



HMIPS

HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

Report on HMP Kilmarnock

Full Inspection

19 to 23 May 2025



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Introduction and Background

This report was part of the programme of inspections of prisons carried out by His Majesty's Inspectorate of Prisons for Scotland (HMIPS). These inspections contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies known as the National Preventive Mechanism (NPM) to monitor the treatment of and conditions for detention. HMIPS is one of 21 bodies making up the NPM in the UK.

His Majesty's Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service (SPS) estate against a pre defined set of Standards. These Standards are set out in the document 'Standards for Inspecting and Monitoring Prisons in Scotland', published in May 2018 which can be found at [Standards for Inspecting and Monitoring Prisons in Scotland](#).

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 within a consistent framework 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 variety of 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 was supported in our work by inspectors from Healthcare Improvement Scotland (HIS), HM Inspectorate of Education in Scotland (HMIE), the Care Inspectorate (CI), and guest inspectors from the SPS.

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

1. A colour-coded assessment marker

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

2. A written record of the evidence gathered was produced by the inspector allocated each individual standard. It is important to recognise that although standards are assigned to inspectors within the team, all inspectors have the opportunity to comment on findings at a deliberation session before final assessments are reached. This is to enhance the fairness of the process increasing the chances of unbiased decisions being reached in the 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 Kilmarnock is situated approximately three miles south-east of Kilmarnock Town Centre, near Hurlford, East Ayrshire.

Role

HMP Kilmarnock has 501 cells. The prison houses a range of prisoner types and is the local receiving prison from the Sheriff Courts of Ayr and Kilmarnock. The prison was previously operated by Serco Ltd on behalf of the Scottish Prison Service under a contract with the Scottish Ministers. It transferred to the Scottish Prison Service following the expiry of this contract on 17 March 2024.

Accommodation

There were two residential blocks and a Separation and Reintegration Unit (SRU) within HMP Kilmarnock.

Date of last inspection

November 2021

Healthcare provider

NHS Ayrshire and Arran

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

This inspection of HMP Kilmarnock marked a first for HMIPS and the SPS; the first inspection of a prison in Scotland transferred from the private to the public sector.

It is to everyone's credit that a safe, controlled transfer had been achieved, with no prisoner unrest.

The Target Operating Model for the prison is based on holding 500 prisoners, but soon after the transfer to the public sector the prison was required to accommodate up to 157 additional prisoners. Whilst HMIPS acknowledges the overpopulation issue in Scottish prisons and the long-term pressure on prison places this brings, it was unfortunate that the team at Kilmarnock were not given time to embed the SPS systems before this additional pressure. It also meant that we found 223 cells designed for one person had been converted into small double cells that were just below internationally recognised minimum space standards, and some cells were in a poor state with challenges in decorating them because of the higher numbers being held. In contravention of the United Nations Standard Minimum Rules for Prisoners (the Nelson Mandela Rules), on 22 May 2025, 38 cells were being shared by convicted and remand prisoners.

Performance against all nine standards were rated as only "generally acceptable" whereas on the previous inspection in October 2021, performance against four standards were assessed as satisfactory and the remaining five as generally acceptable.

Much of what had been good under Serco was still in place. The relationships between staff and prisoners were positive and respectful. These strong staff-prisoner relationships reduced risks of violence, and the Intelligence Management Unit (IMU) shared information appropriately to strengthen that safety factor. The unfortunate pattern of increasing staff assaults seemed linked to prisoners with deteriorating mental health who were being managed under Prison Rule 41. Respect for prisoners was demonstrated during disciplinary hearings which were person-centred and gave prisoners the chance to make representations. Compensation claims were investigated thoroughly and where claims were successful, they were delivered, even where the prisoner had subsequently been liberated.

There was an excellent approach to work, education and gym. Remand prisoners were able to access the same activities as convicted prisoners. There was a good range of employment opportunities for the size of prison, and the wages were at SERCO levels which seemed to act as an incentive for people to engage. There were good quality educational opportunities and gym staff offered a broad range of well-structured programmes, including for prisoners held in the Separation and Re-integration Unit (SRU). The cultural acceptance of non-offence and offence-protection prisoners living and working together was impressive and avoided the need to run multiple (and curtailed) regimes, which we have seen in other prisons. Visits worked well for both domestic and agents' visits.

In terms of prisoner care and health, Talk To Me (TTM) case conferences were of a high standard. Long-term conditions were managed well by the healthcare team and there was improved training for nurses in palliative care. There was timely access to addictions support. Prisoners retained possession of their own medication, in line with the community.

Unsurprisingly, such a transition has held its challenges, and the prison staff were still working through these.

Communication between staff and agencies had suffered, partially due to uncertainty about what the transition to the public sector meant in practical terms for individuals and their roles. The transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) legislation timescales meant information about staff was delivered only 28 days before the changeover, leaving people with high levels of anxiety. There had been significant movement and rotation of staff with consequent uncertainty about who was responsible for what. This had affected cleanliness and hygiene in residential and dining areas, and improvements were required in training and management of equipment.

Action to embed Equality and Diversity issues had regressed since our last inspection with a complete reset now required, again because of staff moving on and the systems not surviving the individual. In Scotland, the Public Sector Equality Duty requires public authorities to have "due regard" to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not. The prison may be failing in this public sector duty.

The large and important group of operations staff had to be almost entirely newly recruited, as the transition from private to public sector had given front line staff the choice to select the residential or operations role and most had opted for the residential positions. There had been an impressive investment in training for these new staff, and they were being well supported to settle into their new roles.

Many tasks completed by residential officers in SPS prisons were still being completed by other staff at Kilmarnock. This included reception staff completing cell sharing risk assessments and links centre staff completing core screening. Our concern is simply that if these tasks do transfer to residential officers, they are competent and confident and supported during the changeover. The prison was at an early stage in introducing the Personal Officer scheme following its transfer into the public sector. Personal Officers expressed concerns about being fully confident in using the SPS Prisoner Records Version 2 (PR2). Another example where staff needed further support was in changes to paperwork consequent on the transition to the SPS, critically TTM, Use of Force, and paperwork placing people under various rules.

We found other issues we commonly find. Prisoners arrived at the prison after healthcare staff had left so no healthcare assessment could be undertaken until the following morning; the numbers of people being segregated exceeded the capacity of the SRU, leaving several held on rules in the main residential areas, making it difficult for staff to manage and compromising access to time in the fresh air for this group; the complaints system did not work well with complaints going missing, not being recorded and not answered; the lack of a formal relationship with the local authority library services restricted what the prison library could provide.

Improvements needed around health services included health promotion; communication to patients of changes to medication; ensuring prisoners can access both secondary care appointments and smoking cessation programmes and better tracking of the time between assessment and the start of treatment to identify delays and manage waiting times.

Some good aspects were not applied consistently. For example, information for prisoners on admission was delivered by peer supporters which was a good model, but they were not always available and there was no formal support for non-English speakers.

Some good practices under Serco had been lost. On reception the previous practice had been that prisoners were only strip searched if the body scanning process revealed something. Now all prisoners were routinely being strip searched as well as being passed through the body scanner. Key members of the psychology team had left or been redeployed nationally, leaving prisoners at the prison with reduced access to programmes. On our previous inspection we found the active support for Prisoner Information Action Committees (PIACs) and consultation with prisoners impressive. During this inspection we found a lack of prisoner consultation and engagement. The auditing process which was well embedded under the private sector had not made the transition well to the SPS Prison Resource Library (PRL) auditing system. We also found numerous occasions where risk assessments and policy documents had been cut and pasted from other prisons with that prison's name still on the document.

The use of information technology had long been a positive feature at HMP Kilmarnock, with kiosk technology providing important information for prisoners. Changes made as a consequence of the move to the SPS had, for example, reduced the level of information available to foreign prisoners in their own language, such as the complaint process. Some positive elements from the private sector model had been lost. The decision not to take on the body worn cameras because they were at the end of their working life was understandable, but staff were now left without such technology until the national roll out. Decisions to disperse the previous dedicated specialist dog drug search team to the wider estate had an impact on prisoners swiftly receiving items from their families, as previously the local team had cleared them for issue on the same day.

There was widespread dissatisfaction about food in our prisoner survey and healthier choices were difficult to make. The transition had led to increased procurement costs, logistical delays and more food waste due to less flexible procurement arrangements, which had previously benefitted from Serco's international buying power.

