inspectors were however informed by prisoners that staff would always try to facilitate a shower if it were required following a gym session, work or other reasonable request.

The survey also found that 53% of the respondents reported that they got all the toiletries they needed from the canteen, while only 7% reported that the prison provided all the toiletries that they needed. In contrast, 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 required.

Recommendation 18: HMP Barlinnie should aim to offer all prisoners the opportunity to 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 Performance

The prison laundry was managed by two members of staff and employed 24 prisoners, who were all found to have accurate training records and were confident in carrying out their role. The prison laundry was found to be extremely effective and well-managed, with each prisoner being allocated a bag with their cell number on it helping to ensure the safe return of clothing. The laundry also had a standalone domestic machine to cater for prisoners with medical conditions that prevented the use of biological powder.

Prison issued clothing was found to be in good condition and storerooms were found to contain a sufficient stock of clothing in all sizes. Prisoners reported that they knew the process in respect of requesting clothing and would receive it when required with no real delay. C Hall only held remand prisoners, and they were permitted to wear their own clothing, but the vast majority chose not to. Remand prisoners in other

halls shared with convicted prisoners were not permitted to wear their own clothing. This was clearly restricting their right to choose what clothing they were entitled to wear.

Inspectors found that generally there was an insufficient number of waterproof jackets for prisoners to wear when going outdoors. The jackets that were available were of poor quality and not fit for purpose. Staff reported that more jackets had been ordered but were not available at the time of the inspection.

Recommendation 19: HMP Barlinnie should allow all remand prisoners the choice to wear their own clothing.

Recommendation 20: HMP Barlinnie should ensure that good quality, easily accessible waterproof jackets are available for all prisoners when required.

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

Rating: Satisfactory Performance

Respondents to the HMIPS pre-inspection survey and focus groups reported negatively on the provision of food at HMP Barlinnie. With 73% reporting that the food was bad or very bad and only 29% saying that they had enough to eat, with requests for more vegetables and less carbohydrates. It is worth noting however that most prisoners spoken to by the inspectors acknowledged that they were in prison with over 1300 prisoners to feed, and that the kitchen was trying its best for them in difficult circumstances.

A food focus group had been held in September 2024 prior to the inspection to allow prisoner engagement in respect of menu choices and for the opinions of prisoners to be considered. There was some evidence that requests made in this focus group had been delivered in the 2024/25 winter menu. HMP Barlinnie is encouraged to maintain the food focus groups and continue to garner prisoner opinion.

It was seen by inspectors that the portion sizes provided were adequate and many prisoners agreed. However some disagreed and stated they often used the readily available bread and butter to quash their hunger at mealtimes.

HMP Barlinnie operated a summer and winter menu, and each were rotated every three weeks. It was good to find that there was separate gluten free, kosher, vegan and halal menus. At the time of the inspection the prison provided meals for 13 kosher, 90 halal, 3 vegan and 10 specialist meals for allergy related requirements. Prisoners with health concerns that demanded a more substantial menu adjustment required a referral to the kitchen by the NHS.

The prison had access to the "Saffron" catering management software, but it had not used it for some time. Inspectors found that some staff were in the process of being re-trained in its use and it would be implemented in early 2025 to upload and manage menu choices.

To provide prisoners with allergen information, a statement on the menu asked prisoners to contact the catering manager but ingredients and calorific or nutritional values of food was not available to prisoners. However, once “Saffron” is operational catering staff intend to promote healthy eating through an easy read traffic light system showing how much fat, saturated fats, sugar and salt are in the food. With green indicators being healthier and to be preferred over those with red. Had this been in place at the time of inspection it would have been recognised as good practice, so it would be good to see this in place by the next menu change in the summer of 2025.

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 to store hot food and manage their own daily food intake at a time of their choosing.

During the inspection, menu choices were decided locally by kitchen staff and not based on any input by a professional nutritionist to provide evidence-based information and guidance on the impact of meals on the health and wellbeing of prisoners. 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. It was seen that through choice a prisoner could make unhealthy decisions but could also meet their daily kcal intake through healthier options. In the absence of any legislative or national guidance on what food prisoners must be provided with, HMIPS are unable to comment in sufficient detail as to what food provision is deemed to be satisfactory.

The kitchen was operated by three managers, a dedicated SVQ catering officer, 11 catering officers and 45 prisoners. It was recognised as good practice the prisons approach to diversity in the kitchen, as it provided the necessary training in 10 different languages to allow a wider group of prisoners to gain employment in the kitchen. Training records were checked and all prisoners working in the kitchen and pantries had the necessary training, All kitchen staff were seen to be wearing appropriate clothing whilst working in the kitchen and during the preparation of meals.

The kitchen at HMP Barlinnie was found to be spacious and fit for purpose. The cooking, storage and preparation areas were separated and well maintained. All foodstuffs used in the preparation of prisoner’s meals were found to be stored in proper conditions and at the correct temperature. All ingredients were found to be in date and of good quality. All meat purchased by the prison was Halal except for sliced sausage and burgers which were prepared in a separate area of the kitchen to prevent cross contamination. Overall cleanliness of the kitchen and storage areas were good with the weekly and daily kitchen cleaning schedules, supervision notes, temperature checks etc being accurate and properly retained.

Due to the size of the prison, the journey for the heated trolleys moving from the kitchen to the hall pantries was challenging, but well managed using a vehicle as all food was found to be hot on arrival at the pantries. All the pantries were observed by

inspectors, and all were found to use heat probes to confirm the temperature of food before serving and accurate records kept on the halls. All pantry men were seen to be appropriate PPE whilst serving food and were always supervised by members of staff.

During the HMIPS inspection in 2019 recommendations were made regarding food temperature checks only being conducted monthly, and prisoners involved in the serving of food on the hall pantries not holding relevant food handling qualifications. It was good to see that both recommendations had been fully addressed during this inspection.

Good practice 3: The prisons approach to diversity in the kitchen by providing the necessary training in 10 different languages allowing a wider group of prisoners to gain employment in the kitchen.

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

Rating: Generally Acceptable Performance.

Throughout the prison, staff evidenced a particularly good understanding of the TTM Policy, with a dedicated FLM overseeing the process, assurance, and training, with training stats at 95%. The dedicated resource has had a positive effect on the quality of the processes. This has been identified as an area of good practice.

Twenty RRAs were sampled and were of good quality. The newly introduced interim support plans were viewed and not fully completed. FLM was aware and training was ongoing. Secondary assurance was completed by the Duty Manager weekly.

There were 13 prisoners on TTM, nine live and nine closed files were sampled, and three prisoners were spoken to. In general, the files were good quality. Electronic concerns forms and concern telephone lines were in place and working well. Staff were knowledgeable about the prisoners under their care which was reiterated by good narratives in the care plans. All files were kept in a confidential manner in keeping with information security.

Several case conferences were attended. The required attendees were present, including a primary care nurse. This would benefit from being a mental health nurse. One prisoner spoken to confirmed they had been asked if they wished family to attend but declined. The case conference was professional, caring, and ensured the required supports were identified and put in place for the prisoner. During observations and feedback, it was clear that staff treated people sensitively and appropriately with consideration to their individuality.

Complex case review (MDHMT) was in place and worked well at providing multi-agency support. Staff within D Hall, High Dependency Unit, had been trained in Mental Health first aid.

Two different types of cells were utilised for TTM, six safer and 11 observation cells. HMP Barlinnie may wish to consider converting some of the observation cells to the

same standard as the safer cell. All cells were clean, well maintained, and had adequate access to safer clothing. All safer cells in use had a preoccupation checklist fully completed.

Good practice 4: Dedicated FLM in place for TTM, as recommendation from the previous HMIPS inspection in 2019.

Good practice 5: Mental Health first aid training provided to staff in the High Dependency Unit in D Hall.

Recommendation 21: HMP Barlinnie should consider converting some observation cells to the same standard as the safer cells.

Recommendation 22: SPS HQ should ensure a self-harm policy is introduced.

Recommendation 23: SPS HQ should extend Mental Health First Aid training to all 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: Generally Acceptable Performance

The first point of contact for any prisoner was the prisoner reception area. It is important therefore that staff take the opportunity to identify any circumstances that may heighten the risk of self-harm or abuse by others. Although this can be challenging for staff to deal with, particularly with new admissions, it is important to the safety of all individuals that staff capture as much information as they can in a safe and trusting way.

Inspectors observed good evidence of a robust admission process that ensured as best as possible that all those entering the prison were safe. Staff showed a proficient level of understanding as to the importance of identifying and dealing with those that appeared vulnerable, either through circumstance, sentence, or personal issues from either in or out of the prison. All available documentation was checked for any evidence that would suggest additional support required.

Those that identified having internal or external issues with others could request protection at any time and there was a process in place to ensure their safety. Inspectors spoke to this group and in general they felt safe. The protection process was being managed well and all documentation viewed was fully completed.

To take care of those with vulnerabilities, it is vital that staff engage at an early stage. Staff were visible throughout the inspection in all areas, to support and identify any issues immediately. There were some good examples where staff assisted those requiring more individual care particularly with medical conditions.

Vulnerable prisoners had individual care plans in place. There was a dedicated High Dependency Unit in D Hall, with higher staffing resource and additional training. The

area was much calmer than the mainstream's accommodation. Inspectors spoke to prisoners who reiterated the benefits of this area. There were excellent links into the wellbeing hub with dedicated days for attendance, and support via complex case reviews. There was occupational therapy taking place within this area and others noted as good practice and should be extended to all areas.

The well-being centre is a therapeutic environment which a wide range of trauma informed support services and activities to support the prisoners. Drug Liaison Officers were in place and met with all those who had been managed under MORS process, offering support with the wellbeing hub.

HMP Barlinnie experienced a high number of prisoners under the MORS, with a dedicated Support and Wellbeing FLM in place who provided training, secondary assurance, and management of the MORS database, which was comprehensive. Twelve closed case files were reviewed, and all were deemed as competent. Glasgow and Greater Clyde Health Board had not signed up to the SPS MORS policy, therefore the policy was not being delivered as per the policy requirements. The establishment had developed a work around which had seen the development of a pack and guidance for staff. The NHS completed an initial assessment and did not take part in the case conference. The doctor then assessed the prisoner to consider removal or extension, nursing staff did not undertake this. This could lead to delays in the time a person was managed under the MORS process due to availability/access to a doctor.

Numbers on Rule 41 appeared to be low considering the size of the establishment and volume of vulnerable individuals. HMIPS are not saying that the application of rule 41 is not being applied correctly but would like to be assured that those requiring support for their mental health are receiving it by a review of the rule 41 process.

Good practice 6: Development of the Well Being Centre to support all within the establishment to avoid social isolation.

Recommendation 24: HMP Barlinnie's application of MORS should be brought into line with SPS national policy or identified as a corporate risk.

Recommendation 25: HMP Barlinnie and the NHS should review how rule 41 are applied within to assure itself that they are supporting the most vulnerable.

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

Rating: Good Performance

HMP Barlinnie analysed potential risks of subversive, aggressive or violent behaviour through several meetings. This includes the monthly Good Order meeting, and monthly Tactical Tasking and Coordination Group (TTCG) meeting. Both meetings have standing agenda items which look at all aspects of subversive and

violent incidents. The Head of Operations chairs the Good Order meeting and attendees include, SMT, the Security Team and FLMs. The group reviews the previous months activity in relation to all security issues, identifies solutions, debriefs incidents and identify areas of good practice.

The Violent Incident Report (VIR) process was reviewed and sampled. There was a process in place and completed by an FLM and Duty Manager on duty. They were also reviewed at the Good Order meeting.

The Intelligence Management Unit (IMU) reported that they received a high number of intel reports for which the staff must be commended. This generated substantial amounts of information that the prison could act upon. The IMU was visited, and robust recording and analysis processes were in place, with a daily briefing with Head of Operations, a tasking database observed and use of dissemination sheets. The IMU worked closely with all areas that ensured actions were taken to proactively identify any risk factors. This was managed via the Intelligence Liaison Officers in each area. The positive relationships with all these areas were evidence throughout the inspection. This was further supported by the recent substantial assurance in a recent Prison Resource Library audit (PRL) in July 2024 for Intelligence.

The TTCG met monthly where it looked at the trend analysis developed by the IMU regarding violence and subversive behaviour. Risk areas were identified, and mitigations put in place to reduce the risk to the prison. All databases were reviewed within in IMU. Head of Operations met monthly with the Police Scotland Divisional Officer, to ensure robust multi-agency working and information sharing.

'Must be kept separates' (MBS) and enemies were available to all staff through PR2, which was designed to minimise contact between those that required to be always separated. This was issued weekly to ensure accuracy. All FLMs and staff throughout the inspection were aware of this.

During the inspection, five prisoners were noted as being managed under Special Security Measures (SSMs). All paperwork was sampled, which was detailed and of good quality. Staff in each area were aware of the requirements, and PR2 held the electronic copy.

HMP Barlinnie were not able to apply the National SPS MORS policy due to on-going challenges with Glasgow and Greater Clyde Health Board. There were a number of people on MORs during the inspection, and a locally developed pathway was in place which kept people safe but did not comply with policy and should be noted as a corporate risk (see recommendation 24 in QI 3.2).

Throughout the inspection, both staff and prisoners noted feeling safe. This was evidenced throughout the inspection in a variety of different areas. The HMIPS pre-inspection survey found that 62% of those who responded felt safe, and Independent Prison Monitors (IPMs) noted that they felt very safe.

Good practice 7: HMP Barlinnie has robust intelligence process in place, which identify potential risk and meeting structures in place to ensure risks are identified quickly and mitigations put in place.

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: Generally Acceptable Performance

Throughout the inspection there were Think Twice (TT) posters in most areas, however no leaflets were seen. The Anti-bullying coordinator was identified as the Head of Operations.

Training stats were requested but not available, therefore inspectors were unable to ascertain the number of staff trained. Therefore, staff awareness and the use of TT was limited. Although most staff had knowledge of the policy, they were unable to explain the process and there was little in the way of evidence of a formal process being in place. More of an ad hoc approach was being used. There was no evidence of any recognised reporting method i.e. submission of Subject of Bullying Reports with most staff using the intelligence reporting process.

There were no records of those that had been challenged for bullying behaviour or for those being the victim. The only place this could be found was on PR2 under risk and conditions. Therefore, it was not easy to identify anyone that could be interviewed who had been challenged or supported in this process.

Staff had a good awareness of risk factors that could lead to this type of behaviour. Staff explained what they would do if they recognised bullying had taken place. In most cases Rule 95 would be used to separate, and staff advise that the PCF2 process would be used to raise an issue of prisoners being bullied by staff. Staff noted that if its staff on staff bullying then the SPS grievance policy would be used.

All violent incidents were reviewed and a VIRS conducted which may identify bullying. Perpetrators were placed on breach of discipline reports.

Under the TT policy, rule 95 should only be used where the behaviour was defined as an assault or at the final stage when the reasons for the bullying have been explored (Persons showing bullying behaviour flow chart). By following the TT policy, placing people of rule 95 could be avoided and the bullying behaviour dealt with at a lower level. FLMS also cited that mediation would be used in some circumstances but there was no evidence to triangulate this.

Recommendation 26: HMP Barlinnie should ensure that the Think Twice policy is adhered to, and that training is given to all staff so they can support those affected by bullying and intimidation.

Recommendation 27: HMP Barlinnie should ensure a clear monitoring and recording process for all instance of bullying, harassment or intimidation, not just violent events, via the Violent Incident Reports process. These should be discussed at the Good Order meeting.

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

Rating: Poor Performance

As stated in QI 3.4 it was difficult to understand how the victims of bullying or harassment were offered support. With no formal tracking process and the limited use of TT in any formal approach, a conclusion was difficult.

Following discussions with the IMU, Head of Ops as well as staff and FLMs, there did seem to be strategies in place when this type of behaviour was identified particularly through intelligence reports. But again, on most occasions dealing with this type of behaviour could be described as ad hoc.

The HMIPS pre-inspection survey highlighted that 62% of prisoners who responded felt safe most or all the time, with 20% reporting feeling unsafe some of the time. The survey did highlight some concerns around staff behaviours. More than 55% reported witnessing staff members abusing, bullying, threatening, or assaulting another prisoner at HMP Barlinnie, and more than 42% reported that staff abused, bullied, threatening, or assaulted or assaulted them. One third reported that they had been abused, bullied threatened or assaulted by another prisoner.

Although not tested, FLMs described that in most cases if bullying was reported they would support the victim by firstly looking at mediation where appropriate and would move the perpetrator or place them on rule 95 if appropriate, but this was not always the case. It appeared that moving the victim to protection or another area was a common approach, which was not in line with the TT policy.

For those experiencing some type of bullying or harassment, the HMIPS pre-inspection survey indicated that 19% had experienced some form of physical abuse. As 71% said they would not report it to staff if they suffered abuse, it would suggest that prisoners were not confident in staff dealing with this type of behaviour.

There is a need to have a more formal approach to victimisation and any recommendations from this QI can be covered in QI 3.4

Recommendation 28: HMP Barlinnie should reinvigorate the national SPS Think Twice policy.

Recommendation 29: HMP Barlinnie should fully utilise the radio station and peer mentors to support victims of bullying and or harassment.

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

Rating: Satisfactory Performance

HMP Barlinnie had a suite of SOPs and contingency plans to respond to a variety of threats to safety or life. SOPs ranged from Ambulance access and egress to staff alarm response. SOP meeting took place monthly, involving all relevant personnel to review as required.

There was a suite of contingency plans in place that were assessed throughout the year through the following methods, tactical decision games, incident debriefing of significant incidents by the Head of Operations. Both good practice and areas of improvement were fed back to the staff involved as a way of improving practices. Copies of contingency plans were viewed in both required locations.

Local incident management exercises had not been undertaken since pre Covid-19, but there was one planned for summer 2025. The local call out list was in place and up to date and was assessed monthly by the Gate FLM in conjunction with Head of Operations. Operational Readiness ICT key role holders were in place and in competency with three staff listed for the next OST Advanced course.

The command room was set up continually and assessed monthly. An emergency kit store and main store were in place. A comprehensive controlled access process was in place, which was an area of good practice. Quartermaster checks were in place and the area was very tidy.

Staff were knowledgeable on when to attend when a personal alarm was activated, with an appropriate SOP was in place. The system was fully functioning, but due to its age the cost of any repairs were expensive. No process in place to identify who was carrying an alarm. Weekly assurance checks were undertaken by the Gate FLM.

The radio system was fully functioning with all operational staff carrying radios. There was a weekly assurance process in place and staff were observed logging on and wearing earpieces. However there was no record sheet within the ECR to identify who had a radio.

Twenty-four body worn cameras were in use as part of a 12-month pilot. eight months into the trial 12-month pilot it was reported that it had been well received by staff. It was used during cell searches, planned removals and deaths in custody. The Head of Operations regularly reviewed the footage.

The learning and development manager confirmed that the establishment was in a good position for operational readiness. See standard 8 for training stats.

Good practice 8: The controlled access process and monitoring for accessing the kit store.

Recommendation 30: HMP Barlinnie should consider a new alarm system that identifies who is carrying an alarm.

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

Rating: Satisfactory Performance

HMP Barlinnie had an impressive approach to Health and Safety (H&S) and took it extremely seriously. The prisons intent and commitment to keeping those that lived and worked in the prison safe was evidenced through the prisons H&S policy. This document outlined all aspects of H&S including information on areas of responsibly, accident reporting, emergency procedures and guidance for all staff.

The H&S Coordinator was extremely knowledgeable and in control of all aspects of H&S within the prison. H&S meeting were held quarterly which included a presentation from the H&S Coordinator covering all aspects of H&S. There was also a tracker in place to assess progress of any actions. All documentation was held on the local SharePoint site.

A robust timetable of auditing was in place with monthly FLM H&S inspections, quarterly Senior Manager H&S inspections, and joint GIC/H&S rep inspections. All findings were recorded on the HMP Barlinnie H&S SharePoint Site. Reports and actions were notified to the appropriate areas with a return to the H&S Coordinator. Any outstanding actions were escalated to the SMT. The H&S Coordinator kept all staff updated with any changes through e-mails and minutes, as well as updating the SharePoint site.

Fire Evacuations were scheduled and actively monitored by the H&S Coordinator via a comprehensive tracker. Not all cells sampled had Fire Action notices in place. Those requiring a Fire notice in their own language had to wait until they attended induction. This was not deemed satisfactory. Induction was not compulsory to attend so those requiring a notice would not get one. Also it maybe a number of days before they did attend induction, particularly if admitted on a Friday meaning that prisoners would be without instructions as to what to do in an event of a fire. Fire notices were readily available online and should be given to those requiring one on allocation of their cell. An example of this was in the FNIC who had copies to hand out to prisoners.

The H&S Coordinator also held a comprehensive suite of Risk Assessments (RA) and SSOW, which were and up to date. These, along with all protocols and guidance for H&S and fire safety could be accessed by staff on the HMP Barlinnie Health & Safety SharePoint site.

Where there were any accidents at work (AAW) paperwork, guidance was sent to the appropriate FLM with a return date. The H&S Coordinator would then follow up with advice where required. All information was stored within the HMP Barlinnie SharePoint site.

For those with mobility issues, the PEEPS register could be found in the relevant areas and on SharePoint so that staff could assist them during evacuation. This was regularly reviewed and updated by the H&S Coordinator.

COSHH registers for both estates and the establishment were viewed, and they were comprehensive and current.

Good practice 9: The H&S Coordinator had developed a comprehensive SharePoint for all health and fire safety documentation, which was categorised per area. It was up to date and easy for all to use.

Recommendation 31: HMP Barlinnie should ensure that if required a fire notice in the occupant's own language should be issued when allocated their cell.

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

Rating: Satisfactory Performance

Use of force (UoF) was undertaken and observed within HMP Barlinnie in line with SPS Rule 91 of the Prisons and Young Offenders Institution (Scotland) Rule 2011 and SOP Use of Force.

All UoF forms were checked and signed by the Head of Operations and located within the Security Unit. Narratives and explanations of removals were of a good quality and level of detail. A random sample of UoF forms were checked. All indicated the appropriate level of force was used, and there was good evidence of planned removals being carried out using 'come along holds', by de-escalation and rigid cuffs being used in non-planned removals, this being a safer option for removal. Following each removal, there was evidence of the prisoner being checked by a member of the NHS medical team. HMP Barlinnie had a SOP for video recording during planned C&R removals, SOP-Sec-01-Ops, which complied with GMA 23A/13 - Use of Video Recording Equipment During Planned C&R Removals. There was evidence of planned removals being recorded by hand-held video and occasionally on a body worn video camera, where available. The use of body worn video cameras was a pilot with limited availability across the establishment. However, its use enhanced the protection of staff from false or malicious allegations and allowed staff to demonstrate the highest levels of professionalism and standards throughout planned C&R deployments. The Security Unit stored all camera evidence and productions relating to incidents, and these were quickly downloaded via a Universal Serial Bus (USB) memory stick for Disciplinary Hearings. There was good evidence of storage and destruction of evidence within the Unit.

During the inspection, a planned removal from the SRU to safer accommodation was observed. Overall, it was considered that the staff dealt with a very difficult situation very professionally and with compassion for the individual in their care. The inspector witnessed staff closely monitoring the individual and used de-escalation techniques to minimise a potential violent incident. Staff explained why he was required to move from his current situation to a safer one. Following intensive dialogue the person was relocated in rigid cuffs after being searched. This removal was also recorded.

HMP Barlinnie had a process to review all violent incidents under the VIRS process within 72 hours. All instances of violence should be reviewed by the area FLM, Security Manager and the Duty Unit Manager, and submitted to the IMU, with information recorded on PR2. A random sample of six VIRS documents were checked; one was incomplete and there was a mixture of forms used. HMP Barlinnie also had a monthly Good Order meeting (Barlinnie's title for the Violence Reduction meeting) mentioned in standard 3, to review incidents of violence with input from the IMU. In addition, there was a monthly Tactical Tasking meeting. These meetings were held monthly but two weeks apart. They were attended by the Governor, Deputy Governor, Head of Operations, Unit Managers and IMU staff.

The prison had a Training Plan that included C&R and PPT. At the time of the Inspection, C&R training was 94% compliant. PPT was recorded as 74% compliance. At the last full Inspection in 2019, it was recommended that the establishment should ensure that 95% compliance with C&R as a priority, so they did well to get to this point.

There was evidence of areas of good practice within the observation of this QI, such as good processes and auditing. However, the inconsistent 'VIRS' forms, the lack of using rigid cuffs in all removals, together with C&R training compliance lowered the rating.

Good practice 10: The use of body worn video cameras during planned removals.

Good practice 11: Good processing and auditing of UoF Forms.

Recommendation 32: HMP Barlinnie should encourage staff to use rigid cuffs during all removals as a safer option.

Recommendation 33: HMP Barlinnie should ensure that a consistent VIRS form is used for all violent 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: Generally Acceptable Performance

HMP Barlinnie SRU had 15 cells. At the time of the inspection there were 12 prisoners held in the SRU. Eleven were held under Rule 95 conditions, and one held under Refusal to Return to Circulation (RRC) conditions.

Although the SRU was in an old building, and it was clean and professionally managed. Staff were knowledgeable about those in their care and had a good understanding of the rules and case conference processes. All prisoners in the SRU were provided with a copy of the Prisoner Information Booklet on admission, which

set out the regime and privileges within the SRU. This was considered as good practice.

All case files were noted on PR2 with no hard copies available within the SRU. The files held self-representations made by prisoners, case conference minutes and appropriate approval of the rule. Each case had activities identified for the prisoners within the area, including access to education materials in their cell, access to visits in the main visit room and the use of the gymnasium in the SRU.

A Rule 95(11) case conference was observed. The discussion focused on the reason the prisoners was located within the SRU and the steps to safely reintegrate the prisoner back into general association. The prisoner's views were taken into consideration, and a clear management plan was put in place and discussed with the prisoner. Whilst there was evidence of the management plan being discussed with the prisoner; they were not routinely provided with a copy of the plan following the case conference. There was no NHS representative at the case conference.

Rule 95 case conference paperwork for prisoners held in the SRU were inspected. All rule 95(11) case conferences were chaired by a Unit Manager and Rule 95(12) case conferences were chaired by the Deputy Governor. There was evidence of a discussion regarding the reason the prisoner was in the SRU and details of their management plan, including a list of activities permitted within the SRU. A narrative of all prisoners held in the SRU was also uploaded to PR2 on a weekly basis.

Each prisoner in the SRU was visited daily by a Unit Manager. The Prison Chaplain was also observed visiting the SRU regularly during the inspection to provide support to a prisoner in the SRU, and there was a process to request to see the Chaplain. The Mental Health Team and GP, where required, also visited the SRU on a weekly basis if there were prisoners located in the SRU who were on their caseload. However, they did not routinely attend Rule 95 case conferences or carry out an assessment on those removed from association for more than a month.

The Deputy Governor and Head of Residential attended the monthly Prisoner Monitoring and Assurance Group (PMAG) meetings, to discuss those serving three months or more within an SRU. The purpose was to support the movement of prisoners who were less able to be re-integrated into mainstream circulation within HMP Barlinnie.

Staffing within the SRU was three officers plus an FLM working a dayshift. The lunch patrol period was covered by SRU staff which resulted in the SRU being on a prolonged patrol period to allow SRU staff adequate time to have a break. The evening patrol was covered by the Operations Group. There was a fully detailed handover in place from shift-to-shift covering all aspects of the SRU including staffing, visits, transfers in and out and detail of activities undertaken by individuals, time in fresh air, access to gymnasium and telephone use.

At the time of the inspection there were four prisoners being managed under the MORS policy. However, only the two prisoners who were in the SRU were removed from association under Rule 95.

Good practice 12: All prisoners in the SRU were provided with a copy of the Prisoner Information Booklet on admission, which set out the regime and privileges within the SRU.

Recommendation 34: HMP Barlinnie should ensure that there is adequate staff cover for the SRU during lunch break so that the patrol period is not prolonged.

Recommendation 35: Greater Glasgow & Clyde Health Board should ensure that there is a representative from NHS at every Rule 95 case conference.

Recommendation 36: HMP Barlinnie should ensure that the Management Plan documentation and or case conference minute is routinely provided to those held under Rule 95.

Recommendation 37: HMP Barlinnie should ensure that all prisoners being managed under the MORS policy are placed on Rule 95(1).

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

Rating: Good Performance

Disciplinary Hearings were held in the SRU at HMP Barlinnie. The room was adequately sized to hold the hearings, and they had two attending officers together with an FLM. All hearings were adjudicated by a Unit Manager.

A Disciplinary Hearing was observed during the inspection, it was well-structured, fair, transparent, and carried out with empathy. The Unit Manager fully understood the process and was given the paperwork at the start of each Disciplinary Hearing. The Unit Manager provided a clear overview of the process to the prisoner and confirmed their understanding. The Unit Manager was mindful of the individual, ensuring the process was individualised and person centred. The Unit Manager ensured the prisoner understood the charge and their rights and gave them an opportunity to enter any mitigation. Where a punishment was the outcome, the Unit Manager considered behaviours and mitigation. The Unit Manager was supportive in their outcome and ensured that any further referrals to other resources were made.

A copy of the Disciplinary Hearing guidance was available in the hearing if required. The appeal process was explained to the prisoner at the time of the hearing outcome. A prisoner was interviewed following the Disciplinary Hearing and advised that he found the hearing to have been fair and felt listened to.

There was a Misconduct Report Sheet available to record the outcomes and it was updated on PR2. An audit of the Disciplinary Hearing paperwork was completed. There was good, detailed information within each section of the paperwork. Paperwork was stored securely within the prisoners warrant file.

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

Rating: Generally Acceptable Performance

At the time of the inspection, there was six prisoners on Special Security Measures (SSM) within the establishment. The Head of Operations had a good knowledge and understanding of the process and the prisoners concerned.

All documentation was inspected and found to be in order. Staff evidenced an understanding of SSM and had been emailed a copy of the relevant paperwork.

The ECR had evidence of the movement of the prisoner and could explain the stopping of movements and radio contact between areas where the prisoner had been located. Other areas in which the prisoner moved to were aware of the measures and actions to be taken.

A prisoner in the SRU confirmed they understood the SSM in force and had been given the opportunity to read, sign and write a self-representation.

A daily security assurance check sheet was completed by FLMs in each area and a Movement Log completed on each movement by ECR staff. The Duty Manager signed them daily.

All prisoners subject to SSM were required to have their cell searched once a week and recorded on PR2. At the time of the inspection, the cell search history was checked, and it found that three out of the six prisoners had not had their cell searched within the previous week or it had not been recorded on PR2.

Recommendation 38: HMP Barlinnie should ensure that cell searches for those managed under SSM are conducted at least once per week and recorded on PR2.

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

Rating: Generally Acceptable Performance

HMP Barlinnie had several types of SOPs to support different types of searching including routine cell, rubdown, body, vehicle and area search. These SOPs were detailed and supported staff in carrying out the appropriate search. Overall responsibility for searching at HMP Barlinnie sat with the Head of Operations, however, as in all prisons a significant amount of searching activity was conducted by staff in other functional areas. The Security Unit conducted searches throughout the establishment and overseen area searches. Cell searches were conducted by residential staff. The establishment's searching practice was also supported by the National Tactical Search Unit (NTSU). Inspectors were unable to observe any area searching during the visit, or screening with search dogs. However the Governor and Head of Operations explained that the NTSU frequently attended the establishment to assist in searching activities.

Inspectors observed a cell search, rubdown searches, and reception searches on admission, prior to external escort, and liberation. Each search was carried out by a minimum of two staff in accordance with searching guidance and was seen to be carried out a high standard.