There are opportunities for the future under the transition, especially if the best of what Kilmarnock has offered during its history can be maintained and built on – the positive relationships between staff and prisoners and the focus on meaningful time out of cell and engagement in the activities on offer. The short-term plans to improve facilities such as the reconfiguration of the healthcare centre open up possibilities for more ambitious long-term plans and capital bids.

It is important that lessons are learnt for any future transfers from private to public sector to minimise the loss of good outcomes for prisoners and make the transition easier for staff.

Inspectors described 84 desired outcomes, and we encourage the prison and SPS HQ to focus on ensuring the following fifteen key ones:

For Kilmarnock:

- **Key desired outcome 1:** Equality and Diversity is fully embedded into the thinking of all prison staff. The challenges faced by prisoners with protected characteristics, particularly foreign nationals and disabled prisoners, in accessing information and securing equality of opportunities and treatment within the prison are identified and addressed. There is a coordinated calendar of social and cultural events, with a specific focus on raising awareness and understanding of those with different backgrounds, cultures, and abilities.
- **Key desired outcome 2:** Prisoners are not strip searched when a body scan is undertaken and reveals nothing and risk assessments for all prisoners in reception are conducted in a private setting.
- **Key desired outcome 3:** Victims of bullying are protected and supported, and perpetrators of bullying are challenged.
- **Key desired outcome 4:** There is a sufficient variety of employment opportunities with vocational training supporting prisoners to develop job related skills and qualifications to assist them in seeking employment on release.
- **Key desired outcome 5:** All prisoners have the opportunity to access their legal entitlement of one hour in the fresh air daily.
- **Key desired outcome 6:** Mechanisms for consultation and collaboration with prisoners are in place, used regularly and represent the wider views of prisoners with agreed actions tracked and updates provided.
- **Key desired outcome 7:** Prisoners judge the quality and acceptability of food more highly during the next pre-inspection survey than on this inspection, and standards for the safe handling, preparation and serving of food are met.
- **Key desired outcome 8:** Prisoners and staff benefit from clear systems which deliver good basic hygiene and cleanliness throughout the prison. Staff and prisoners are trained and confident in how to maintain hygiene, including biohazards, with appropriate equipment and kit provided. Cleaning equipment is held in designated cleaning areas and not in cells.
- **Key desired outcome 9:** Action points from internal SPS audit processes and external scrutiny bodies are implemented speedily and robustly monitored by the senior management team to ensure the agreed improvements are delivered. Safe systems of work, SOPs and risk assessments specific to the prison are in place.

For Kilmarnock and the NHS:

- **Key desired outcome 10:** Access to dentistry is in line with national waiting times standards.
- **Key desired outcome 11:** Systems and processes are in place to regularly audit infection prevention and control precautions with improvement actions taken when non-compliance is identified.

For SPS HQ:

- **Key desired outcome 12:** Prisoners are able to make complaints freely and have them addressed with a method of escalation where needed.
- **Key desired outcome 13:** Convicted and remand prisoners do not share the same cell.
- **Key desired outcome 14:** Only one prisoner is held in cells designed for one.
- **Key desired outcome 15:** Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location.

Summary of PANEL principles

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

Participation: Prisoners had little voice in changes which affected them. There was no evidence of Prisoner Council Meetings being effective in enabling prisoners to influence prison life, for example bring about any changes to the menu. Prisoners were not systematically or formally consulted about employment and training opportunities available within the establishment. However, there were positive relationships between staff and prisoners, which supported prisoner participation in the daily regime.

Prisoners being managed under Rule 95 conditions were able to access education and the gymnasium, whether in the SRU or using hall gymnasiums for those managed on Rule 95 conditions within the residential setting. Prisoners were also able to participate in the religion of their choice having been seen by the chaplaincy team shortly after admission. Where there was a crisis in the family, the prison offered alternative ways of receiving a visit.

Individuals on TTM were involved in their case conferences and able to raise concerns and have a meaningful input into the outcome of their case conferences. Those on Rule 95, 41 and Special Security Measures were able to input into case conferences about their management plans.

Prisoners were routinely provided with opportunities to contribute to plans for community reintegration and release. The establishment emphasised the importance of prisoner participation in the enhanced Integrated Case Management (ICM) process, but prisoner participation in Risk Management Team (RMT) meetings needs to be encouraged.

Accountability: Some residential areas were failing to meet the basic needs of some prisoners, examples being general hygiene and cleanliness and the supply of rainproof jackets. Staff awareness on how to report the need for repairs via the Agile system required improvement.

The prison ensured that potential violence from enemies was avoided through intelligence briefings and regular tactical tasking meetings. Those on closed visits had their case reviewed regularly. There was good oversight of Multi-Agency Public Protection Arrangements (MAPPA). Conversely there was no evidence of accountability regarding bullying as there was no formal process in place to support those being bullied, although there had been recent efforts to raise awareness of the Think Twice Anti-Bullying strategy.

Standard Operating Procedures (SOPs) to support the transfer from private to public sector, seemed to have been copied and pasted from other prisons. Some lacked review dates and still had the name of the prison they had been “borrowed” from. Some assurance processes had incomplete documentation, for example in relation to TTM record keeping or providing evidence that entitlements such as access to time in the fresh air were being met. There was no process in place to ensure that foreign nationals were permitted a call to diplomatic services on arrival.

Complaint forms were not readily available in all halls, and it was acknowledged that not all complaints received a response. Processes to record outcomes of the Internal Complaints Committee (ICC) or recommendations to the prison from the Scottish Public Service Ombudsman (SPSO) were not adequately logged so learning outcomes were not always identified.

The prison was in the process of re-establishing Equality and Diversity (E&D) meetings and developing an E&D action plan, but these should never have lapsed. There was a tracker for following up PRL audit reports, which were new to the prison having come into the public sector, but with many gaps in the record keeping, so only a limited number of audit action points had clearly been followed up.

Non-discrimination and equality: Some extra measures had been put in place for older prisoners with greater needs, such as accessible cells and passmen dedicated to the care of those with disabilities and unable to clean for themselves. While there was some evidence of reception staff using translation services and pictorial aids to help prisoners of all nationalities and communication abilities engage in the process, the overall use of translation services remained low relative to the number of non-English speaking prisoners. The lack of use of translation services and reduced information available in their own language through the Kiosk was a barrier to the participation of foreign nationals in the opportunities available. However, the menu catered for those who were following cultural, religious or medical dietary requirements.

Prisoners with vulnerabilities or protected characteristics such as mental health and Rule 41 conditions, were treated with dignity, empathy and respect. Case conferences demonstrated individuals being treated fairly and empathically, while balancing risk and support appropriately.

Wheelchair users felt that their disability affected their ability to take part in education, work or reach the visit room for the start of visits. There were also barriers for those with mobility issues taking up the offer of fresh air.

With the suspension of the Pathways and Constructs course there was no longer equality of access to the programmes required to address a person's offending behaviour.

Empowerment: The “Insiders” initiative, a peer-led support programme, was positive, but it did not reach all prisoners and induction required greater staff involvement. Prisoners who did not meet with an Insider or attend induction missed learning about the complaints process, the Independent Prison Monitors (IPMs), and the PIACs which are key to empowering prisoners to participate in improving prison life. The prison rules were no longer available on the Kiosk and only a limited number of prisoners could easily access the well-resourced legal texts within the prison library.

Legality: Convicted and remand prisoners were sometimes held in the same cell in contravention of prison rules. With 446 prisoners sharing small cells designed for single occupancy the minimal space standard of four meters square per prisoner, excluding the toilet area, proposed by the European Committee for the Prevention of Torture was not being met. Not all individuals removed from association either through Rule 95 or Rule 41 were afforded the opportunity for time in the fresh air outside. Only through some prisoners not taking the offer of time in the fresh air did it become achievable for those on rules in mainstream residential areas to secure access to it. Prisoners not on rules sometimes had to choose between finishing their lunch or taking fresh air due to the late running of meals. Afternoon visits also clashed with access to fresh air.

There was no Church of Scotland Minister, which is a requirement under the Prison Act 1989. The regression regarding implementation of E&D meetings and action plans reduced the ability of the prison to evidence that it was complying with their Public Sector Equality Duty to have due regard to the need to eliminate unlawful discrimination.

Summary of Inspection Findings



Standard 1 Lawful and Transparent Custody

Generally Acceptable



Standard 2 Decency

Generally Acceptable



Standard 3 Personal Safety

Generally Acceptable



Standard 4 Effective, Courteous and Humane Exercise of Authority

Generally Acceptable



Standard 5 Respect, Autonomy and Protection against Mistreatment

Generally Acceptable



Standard 6 Purposeful Activity

Generally Acceptable



Standard 7 Transitions from Custody to Life in the Community

Generally Acceptable



Standard 8 Organisational Effectiveness

Generally Acceptable



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: Generally Acceptable

Overview

Under this standard, four quality indicators were rated as satisfactory and five were rated as generally acceptable, giving an overall rating of generally acceptable. There were no examples of good practice and eight desired outcomes for improvement.

Prisoners were treated respectfully and communicated with well during the admissions process. Staff shortages and process inefficiencies led to delays which regularly exceeded the 60 minutes.

A key concern was that prisoners were sometimes not assessed by healthcare staff before they finished at 21:00, leaving reception officers, untrained in clinical matters, to make judgements about their wellbeing.

Strip searching continued despite the use of body scanners, raising concerns about proportionality and dignity.

Translation services were available, but usage was low compared with the number of prisoners who did not speak English.

Information provided to prisoners on admission varied. Peer support from Insiders was strong but unstructured and inconsistent. Insiders were not always present in reception to meet new arrivals and provide key information. In some halls, no Insiders were present, leaving new prisoners without critical early information. There was no formal support for non-English speakers, and some tasks normally carried out by staff had been informally passed to Insiders. There was no staff oversight of this process.

HMIPS Standard 1 Lawful and Transparent Custody – Continued

Procedures for identifying and registering prisoners were well managed and in line with relevant SOPs. Temporary staffing adjustments were in place to cover a shortage of staff trained in warrant and sentence calculation. Prisoner classification was completed and recorded properly. There was a backlog of overdue Prisoner Supervision System (PSS) reviews, 180 as of 9 May 2025.

Cell allocation followed a clear structure and was unusually managed by reception First Line Managers (FLMs) rather than residential staff. Delays occurred when residential halls failed to provide cell space availability early in the working day, placing additional burden on reception staff.

Cell Sharing Risk Assessments (CSRAs) were also conducted by the reception FLMs. Population pressures and the need to keep people separate meant that remand and convicted prisoners were sometimes placed in shared cells, contrary to prison rules.

Sentence calculations were being carried out accurately and promptly by Criminal Desk staff. Critical dates were not routinely communicated to prisoners before they left reception, but were placed on the Kiosk usually within 24 hours.

The induction process lacked structure, consistency, and inclusivity. Only 32% of prisoners said they were offered induction, far below the comparator average. Attendance was low, sessions were delivered solely by Insiders without staff support, and foreign nationals were excluded. There was no analysis of attendance or refusals, and the PIAC process was missing from the content.

The release process for prisoners was well-managed and efficient. The Criminal Desk verified critical dates and informed relevant external agencies where necessary. Reception staff handled documentation, returned the prisoner's property and funds, and provided additional money for travel. Support arrangements were in place for those observed. Prisoners were escorted out through the front of house reception.

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

Overview

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

Most cells were in poor cosmetic condition and needed to be painted, with visible wear on metal furnishings. Despite these issues, all cells were equipped with essential features such as steel beds, lockable safes, and intercom systems, though a small number of the latter were defective and awaiting repair. Heating and ventilation were generally adequate.

The prison was designed with only single cells and 223 of them were housing two people. There were only two that were accessible to prisoners with disabilities. Shared accommodation in the single cells measuring 7.91m² raised significant concerns about privacy and dignity.

Communal areas were mostly clean and in good repair, though some littering and cosmetic issues were noted. Maintenance was managed through the “Agility” system, but reporting of faults by residential staff was inconsistent.

There was a five-year painting plan. Most low-level surfaces and cells required repainting, and orders for paint had been placed by both halls.

The prison employed seven vocationally trained cleaners, five of whom were fully qualified with biohazard and British Institute of Cleaning Science (BICS) certification. The remaining two were undergoing training, and training records were well maintained. The prison successfully renewed its accredited BICS training delivery certification in March 2025.

HMIPS Standard 2 Decency – Continued

There was no unified prison-wide procedure for handling biohazard incidents. The hall passmen responsible for cleaning pantries, showers, gyms, and accessible cells, lacked formal training in cleaning procedures, chemical handling, or equipment use. Many essential cleaning tools and supplies were unavailable or improperly maintained, including malfunctioning chemical dilution stations. There was no evidence of scheduled cleaning routines or documentation of cleaning activities.

Overall, the standard of cleanliness in residential halls was inadequate, with hygiene issues including unclean dining areas, stained stairways, dusty surfaces, and food debris. The absence of formal procedures, training, and oversight had significantly affected hygiene and raised safety concerns.

Beds across all halls were structurally sound but showed significant wear and required repainting. Bedding supplies, including mattresses and towels were acceptable, and whilst central stores maintained sufficient stock the residential halls did not maintain their own stores. A mattress replacement programme operated on a two-year cycle, with central stores equipped to handle urgent replacements. Prisoners were issued with just one set of bedding. Due to the lack of replacements, many were reluctant to send bedding to the laundry. Spare bedding was not available on the halls.

Laundry operations showed disparity between main and hall-based services. The main laundry, staffed by two employees and assisted by 15 passmen (only one of whom worked directly in laundry), focused solely on kitchen, reception, and Segregation and Reintegration Unit (SRU) items. There was no clear protocol for handling biohazard-contaminated laundry. Staff and passmen were unaware of existing procedures, and required materials (e.g. red biodegradable bags) were not available, posing serious hygiene risks.

Each hall operated its own washing machines and dryers, but procedures were inconsistent. Some halls followed fixed schedules, while others relied on informal collection systems. Despite this, 90% of prisoners in the survey reported satisfactory access to weekly clothing washes. Training gaps were evident: formal training was only provided to the main laundry passman while hall-based laundry workers had none.

The prison did not take responsibility for laundering personal clothing contaminated in biohazard incidents. Instead, items were bagged and held for family collection, then discarded if uncollected within a week, an approach that may warrant rethinking for practicality and fairness.

While core laundry and bedding services were functional, significant improvements are needed in consistency, training, hygiene practices, and the provision of spare items to ensure a safe and humane living environment.

HMIPS Standard 2 Decency – Continued

Eighty-eight percent of prisoners surveyed reported being able to shower daily in the eight communal showers located on each hall, but the cleanliness of shower facilities was inconsistent.

Sixty-six percent of prisoners surveyed stated they could obtain necessary items of toiletries from the canteen. While only six percent said the prison provided all required toiletries, each hall was found to maintain an ample stock of basic hygiene items, such as toothpaste, toothbrushes, shampoo, soap, and shaving supplies.

Despite this availability, toiletries were not securely stored or distributed under staff supervision. Prisoners had unsupervised access to supplies, including disposable razors, raising safety and accountability issues.

Upon arrival, prisoners received a standard clothing pack; however, not all packs included essential items such as fleeces or waterproof garments, supplies were insufficient to meet demand.

The food provision fell short of expected standards for quality, healthy choices, safety, and cultural inclusivity. With independent prison monitoring findings and surveys revealing widespread dissatisfaction, 79% of prisoners rated food as “bad” or “very bad,” and only 36% reported consistently receiving enough food.

Although the menu offered daily Halal options and catered for special dietary needs based on NHS consultation, like other SPS Prisons it lacked input from a qualified nutritionist. Healthier choices were difficult to make, and the four-week rotation menu lacked seasonal adjustments, reducing variety and adaptability.

The transition to SPS had led to increased procurement costs, logistical delays, and food waste due to inflexible ordering from five separate vendors, despite a higher catering budget. There was a strong sense from prisoners that the food was worse since the prison had been handed to the public sector and managers said the options to buy better and use some local suppliers had been lost under the national catering procurement arrangements.

Despite two certified trainers, pantry and kitchen workers only received basic health and safety training. All lacked the Royal Environmental Health Institute of Scotland (REHIS) training and appropriate Personal Protective Equipment (PPE) creating a health and safety concern.

Ramadan meal provision showed good practice but there were no cultural meal events beyond Christmas. Menu displays were in English limiting accessibility for non-English speakers. One third of the population defaulted to the first menu option for all meals due to not engaging with the meal selection system on the kiosk.

Prisoner feedback through PIACs had minimal influence on menu changes. The loss of the Saffron food management system had stalled menu updates and reduced responsiveness to dietary and cultural needs.