Cell Searches

The establishment had a process in place to ensure compliance with the Routine Cell Search SOP to ensure that cells were searched at least once in every three months. A PR2 report for A, B, C, D, E and Letham Halls was obtained. The parameter of the PR2 search was 'any cells not searched since 1 July 2024', to capture those cells that had not been searched in a 4-month period. PR2 confirmed that cell searches were carried out as per the SOP. However, the PR2 report identified that there were 20 cells in C Hall, 1 in D Hall and 2 in Letham Hall that had not been searched within the period, or the searches had not been recorded on PR2.

According to the HMIPS Pre-Inspection Survey findings, 43% of those who responded reported never been given a reasonable explanation of why they were searched. However, this was not evidenced during the inspection, as staff were observed to provide prisoners with a clear rationale of why their cell was being searched and the search was conducted in accordance with the SOP for Routine Cell Search SOP. Although a photocopy of the prisoner's property card was not obtained prior to the cell search. In addition, there was no evidence obtained from residential staff or the Reception Manager that a photocopy of the prisoner's property card was routinely requested prior to cell searches.

HMIPS urge the prison to ensure that all prisoners are informed of the reason prior to a search taking place and that a copy of the prisoner's property card is requested prior to each cell search.

Rubdown searches

During the inspection prisoner movements out of the hall and to exercise was observed in B Hall and C Hall, and this was seen to be organised and carried out to a high standard and in accordance with the SOP. All prisoners moving from one area to another were subject to a rub down search and walked through archway metal detector, alongside an FLM using a handheld metal detector prior to leaving the area.

Reception Searches on Admission, Escort, and Liberation

During the inspection, searches on prisoners being admitted, escorted to court/hospital and liberation were observed. The area appeared to be orderly and well managed despite the high numbers moving through the area. All searches were conducted as quickly and decently as possible, and in accordance with the SOP. In addition. An x-ray body scanner was utilised to search prisoners on admission and following receipt of intelligence or reasonable suspicion that an item is being concealed inside an individual's body. Which could not be reasonably identified by any other method.

Recommendation 39: HMP Barlinnie should ensure that prisoners are given a reasonable explanation as to why their cell is being searched.

Recommendation 40: HMP Barlinnie should ensure that before commencing a routine cell search, a copy of the prisoner's property card is obtained from reception prior to conducting the search.

Recommendation 41: HMP Barlinnie should ensure that all cells are searched at least three times per year, once in every four-month period and that the searches are recorded on PR2. The establishment should also ensure that FLMs are aware of how to prioritise which cells require to be searched based on the PR2 report.

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 Performance

The process for receiving, recording and storage of prisoners personal and valuable property and cash was observed. On admission to HMP Barlinnie, prisoners had their property checked and it was then logged onto their individual property cards. Valuables were logged and placed into a sealed bag. The seal number was then logged on the property card and valuables were stored in a locked cabinet within the Reception FLMs office. Prisoners checked the property card and signed for all items. There was a process for non-claimed property and a 'poor box' for clothing which could be reused by those who require it.

There were detailed information available listing items that were allowed in use, on their rack or in a sealed bag in storage. Prisoners were permitted personal clothing and valuables as per the articles in use list. They had the opportunity to place a request to have items posted in. The process was that they complete a request pro-forma and were issued with a specific number. The pro-forma and number were then sent to the family who posted in the parcel or handed it into the prison vestibule, which was pleasing to see. If the parcel did not have the specific number on it the parcel could not be accepted at the vestibule, or if sent, the prisoner was informed they could not receive the parcel, and it was returned to the sender. All clothing posted in went through the vestibule area. It was checked on the database to ensure it had the correct allocated number and was x-rayed. It was then taken to the reception to be processed and swabbed for illicit substances.

The HMIPS pre-inspection Survey findings advised that 80% of respondents felt that the system for accessing personal property in HMP Barlinnie worked badly. However, reception management consider that there was an effective system in place and prisoners could request to be taken to reception at the weekend to exchange, uplift or return property. Reception passmen also considered the process to be robust. Loss of Property Claims were checked and since 2023 to the date of the inspection, there had been forty-three claims received. This appeared quite low given the number of admissions to HMP Barlinnie and contrasted with the findings of the survey. Of this number, 16 claims were rejected following investigation, eight were resolved as the property had either been found by the prisoner or was found in

their personal property, two claim forms were incomplete, one form was sent to HQ as it was a claim for over £1000, and fifteen prisoners were compensated for their loss. This level of compensation equates to approximately 38% (not including the incomplete claims and the claim sent to HQ). It is therefore difficult to draw a meaningful conclusion. However, given the survey findings, HMP Barlinnie may wish to investigate why prisoners have formed this opinion.

Prisoners' families were also able to post money into their loved ones PPC. However, the most secure and efficient way of sending money was via the SPS online banking process. In addition, prisoner's families could deposit money for a prisoner at the ATM located in the vestibule area. The ATM was relatively simple to use, and all families needed to know was the person's date of birth and prisoner number. There was a maximum limit of £50 all convicted prisoners. There is no limit for remand prisoners, however, large or irregular amounts of money would be reported to the appropriate authorities. Those handing in the cash were asked to provide their name, address and relationship to the prisoner. All transactions were issued with a receipt. The ATM machine was seen as good practice.

The establishment had an article allowed in use policy which informed prisoners of their entitlements. Access to PPC was available to all prisoners through canteen and sundry purchases on a weekly basis.

Good Practice 13: The introduction of the ATM machine in the vestibule of the prison for families to deposit money to their loved ones.

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 Performance

Although there was a national contract set up with GEOAmeY, there were times when SPS staff were required to facilitate an escort service. For example in situations where a prisoner requires to be escorted and held securely outside the prison in an emergency or at short notice until such times that Escort Contractor assumes formal responsibility for the prisoner. HMP Barlinnie therefore had a detailed SOP in place to manage escorts and emergency escorts.

The Reception FLM was responsible for overseeing the prisoner escort process during establishment opening hours and the Gate FLM was responsible out of hours. They completed all PER forms and ensured the appropriate authority was in place to allow the prisoner to go out on escort, then assured the assessment of risk, cross referencing with PR2 Risk and Conditions. A random selection of PER forms was inspected, and they were detailed and provided an individualised assessment of risk.

Inspectors observed prisoners leaving and returning to reception under escort. The escort provider GEOAmeY escorted most of the prisoners. However, all escorting procedures were consistent with the SOP.

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

Rating: Satisfactory Performance

HMP Barlinnie had a designated MDT Unit within a separate area off the main reception area of the prison. The staff were suitably trained and knowledgeable on the MDT process and were not from the residential area.

MDT tests were carried out for all statutory prisoners at least annually and in line with individual management plans or suspicion testing. The MDT Unit had a clear recording process for managing MDT tests, and the way testing was carried out was consistent with the SPS Compulsory Substance Misuse Testing Manual. The process was carried out as discreetly as possible and within the required security procedures.

HMP Barlinnie also carried out alcohol testing in the National Top End for life sentence prisoners as part of their management plan or as a result of their presentation following unescorted community access. There was a clear process for recording results, and this was inspected. Prisoners found to be under the influence were placed on a Misconduct Report and the evidence provided to the Disciplinary Hearing.

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 Performance

HMP Barlinnie had a SOP for escorting prisoners internally. CCTV and movements of prisoners was staffed and managed through the ECR. The quality of the camera footage was good with all individuals clearly identified. Camera checks required to be carried out daily. Faults were reported to estates and noted within the ECR. Gates had CCTV and intercom systems requiring staff to identify themselves before allowing access or egress. Cameras were viewed prior to any prisoner movement request taking place. Inspectors observed the movement of prisoners attending areas used for fresh air from the ECR and in the grounds of the establishment. On each occasion the movement was carried out in a relaxed whilst well organised and managed fashion and in accordance with the SOP. Staff always observed movements.

Numbers checks were carried four times per day. Reception and the ECR were cross referenced and checked on PR2. They both had number boards recording unlock and lock-up numbers.

CCTV viewing was available within the ECR and the Security Office. Staff could view incidents on the authority of the Head of Operations within the Security Office. Staff within the ECR evidenced they had the ability and sound knowledge to navigate CCTV systems.

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 Performance

HMP Barlinnie had several SOPs to ensure that the monitoring of the prisoner perimeter, activity through the vehicle gate and for searching of buildings and grounds were effective.

External and internal perimeter checks of the establishment were not observed during the inspection. However, the records were checked and clearly showed that regular searches were conducted daily by early/late and night duty staff.

At the time of the inspection there was no system to track drones, despite being described as an effective tool to detect, track, identify, and mitigate drone threats and help minimise the supply of illicit substances into the prison. It is recommended that this equipment be reinstated.

Vehicles entering and leaving the establishment, together with the searching of the vehicles were observed during the inspection. Instructions concerning items that drivers must leave at the gate prior to accessing the establishment were clearly on display and staff politely asked visitors to place mobile phones and any other property within the lockers and collect on the way out. The registration number of every vehicle was recorded together with time date and time of access and egress. Visitors ID checked prior to on access and egress and the vehicle thoroughly searched. Where prisoners were on board a vehicle, their names and prison number were checked. Vehicles were not permitted access or egress from the locked area until the staff checking the vehicle notified ECR staff their checks were complete. All records were up to date regarding vehicles entering and leaving the prison.

The delivery of small packages was directed to the vehicle lock area. There was a cage where they were secured until uplift from procurement. All deliveries were recorded on a log sheet.

All mail received at the prison was processed in accordance with the SOP for Incoming and Outgoing Mail. The SOP fully explained the process relating to the incoming and outgoing of mail. There was evidence that staff fully understood the importance of checking all mail and that to minimise the introduction of illicit substances, prisoner's general mail was photocopied and given to the prisoner. Staff were observed asking prisoners to sign for legal mail.

Recommendation 42: SPS HQ should install the drone tracker systems in all prisons.

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

Rating: Satisfactory Performance

There was a SOP available entitled Death of a Prisoner Relative, that detailed the process for sharing critical information between prisoners and their families. Staff spoken to in every residential area were able to explain the process for informing a prisoner of the death or serious illness of a relative. The ECR was the first point of contact for critical information coming into the prison from family/friends. They then informed the hall FLM who delivered the news, and the Chaplaincy Team were informed. 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. The SOP was due for review in February 2024 so the prison should take action to review it.

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

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 Performance

The wealth of experience and confidence amongst the staff group was clear to see. The staff working in the High Dependency Unit in D hall should be commended for the work they are doing to look after prisoners with particularly high needs. Inspectors spoke with a prisoner who had made significant progress with their mental health since being located there and was very grateful for the help and support he had received from staff. Staff working in activities and the wellbeing hub were also held in high regard by prisoners.

In the HMIPS pre-inspection survey, 55% of prisoners said they were treated with respect by staff all or most of the time. Fifteen percent reported rarely or never being treated with respect by staff. Relationships with staff were mentioned by over 50 of the prisoners that left comments on the survey. Whilst a small number left comments praising staff members for their support, respectfulness, professionalism and willingness to "go above and beyond," most comments were negative. One issue highlighted in the comments was a lack of consistency from staff, with comments citing frustration at the fact that different staff members and managers appeared to give different information, operated by a different set of rules, and spoke to and treated prisoners differently. Other comments relating to staff highlighted concerns about a lack of information, support and responsiveness from staff members. For example, several people commented that cell call bells often went unanswered. During focus groups with staff, they reported that relationships with

prisoners were particularly good, with respectful banter being an important tool in breaking down barriers.

Inspectors did not witness any negative behaviours towards prisoners during the week of the inspection, and it was difficult to observe relationships because the halls were quiet with most prisoners locked in their cells. There were mixed reports from prisoners spoken to, but comments were more negative than positive. Inspectors were told by staff and prisoners who had worked or lived in other SPS establishments, that it was not part of the culture in HMP Barlinnie to spend time talking to prisoners. Prisoners in the majority of D hall and E hall were much more positive about their relationships with staff. This could be because the prisoners in those halls had more time out of cell to allow them to get to know staff and build these important relationships.

Due to the prison being overcrowded and the antiquated design of the halls it was challenging for the prison to allow time out of cell. Most prisoners who did not have a job were locked up for 22-23 hours each day. Some prisoners spoken to reported that when they were eventually opened they could be quite frustrated and that staff were often short with them, which was a bad mix.

These findings correlate with the findings in our 2019 inspection report. HMP Barlinnie should reflect on this and consider what it can do to allow more interaction between residential staff and prisoners and thereby improve relationships. SPS HQ may also wish to consider the staff levels in HMP Barlinnie, and whether they are sufficient to offer a decent regime for the size of the population.

In the HMIPS pre-inspection survey, just over half (52%) of respondents said that they had a personal officer while a further 22% said they did not know. Over one-quarter (26%) said they did not know if they had a PO. This is in line with comparator prisons. Those who said they had a PO were asked how helpful their personal officer was. The majority (70%) reported that their PO was very or quite helpful. Again, this is in line with comparator prisons

During the inspection, all staff spoken to felt they had time to do the PO role effectively. They each had responsibility for around eight prisoners and conversations took place monthly. Prisoners located in E and D hall knew who their PO was and said they were helpful. In A and B hall, prisoners spoken to were not always clear on who their PO was. Some reported that they often waited a long-time following admission to be told who their PO was, that it was difficult to track them down and they were not spoken to regularly.

Recommendation 43: HMP Barlinnie should consider what can be done to allow more interaction between residential staff and prisoners, thereby improving relationships.

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

Rating: Generally Acceptable Performance

There was limited space available in the residential halls for staff to have confidential conversations with prisoners. Staff used their offices and empty cells or would ask a prisoner's cell mate to vacate the cell. This was not ideal but there did not appear to be any other options due to the design of the building. In all halls confidential paperwork, such as TTM, was kept out of sight of prisoners in the staff office and locked away overnight. The process of noting on the cell door sign that someone is on TTM should cease as this information should be kept confidential. Staff were also observed shouting prisoners' names and the reason they were required which was sometimes on a confidential nature. This should be discouraged.

Staff spoken to were aware of the process for reporting information security breaches and dealing with a Subject Access Report (SAR). There was 89% competence in Responsible for Information e-learning staff training and a SOP was available, which should have been reviewed in May 2020. An average of 15 SARs were received every month, and most were dealt with timeously. Data protection notices should be displayed on all flats in every hall. Inspectors were only able to find a few, and they should also be made available in other languages when foreign national prisoners are present on the hall. 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. HMP Barlinnie should include information about making a SAR in their local induction material so that prisoners are aware on arrival how to make one.

There was a SOP available on information security, but the review date was May 2018. A PRL Audit in March 24 highlighted some actions required in relation to information security.

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

When locked in-cell, prisoners could contact staff using their call buttons. Inspectors were informed they worked well and were included in daily cell certification checks. Any issues were reported to estates and fixed quickly. As reported in QI 5.2, some prisoners spoken to said that the call bells were not always answered, and this tied in with the comments made in the pre-inspection survey. Prisoners had access to a safe in their cell to store confidential information.

Recommendation 44: HMP Barlinnie should cease the practice of recording that a prisoner is on TTM on the cell door sign.

Recommendation 45: HMP Barlinnie should ensure that SAR forms should be freely available to prisoners within the residential halls and data protection notices should be displayed in every flat, in the languages spoken on the hall. The local induction material should also be updated to inform prisoners how to make a SAR on arrival.

Recommendation 46: HMP Barlinnie should discourage staff from shouting prisoners names and the reason they are required and instead make use of the intercom system to protect their confidentiality.

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

Rating: Generally Acceptable Performance

The environment in HMP Barlinnie was orderly and well controlled, and staff reported that the regime ran smoothly. This was easier to achieve when most prisoners were locked up for most of the day.

Most prisoners who left comments on the pre-inspection survey wrote about the regime, purposeful activity and the amount of time they spent locked in their cells. Many reported that they were spending around 23 hours per day locked in their cells, often sharing a single cell with another person. Some noted that this led to tension. Our IPMs also reported to us that large amounts of prisoners were locked up for 23 hours per day.