Standard 3 – Personal Safety

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

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

Inspection Findings

Overall Rating: Generally Acceptable

Overview

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

Staff demonstrated a good understanding of the SPS TTM policy. Staff dealing with individuals under the policy were able to give an in-depth background to the individual. Case conferences were of a high standard and there was good evidence of a person-centred approach by all staff involved, with prisoners being consulted. However, the location of the case conference was unsuitable, and prisoners attended wearing strip clothing.

All admissions, returns from court and transfers were spoken to by reception staff to identify any circumstances that could increase their risk of harm from others. If so, this was reported to the IMU, who disseminated the information to relevant areas. The unit also monitored the daily movements list and checked admissions for 'must be kept separate' or enemies.

Admissions who felt they were at risk were able to request protection in reception and were placed on protection for an initial 72-hour period to allow residential managers to arrange a suitable management plan. There are significant opportunities for work for individuals on protection to prevent social isolation and provide the same opportunities as mainstream individuals.

HMIPS Standard 3 Personal Safety – Continued

There was a diverse population which led to potential risks of subversive, aggressive or violent behaviour. The prison dealt with these challenges to keep prisoners and staff safe. There was a violence reduction plan in place. There were also monthly tactical tasking meetings to update attendees of the current intelligence profile of the prison, recent subversive or violent activity and possible threats or risks to the prison. Actions from the meeting were recorded and discussed at the following meeting.

Staff played a key role in reducing violence through their relationships with prisoners.

There was no strategic approach to managing bullying, intimidation or harassment. There has been an increase in staff training in the SPS Anti-bullying Strategy Think Twice, but the policy was not followed. No Think Twice referrals had been completed even though bullying had been reported through other methods. There was no recognised reporting method. There was no system to record bullies or those being bullied and no analysis, monitoring or reviews were carried out.

Although over half of respondents (57%) in our pre-inspection survey said they felt safe all or most of the time, 40% reported that they had been abused, threatened, bullied or assaulted by another prisoner. Victims of this behaviour were not being offered appropriate support.

There were several staff alarms activated during the inspection and response was always swift. Staff were aware of the agreed response protocols but did not always adhere to them. This was an ongoing issue.

No cells had a Fire Action Notice (FAN) on display. They were available in a variety of languages but were not being used allocated by staff as they did not know where to get them.

Numerous safe systems of work, risk assessments and SOPs had not been agreed or signed off. Several had been copied from other prisons and were not specific HMP Kilmarnock.

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: Generally Acceptable

Overview

Under this standard, four quality indicators were rated as satisfactory, four as generally acceptable, and two as poor, giving an overall rating of generally acceptable. There were three examples of good practice and eight desired outcomes for improvement.

Good practices were in place to support the safety and security of those who worked and lived in the prison. Front of house security was robust whilst staff remained welcoming. The same was true within the vehicle lock where rigorous searching was witnessed. The Emergency Control Room (ECR) was a hive of activity with staff who were competent and confident in the execution of their duties and knowledge of the electronic systems they operated.

The IMU had a good understanding of the intelligence profile of the prison and were well-equipped to share appropriate and relevant intelligence via the Tactical Tasking Meeting, or Rule 95, Rule 41 and Special Security Measure considerations.

There were a significant number of prisoners being managed on Rule 95 which exceeded the capacity of the SRU. The management of Rule 95s was good, with prisoners given the opportunity to have a voice. Not all prisoners were afforded their statutory hour's exercise. Staff and prisoners alike reflected on the significant period some prisoners had spent on Rule 95 or 41 conditions. Staff commented on the difficulty reintegrating prisoners back to mainstream circulation or onward transfer to an alternative establishment, citing challenges with increased population and evolving intelligence and security considerations.

HMIPS Standard 4

Effective, Courteous and Humane Exercise of Authority – Continued

When observed, the adjudication process followed a person-centred approach. Adjudicators allowed prisoners time and opportunity to provide their representations. Adjudications were balanced and fair, suspending punishments to encourage improved behaviour or dismissing charges where appropriate.

Prisoners had access to their property and personal cash. Reception processes were thorough, and all property was recorded on the prisoner's property card. Delays were noted when issuing property to prisoners, with no clear assurance process in place to audit against. The policy for articles allowed in use was adhered to and prisoners were informed of their entitlements and volume of property. All prisoners had access to cash for canteen and sundry purchases. No issues were raised about using Prisoners Personal Cash, but the prison lacked a mechanism whereby families could hand cash in when they visited.

Mandatory Drug Testing (MDT) was completed by staff working within the case management group rather than by a dedicated team. These staff were trained and qualified but tested mostly for case management reasons, rather than as part of a harm reduction strategy. A recommendation from the last HMIPS inspection to ensure that a screen or door was fitted to the MDT area to afford privacy to the person being tested was unresolved.

Standard 5 – Respect, Autonomy and Protection Against Mistreatment

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

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

Inspection Findings

Overall Rating: Generally Acceptable

Overview

Under this standard, four quality indicators were rated as satisfactory, two as generally acceptable and two as poor, giving an overall rating of generally acceptable. There was one example of good practice and ten desired outcomes for improvement.

Sharing critical information between prisoners and their families was working well.

Relationships between staff and prisoners throughout the prison were good, with mutual respect being given. This was reflected in the pre-inspection survey where 62% of respondents said they were treated with respect by staff all or most of the time. We were concerned at the recent escalation in the number of staff assaults. Residential staff were largely unaware of their roles and responsibilities as a personal officer, with many not knowing which prisoners they were responsible for, and some reporting that they could not fully access PR2 to complete their tasks. Staff based themselves in the residential sections and engaged with prisoners. Although name badges were not consistently worn, prisoners called staff by their names.

Prisoners' rights to confidentiality and privacy were respected by staff. Staff and prisoners were aware of the process to follow in relation to information security breaches and Subject Access Report (SAR) requests, although the forms being used for these requests need to be updated. Data Protection Privacy Statements were not displayed in all halls. There was insufficient space for confidential conversations on the houseblocks. Confidential paperwork was generally kept secure and lockable cell safes were provided for prisoners.

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

There was no emergency call button in the cells and the system for responding to general call requests had changed as the central hub was no longer staffed and calls now went to the ECR. There was no time limit within which the ECR should contact residential staff, nor was a record kept of which staff member was contacted or how long it took for them to attend.

The prison appeared orderly, and activities were reasonably predictable. Changes to the regime, and individual timetabling were notified to prisoners through the Kiosk.

In the pre-inspection survey, most respondents (71%) reported that the prison did not consult with them on issues such as food, while 17% said that prisoners were asked but things did not change as a result. PIACs were not held regularly, there was no action tracking, and only half of the residential halls were represented. Prisoners were not consulted over food, canteen or the Common Good Fund. Information regarding events and activities was distributed through the Kiosk, and prisoners could use these to sign-up if they wished to attend.

Prisoners had access to most information necessary to safeguard themselves against mistreatment, including access to legal advice and the courts. Prison Rules were available in most, but not all, the residential halls. A copy should be available in every hall and signs put up to inform prisoners how they can access them. They should also be available in all the languages spoken in the prison. The prison library had some legal texts available, but only a limited number of prisoners were able to access these. The agents visit area was adequate, well organised and operated efficiently. The process to ensure that foreign nationals can contact Diplomatic Services needs to be clarified. There was a wide range of free telephone numbers available for prisoners to conduct their personal affairs.

In the pre-inspection survey only a minority, 16%, of respondents felt that the complaints system worked well. There was no SOP. FLMs were generally aware of the complaint process and the timescales involved, but better consistency is needed. There was evidence of complaints forms being lost or not recorded. Complaint forms were not available on every hall, but there were mailing boxes to submit complaints. Too many prisoners were using the Prisoner Complaint Form 2 (PCF2) which was confidential access to the Governor due to a lack of confidence in the general process. Paperwork completion was poor with no assurance process.

Over half (54%) of respondents to the survey reported they did not know the role of the IPMs, and more (67%) reported that they did not know how to make contact. Their contact number is on all prisoners' phones however, and posters were in most residential wings. Staff said they regularly saw IPMs around the prison.

Standard 6 – Purposeful Activity

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

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

Inspection Findings

Overall Rating: Generally Acceptable

Overview

Under this standard, one quality indicator was rated as good, seven were satisfactory, three were generally acceptable, three were poor and one was rated as unacceptable, giving an overall rating of generally acceptable. There were three examples of good practice and ten desired outcomes for improvement.

The prison offered an appropriate range of employment opportunities for prisoners in work parties, with employment activities taking good account of the age and ability of prisoners. However, few employment activities were stimulating or suited to the interests of prisoners. Overall, the employment opportunities available were sufficient for almost all prisoners who wanted to work, including untried prisoners.

Vacancies for employment opportunities were available to prisoners on the Kiosk in each residential wing. However, prisoners were unable to participate in meaningful discussion around the choice of work party. Managers actively and regularly monitored work party participation rates to maximise prisoner attendance. The prison made appropriate arrangements wherever possible for prisoners who needed extra assistance to participate in paid work. Overall, prisoners attending work parties were enthusiastic and participated meaningfully in work opportunities, and there was a reasonable balance between the needs of the establishment and needs of prisoners.

There was an appropriate and sufficient range of good quality educational provision in place. This offer included a helpful and strong focus on the essential core skills of literacy and numeracy, as well as employability. There was an appropriate range of qualifications on offer, with good success rates. Waiting lists for an education place were typically a matter of a few weeks. Each prisoner was assessed on induction to the education centre for their academic level and additional support needs. Prisoner participation in education was generally encouraged and supported well by the prison, with very few class cancellations or non-attendance by prisoners.

HMIPS Standard 6

Purposeful Activity – Continued

The prison gym offered a broad variety of well-structured physical and health education programmes. These activities were accessible to all prisoner populations. Prisoners also made good use of the small gyms on residential wings and outdoor football pitch. The prison delivered a good range of events to promote health and well-being. These provided valuable opportunities for prisoners to engage with local organisations for practical advice and support with their mental health and emotional well-being. The prison provided segregated prisoners access to the gym and gym equipment, which was good practice.

The library had a limited stock of primarily older books, and a small but adequate stock of CDs and DVDs. There were no formal links with the local authority library service, and no inter-library loan service. The main barrier to library use was that access to the library was limited to those attending education. Prisoners were unaware of the library stock available, as the Kiosk on residential wings for ordering books had no catalogue.

The prison offered a limited range of cultural, recreational and peer support activity. There was no coordinated annual calendar of events where areas such as education, library and chaplaincy could work together to coordinate and plan activities. A few recreational events were organised such as a successful health and wellbeing event. The prison had a Listener service, with two Listeners who were given limited support, and had not received formal training.

The prison may be failing in its public sector duty to have due regard to the need to eliminate unlawful discrimination.

Not all prisoners received their daily entitlement of one hour of time in the fresh air as access to fresh air often started before prisoners had finished their lunch. Four sessions of afternoon visits also clashed with the fresh air timeslot, meaning those with visits had to leave the yard early. Only two out of eight yards had a ramp to enable those with poor mobility or wheelchairs access, so a number of prisoners were denied access to fresh air.

Offering access to fresh air for those on rule 95 outwith the SRU was challenging due to the numbers. Being offered it first thing in the morning discouraged uptake, although some prisoners did attend.

The chaplaincy team was well resourced representing the major faiths within the prison, although there was no Church of Scotland minister which is a requirement under the Prison Act of 1989. The multi faith centre was well used for religious observance and courses, with at least two members of the team in most weekdays. The team attended the SRU daily and supported those on TTM. Due to low attendance at induction a team member met with every admission. They were also a support to prisoners and staff if there was a death in custody and were the link to families during the Death in Prison Learning Audit and Review (DIPLAR) process.

HMIPS Standard 6 Purposeful Activity – Continued

The Visitors Centre where visitors booked in was welcoming. Visits were supported by a number of outside agencies to support families and prisoners. There was adequate information both for prisoners and visitors on the timetable and the process for booking visits and visit allocation was equitable. There was a children's play area inside the visits room but it was small. Fathers and Children visits happened for two hours, one afternoon a week. A breakfast club ran on a Saturday but since the transition the prison no longer supplied the breakfast which had been welcomed by those attending. The tea bar was back running, a recommendation from the 2021 report and run by one of the prisoners who did an excellent job and was identified as good practice.

Only 39% of people in the pre-inspection survey reported having access to virtual visits every week despite there being many opportunities for those wishing to book one. Connectivity was an issue that needs to be resolved between the prison and the service provider. A number of alternatives were offered for more sensitive visits, such as where there had been a death in the family. There was a belief among prisoners that double visits were no longer available, which is incorrect.

Each cell had a phone, but for those sharing telephone conversations were not private. E-mail a prisoner was sent directly into the prisoner's Kiosk where replies could also be sent.

There was no evidence that visits were withdrawn as a punishment and fathers who were on closed visit could get access to their children in open conditions.

The most common complaint raised was the lack of programmes, and progression. The Psychology Team was suitably resourced for the work they are required to undertake but the prison had felt the difference with no longer having a Head of Psychology. The flexibility in delivering bespoke courses to meet the prisoners' needs, highlighted as good practice in the last inspection, was gone. Since the transition to the SPS, the prison had transferred nine prisoners to the open estate whereas the year before they had sent 35. The decision by SPS HQ to suspend some offender behaviour programmes left concerns about how prisoners affected by the suspension would be able to demonstrate how they had addressed their behavioural risks and progress to the National Top End and the Open Estate or gain parole.

The ICM team was well run, assisted by good administration and communications. The introduction of personal officers was not embedded, so, as at the last inspection, ICM officers carried out all the work supporting the ICM and RMT process. Prisoners attended ICM but not RMT meetings. Staff knew the processes for managing those on Orders of Lifetime Restriction (OLRs) but those to be released under MAPPA should be informed as soon as possible, rather than when they attend their first ICM.

Standard 7 – Transitions from custody to life in the community

Prisoners are prepared for their successful return to the community.

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

Inspection Findings

Overall Rating: Generally Acceptable

Overview

In this standard, one quality indicator was rated as satisfactory and four as generally acceptable, giving an overall rating of generally acceptable. There was one example of good practice and five desired outcomes for improvement.

A pervasive culture of positive and effective relationships between staff, prisoners and external partners was evident and contributed to collaborative professional practice, constructively focused on release planning, and encouraging the participation of prisoners in preparing for their return to the community.

Multi-agency Community Reintegration Meetings were ensuring systematic oversight and continuity of plans for most prisoners due for release. A suitable range of prison and community-based agencies were actively contributing to arrangements to support successful transitions from prison.

Enhanced ICM and parole processes were well embedded, monitored and implemented. Case management meetings were focused on the needs of the individual prisoner, with purposeful contributions from statutory partners in accordance with relevant legislation and guidance. Personal officer participation in case management processes had yet to embed.

Recent national changes to psychology provision across the prison estate were negatively affecting delivery of a range of assessments and interventions at the prison. The delivery of accredited programmes was also in transition contributing to difficulties for prisoners accessing required treatment to enable their progression.

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: Generally Acceptable

Overview

In this standard, three quality indicators were rated as satisfactory, three as generally acceptable, and two as poor, giving an overall rating of generally acceptable. There were no examples of good practice and eight desired outcomes for improvement.

The transition of the prison from the private sector into the public sector had been very challenging. It is to the credit of both the SPS and SERCO that a safe and controlled handover was achieved, but some elements of the cultural shift remained to be made. It was disappointing that some positive elements from the way the prison operated under SERCO had been lost. It was hard to understand, for example, why Kilmarnock could not have contributed their experience of using body-worn cameras to the evaluation of the pilots that the SPS is running in other prisons. The loss of a specialist dog team trained to identify drugs was regretted by local management who felt it helped counteract the ever-present risk of substances entering the prison. Similarly, the loss of a dedicated internal audit team might partially account for poorer evidence on effective follow up to internal audit recommendations. The shift in managing the contract for operating the Kiosk system had reduced the level of information about menus, canteen sheets etc. that was available in their own languages for foreign nationals, affecting their ability to navigate daily life in prison.

HMIPS Standard 8 Organisational Effectiveness – Continued

The staff complement had increased following absorption into the public sector. However, the Target Operating Model for the prison was based on 501 prisoners but quickly went up to 657 after the transition before more staff could be recruited. This imposed significant additional pressure on staff and may have contributed to some of the challenges embedding new systems, responsibilities and lines of accountability for such things as operating the personal officer scheme, completing probation reports and following up on PRL audit recommendations. The transition led to an inability to take account of data from previous staff appraisals and training records and contributed to the challenge in ensuring all staff were trained in core competencies. The training team had responded very positively to the latter challenge with an impressive recovery operation.