Due to the prison being overcrowded, HMP Barlinnie had a mix of remand, short and long-term prisoners co-located in A and B Hall, and although C hall was all remand prisoners, inspectors were told that there were too many prisoners that required to be kept separate to allow them more time out of cell. The antiquated design of the halls also made it difficult to have prisoners open and keep them safe. Therefore, it was more challenging for the prison to allow time out of cell in these halls. Prisoners in these halls who did not have a job were locked up for 22-23 hours every day.

D and E hall had a better regime, with access to more purposeful activity and out of cell recreation time. This was mainly due to E hall having the same category of prisoner throughout the hall and D hall being smaller areas, again with the same category of prisoner in each hall. The exception was the FNIC area in D hall, where they were running three separate regimes. Most prisoners only spent the night there, but the other prisoners located there who could not be moved on for various reasons had a more restricted regime. Although the offence protection prisoners located there were offered left over activity spaces that offence protection prisoners in D South Lower had not used.

The staff in the halls worked really well together as a team, communicating with each other continually to ensure the safe running of the halls.

Prisoners were informed of the hall regime via the induction material, and it was also displayed on the halls. The induction material also covered expected standards of behaviours. It was available in numerous different languages.

Recommendation 47: SPS HQ should review the categories of prisoners held in HMP Barlinnie once the national prison population has reduced, to allow those living there to be offered a better regime and more time out of cell.

5.5 Prisoners are consulted and kept well informed about the range of recreational activities and the range of products in the prison canteen as well as the prison procedures, services they may access and events taking place.

The systems for accessing such activities are equitable and allow for an element of personal choice.

Rating: Generally Acceptable Performance

According to the HMIPS pre-inspection survey, the majority of prisoners, 65%, said that the prison did not consult with them, and only 3% said that the prison asked for their opinions and that things sometimes or often changed because of this consultation.

There was lots of relevant information available to prisoners on noticeboards in the halls and activity areas, including events and support groups that were taking place in the prison. Information was also shared with prisoners during their induction and via the prison radio 'Barbed Wireless' and the in-cell TV channel.

The Common Good Fund balance was healthy and put to good use, with the Governor authorising all spend. Requests came from FLMs, Unit Managers and FCOs, but prisoners were not directly consulted with on how to spend it.

Our IPMs reported to us that there was a lack of engagement through PIACs, that they had not been running consistently over the last year and that some had only just started up. This tied in with inspectors' findings. The PIAC process was not consistent or embedded across the prison.

PIACs had taken place in all halls prior to the inspection taking place. Inspectors spoke to the staff who had organised them and some of the prisoners who had attended them. There were mixed reports on how often they were taking place, how useful they were and whether things changed as a result. There were inconsistent processes around who attended PIACs, with some halls seeking volunteers and rotating attendees and others rounding up the passmen. Prisoners did not appear to be consulted with in advance about what they wished to discuss. Instead officers either chose a theme or held one when there was something specific to pass on. HMP Barlinnie may wish to consider the good practice identified during the inspection of HMP YOI Polmont, where agenda suggestion forms were available in document holders on the wall in residential areas, giving prisoners the opportunity to put forward items for discussion at future PIACs. The halls may also want to routinely invite the kitchen manager and canteen staff to PIACs so that they can hear and answer prisoners' questions directly. HMP Barlinnie should also consider producing an action list and publishing it alongside the minutes. This would let prisoners see that things are changing because of these meetings and may help improve the perception of prisoners detailed in the pre-inspection survey. The prison could consider sharing this via the prisoner TV channel. There was no mention of the PIAC meetings in any of the admission information provided to prisoners. HMP Barlinnie should include an explanation to make prisoners aware of how they can contribute to improving prison life on arrival. SPS HQ should also include an overview in the national induction slides. This has been a recurring action for them for many years.

There was no evidence of information available in other languages on the halls. But there was a poster in 12 languages informing non-English speaking prisoners to

speak to an officer if they needed a form in a different language and it also gave a short overview of the complaints process.

Recommendation 48: HMP Barlinnie should review the PIAC process to make sure that meetings are taking place regularly in every hall, that processes are consistent, and prisoners are given the opportunity to put forward items for discussion and are provided with an update on progress with the issues they have raised. The local induction material should also be updated to provide an overview of the PIAC process.

Recommendation 49: SPS HQ should update the national induction slides to include information about the PIAC process.

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

Rating: Satisfactory Performance

The Prison Rules were available in all residential halls offices but there was no signposting to inform prisoners where they were held. There were also copies in the prison library. There was a good selection of legal texts available in the library and they could be printed off in different languages if requested.

As stated in QI 5.5, there was no information available in other languages on the halls. But there was a poster in 12 languages informing non-English speaking prisoners to speak to an officer if they needed a form in a different language. Some staff told inspectors that they could print off certain forms and information in other languages, others did not know the process and there were also reports of foreign nationals translating for each other.

There was information in the induction material about access to legal representatives and foreign national entitlements, and the material was available in other languages. If a solicitor needed to see their client it was a drop-in service rather than a pre-booking system. Staff reported that it ran smoothly and that prisoners were able to see their agents quickly. There was a SOP that covered the process which was due for review in April 21. There was plenty of space and sufficient staff working in the area. The only issue could be lack of experience, as staff were only rota'd to work there once per year. There were no permanent members of staff, and this could lead to frustration from prisoner's solicitors.

The Scottish Public Services Ombudsmen (SPSO) service was not well advertised throughout the residential areas. The SPSO provided HMIPS with a summary of complaints over the last three years. Ninety-one complaints had been received. There was an increase in numbers in 2023-24, 48 compared to the prior two years, 2022-23 there were 17 and 2021-22 there were 26. The top three areas of complaints were bullying/victimisation – 6, visits - 4 and access to medical care/treatment – 4.

5.7 The prison complaints system works well.

Rating: Generally Acceptable Performance

The HMIPS pre-inspection survey informed us that most prisoners (80%) said that the complaints system worked badly or very badly. Our IPMs also told us that the system was poor, and they had received reports of staff destroying forms and prisoners not receiving a reply. Prisoners also complained to inspectors during the inspection that the forms were not always freely available on the hall and therefore they had to ask for one, and that they felt pressure from staff not to complain.

There was a SOP available for staff explaining the complaints procedure that was published in October 2024, and staff spoken to understood the process. PCF1s and PCF2s were available in all areas at the time of the inspection. The complaints procedure was not displayed as stated in the SOP, but it was covered in the induction material.

The guidance stated that a PCF1 should be handed to a member of staff and that they should discuss and try to resolve the issue. If it could not be resolved the PCF1 was passed to an FLM. Whilst HMIPS agrees that it is good practice to try to resolve issues at first instance, once a PCF1 has been completed it should go directly to an FLM as per the relevant GMA. Complaints boxes should be made available so that prisoners can submit a complaint without the need to approach a member of staff, should the FLM not be available.

Envelopes for PCF2s were not freely available on all halls. On speaking to staff they either provided the prisoner with an envelope on request or took the PCF2 from them and placed it in an envelope. The PCF2 process is confidential and therefore envelopes should be freely available.

The prison had received 260 PCF1s since January 2024, averaging 4-5 per week which seemed low for the prison population. Looking at the last six months, the top three complaint categories were about property (27%), HDC and progression issues (20%), transfers (10%), regime (10%) and visits (10%). Looking at the PCF2s for the last three months, more than half did not meet the criteria for a PCF2 complaint. However of the total number, 24% related to complaints about staff and 22% related to transfers. The prison completed a complaints review in June this year, to review the ICC process following recommendations from the SPSO and an increase in negative feedback from IPMs. As a result, Duty Managers were now quality checking responses to PCF1s. EDF forms and guidance were only available in two of the halls.

On visitor complaints, the process was explained on a poster in the visitors waiting room and forms and envelopes were held at the visitor reception. Visitors could place it in a post box or to a member of staff. Alternatively they could write to the Governor.

Recommendation 50: SPS HQ should introduce a system that tracks each complaint and provides updates on progress to the complainer.

Recommendation 51: HMP Barlinnie should advertise the SPS complaints process in the residential halls and install complaints boxes to prevent prisoners having to hand their forms to an officer. Envelopes for PCF2s should also be freely available.

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

Rating: Satisfactory Performance

According to the HMIPS pre-inspection survey, the majority of respondents (66%) said they did not know what the role of an IPM was, or how to contact an IPM (72%). The majority of respondents said they had never attempted to contact the IPM service. Of those who had (42 respondents), 31% had found the service to be helpful, and 19% had found it to be unhelpful. Over one-third (36%) reported that they were unable to contact an IPM when they tried. These results are lower than the comparator prisons.

During pre-inspection focus groups with IPMs, they reported that they felt they were well known and well received by most prisoners and staff. Although some staff could be dismissive of them. When this happened they took time to explain their role and try to build relationships. They all reported having unfettered access around the prison.

IPM posters were displayed in all residential halls and throughout the prison, and the contact number was on prisoners in-cell phones. Prisoners and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and they knew how to contact them, and the local induction material informed prisoners of the IPM role. IPMs had completed 79 visits to the prison since April this year and dealt with 138 requests from prisoners, so the service was well used. HMIPS will consider what further work can be done to raise the profile of IPMs.

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

Rating: Generally Acceptable Performance

The prison offered a wide range of employment opportunities for prisoners in work parties including catering, cleaning, gardens, waste recycling, hairdressing, tea packing, laundry, metal fabrication, forklift training, horticulture, cycle maintenance, painting, Re-Use IT, radio station, plumbing passmen, and Citizen Advice Bureau mentors. The employment opportunities were of a high quality and suited the abilities of most prisoners. Those prisoners who attended employment regularly engaged enthusiastically and benefited from a good experience.

The Links Centre officer met with prisoners two weeks after the SPS induction to discuss the employment and training opportunities available in the prison. This helped prisoners to reflect on their employment history and discuss their preferred work parties. The employability team allocated prisoners to work parties when

spaces were available from a daily list held in residential areas. Due to overcrowding and lack of space there were insufficient employment opportunities for the prison population and all work parties had long waiting lists.

The prison provided a few vocational training opportunities based predominantly on mandatory training requirements for essential services within the establishment. Almost all prisoners involved with food preparation had achieved Royal Environmental Health Institute of Scotland (REHIS) certificates. Almost all prisoners involved with general cleaning had achieved Scottish Vocational Qualification (SVQ) units, and some were certificated to attend biohazard incidents through Kays Medical. A few prisoners had gained certificates in forklift driving. However, almost all certificated vocational training for prisoners to motivate them and help them gain employment at liberation had ceased.

Personal officers supported prisoners to access employment and training opportunities effectively. They helped overcome any barriers identified such as physical disability or sensitivity to working in large groups.

Recommendation 52: HMP Barlinnie should provide more opportunities for prisoners to gain employment specific certification, particularly in the later stages of their sentences prior to liberation.

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 Performance

The system for selecting prisoners for paid work was thorough and fair and was understood by staff and prisoners. It applied to all prisoner populations and employment opportunities. The wage policy was set out clearly and did not disadvantage prisoners who wished to attend education, training or fitness activities during their work party session.

The availability of work parties was proportionate to the ratio of prisoners within the different prison populations. Overall, prisoner participation rates in work parties were good and the allocation of work for prisoners reflected their individual needs. However, there were long waiting lists for work parties and the majority of prisoners would have preferred more employment opportunities.

Prisoners were provided with information about work party options and the application process through Links Centre officers. Prisoners were encouraged to attend work and advised how to request a change to their work party. Those prisoners with barriers to participation were provided with extra assistance or offered alternative work arrangements wherever possible to help them participate in employment. For example, the tea packing party suited the needs of older or less mobile prisoners.

Most employment opportunities had relevance to the employment market. Some prisoners engaged in good quality work placement opportunities towards the end of

their sentence. This supported them well with their transition to the employment market at liberation. Most prisoners in work parties were gaining vocational skills and knowledge relevant to the workplace. However, this was not supported by relevant vocational training opportunities and certification for prisoners prior to their liberation.

Work allocation was monitored and reviewed at regular intervals, with scheduled presentations to senior management from each employment and link area.

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: Good Performance

All prisoners had some access to education, although the uptake and attendance from offence protected groups was higher than others. Good use was made of in-cell learning and learning packs, with several hundred being distributed monthly. The range of subjects and the level of uptake in education was good and increasing, however, with a capacity of 42 attendees, there were still some small waiting lists for courses. The staff made good use of other facilities such as the hub but were still unable to fully meet demand.

The prison induction gave entrants a brief overview of the educational options, and specific education inductions were delivered within weeks of a prisoner entering the prison, giving a fuller account of the options available. This induction included an assessment of literacy and numeracy levels and any barriers to learning. Prisoners who engaged with education had personal learning plans developed which were reviewed periodically. Consultation with prisoners on the education delivery was in place primarily through informal discussion and surveys, but further work with those not attending education may provide helpful insights however there had been a significant increase in both the number of hours delivered, and the number of formal qualifications gained.

The educational activities were of good quality, with the tutors and the learning being highly regarded by the prisoners. Good resources were available, and the work was delivered in a purposeful and supportive atmosphere. Scheduling was regularly reviewed, and timetables of what was delivered were revised and updated. However, prisoners had relatively short periods of time to travel to education and learning, at times meaning the learning periods were less than an hour. This timing was determined by the approach to collecting prisoners for education. Prisoners were encouraged to develop through their education and the education centre had provided a useful access to college programme in conjunction with Clyde College. Prisoners also made good use of the programmes on offer through e-learning. There were seven learners being supported through distance learning to gain higher education qualifications.

Good practice 14: The education unit had identified external funding to allow prisoners to buy and keep books to support their studies.

Good practice 15: The education staff work well to make best use of learning opportunities for prisoners. They were pro-active in visiting residential halls to find the reasons for non-attendance and actively encouraging prisoners to re-engage. They also promoted helpful in-cell learning packs and have a very high take up.

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: Good Performance

The prison offered a wide range of fitness and health activities in a number of settings across the prison estate. All fitness and sports facilities were well equipped with the main gymnasium accommodating up to three separate prisoner groups. This facility focused on strength training, cardiovascular exercise and fitness training. It was supplemented by a separate gymnasium for activities such as circuits and racquet sports. Prisoners also had access to fitness equipment in some of the residential areas, outdoor sports activities and a football pitch.

Around 300 prisoners each day made good use of the fitness and health activities. They engaged enthusiastically with activities including volleyball, gym, circuits, indoor cycling, yoga, sports and carpet bowls. Personal Training Instructors (PTI) organised events and activities for groups of prisoners such as a Boxing Academy, bi-annual fun runs and football club sports days. The variety and range of activities available matched the needs and abilities of almost all prisoners and age groups.

All prisoners participating in exercise completed an induction and pre-exercise questionnaire to determine potential risks of exercising based on their health history. PTIs created individual exercise programmes based on this questionnaire. Prisoners with barriers to participation were given support to engage in fitness and health activities.

PTIs were proactive in extending the range and variety of health and wellbeing activities available for prisoners. They worked closely with staff in the Wellbeing Hub and organised events and initiatives with external partners such as the NHS, Street Soccer, and Celtic Football Club Foundation. These included weight management programmes, exercise and nutrition, targeted sessions for older prisoners and Healthy Dads, Healthy Kids. PTIs also trained residential officers to oversee sports and games for prisoners as part of the evening regime. However, there was limited formal consultation with prisoners about the range of opportunities available to help plan activities more effectively.

Good practice 16: HMP Barlinnie are leading a new programme *Healthy Dads, Healthy Kids*. This eight-week programme helped educate fathers and their children about the importance of healthy eating and physical activity. HMP Barlinnie was the first prison in the world to introduce this programme in a custodial environment and were disseminating this to other prisons across Scotland by training their PTI staff.