The prison had regressed since our last inspection in relation to equality and diversity and was having to start from scratch in setting up a new committee, appointing ambassadors amongst staff and recruiting prisoners to join the committee. However, the embryonic draft action plan set out a logical range of actions to take the agenda forward, including conducting a survey of disabled prisoners to assess accessibility issues. This is important as the focus group with disabled prisoners that we conducted raised concerns about their access to jobs, education, exercise yards and visits.

Although business management and review meetings were operating satisfactorily, there was an issue around consistency in the way that key performance data is collected and used by the prison and SPS HQ that needs to be addressed.

While transition to the public sector had been successfully achieved in a calm orderly manner, without prisoner unrest, there are undoubtedly lessons to learn for any similar transitions that may occur in future.

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

Overview

In this standard, one quality indicator was rated as good, six as satisfactory, seven as generally acceptable and two as poor, giving an overall rating of generally acceptable. There were eight examples of good practice and 21 desired outcomes for improvement. There were several areas of commendable practice identified, as well as key issues requiring further attention and improvement.

Health and wellbeing drop-in sessions, delivered by a registered nurse from Monday to Thursday, provided accessible, face-to-face support on general health matters, wellbeing, and harm reduction. These sessions were positively received by people in custody and represent a proactive and inclusive approach to healthcare engagement. Furthermore, the Addictions Team demonstrated effective implementation of the national Medication Assisted Treatment (MAT) Standards through a targeted quality improvement initiative. This initiative led to a notable reduction in waiting times from admission to treatment initiation and a decrease in self-referrals, thereby enhancing access to timely, person-centred care.

Leadership within the Healthcare Team and the Integration Joint Board (IJB) was found to be strong, visible, and well-structured. Regularly scheduled meetings, including daily handovers, facilitated effective communication and operational oversight. The IJBs active involvement, evidenced by site visits and direct engagement with staff and patients, further reinforced accountability and a clear understanding of the challenges within the prison healthcare environment. Despite these strengths, the inspection also highlighted several ongoing concerns. Limited clinical space continued to impede the timely delivery of care. Although a business case had been submitted to reconfigure rooms within the Health Centre, its effectiveness is likely to be undermined by the lack of a consistent and reliable patient escort system to and from the Health Centre, provided by the SPS, which had resulted in missed appointments and reduced access to treatment.

HMIPS Standard 9 Health and Wellbeing – Continued

Patient confidentiality was also found to be compromised during initial health screenings and consultations, where doors were routinely left open, an issue previously identified but not yet resolved. While staff cited safety concerns as justification, this practice underscores the need for individualised risk assessments and a balanced, risk-based approach that safeguards both staff wellbeing and patient privacy.

In addition, although medication reviews were being conducted, several people in custody expressed dissatisfaction with the way changes were communicated. Many reported receiving updates via written correspondence or during medication rounds, rather than through direct discussions. This highlighted a gap in patient engagement and reinforced the importance of personalised communication to ensure understanding, support adherence to treatment, and address concerns in a timely and effective manner.

Culture and Leadership

The Healthcare Leadership Team offered clear and visible leadership, that was well organised and structured to support the delivery of healthcare. Staff spoken with described the Healthcare Leadership Team as visible and supportive.

Structured meeting schedules also ensured that all staff were kept informed of operational issues and facilitated staff feedback.

All healthcare staff working in the prison received a general induction. Staff had good compliance with the required role-specific and mandatory training. Training opportunities were well supported, and staff described them as helpful in enhancing their professional development and confidence in their roles.

Primary Care

The immediate health needs of all patients were assessed on arrival at the prison, using a standardised assessment screening tool. All health screening information was clearly recorded in the electronic patient care record, Vision.

Accessible information about healthcare services was not available to people on arrival to prison.

Individuals requiring support with activities of daily living, as well as those with speech, language and communication needs were identified as part of the assessment and appropriately referred to the speech and language therapist and occupational therapist (OT).

Healthcare was delivered using General Practitioners (GPs) and nurse-led clinics. This was supported by out of hours GP services. All admissions were seen by a registered nurse within 24 hours of admission.

HMIPS Standard 9 Health and Wellbeing – Continued

Patients were able to access healthcare services using self-referral forms. However, these forms were not in easy to read or picture format to support those with literacy difficulties, or available in different languages.

The main medication rounds were carried out twice per day. Due to the current prison regime, medication administration outwith these times had to be coordinated with the SPS to ensure that patients received their medication at prescribed times.

The waiting time for a dental appointment was 55 weeks, with no patients being seen from the waiting list since October 2024. 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 spent treating emergencies. Systems were in place for patients to access emergency dental treatment out of hours.

Mental Health

The introduction of a nurse team leader has strengthened leadership and enhanced service delivery within the Mental Health and Addictions Team.

The Mental Health Team had robust systems and processes in place to monitor referrals and triage. These processes ensured that referrals were triaged appropriately and that people in prison were assessed in a timely and clinically appropriate manner.

Standardised mental health assessments and risk management tools were used appropriately during assessments. However, there was no formal mechanism in place to monitor patient waiting times from the assessment to the beginning of treatment.

Regular multidisciplinary team (MDT) meetings provided opportunities for collaborative care planning between disciplines and joint working with the Addictions Team.

Patient care plans reviewed were not up-to-date, and some patients did not have a documented care plan in place.

At present, there was no dedicated psychology provision due to previous failures to recruit. While this role has been vacant for more than 12 months, active recruitment was underway for a full-time psychology post. In the interim, the team delivered low-intensity, psychologically informed interventions to individuals and in group settings, including decider skills, behavioural activation and self-help sessions.

HMIPS Standard 9 Health and Wellbeing – Continued

Substance use

The Addiction Team had clear pathways in place to deliver services to people dependant on alcohol or substances. There was established collaborative working between the Addictions Team and Mental Health Team.

Individuals with drug and or alcohol dependence were identified during their initial health screening. If the patient had an existing prescription for opiate substitution therapy, there was a process for the patient to continue opiate substitution therapy (OST) medication during their stay in prison. There was evidence of the implementation of the MAT standards with patients having access to OST with their choice being considered.

Patients receiving OST or requiring ongoing support, were assigned a dedicated caseworker.

Pre-liberation support was well established, with all individuals who had planned liberation dates offered the opportunity to engage with the Addictions Team and receive naloxone training. Strong links with East Ayrshire's Addictions Services enabled the arrangement of 'Near Me' virtual appointments prior to release.

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.

The monitoring of patients with long-term conditions was nurse-led with support from the GP. Long-term condition clinics were delivered in a way that was equitable to community provision.

A comprehensive long-term condition register contained details of when patients were seen, their next review date and any planned secondary care appointments.

Patient care plans viewed had not been individualised to the patient. This had been reported at the last inspection.

Whilst OTs provided a wide range of support and facilitated the provision of assistive equipment to promote independence where appropriate, there could be delays in fitting equipment, due to lack of clarity relating to responsibilities for the purchasing and fitting.

HMIPS Standard 9 Health and Wellbeing – Continued

Infection, prevention and control

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

The cupboard used by the SPS cleaning contractors and passmen to store cleaning products was unclean and there were mop heads and bars of soap lying around the sink area. This must be addressed to reduce the risk of contaminating cleaning materials.

A rolling programme of standard infection control precautions (SICPS) audits took place.

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

Annex A

List of Good Practice

Good Practice No.	QI No.	Good Practice
Standard 2 – Decency		
1	2.6	Heated lunch boxes for use by prisoners participating in Ramadan.
Standard 4 – Effective, Courteous and Humane Exercise of Authority		
2	4.2	Consideration of all Rule 95s twice weekly to ensure pending approval dates are met.
3	4.6	Permitted property being accepted on visits.
4	4.6	Following up compensation claims, post liberation.
Standard 5 – Respect, Autonomy and Protection Against Mistreatment		
5	5.6	The wide range of telephone numbers published which prisoners were allowed to call to deal with their personal affairs.
Standard 6 – Purposeful Activity		
6	6.4	The provision to segregated prisoners of three sessions per week in the gym, and gym equipment available for use in the recreation space within the SRU.
7	6.9	The tea bar supplying drinks and food for visits, which was run by a prisoner.
8	6.11	The availability and use of Kiosks to allow prisoners to receive and send emails.
Standard 7 – Transitions from custody to life in the community		
9	7.1	Weekly Community Reintegration Meetings with good engagement from partner agencies, were properly considering the needs of those prisoners who were preparing for release.

Standard 9 – Health and Wellbeing

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| 10 | 9.2 | The efficient and well managed long-term condition clinic appointment system, managed by the Healthcare Administration Team. |
| 11 | 9.2 | The introduction of the health and wellbeing drop-in clinics to improve access for people in prison to healthcare services. |
| 12 | 9.6 | A comprehensive long-term conditions register containing details of when patients were seen, their next review date and any planned secondary care appointments. |
| 13 | 9.7 | Enhanced overall patient experience by enabling more timely access to care through a significant reduction in both the waiting time from admission to assessment and increased number of referrals by the Addictions Team. |
| 14 | 9.7 | In-reach support from services across Ayrshire and appropriate discharge planning ensuring continuity of care and the sharing of treatment plans upon liberation. |
| 15 | 9.8 | Most patients had their medications in possession in line with community practice and placing the responsibility on the patient for managing their medications in preparation for release. |
| 16 | 9.9 | Registered nurses trained in the triage of dental conditions and oral health promotion. |
| 17 | 9.11 | Training for registered nurses in palliative and end of life care and the opportunity to shadow in palliative care settings. |

Annex B

List of Desired Outcomes

Key Desired Outcome

Key Desired Outcome No.	Key Desired Outcome
For Kilmarnock:	
1	Equality and Diversity is fully embedded into the thinking of all prison staff. The challenges faced by prisoners with protected characteristics, particularly foreign nationals and disabled prisoners, in accessing information and securing equality of opportunities and treatment within the prison are identified and addressed. There is a coordinated calendar of social and cultural events, with a specific focus on raising awareness and understanding of those with different backgrounds, cultures, and abilities.
2	Prisoners are not strip searched when a body scan is undertaken and reveals nothing and risk assessments for all prisoners in reception are conducted in a private setting.
3	Victims of bullying are protected and supported, and perpetrators of bullying are challenged.
4	There is a sufficient variety of employment opportunities with vocational training supporting prisoners to develop job related skills and qualifications to assist them in seeking employment on release.
5	All prisoners have the opportunity to access their legal entitlement of one hour in the fresh air daily.
6	Mechanisms for consultation and collaboration with prisoners are in place, used regularly and represent the wider views of prisoners with agreed actions tracked and updates provided.
7	Prisoners judge the quality and acceptability of food more highly during the next pre-inspection survey than on this inspection, and standards for the safe handling, preparation and serving of food are met.
8	Prisoners and staff benefit from clear systems which deliver good basic hygiene and cleanliness throughout the prison. Staff and prisoners are trained and confident in how to maintain hygiene, including biohazards, with appropriate equipment and kit provided. Cleaning equipment is held in designated cleaning areas and not in cells.
9	Action points from internal SPS audit processes and external scrutiny bodies are implemented speedily and robustly monitored by the senior management team to ensure the agreed improvements are delivered. Safe systems of work, SOPs and risk assessments specific to the prison are in place.

For Kilmarnock and the NHS:

- 10 Access to dentistry is in line with national waiting times standards.
- 11 Systems and processes are in place to regularly audit infection prevention and control precautions with improvement actions taken when non-compliance is identified.

For SPS HQ:

- 12 Prisoners are able to make complaints freely and have them addressed with a method of escalation where needed.
- 13 Convicted and remand prisoners do not share the same cell.
- 14 Only one prisoner is held in cells designed for one.
- 15 Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location.

Desired Outcome No.	QI No.	Desired Outcome
Standard 1 – Lawful and Transparent Custody		
1	1.1	The time taken to process new admissions and allocate them to a residential cell is 60 minutes or less and admission times allow health screening by NHS staff on arrival.
2	1.1	Prisoners are not strip searched when a body scan is undertaken and reveals nothing and risk assessments for all prisoners in reception are conducted in a private setting.
3	1.2	Every prisoner receives the SPS national induction booklet in their own language along with local prison information, and understands the admission and induction process, with the assistance of translation services where required.
4	1.2	A designated member of staff manages the Insiders role in providing initial information to prisoners, ensuring a consistent process, fair recruitment, training and ongoing supervision. There is full Insider coverage across all residential halls.
5	1.4	Prisoner Supervision System (PSS) reviews are up to date.
6	1.6	Convicted and remand prisoners do not share the same cell.

- 7 1.8 All prisoners are offered an induction session. Staff attend and support induction sessions delivered by Insiders. Attendance and refusals are tracked and regularly reviewed and changes made to increase attendance.
- 8 1.8 Information about the PIAC is included in the induction material and prisoners encouraged to make their views known through this forum.

Standard 2 – Decency

- 9 2.1 Only one prisoner is held in cells designed for one.
- 10 2.1 Prisoners live in cells and halls free of graffiti and damage.
- 11 2.2 Prisoners and staff benefit from clear systems which deliver good basic hygiene and cleanliness throughout the prison. Staff and prisoners are trained and confident in how to maintain hygiene, including biohazards, with appropriate equipment and kit provided. Cleaning equipment is held in designated cleaning areas and not in cells.
- 12 2.3 Prisoners and staff benefit from clear systems in the halls for ordering bedding, towels, clothing and hygiene items and their storage and distribution. Exchanges are supervised effectively.
- 13 2.4 Toiletries, especially razors, are stored securely, managed and distributed safely.
- 14 2.5 All prisoners have appropriate clothing to access time in the fresh air daily, irrespective of the weather.
- 15 2.6 Prisoners judge the quality and acceptability of food more highly during the next pre-inspection survey than on this inspection, and standards for the safe handling, preparation and serving of food are met.
- 16 2.6 The kitchen floor is replaced to ensure hygiene levels are met.

Standard 3 – Personal Safety

- | | | |
|----|-----|--|
| 17 | 3.1 | TTM records are fully completed, and assurance checks record action to correct any inaccuracies. Case conferences are held in a suitable environment and individuals who attend are appropriately dressed. |
| 18 | 3.1 | Safer cells are clean and painted. |
| 19 | 3.4 | Victims of bullying are protected and supported, and perpetrators of bullying are challenged. |
| 20 | 3.6 | The SOP for responding to an alarm is followed. |
| 21 | 3.6 | Prisoners have Fire Action Notices (FANs) in the language they understand. |
| 22 | 3.7 | Safe systems of work, SOPs and risk assessments specific to the prison are in place. |

Standard 4 – Effective, Courteous and Humane Exercise of Authority

- | | | |
|----|-----|--|
| 23 | 4.2 | Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location. |
| 24 | 4.3 | Residential staff are confident in the role required of them with regard to adjudication processes. |
| 25 | 4.4 | Staff are informed of significant behaviour changes or developments with prisoners on SSMs to ensure their safety and that of the prisoner. |
| 26 | 4.5 | Reception staff remove x-ray images from the body scanner screen before the next prisoner enters the search area. |
| 27 | 4.5 | Cell searching standards are maintained in line with Prison Resource Library (PRL) standards, including the wearing of Personal Protective Equipment (PPE) whilst searching. |
| 28 | 4.6 | Prisoners access their property within one week of making a request. |
| 29 | 4.8 | The role of MDT as part of the overall strategy for substance misuse is agreed and delivered. |
| 30 | 4.8 | Where MDT is carried out, the area in which is it done is clean and preserves the dignity of the person being tested. |

Standard 5 – Respect, Autonomy and Protection Against Mistreatment

- 31 5.2 All staff wear their name badge.
- 32 5.2 All relevant staff are trained in the role of the personal officer and have access to and are trained in the use of PR2.
- 33 5.3 There is sufficient space for staff to have confidential discussions with prisoners.
- 34 5.3 Subject Access Request (SAR) forms are freely available to prisoners.
- 35 5.3 Data Protection privacy statements are displayed in all halls.
- 36 5.3 Prisoners can alert staff of an emergency whilst in their cell.
- 37 5.5 Mechanisms for consultation and collaboration with prisoners are in place, used regularly and represent the wider views of prisoners with agreed actions tracked and updates provided.
- 38 5.6 Prison Rules are available in the languages spoken on the hall.
- 39 5.6 Foreign nationals are informed of their legal entitlements on admission.
- 40 5.7 Prisoners are able to make complaints freely and have them addressed with a method of escalation where needed.