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: Poor Performance

The prison had a limited range of useful materials in the library. It had a small and dated book stock, too few for the prisoner population. There were very few CDs and DVDs, with only dozens available which was not sufficient for a prison population of over 1,300. Access to foreign language texts and large print was limited and did not reflect the needs of the prison population. Relatively few prisoners made any use of the library lending services. The library sat within the resource hub, but prisoners only get access to this area once a month. The overwhelming majority who attend used other services in this area and ignored the library.

Library staff were helpful to prisoners and did at times organise author visits. There were very few themed events. Some group activities took place in the resource hub where the library was located. Links with the local authority (Glasgow Life) were limited, and did not include inter-library loans. There was information available for prisoners on their legal rights, which could be accessed for use in the library area. There were no barriers to use of the library, and every prisoner group had access. However, there were no or limited resources in braille, talking books or foreign languages. There was very limited consultation with prisoners on the use, access and stock within the library. The residential areas had small boxes of older books in poor condition, typically less than ten, and there was no rotation of stock in these boxes. There was no indication of any improvement since the recommendation from the 2019 inspection report.

Recommendation 53: HMP Barlinnie, as a matter of urgency, must take measures to significantly extend the size of, and facilities within, the library.

Recommendation 54: HMP Barlinnie library should work with other areas of the prison to support themed events to promote a better understanding of health, inclusion, or topics of importance.

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 Performance

There was a limited range of cultural, recreational and self-help activities. Prisoners had reasonable access to information about events through posters, the radio station and staff information. For most events, there was an adequate uptake. Cultural activities were limited, and although a few events such as Burns Supper were in place, these were not well designed to enhance understanding of different cultures. Although there had been significant work done with staff to raise awareness of inclusion and other cultures, there had been very little for the prisoner population

as overall responsibility for meeting this public sector requirement was not clearly assigned.

There was limited consultation with prisoners on the organisation of activities. Surveys and focus groups were not used well and mainly limited to evaluation of events already in place. This was a previous recommendation from 2019 however there now appeared to be an over-reliance on informal feedback from those who already attend events. The delivery areas all arranged some social or cultural events. However the areas such as education, the wellbeing hub, the resource centre and chaplaincy did not have a fully coordinated programme of wider activities, so there was no clear oversight of the wider offer to the prison population.

It was pleasing to see that the prison had a Listener service and other peer support services which was a previous recommendation made in 2019. These included peer mentors to help new prisoners settle, mentors who supported CAB advisors in the Resources Hub, and mentors who supported work in education and in health. There was training and certification available for mentors, and in some cases, qualifications in volunteering. Prisoners were aware of these mentoring services and spoke highly of the value and impact.

The prison had a small number of events over the year primarily supported through education, including an autumn and spring festival with a focus on health, concerts, Burns Supper and themed radio broadcasts. The prison promoted events through the radio station and posters as well as word of mouth. Most prisoners were aware of events that were happening. Art delivery was well regarded and valued, and as well as the educational and therapeutic value, there were 59 entries and 23 awards in the last year through the Koestler scheme.

The life skills provision run in the wellbeing hub was limited and had substantially been absorbed into the broader wellbeing services. This had a focus on survival cookery and home maintenance. However, the wider activities in the hub such as yoga were having a positive impact on mental health and confidence and were highly valued.

A number of innovative and supportive activities had been developed to support the mental health and wellbeing of prisoners, with particularly useful activities for fathers. These included: training in autism for fathers; healthy dads' healthy kids; and a Barlinnie Animation project developing material shown at the Edinburgh Film Festival.

There were evening activities on offer within the prison, including: volleyball; football; chess; reading, and music.

Good practice 17: The level of individual support provided within the Hub, and it was valued by prisoners, and was making a real difference to many.

Good practice 18: The 'one stop shop' arrangement in the resource hub where all prisoners have weekly access made it easy for prisoners to get support quickly and discretely from a variety of agencies.

Recommendation 55: HMP Barlinnie should develop a prison wide plan of activities and events which include activities to widen the understanding of other cultures to be shared with staff and prisoners.

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

Rating: Satisfactory Performance

Each of the areas had a well embedded regime where fresh air was offered, staff were aware of the legal entitlement of one hour in the open air.

The only area of concern is where individuals choose to disengage from regimes, there is a section in B Hall who choose to self-deprive from the regime and time in open air. This is particularly difficult for the establishment to manage with the high numbers. Where individuals ask to have time in open air this must be managed on an individual basis.

There are no restrictions to time in open air other than extreme frost which make the exercise yards unsafe.

The prisoners were provided with warm clothing however their outer clothing was a fleece jackets which were not shower/waterproof. See standard 2 for recommendation

6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory Performance

There were a wide range of religious services available with a full programme for each of the major faiths.

A member of the chaplaincy team met with all admissions within the links centre to assess individuals, provide them with information, support and address any issues.

There was no representation for those who observe minority faiths however the chaplaincy team made every effort to ensure they were provided with the necessary articles and supports.

There were a number of ways to access the chaplaincy team who were notably visible throughout the establishment and well known to staff and prisoners. Each of the halls maintained a request book which was located at the main desk. The chaplains checked this daily and responded to requests accordingly.

There were a number of religious events facilitated throughout the year where individuals could take part in celebrating their religious calendar.

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

Rating: Satisfactory Performance

The prison had a wide range of services which supported opportunities for prisoners to meet and interact with their families.

This was enhanced by the number of partner organisations involved within the function. The Croft has a long-standing relationship with HMP Barlinnie and provided an excellent service in supporting the families who visited. They showed real compassion when describing their role and commitment to helping families of those who were imprisoned. They have recently added a sensory room where families and children could access a quiet space.

Support for fathers and their children was offered children's visits area which had a relaxed feel about it. The space provided an environment where children could interact with their families where they could move around freely. There were a number of interactive activities and toys available. The FCO team had a good relationship with the families and worked hard to make the visits a positive experience.

Early Years Scotland work in partnership in providing a 10-week programme for fathers, with a focus on learning together through play. The fathers in attendance spoke positively about the programme stating they felt more confident in communicating with their children.

Within the main visit room the atmosphere was relaxed. The relationships between staff and prisoners felt positive. However the lack of natural sunlight made the area less therapeutic. The PlayStation team where children can break away from the tables provided support for visiting children and families. They were very aware of their part in helping to support interactions with children and their families. Recently they had helped in decorating the access corridors to the visit room to make it more colourful and inviting.

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

Rating: Satisfactory Performance

The main entrance to the establishment offered an inviting space. There were areas where families could access information and support. There was a space where children could access toys and books. The Croft provided support to visiting families and children. Inspectors observed that there were a number of families members who were known the team.

The officers who were booking in the visitors were friendly and welcoming. The main visit room layout is spacious, and staff were aware of their positioning and respectful whilst supervising the visits.

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 Performance

There were a number of arrangements where families were offered support to maintain contact and sustain relationships. Each of these were dealt with on a case-by-case basis. There were a number of partnerships who supported this including Families Outside and Glasgow Life.

There were also a number of information weeks where the partners and visit teams facilitate for families to attend where they were made aware of the supports available to them.

There was good use of the virtual visits for families to help maintain contact. There was also provision for compassionate visits which are facilitated with dignity and respect as far as possible.

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 Performance

The importance of family contact within the establishment was well embedded within the establishment. The focus on the number of opportunities where fathers could maintain and improve their relationships with their children was good.

The head of operations reviewed closed visits regularly and was considerate to the wider needs of the family.

There were no observations or information that would indicate that the establishment did not adhere to this standard.

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 Performance

There was a wide range of therapeutic activities available within the establishment including the Hub and the Wellbeing area. The Hub was well attended and offered a

wide range of supports and activities. The Wellbeing area also had number of therapeutic activities. The area itself has been decorated recently to become more inviting and offered a number of spaces for different activities such as a sensory area which is well received by the men.

The addictions team offered a number of activities including the recovery café which was well received by the prisoners involved. The team were established and offered a number of activities for individuals.

The programmes unit had experienced some staffing issues but had been working hard to get back on track. They have recently piloted the new Moving Forward, Making Changes (MF2MC). However there continues to be a significant number of individuals on the national waiting lists. This was having a detrimental impact on progression. This is a national issue, prisoners reported in the pre-inspection survey that they felt that their progression was being impacted on by the lack of spaces available on programmes that required to meet their needs. SPS should review the number of programmes spaces available to meet their needs and ensure that there is provision for those who require these interventions.

In addition at the time of inspection there were nearly 200 individuals who were on the list to be assessed for programmes using the Generic Programmes Assessment (GPA). This seems to be excessive, the most recent guidance is for GPA's to be considered 2 years prior to parole qualification dates. This means that individuals cannot access programmes until they have spent considerable time in their sentence. HMIPS view is that these changes have been made to manage the national waiting lists and provision of programmes available rather than meet the needs of individuals.

There has been a particular focus on staff development with a number of staff receiving training on gym leadership, yoga, horticulture. The Governor mentioned that they were future proofing, doing what they could to prepare for HMP Glasgow. This was evident whilst visiting a number of areas where staff reported they were upskilling and there was a sense of involvement and inclusion from each of the teams.

This extended to the halls where there were timetables which involved and included the staff building on their assets. In B Hall there were timetables to include carpet bowls, discussion groups and chess. These were directly correlated to the staff who shared these interests and supported the delivery within the hall. In E Hall a member of staff had a poly tunnel outside where they worked with individuals to promote a therapeutic area where they grow plants and herbs.

Recommendation 56: SPS HQ should increase the number of programmes spaces available to meet their needs of the prison population ensuring that there is provision for those who require these interventions.

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

Rating: Satisfactory Performance

The Enhanced ICM teams were knowledgeable in their subject matter and their caseloads however the work was challenging having to manage a case load of up to 180 and the staff need commended for the effort they were putting in to meet the needs of those they reported on.

The administrative team have developed a number of data bases which tracked critical dates for progression and parole. The systems which were in place were robust, ensuring that all critical dates were met.

There was a perception that lifers who were awaiting a decision for First Grant of Temporary Release were left for a significant time before any update was provided. When looking into this further HQ provided a breakdown of submissions versus timescales for decisions which did not reflect what was perceived. However more work should be done to improve communications and perceptions.

Whilst observing an adverse circumstances RMT the Deputy Governor took cognisance of the individuals' circumstances and listened to the prisoner's personal submission. Despite information which would indicate that the individual had introduced an unauthorised item to the establishment, the Deputy Governor considered all information available. There was no immediate decision to downgrade them however further provisions were put in place to monitor the individuals case going forward with a review date.

There had been a significant focus on improving personal officer engagement, led by the Governor who along with the senior team had facilitated a number of awareness sessions to set the direction. There were trackers which were co-ordinated by the ICM team who populate key dates. The hall FLMs allocated personal officers and monitored and assessed progress which was updated using a traffic light system. Individual staff were supported to ensure that they populated regular narrative updates on PR2. However this was still regarded as 'work in progress' The staff could identify the importance of updating narratives however they felt that some individuals were mid-sentence and progress on their engagement felt limited. The establishment had rolled out this new approach to specific halls initially with the intention of further roll out to the remaining halls.

A number of prisoners spoken to were aware of their personal officer, further indication that the focus on Personal Officer engagement was positive.

Recommendation 57: SPS HQ and HMP Barlinnie should update the local teams, personal officers and prisoners regularly on progress for those applying for a First Grant for Temporary Release.

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 (OLR) and Multi-Agency Public Protection Arrangements (MAPPA).

Rating: Satisfactory Performance

The Enhanced ICM Team were able to talk inspectors through their caseloads and had extensive databases to ensure that cases were proactively managed.

An RMT for adverse circumstances was observed. The decision of the Chair was fair in offering every opportunity for the individual to be part of the decision-making process. This included a further review of their situation, and a decision made was for them to remain in the national top end until this review had taken place.

The establishment had well-established links with the community and any case conferences were attended by key stakeholders. The establishment had 250 live MAPPA cases at the time of the inspection.

The prison-based social work had experienced some staffing issues, and a new team leader had been appointed. They were very honest about the current situation and were in discussions with the SMT on how to improve the situation and caseloads going forward. The Deputy Governor had recently improved communications with each of the areas responsible for ICM and progression, and the teams now met regularly to discuss developments and areas for improvement.

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

Rating: Good Performance

There was a strong engagement between the prison and the range of agencies and services that were key in supporting transitions from custody. These links were well established at both a strategic and operational level. At a strategic level, the prison was represented on local planning partnerships including the community justice partnership. There were also regular internal meetings with government agencies with an oversight for planning for statutory prisoners.

At an operational level, the prison was hosting networking events to bring together the range of agencies, to ensure prisoners and prison staff had a good awareness of services supporting transitions to the community. An internal operational group was also established to review, on a weekly basis, plans for prisoners due for release without a named address.

The prison was supporting developments which were improving collaboration across agencies and addressing the challenges faced in trying to meet the community integration needs of prisoners. A trial being delivered in HMP Barlinnie was providing enhanced access to DWP work coaches which helped overcome delays in access to benefit entitlement on release. Parkhead Citizens Advice Bureau (CAB) were in the

third year of an 'Improving Lives Project' which involved a range of initiatives, often prisoner led, and was improving awareness of and access to pre-liberation supports – including multi-media dissemination of information, life skills workshops and a peer mentoring programme.

The Resource Hub was a greatly valued space where prisoners could take advantage of 'drop in' opportunities with key agencies e.g. Housing, DWP and CAB. These agencies had a permanent presence both in the Hub and in the Link Centre where prisoners could arrange formal appointments. Prisoners were able to establish relationships with agency staff which would continue into the community.

Prison based staff in health, housing and social work had good links with community-based staff and inspectors heard evidence that these services were working together to support some prisoners in their transition to the community.

Inspectors met prisoners due for release who had taken advantage of the opportunities provided in the Link Centre and the Hub. Inspectors also heard from others that they had either not had the opportunity to visit the Hub or engagement with agencies was at a very late stage.

Good practice 19: Resource Hub – this was a large social space where a multi-agency presence was improving access to advice services, government agencies and family support services. Prisoners resistant to formal planning were able to take advantage of drop in advice and support.

Good practice 20: [Improving Lives Project](#) – including the delivery of 'life skills' workshops and the co-production of materials to improve awareness of and access to pre-liberation planning supports.

Good practice 21: [DWP pilot](#) – was providing enhanced provision of DWP work coaches and pre-release facility to enable access to benefit entitlement on release.

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 Performance

Enhanced ICM processes were well-established and operated effectively. There was good attendance from prisoners, community-based and prison-based social workers. There was evidence of improved attendance of family and personal officers.

The capacity of the ICM Team was challenged by the size and profile of the prison population. Pre-parole and pre-release ICMs were being prioritised which ensured that all statutory prisoners had an opportunity to contribute to planning for their release. The stretched capacity of the ICM Team and of key agencies was affecting case management and planning throughout the sentence. This lack of capacity limited their ability to fully reflect the expectations of the recently updated guidance for a 'targeted ICM approach.'

The Prison-based Social Work Team had experienced changes and challenges recently, which affected their capacity to complete specialist assessments to inform decision making when required. There was a need to prioritise tasks, and they were working closely with prison managers to do this, focussing on pre-parole and pre-release responsibilities. Regular meetings were supporting positive relationships across teams and ensured there was a shared understanding of current challenges, which included recruitment and retention of staff.

ICM Coordinators were undertaking pre ICM meetings with prisoners and this engagement was having a positive effect on the engagement and contribution of prisoners in meetings.

Throughcare Assessments for Release on Licence (TARL) arrangements were becoming increasingly established and prison-based social workers reported on some positive collaboration with community-based social workers because of this national process.

The relationship prisoners have with community-based social worker can be important for supporting a successful return to the community. Whilst community-based social workers attendance at ICM was good, it was usually remotely, and prisoners were not always meeting these practitioners in person prior to release.

Recommendation 58: HMP Barlinnie should ensure all relevant prisoners benefit from enhanced case management, with reference to the updated guidance, ensure that the ICM Team has sufficient capacity.

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 Performance

There were significant challenges to supporting the timeous engagement of prisoners in development or treatment programmes in HMP Barlinnie. Through the Programmes Case Management Board and other internal strategic groups, the prison had a good understanding of the extent of Generic Programme Assessment (GPA) backlogs and unmet programme need. However, they were limited in terms of the actions they could take due to the availability of resources.

Accredited offence-focussed programmes were being delivered and there was well-established delivery of recovery groups for prisoners with drug and alcohol issues. The numbers involved in offence-focussed programmes was small compared to the number of prisoners looking to complete programmes leading to lengthy waiting lists. These waiting lists were operated at a national level. The team delivering programmes was affected by vacancies.

Other structural issues also affected the completion of the GPA, including the capacity of key teams involved in GPA completion. The Prison-based Social Work

Team had identified the need for increased staffing resources to consistently meet the needs of the current prison population. They were also considering how they could best utilise current resources to ensure that delays for prisoners were minimised.

There was a strong presence from services providing support to prisoners with drug and alcohol issues, both pre and post release. The prison had two 'Recovery Officers' delivering regular groups, and they were supported in this effort by external agencies. Drug and alcohol staff in the health service were also providing welcome support and making connections for prisoners in the community prior to their release.

The recovery groups in the prison were very popular and there were significant waiting lists for prisoners hoping to join. There were plans to recruit more 'addictions staff' and to deliver 'smart recovery' training to other staff. A smart recovery seminar had provided a good opportunity for prisoners to hear about community-based services and learn from the lived experience of others. There were opportunities for the recovery approach to be better informed by a trauma informed focus.

Where assessments were completed, decision making at the Programmes Case Management Board was clear and timely referrals made for programme work. As noted previously, lengthy delays in accessing programmes alongside inconsistent communication with prisoners resulted in some prisoners becoming frustrated or being unclear about the process.

Recommendation 59: HMP Barlinnie should meet with relevant teams and agencies to develop a plan to improve the capacity of services to support timely access to programmes, to minimise the delays experienced by prisoners.

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 Performance

There was a well-established pre-liberation process that engaged most prisoners due for release in making plans. At pre-liberation meetings, with support from knowledgeable staff, prisoners were helped to identify the supports they will need and were referred on to relevant agencies. This was successful in most cases where prisoners required this level of guidance. Community integration plans were well developed at this pre-liberation stage and the day of liberation plans for prisoners were clear.

Through the opportunity to meet with ICM Coordinators prior to meetings, those subject to enhanced ICM processes were being successfully encouraged to fully contribute to plans. Families were also increasingly involved in ICM planning.

The pre-release access to staff from DWP, CAB and housing was working well, ensuring prisoners were as clear as they could be with regards to finance (where they were entitled to benefits and other financial support) and housing. In relation to the latter, efforts were made to sustain tenancies where this was possible and

internal multi-agency discussions were providing oversight for prisoners with no identified address pre-release. In the context of challenges both at a national and local level with regards to housing, some prisoners were not moving onto suitable sustainable accommodation.

Prisoners appreciated the support they received from staff at the Link Centre, including staff working for key agencies. Access to the Link Centre was by appointment and where this was driven by the Link Centre staff this was effectively ensuring prisoners were well informed and prepared. Where prisoners identified themselves the need to speak with services, the process of self-referral for supports or access to those agencies based in the Resource Hub was at times difficult. Effectively, prisoners were more easily processed through the pre-liberation process by Link Centre staff than they were empowered to take a lead role themselves.

Access to advice and support at the resource Hub was less formal than the Link Centre, but access to the Resource Hub was problematic in that spaces were limited, and prisoners self-selected on a first come first served basis. Some prisoners reported difficulties getting information they needed about plans for release, including those who were being released subject to Home Detention Curfew (HDC).

Personal officers were not consistently playing a central role in empowering prisoners, ensuring that they were proactive in their own plans for release and getting the advice and support they needed. While some non-statutory prisoners reported positively on advice provided by residential staff, most were unaware of their personal officer.

Recommendation 60: HMP Barlinnie should review current processes for sharing information with prisoners and self-referral to services, to further empower prisoners in making plans for transition from custody. They should involve prisoners in this review to maximise the effectiveness of any required changes.

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

Rating: Satisfactory Performance

The throughcare support officer role was suspended in 2019 and there were still some regrets from staff about the loss of this resource. The prison was not directly providing any throughcare service for prisoners once liberated. However, they had well-established partnerships with key services that were supporting some prisoners and their families on release.

[Families Outside](#) and [The Croft](#) played an important part in working with families where prisoners were due for release and they were providing this support to parents and children.

[New routes](#) staff were also engaging with short-term prisoners prior to release, often identified during the well-established pre-liberation process, and they were supporting prisoners on the day of release and thereafter back in the community.

Prisoners also reported positively on post release arrangements to receive ongoing support from drug and alcohol services they had engaged with in the prison, including some arrangements for support staff to meet prisoners on the day of release to support them with DWP and social work appointments.

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

Rating: Satisfactory Performance

In the last HMIPS full inspection in 2019 it was recommended that Senior Management should provide more visible direction and support for the E&D agenda through attendance at E&D committee, ensuring prisoner representation on the committee and the development of a clear action plan. It was also reported that they should improve the support for the E&D Manager.

During this inspection, it was clear that E&D within HMP Barlinnie had improved strategically. They had in place an E&D strategy document, an E&D Manager supported by an Equalities Officer. E&D meetings had been held, with good representation from a number of areas within the prison as well as the prisoner group and there was an action plan. The meetings were chaired by the GIC, and the minutes were available on SharePoint.

HMP Barlinnie had four staff ambassadors for each residential area as well as the SRU, although some ambassadors still required training, and two areas had vacancies. However, it was disappointing to learn that there were no ambassadors from any prisoner groups. There was little evidence of discussion of E&D at PIACS or focus groups with prisoners.

In addition, the report identified a clear need for greater use of translation services, promotion of literature in different languages as well as support for protected characteristics. There was a mixed picture of this within the prison. There was a notice in every hall in a number of languages advising prisoners how to acquire forms and a brief overview of the complaints process. However prisoners spoken to in various halls were not aware of these notices. This could be down to the small amount of time they have out of cell.

There was significant improvement in the use of translation services. Global Services had been used extensively, particularly in the Links Centre with most engagement taking place face to face. There were records of the prison translating documents at a significant cost. Spot checks were undertaken which revealed that on some occasions those being admitted to the prison reception where translation services should have been used were not. This needs improved to ensure that when people enter the prison who do not speak English a full assessment of them can take place.

Inspectors highlighted a lack of literature in other languages in the library. Prisoners also spoke to inspectors and highlighted the lack of access to newspapers in their

own language. Inspectors have seen examples in other prisons where staff print off newspapers from online sites in different languages.

Although HMIPS had some sympathy with 141 prisoners coming from 35 different countries, even the most common languages such as Polish was limited in reading material, DVDs and basic information. The prison could improve on this.

There were some good examples of one-to-one support for those with protected characteristics. Some of the work to support those on the transgender journey was impressive. One issue was the difficulty sourcing items to support the person on their transgender journey. Like prisons in England, SPS HQ may want to consider creating a central repository for items such as wigs, underwear etc where officers can request difficult to source items.

There were 10 logged EDF forms from the previous 12 months, all attached to either a PCF1 or PCF2. This appeared low for a prison of this size. As reported in previous inspection reports there is a need to separate the EDF form from the PCF process, so the forms are easier to track and audit. PR2 does not record EDFs other than part of the PCF process and this need to be rectified.

Recommendation 61: HMP Barlinnie should put in place E&D ambassadors from the prisoner population.

Recommendation 62: HMP Barlinnie should ensure that translation services are used for those that indicate they do not speak English and have access to reading and viewing material in their language.

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

Rating: Good Performance

The BIM had various spreadsheets that recorded and tracked progress from the recommendations made by different scrutiny bodies and internal audits. They formed part of a larger local tracker, allowing easier oversight. All the trackers were held on the local SharePoint site and were accessible to those that required it.

The BIM attended a number of weekly, monthly and quarterly meetings, reporting on progress made against each action in the trackers. It was clear that the BIM had a very tight control of the actions required and communicated these clearly to the appropriate staff. The BIM was also responsible for ensuring internal audits such as PRLs were undertaken in time. PRLs were allocated to managers out with the area to be audited to ensure impartiality. As highlighted in previous inspections, where this has been undertaken it was viewed as good practice. Where a PRL had not met the deadline, there was an escalation process in place.

There was an HMIPS tracker from 2019 inspection. Having scrutinised the tracker inspectors were content that closure of the recommendations was appropriate. This inspection report will indicate where improvements have been made since the 2019 inspection, particularly the key recommendations.

In summary, the way in which scrutiny was undertaken at HMP Barlinnie gave Inspectors confidence that the prison was committed to appropriate action in response to issues brought to its attention by internal and external scrutiny.

Good practice 22: PRL audits were carried out by managers from other areas to ensure impartiality.

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 Performance

In the 2019 report, HMIPS made eight key recommendations and 129 other recommendations. Eighty-eight were for the prison; five were for SPS HQ; three were for the Scottish Government and 32 were for NHS. However, the GIC focused on what he thought were the key themes that HMP Barlinnie required to address. Which were purposeful activity and social isolation, small holding boxes in reception, Equality & Diversity, improvements in security, good order and resourcing.

Each key theme was designed to fit within the GICs model for HMP Barlinnie referred to as 'Salutogenesis.' This approach focused on the factors that supported health and well-being rather than on the factors that cause disease (Pathogenesis). The term "Salutogenesis" coined by Aaron Antonovsky (1979) was particularly concerned with the relationship between health, stress and coping. The GIC gave the analogy where people in prison do not carry with them any resources to rely on when needed, and this model enabled people to "fill up their ruck sack" with resources to help support them with things that most people take for granted such as accommodation, a job, good health, social networks, family support and money.

This model is managed through an impact model, rather than the traditional annual delivery plan. It set out the objectives for the year. Nothing was carried out or introduced unless it met the model of increasing a person's resources. The introduction of the resource hub, well-being centre, revitalised E&D strategy, the removal of the reception holding boxes, increased security through photocopying of mail and body camera pilot, increased staff searching and collaboration with internal and external agencies with regards to help and support for those living and leaving the prison were all evidence of this model.

From a leadership perspective, staff reported that they saw the SMT regularly and they were approachable. There was a prison newsletter and various e-mails on updates and changes happening in the prison. Although this was not always an ideal way of communicating due to staff sometimes not having the time to log onto a computer, important information was relayed through staff meetings. There was also a good information loop on the staff information monitors on entry to the prison.

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

Rating: Good Performance

Both during the staff focus groups and the inspection week, staff were able to demonstrate their understanding of the priorities of the prison. Many staff spoke about the changes undergone by the prison since it was last inspected. Staff spoke highly of the well-being centre and the resource hub. Some staff spoke of their frustration that they could not get more prisoners out of their cells due to high numbers. When speaking to staff carrying out more specific roles such as in the High Dependency Unit or E&D, they spoke with enthusiasm that they were in a position where they could make a difference to people's lives and craved more training to help them support those suffering from poor mental health, Autism or those with a protected characteristic. Inspectors also observed examples in many other areas such as in regimes, the Gymnasium, ICM and the residential halls where staff were enthusiastic and highly motivated.

The (L&D) Manager, although line managed by the Scottish Prison Service College (SPSC) felt very much part of the HMP Barlinnie team and was supported by staff, FLMs and the SMT. To ensure training went ahead as planned, they attended the staff roster meetings to inform the Deployment Manager of the dates and resources required to fulfil HMP Barlinnie's commitment to ensure all staff were core competent. This was reflected by the very healthy training statistics below:

C&R	94%
H&S for Managers SMT	53%
Emergency Response.	92%
C&R Supervising Officer	41%
PPT	78%
Mentally Healthy Workplace for Managers	47%
Fire safety	90%
TTM	95%
Evac chair trained	272
Responsible for Information - General User 8	95%
Fire Response Procedures (FRP1)	88%
Intelligence awareness	100%

Where competence was lower than expected there was mitigation in place. For example in C&R supervision, all instructors were now FLMs which minimised the opportunity to get them off post. The prison had appointed three new local instructors awaiting training.

The L&D manager met regularly with other L&D Managers to share best practice and discuss any issues they were having. Earlier in the year the L&D Manager had canvassed staff on training requirements to upskill them out with their core training, thereafter a business case was submitted to the L&D Committee at the SPSC. The L&D Manager was successful in gaining £50K which was spent on training including Demetia, Autism, British Sign language and E&D. There was a programme of

training still to be carried out and the same process was starting for next year. It was clear that this funding is critical to upskilling staff to meet the needs of an ever-increasing challenging prison population.

There was a comprehensive timetable in place for new recruits, both for operational and direct entry to residential. Although they would normally be with the L&D manager at different times, a quirk in the timetable meant that new operational recruits and returning residential recruits landed in the prison at the same time. The L&D manager introduced a new team building event. With the assistance of other staff members, this event was designed to help the new officers settle in and get acquainted with their colleagues with the purpose of easing their transition into their new workplace. The event sought to develop team cohesion, encourage collaboration, identify strengths and skillsets and understand each other's roles. Feedback was very positive from those that took part. It was so successful that the establishment is looking to incorporate this into all future recruitment intakes.

Good practice 23: Team building events held with new recruits, both operational and direct entry residential officers, which developed team cohesion, encouraged collaboration, identified strengths and skillsets and understanding of each other's roles.

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

Rating: Satisfactory Performance

Inspectors reported throughout the week that HMP Barlinnie staff demonstrated a good understanding of each other's roles and valued the work other staff groups undertook. Inspectors spoke with a number of staff and almost all of them reported that within the prison regardless of who or where they worked, it was one big team. There were many examples of multi-team working and a willingness to help each other. One issue was raised with regards to medical confidentiality, where staff were frustrated when they were expected to care for an individual without the necessary information required to do so. It would be helpful to staff and the prisoner if medical confidentiality could be worked through, perhaps with the agreement of the patient by getting them to sign a disclaimer. This was a particular issue in the FNIC area and the High Dependency Unit. Inspector spoke to a number of staff in the HDU throughout the week. The staff appeared extremely motivated to help those they looked after but often found it challenging due to lack of knowledge of those they cared for. They would like more multi-disciplinary meetings and more insight into the issue that affects those they looked after, so they could give them a higher level of support. Having witnessed the challenges staff have in areas like the HDU it would be beneficial to investigate a form of supervision to support those staff who worked with the most challenging individuals in the prison. However there is a good argument that all staff in all prisons should undergo supervision to support an ever-increasing challenge with working with those with higher needs or extreme mental health issues.

Some direct entrants spoke about their experiences after returning to the prison from the SPSC, and although appreciative of the support they were given by their

residential colleagues, they felt that a softer landing would have been beneficial. HMIPS saw great examples of supporting new residential officers in HMP Dumfries where staff were allocated to operations for a three-month period to get used to the workplace and working with prisoner, while not having overall responsibility for them. HMIPS would ask that all prisons take this approach in supporting their staff.

Recommendation 63: SPS HQ should consider the scope for all new residential officers to spend the first three months in operations to acclimatise themselves to the prison environment

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

Rating: Satisfactory Performance

HMP Barlinnie recognised good performance and the value they place in staff through Governors Awards, Butler trust nominations and Chief Executive's Certificates. There was a staff recognition committee with 10 members that included SMT, HR and the PLRs. They met regularly to discuss any nominees and ceremonies were held to celebrate the nominations. It was encouraging to see nominations from prisoners about the good work staff had carried out. One example was for a member of staff who had recently passed away. Although the nominations to the Butler trust were made before this happened, it was surprising to learn that the Butler trust did not accept nominations for staff who had died.

The prison recognised those who had outstanding service and good conduct (20, 25 and 30 years) by inviting them to a presentation ceremony held by the GIC twice a year. However, inspectors were surprised to note that there was no record of long service on display to acknowledge the commitment staff had to the SPS. Although not a recommendation, HMIPS have always positively commented where prisons have them on display and would ask the prison to consider this for the future.

Sick absence had been a challenge for the prison in the past but had improved recently. Although higher than most prisons, the number of staff in HMP Barlinnie meant that these higher numbers had a less detrimental effect than smaller prisons with less staff. Speaking to FLMs, SMT and staff, there appeared to be a real 'teamwork' ethic. Staff were willing to change shifts, work double shifts or rest days to help their colleagues.

Staff absence is dealt with positively within the prison. Each absence was treated individually, with regards to how to support them back to work. There was regular contact made by FLMs with those that were off work, to establish progress and what support they required to return to their work. Action plans were put in place and support sought to assist members of staff to return to work, for example offering them physiotherapy or counselling. HR tracked all absenteeism on a spread sheet and regularly sought information from FLMs on their absence meetings if they have not received it. Maternity cover requirements were low in HMP Barlinnie, with only four members of staff off and one on light duties. However as mentioned in other inspection reports, there is no maternity cover built into the prison roster so other

staff are required to fill these posts. HMIPS will continue to recommend to SPS HQ that this is addressed.

SPS record staff performance through the Performance Feedback Portfolio. This is an annual reporting mechanism whereby HR only get records of performance at the end of the reporting year, rather than at the midpoint also. Like other inspection reports, completion appeared to be a challenge. Despite HR regularly sending out reminders of those yet to be submitted, there was still over 120 outstanding final reports from April 2024. Anyone not performing to an acceptable level was managed under the SPS Performance Improvement Policy. HR offered advice on how to carry out this process to managers if required.

Recommendation 64: SPS HQ should look at adding staffing cover to prison compliments for those on maternity leave.

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

Rating: Satisfactory Performance

As well as the obligatory SPS meetings attended by the SMT, staff also attended meetings with internal partners and external stakeholders. The common theme that inspectors observed was the positive relationships between operational and non-operational staff within the prison. There were good examples of multi-agency working during the inspection. There was a wide range of multi-agency meetings throughout the prison. One example was the Family Strategy Group where a number of stakeholders which included Families Outside, Early Years Scotland, Glasgow Life, Croft (Visitors centre), Play station and the FCOs met regular to discuss any issues, initiatives or progress on any actions from previous meetings.

As reported in QI 8.8 there had been significant engagement with the local community in the design and building of HMP Glasgow, where HMP Barlinnie staff attended a number of local partnerships and meetings that included local councillors and MSPs.

The SMT also attended a number of external meetings such as the Community Justice Glasgow Partnership whose members included community justice, Police Scotland, Scottish Fire and Rescue Service, SPS, COPFS and healthcare agencies. Here the SPS were able to update on issues to a wide Justice and community audience. Another good example was the Throughcare in Partnership Strategy Group. This meeting was held quarterly with the last one hosted by the prison. Again attendees came from a wide range of agencies.

There were also a number of key external stakeholders who supported the prison and the work they do. A good example of this is NG Homes who supplied bikes to be refurbished in the bike shed that were returned and distributed to the community.

There was evidence of good work being carried out by internal agencies in supporting prisoners to prepare for release, such as the DWP and CAB, as well as internal support provided by social work, NHS and psychology.

With one of the National Top End facilities within HMP Barlinnie there was a number of workplaces in the community that had been set up as opportunities for those prisoners on the progression journey to demonstrate they were ready to progress to the next stage.

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 Performance

Like other SPS prisons, the vast majority of external media engagement was managed by SPS HQ. The prisons submitted information to the SPS communications branch who posted it on the SPS twitter account.

The prison also engaged with both local and national press as well as local community groups. The GIC had been on countless radio programmes and had interviews with the press since becoming the Governor. There had been some recent coverage on national television with a three-part documentary of the history of HMP Barlinnie.

The prison team have been very active within the community, particularly with the development of the new prison in Royston, not far from the current site. The building of the new prison, HMP Glasgow, looked exciting and innovative. Working in partnership with local community groups such as the Royston Strategy Group, local councillors and the Royston Food Bank had enabled the HMP Glasgow team to include initiatives such as a café and food bank for the public to use.

Connections with local housing organisations will enable prisoners leaving HMP Glasgow a better chance of securing a place to go when they are released into the community. The team attended local meetings to keep the public informed of any progress. There was also information on the HMP Barlinnie website to keep the public informed. The website also contained valuable information that was accessible to the public such as directions to the prison, contact details, visit information, handing in property, depositing money and access to legal visits. The prison recently held a staff and family day to allow families to see the environment staff work in. There was positive feedback from staff who were involved and there were plans to continue this annually.

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: Generally Acceptable Performance

The immediate health and wellbeing needs of patients were assessed on arrival at HMP Barlinnie by members of the Primary Care Team using a standardised

assessment screening tool. Health screening information was clearly recorded onto the electronic patient care record Vision.

As part of the assessment validated tools were available to carry out drug and alcohol withdrawal screening. Patients could be provided with appropriate medication to manage withdrawal symptoms using Patient Group Directions (PGD³) if clinically indicated.

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

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

The health screening process informed the patient's care planning and referrals were made to the relevant services with the patient's consent. Patients were given written information regarding the healthcare services available in HMP Barlinnie. This information could be obtained in different languages and interpretation services were available to support patients if required during the admission process.

The ongoing national issue of late arrivals into prisons, could at times be a challenge for HMP Barlinnie. Health screening must be undertaken by a registered health professional to ensure that people coming into custody have their immediate health needs assessed, and any health concerns identified and actioned. While prisoners would have access to person-centred health screening during working hours, people who were admitted to the establishment after 10pm may not receive the same standard of health screening. In this situation, SPS staff would manage the prisoner using the SPS late admission policy which was recently introduced and had access to out of hours medical services, if required. However, there is a risk that SPS staff would not have the most up-to-date relevant healthcare information to be able to identify if a patient was deteriorating or required a healthcare intervention, as prisoners had not received a health screening on arrival. A robust system was in place to ensure that all late arrivals had health screening carried out the following day.

Recommendation 65: Glasgow City HSCP should develop guidance and a SOP to support the admission process including the assessment of a person's fitness to remain in custody.

Recommendation 66: SPS HQ and Glasgow City HSCP must work together to ensure that there is a robust process in place to ensure that people arriving late to the prison receive a formal health screening assessment before they are admitted into the prison.

³ The legal definition of a patient group direction (PGD) is 'a written instruction for the supply and/or administration of a licensed medicine or medicines in an identified clinical situation, signed by a registered professional'.

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

Rating: Generally Acceptable Performance

Healthcare delivery at HMP Barlinnie was led by GPs, nurses and some recently introduced ANPs. The FP provided medical cover out of hours, including the weekends. All admissions to HMP Barlinnie were seen by a GP the following day.

At the time of the inspection, there was no clinical lead for the healthcare service and GP sessions were being delivered by agency staff. Inspectors were concerned by the sustainability of this and the potential impact on service delivery (see recommendation in QI 9.16).

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. Although they were not readily available in different languages, inspectors were assured that they could be easily obtained if required. Interpretation services were also available to support patients access to healthcare.

There was a process for patients to submit their referrals confidentially, by posting them in a locked box that only healthcare staff could access.

Healthcare referrals were triaged by the primary care nurses three times daily. This ensured that any emergency referrals could be actioned quickly. This is good practice. After the initial triage, referrals were passed to the appropriate team for further review and for allocating patient appointments.

At the time of the inspection, waiting times to see a GP or nurse were in line with community provision. Patients were provided with information about their scheduled appointment.

The national issue of patients missing secondary care appointments due to variations in the performance of the prisoner transport provider GEOAmev, continued to affect patients in HMP Barlinnie. Inspectors were told by healthcare staff that due to other priorities, SPS staff were rarely able to help support them with transport for secondary care appointments. Patients were being informed if they had missed a secondary care appointment due to transport being cancelled by GEOAmev. Healthcare staff recorded the number of missed secondary care appointments, including the reasons for these. The number of missed internal healthcare appointments were also recorded. This information was shared locally with the Governor and nationally.

During the inspection to HMP Barlinnie in 2019, inspectors recommended that healthcare staff and SPS work together to improve escorts for patients to attend appointments in the Health Centre. It was therefore concerning that there were still ongoing challenges with SPS escorts within the prison. This resulted in significant numbers of patients missing their appointments and healthcare staff's time not being utilised to its full potential. Where a patient refused to attend for an appointment, they were asked to complete a refusal slip.

HMP Barlinnie had significant challenges with the number of patients being placed on MORS after using illicit substances. This placed an increased workload on staff which could result in some healthcare services being suspended. Inspectors were told by senior healthcare staff that due to the number of people being placed onto MORS there were concerns about staff safety and their capacity to adhere to the draft national MORS guidance. The HSCP had therefore taken the decision to follow their own process across the three prisons in Glasgow. They were however, committed to stay involved with the review of MORS to develop guidance that meets the needs of patients and staff within prison.

All staff had completed Medical Emergency Training. Emergency bags were situated in the Health Centre and inspectors saw that these were well organised and that emergency medications were in date. Automated external defibrillators and oxygen were also available. There was evidence of emergency equipment being checked regularly.

Good practice 24: Healthcare referrals were triaged by the primary care nurses three times daily. This ensured that any emergency referrals could be actioned quickly.

Recommendation 67: HMP Barlinnie and GEOAmev must facilitate patients' attendance at appointments to secondary care.

Recommendation 68: HMP Barlinnie and Glasgow City HCSP must work together to ensure that patients are supported to attend healthcare appointments within HMP Barlinnie.

Recommendation 69: SPS HQ, HMP Barlinnie, Glasgow City HSCP and other stakeholders should continue to work together to develop MORS guidance that can be adapted to meet the needs of patients and staff in individual settings.

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

Rating: Good Performance

Health improvement, health prevention and health promotion information were widely available to patients at HMP Barlinnie, with a well-resourced and motivated team delivering a range of interventions and innovative practices.

Multimedia had been utilised to provide video and audio presentations on a range of topics including suicide prevention, mental health awareness, Buprenorphine⁴, stigma on drug use, sexual health and Blood Borne Virus (BBV). This was a collaborative approach by healthcare staff and patients. The programme of broadcasts was available for in-cell listening or watching. Inspectors considered this method of sharing health promotion within the custody setting as good practice.

⁴ Buprenorphine is a medicine used to treat dependence on opioid (narcotic) drugs such as heroin or morphine.

An opt-out BBV screening programme was in place with patients having next day follow up available to them by a BBV nurse. Processes were also in place for patients to access national and local age-appropriate vaccination and screening programmes.

There was a good range of health promotion materials available and evidence of staff working with patients on a one-to-one basis using translation services to ensure information was accessible.

Patients could access a range of smoking cessation services that were available within HMP Barlinnie, and patients could access group and one- to-one support. Nicotine Replacement Therapy (NRT) was available to patients through prescriptions and patients could also buy vapes from the SPS.

Everyone being liberated from the prison had access to Naloxone training and would be given nasal Naloxone if they were agreeable. To reduce stigmatisation, the night before liberation, peer mentors would arrange for Nyxoid to be delivered to people's cells. This was good practice. At the time of inspection, three peer trainers were available delivering Naloxone training with plans to commence training to a further five mentors. A wider peer mentor role covered skills to share information on Tobacco, Vape and Second-Hand Smoke information, Alcohol Brief Intervention, Naloxone, Oral Health and Healthy Minds Sessions. This is good practice.

The Health Promotion Team work collaboratively with Waverly Care (a charity who offer support for those on treatment for Hepatitis C and HIV). They provide and organise support for patients prior to and after liberation.

Good practice 25: Multimedia had been utilised to provide video and audio presentations on a range of topics to increase awareness and engagement with healthcare services available within HMP Barlinnie.

Good practice 26: To reduce stigmatisation, peer support would arrange for Nyxoid to be delivered to people's cells prior to liberation.

Good practice 27: A wider peer mentor role programme was in place including skills sharing information on Tobacco, Vape and Second-Hand Smoke information, Alcohol Brief Intervention, Naloxone, Oral Health and Healthy Minds Sessions.

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

Rating: Good Performance

Staff spoken with had a good understanding of the health inequalities experienced by many of their patients and understood the barriers that many prisoners faced 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 GGC mandatory training.

Since the last inspection, an Occupational Therapy Service has been established in the prison. The service focused on health inequalities and prevention by supporting people to overcome barriers to engage with health services, prison-based activities, and support them to explore occupations which provide them with meaning and purpose, to support community integration. This is good practice.

Good practice 28: An Occupational Therapy Service has been established in the prison. The service focused on health inequalities and prevention by supporting people to overcome barriers to engage with health services, prison-based activities, and support them to explore occupations which provide them with meaning and purpose, to support community integration.

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 Performance

The Mental Health team had robust systems and processes in place to monitor referrals and triage. Referrals were being responded to within appropriate timescales depending on the level of risk and the patient's presentation. This was equitable to community provision.

Psychiatry appointments were available for patients with complex needs, and the Psychiatrist attends twice weekly and can attend the prison for patients requiring urgent review and assessment, where deemed appropriate. Recently established timetabled MDT meetings were taking place, which provided the opportunity to co-work and plan care between disciplines and joint working with the Addictions Team.

The process for completing and accessing patient's clinical healthcare assessments, care plans and risk assessments was found to be complicated and difficult to navigate for the wider healthcare team. Healthcare staff were recording patients risks on a standardised risk assessment and the Clinical Risk Assessment Framework for Teams. However, this could not be recorded electronically on the patient's vision healthcare record. Risks would be assessed and recorded in the patient care record in Vision as well as completing a copy of this standardised tool.

Evidence was seen of patients on the mental health caseload having care plans in place. However, due to the design of the care plans, patients were unable to sign to confirm that they had been involved in the development of their care plans.

Risk management should be integral to the care planning process. However, care plans were not interlinked to the patient's risk assessment or accessible to the wider healthcare team, as care plans were not recorded electronically on the patient's vision healthcare record. Glasgow City HSCP should review the assessment, care planning and recording of clinical information to ensure up-to-date clinical information is recorded and shared with the Healthcare Team. For people with cognitive impairment, plans were ongoing to develop a pathway to enable assessment and access to services.

A range of psychological interventions were available from the Psychology Team. Staff from Clinical Psychology would meet regularly with SPS staff within the SRU to discuss patients' wellbeing and safety, with a view to support them to deliver a consistent collaborative approach to people in their care.

There was evidence of discharge planning for people on liberation, but no written protocols were in place.

For people requiring detention in hospital the length of waiting times for an inpatient bed could be variable. This was because of the type of bed required and location.

Recommendation 70: Glasgow City HSCP should review the assessment, care planning and recording of clinical information to ensure up-to-date clinical information is recorded and shared with the Healthcare Team.

Recommendation 71: Glasgow City HSCP should ensure that there is written protocols for discharge planning for people who require follow up from Mental Health services on liberation.

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 Performance

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.

Clinics for asthma, diabetes and tissue viability were being held in HMP Barlinnie. Inspectors were told that the service would like to develop clinics for other long-term conditions. The clinics were nurse led with support from the GPs and colleagues in secondary care. Healthcare staff told inspectors that good links had been made with secondary care and community colleagues to support the management of patients with long-term conditions.

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. This is good practice. Databases were maintained summarising care and contained details of planned follow up appointments.

Patients requiring social care were identified by both healthcare and SPS staff. Healthcare staff spoken with were able to describe the process for accessing social care which was provided by an external care company. A process was in place for the carers and healthcare staff to communicate and provide updates on patients.

Staff could access support from occupational therapy (OT) and physiotherapy to carry out functional and mobility assessment. Inspectors were told that some nursing staff had also completed training to carry out these assessments when an OT or

physiotherapist was not available. This is good practice. Inspectors were told that there were no problems with accessing assistive equipment, such as, walking aids and hospital beds.

Inspectors observed variability in the suitability of some cells designated as being accessible for patients, as there would be difficulty in using some kinds of assistive equipment, due to their size and layout.

Inspectors saw evidence of care plans for those with long-term conditions and those requiring social care. They saw that these were individualised and had been signed by the patient indicating that they agreed with them. They were told that the patient received a copy of the care plan and that they were reviewed regularly, and if the patient's condition changed.

Good practice 29: Patients were involved in planning and agreeing their care and were given a copy of their treatment plan.

Good practice 30: Nursing staff had also completed training to carry out assessments when an OT or physiotherapist was not available.

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: Generally Acceptable Performance

The Addiction Team in HMP Barlinnie presented as a cohesive and focused team that was working hard to recover from a period of significant staffing shortages. The team had an 80% vacancy rate within the Band 5 Staff Nurse Team since October 2023. They had been successful in recruiting five nurses from the Newly Qualified Nurse Scheme and were successful in recruiting two further experienced nurses resulting in no vacancies from October 2024. During the inspection, inspectors saw that the team was now fully staffed and were in a remobilisation period, moving from a focus on providing care for clinical priorities, to providing a range of harm reduction and psychological interventions and treatments to their patients who had substance use issues in the prison. These improvements included working towards the implementation of MAT standards and care planning for patients on the substance use caseload.

As described in QI 9.1, patients requiring support with drug and/or alcohol dependence were identified at health screening using a validated screening tool. All patients awaiting confirmation from community prescribers received appropriate treatments, including detoxification and opiate substitution therapy (OST).

All patients admitted into the prison with substance use issues were seen the following day by an addiction nurse to assess their drug and alcohol use, and to offer treatment and interventions. For those patients not immediately identified as requiring OST, there was the ability to self-refer to the addictions service and assessment would be undertaken. Inspectors were told that for these patients there was a requirement to follow a process including drug diaries and arranging a

prescriber for liberation. This could therefore lead to delays in commencing treatment and could mean patients experienced withdrawals for a longer period. This is a concern and does not align with the principles of MAT standards.

An identified clinical lead for the team was in place. There were clear clinical pathways describing access and discharge to and from the services, and protocols and procedures for liaison and joint working with mental health services and primary care in cases with co-morbidities. However, inspectors saw that not all patients on the team's caseload were receiving follow up appointments and reviews of their care. Care plans reviewed were not person-centred or outcome focused.

A standardised discharge planning tool would be followed to ensure relevant information was provided to the receiving services when the prisoner was released from the prison.

The Addictions Team had access to a range of multidisciplinary professionals. An Alcohol Liaison Nurse was in post. This is good practice. There was a weekly timetabled multidisciplinary allocation meeting to discuss allocation of referrals, current assessments and reviews, and a representative attended from the Mental Health Team.

There were also quarterly Substance Misuse Strategy meetings with SPS and healthcare, this helped to inform healthcare staff on what substances were in the establishment.

Patients had access to the Recovery Café which was run by the SPS. There was a waiting list to access the café as it only runs three times per week.

SPS had a 6-week School of Recovery Group and were introducing a SMART Recovery Group.

The Clinical Psychology Intervention Service worked with individuals who may have experienced difficulties with substance use, either historically or ongoing whilst in custody. There was regular liaison with colleagues in the Addictions and Harm Reduction Teams with regards to any concerns or referrals.

Good practice 31: An Alcohol Liaison Nurse had been recruited.

Recommendation 72: Glasgow HSCP must as a priority work towards the implementation of MAT standards⁵ and care planning for patients on the substance use caseload.

Recommendation 73: Glasgow City HSCP must ensure that patients identified as requiring intervention, treatment and support by the Substance Misuse Team receive the regular planned interventions and care planning.

Recommendation 74: Glasgow City HSCP must ensure that individual care plans are person centred and in place for all patients receiving care from the Addictions Team.

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

Rating: Satisfactory Performance

HMP Barlinnie did not have regular face-to-face pharmacist led clinics. Inspectors were told that the healthcare needs and size of prison population in HMP Barlinnie, would make the number of potential referrals to a pharmacist led clinic service unsustainable. Medical and nursing staff would deal with any medicine queries in the first instance; however, the clinical pharmacist was easily contactable for advice and would see specific patients if required. The Prison Prescribing Group was not meeting as HMP Barlinnie did not have a lead clinician in post. Therefore, any serious or pressing pharmacy issues were discussed at the Senior Management Team meeting.

A pharmacy run by staff from the national pharmacy provider was located within HMP Barlinnie, which meant patients in possession medication could be ordered and obtained efficiently.

Medicine reconciliation was carried out by nursing staff when patients were admitted to HMP Barlinnie and involved contacting community providers, pharmacies and checking electronic sources. Prescribing was carried out by the GP or ANP on the following day that patients were admitted to HMP Barlinnie. Processes were in place for medications to be prescribed out of hours or when a prescriber was not available in HMP Barlinnie.

Systems and processes were in place to ensure that medications were handled safely and stored securely in line with national and professional guidance and legislation. A recent inspection by the local Controlled Drug Governance Team had raised no concerns and identified a high standard of record keeping. Patients who were in possession of medication were responsible for keeping their medication secure and had access to in cell safes. For those cells inspected, inspectors saw that safes were in working order and were told that there was a good response time for broken safes to be repaired.

Medications at HMP Barlinnie were administered to patients three times a day. The last medication round took place at 7pm during the week but was earlier at weekends. This meant that some medications were administered out with the therapeutic timeframes. Healthcare staff were concerned that the introduction of the new SPS working hours would make this situation worse. To reduce the risk of this, pharmacy and healthcare staff told inspectors that they were looking at trying to safely increase the number of patients having in possession medication.

Morning medications were observed being administered and these were seen to be carried out in a calm and organised manner and was supported by SPS officers. Appropriate patient identification checks were completed prior to medications being

administered and concealment checks were completed where appropriate. Administration recording paperwork was completed accurately, and the balances of the controlled drugs used were checked. Patient confidentiality was maintained throughout the medication administration process. Inspectors were told that the area and process for administration of controlled drugs in one of the treatment rooms in the Health Centre had been risk assessed.

A process was in place to ensure that patients received their OST and other morning medications before going to court.

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

Recommendation 75: Glasgow City HSCP and HMP Barlinnie should continue to work together to ensure that medications are administered when therapeutically appropriate and with the correct time between doses.

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

Rating: Poor Performance

The dental surgery environment was intact 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 offsite for decontamination.

All NHS dental practices are subject to a practice inspection process and must undergo an inspection by the local Health Board every three years. HMP Barlinnie passed its dental practice inspection in September 2024.

Inspectors saw that patients could access dental services through dental self-referral forms. Referral forms were reviewed by the dental staff when they attended HMP Barlinnie for five sessions (2.5 days a week). Patients regularly had to wait up to 11 weeks for urgent or emergency appointments and 123 weeks for routine appointments. This exceeds the Scottish Government's recommended time of 10 weeks for access to dental treatment in prisons. The Dental Team advised that their time in the prison was predominately spent treating emergencies, as highlighted during the last inspection. SPS staff did not always bring prisoners to their appointments, resulting in less patients being treated. Where a patient refused to attend a dental appointment, they were asked to complete a refusal slip.

Systems were in place for patients to access emergency dental care out of hours. Patients could also be seen by primary care staff who would facilitate the prescription of analgesia or antibiotics, if required, out with the dental clinics. For patients not eligible for routine dental care (those on remand or with less than 6 months of their sentence left to serve) a dental health support worker would offer an

oral health risk assessment to ensure there was no reported symptoms requiring clinical assessment. This is good practice.

The dental health support worker also worked with the Health Improvement Team providing education at local events.

There was a Mouth Matters programme within the prison which offered one-to-one oral health support and supplied toothbrushes and toothpaste.

Good practice 32: The dental health support worker offered oral health risk assessments to those prisoners on remand or with less than six months left of their service.

Recommendation 76: Glasgow City HSCP must improve access to dentistry in line with national waiting times standards.

Recommendation 77: HMP Barlinnie should ensure that patients are escorted to dental appointments.

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

Rating: Not Applicable

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

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

Rating: Satisfactory Performance

Systems and processes were in place within the prison to support patients identified as requiring palliative care and end of life care. Healthcare staff spoken with were able to describe and were positive about the links that had been established with community services.

The service had a palliative and enhanced care register. Key operational documents and guidance were in place if patients required palliative care services in the prison, including a Supportive and Palliative Care Indicators Tool (SPICT), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and anticipatory care plans.

Team leaders attended the quarterly Glasgow City HSCP and NHS GGCs palliative steering meetings. They met with an SPS unit manager every month to discuss any patients on the palliative care register and/or any patients in receipt of care through a regulated care agency.

Inspectors were told that palliative and end of life MDT meetings would also take place when required, with representatives from NHS, SPS, Chaplaincy and any other relevant agencies to ensure patients were managed holistically.

As described in QI 9.6 a process was also in place to access any assistive equipment, with support from the OT.

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

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

Rating: Generally Acceptable Performance

Processes were in place to ensure that TTM was implemented to manage people at risk of self-harm or suicide within HMP Barlinnie.

Whilst Registered Mental Health Nurses (RMNs) would attend TTM case conferences for patients on their caseload, inspectors were told attendance at case conferences was generally allocated to the Primary Care Team due to the increasing number of case conferences and balancing capacity within the teams.

A process was in place to ensure that case conferences were arranged when nurses could attend. However, inspectors were told it was not routine practice for nurses to spend time with the patient prior to the case conference. This was not following the SPS suicide prevention TTM strategy, as healthcare professionals must see the patient prior to the TTM case conference taking place. Inspectors saw that all required TTM documentation was completed. However, there was not a formalised process for communication between the wider healthcare team to ensure up-to date information about the outcome of the case conferences was shared.

Recommendation 78: Glasgow City HSCP must ensure that all healthcare professionals are adhering to the SPS suicide prevention TTM strategy.

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 Performance

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

Feedback, comments, concerns and complaint forms were available in all residential halls and were easily recognisable as they had been printed on blue paper. They were in clear and easy to read format. Interpreting services were available for

patients' requiring assistance with complaints. A process was in place for completed forms to be submitted confidentially to healthcare staff.

There was evidence that all complaints were allocated to professionals to investigate, and patients received a face-to-face consultation to discuss their complaint.

Patients were able to view the process for handling complaints as described on the forms, including the expected timelines. Patients were given a copy of the prison's 'Our complaints procedure' leaflet when their complaint was acknowledged. This is good practice. This provided patients with an overview of the complaints process, as well as when and how to seek independent advice from the Scottish Public Services Ombudsman.

The Health Centre Administration Team review all submitted forms, and a thorough system was in place to ensure that all complaints were recorded on a system, including the date received. The complaints process viewed indicated that stage 1 complaints would be responded to within five days and stage 2 complaints, which require a fuller investigation, within 20 days. However, at the time of the inspection, inspectors found that not all complaints were responded to within the timeline.

Inspectors were told that themes and learning from complaints and concerns were discussed at the quarterly clinical governance meetings. However, there was no process in place to regularly review and share any learning from complaints with the wider Healthcare Team.

Staff were trained in managing complaints through online eLearning on the TURAS platform.

Good practice 33: Patients were given a copy of the prison's 'Our complaints procedure' leaflet when their complaint was acknowledged. This provided patients with an overview of the complaints process and how to seek independent advice from the Scottish Public Services Ombudsman.

Recommendation 79: Glasgow City HSCP should ensure complaints are responded to as per the timeframes on the policy available to patients.

Recommendation 80: Glasgow City HSCP should ensure learning from complaints is discussed and shared with the Healthcare Team.

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

Rating: Good Performance

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

as required. Staff described the SPS system used to record concerns. Inspectors heard of examples where concerns had been made and responded to in line with the systems and actions taken appropriately.

Systems were in place to ensure the safe storage of patients' electronic records and hard copy health information. Health information was stored electronically with all healthcare staff having personal secure access. Inspectors saw that documents were scanned and saved with secure storage areas identified. Communication was good between both SPS and healthcare staff and there was evidence of a supportive approach to looking after people in their care.

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

Rating: Satisfactory Performance

During the inspection to HMP Barlinnie in 2019, inspectors had significant concerns and made recommendations regarding the condition of the environment where healthcare was delivered. It was therefore reassuring to see that there had been significant investment by the SPS to improve the environment, making it fit for purpose. This is a positive development for both patients and healthcare staff.

The areas where healthcare was delivered were tidy and visibly clean. Passmen were responsible for cleaning the corridors in the Health Centre and the floors of the treatment rooms in the residential areas. A contracted cleaning company was responsible for cleaning all other areas in the Health Centre where healthcare was delivered and the office areas within the Health Centre. Healthcare staff told inspectors that they were happy with standard of cleaning and that they met with a representative from the cleaning contractor on a regular basis. A recent facilities monitoring audit showed good compliance.

Healthcare facilities, both within the Health Centre and the treatment rooms in the residential areas, were in a good state of repair. Inspectors were told that healthcare staff no longer had access to the SPS Estates electronic reporting system. This made reporting and tracking the status of repairs more challenging.

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

Infection prevention and control assurance was achieved through CCAAT which looks at compliance with PPE, staff awareness of IPC policies and compliance with SIPCS. Inspectors saw that the CCAAT completed in May 2024 showed 100% compliance. Local hand hygiene audits also showed good compliance.

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

Recommendation 81: HMP Barlinnie and Glasgow City HSCP should have systems in place that allow healthcare staff to easily manage the healthcare environment.

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: Generally Acceptable Performance

The Healthcare Leadership Team in HMP Barlinnie had clear and visible leadership that was well organised and structured to support the delivery of healthcare. This had been enhanced by the refurbishment work that had been undertaken in the Health Centre. The housing of all healthcare staff in the one building, cultivated positive relationships and communication between disciplines. A structured meeting schedule ensured that staff were kept informed of operational issues and facilitated staff feedback.

The HSCP 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 Glasgow Prisons has also been a positive development for staff. All staff spoken with described feeling well supported by senior managers.

All healthcare staff working in the prison received a comprehensive HSCP induction as well as a prison specific induction. There was evidence that staff had completed their induction programme. 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. Not all nursing staff received clinical supervision however, if requested this could be provided by the Professional Nurse lead.

As described in QI 9.2 the HSCP are dependent on agency GPs to maintain their medical service within the prison. The ongoing fragility of the current medical/GP provision in the prison is a concern. Following the workforce review undertaken at NHS GGC, work was ongoing to introduce ANPs into the healthcare services at HMP Barlinnie. Ensuring the provision of a safe and sustainable service should be the partnership's main priority. As described in QI 9.7 there had been significant staffing shortages in the Addictions Team, however, at the time of the inspection, the team was at full capacity.

The staff rotas inspectors reviewed indicated consistent staffing numbers. Any gaps identified within staffing were covered by staff bank. From 1 December, due to the reduction in the weekly hours, SPS staff in the prison will be locking down earlier, with SPS staff working 35 hours a week. This will result in the Healthcare Team having to change and adapt how they deliver clinical services and changes to their working hours. Planning for this change is ongoing.

Recommendation 82: Glasgow City HSCP should ensure that there is a robust and sustainable medical service at HMP Barlinnie.

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: Satisfactory Performance

Healthcare at HMP Barlinnie was managed and governed through Glasgow City's Health & Social Care Partnership (HSCP) 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 HSCP. There was representation of prisoner healthcare in many local forums, meetings and the wider partnership.

HMP Barlinnie and the HSCP had regular structured meetings which took place between HMP Barlinnie senior managers and health centre managers to manage and discuss common issues. However, as discussed in QI 9.2. and QI 9.9 there are ongoing operational challenges which impacts patient care.

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

A recognised electronic system was in place for staff to report incidents and adverse events. Inspectors were told that these were discussed at the governance meetings. As discussed in QI 9.13, inspectors were told that themes and learning from complaints and concerns were discussed at the quarterly clinical governance meetings. However, there was no process in place to regularly review and share any learning from complaints with the wider Healthcare Team.

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

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

Recommendation 83: Glasgow City HSCP should implement a process to collect and record patients' feedback.



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