Standard 6 – Purposeful Activity

- 41 6.1 There is a sufficient variety of employment opportunities with vocational training supporting prisoners to develop job related skills and qualifications to assist them in seeking employment on release.
- 42 6.5 All prisoners have physical access to the library to access events and facilitate browsing and choice.
- 43 6.5 Good working relationships between the prison and the local authority allow access to inter-library loans and development and rotation of library stock.
- 44 6.6 There are sufficient numbers of Listeners properly trained, supervised and supported.
- 45 6.7 All prisoners have the opportunity to access their legal entitlement of one hour in the fresh air daily.
- 46 6.8 The multi-Faith team includes a Church of Scotland Minister and actively engages with prisoners at the weekends.
- 47 6.11 The connectivity for virtual visits works well and a higher proportion of prisoners report having access to virtual visits every week at the next inspection.

- 48 6.13 Every prisoner is provided with appropriate opportunities to demonstrate and record their progress in addressing offending behaviour risks so they can progress to the National Top End and Open Estate timeously and are not disadvantaged when applying for parole.
- 49 6.14 Personal officers are trained and supported to provide informed reports for ICM meetings.
- 50 6.14 All prisoners are able to attend RMT meetings to present their case and challenge decisions made if they wish to.

Standard 7 – Transitions from Custody to Life in the Community

- 51 7.2 PBSW are resourced to provide timely risk assessments in accordance with relevant guidance.
- 52 7.3 Prisoners access national specialised intervention programmes in a timely manner.
- 53 7.3 Psychology services have sufficient capacity to support the timely delivery of required assessments and interventions.
- 54 7.4 Personal officers have access to all the appropriate information and develop the skills to engage effectively with prisoners and ensure they contribute fully to their own release plans.
- 55 7.5 There is a systematic approach to gathering information about progress and outcomes for prisoners released to enhance the effectiveness of transition support given to prisoners.

Standard 8 – Organisational Effectiveness

- 56 8.1 Equality and Diversity is fully embedded into the thinking of all prison staff. The challenges faced by prisoners with protected characteristics, particularly foreign nationals and disabled prisoners, in accessing information and securing equality of opportunities and treatment within the prison are identified and addressed. There is a coordinated calendar of social and cultural events, with a specific focus on raising awareness and understanding of those with different backgrounds, cultures, and abilities.
- 57 8.2 Action points from internal SPS audit processes and external scrutiny bodies are implemented speedily and robustly monitored by the senior management team to ensure the agreed improvements are delivered.
- 58 8.3 Consistency is achieved between the prison and SPS HQ in the collection and use of key performance data to inform effective decision taking at business management and review meetings.

- 59 8.5 Full consolidation of knowledge regarding individual staff roles and responsibilities is achieved by the next inspection.
- 60 8.6 The staff support group is evaluated for potential good practice and replication in other establishments.
- 61 8.6 Staff appraisals are prioritised when they restart in 2025-26.
- 62 8.6 All important information regarding staff performance and training records is retained in any future transition of prisons from the private to the public sector.
- 63 8.6 Improved participation rates in future People Surveys give greater confidence to management around interpretation of the results so that appropriate action can be taken.

Standard 9 – Health and Wellbeing

- 64 9.1 Health consultations are undertaken in a confidential way on admission.
- 65 9.1 Clear, accessible information about healthcare services for people in prison is available.
- 66 9.2 All patients are escorted to their scheduled healthcare appointments.
- 67 9.2 Methods of communicating medication changes ensure direct engagement, enhancing patient understanding and involvement in their care.
- 68 9.2 Self-referral forms are available for all patients to access and in formats and languages that meet their needs.
- 69 9.3 There are clear pathways to access smoking cessation programmes for patients.
- 70 9.3 Patients are able to access health promotion materials.
- 71 9.5 There is a formal process to track the time between patient assessment and the start of treatment, to help identify delays, manage waiting times, and respond proactively to changes in service demand.
- 72 9.5 All patients being cared for by the Mental Health Team have an agreed care plan completed that includes a review of timescales.
- 73 9.6 All patients with long-term conditions have a care plan that is person-centred, outcome-focused and has been agreed with the patient.
- 74 9.6 There is a clear process for assembling assistive equipment, to ensure patients receive equipment in a timely manner.
- 75 9.8 Patients in the SRU have their medications administered in line with best practice and the administration of controlled drugs is recorded in line with best practice.

- 76 9.8 Daily medicine fridge temperature checks are consistently recorded and yearly fridge checks are completed.
- 77 9.8 NHS and SPS staff work together to ensure patients receive their medication within therapeutic time frames.
- 78 9.8 The MethaMeasure Local Operating Procedure covers the cleaning and quality assurance standards required for its safe use.
- 79 9.9 Access to dentistry is in line with national waiting times standards.
- 80 9.13 NHS complaints forms are freely available for people in custody to access and they are responded to as per the timeframes of the policy available to patients.
- 81 9.15 Systems and processes are in place to audit infection prevention and control precautions regularly with improvement actions taken when non-compliance is identified.
- 82 9.16 All healthcare staff receive a tailored induction specific to their role.
- 83 9.16 All healthcare staff receive one-on-one supervision to ensure support, guidance, and to maintain high standards of care.
- 84 9.17 Effective communication and response to improvement actions takes place, with effective monitoring. Persistent issues, such as patient escorts and built environment improvements, are jointly addressed by the SPS and East Ayrshire HSCP.

Annex C

List of Ratings

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

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

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

Standard 8 – Organisational Effectiveness	Generally Acceptable
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QI 8.1	Poor
QI 8.2	Poor
QI 8.3	Generally Acceptable
QI 8.4	Satisfactory
QI 8.5	Generally Acceptable
QI 8.6	Generally Acceptable
QI 8.7	Satisfactory
QI 8.8	Satisfactory

Standard 9 – Health and Wellbeing	Generally Acceptable
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QI 9.1	Generally Acceptable
QI 9.2	Generally Acceptable
QI 9.3	Generally Acceptable
QI 9.4	Satisfactory
QI 9.5	Generally Acceptable
QI 9.6	Satisfactory
QI 9.7	Good
QI 9.8	Generally Acceptable
QI 9.9	Poor
QI 9.10	Not applicable
QI 9.11	Satisfactory
QI 9.12	Generally Acceptable
QI 9.13	Generally Acceptable
QI 9.14	Satisfactory
QI 9.15	Poor
QI 9.16	Satisfactory
QI 9.17	Satisfactory

Annex D

Inspection Team

Sara Snell, HMCIPS

Kerry Love, Standard 1, HMIPS

Graeme Neill, Standard 2, HMIPS

Ciaran Leckie, Standard 3, SPS

Drew Jardine, Standard 4, SPS

Graham Bell, Standard 5, SPS

Ian Beach, Standard 6.1 – 6.6, HM Inspectorate of Education in Scotland

John Laird, Standard 6.1 – 6.6, HM Inspectorate of Education in Scotland

Calum McCarthy, Standard 6.7 – 6.15, HMIPS

Michael Hendry, Standard 7, Care Inspectorate

Stephen Sandham, Standard 8, HMIPS

James Thomson, Standard 9, Healthcare Improvement Scotland

Elaine Rogerson, Standard 9, Healthcare Improvement Scotland

Catherine Haley, Standard 9, Healthcare Improvement Scotland

Helen Samborek, Standard 9, Healthcare Improvement Scotland

Annex E

Acronyms used in this report

AAB	Activity Allocation Board
ACP	Anticipatory Care Plans
ADP	Annual Delivery Plan
ANP	Advanced Nurse Practitioner
BBV	Blood-Borne Virus
BICS	British Institute of Cleaning Science
BIM	Business Improvement Manager
CBSW	Community-based Social Work
C&R	Control and Restraint
CCTV	Closed-Circuit Television
CSRA	Cell Sharing Risk Assessment
CTM	Clinical Team Meeting
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DWP	Department of Work and Pensions
E&D	Equality and Diversity
ECR	Emergency Control Room
EHRIA	Equality and Human Rights Impact Assessment
FAN	Fire Action Notice
FCO	Family Contact Officer
FLM	First Line Manager
GMA	Governors and Managers Action
GPA	Generic Programme Assessment
H&S	Health and Safety
HIS	Healthcare Improvement Scotland
HMP	His Majesty's Prison
HMCIPS	His Majesty's Chief Inspector of Prisons for Scotland
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
HSCP	Health and Social Care Partnership

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

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

Evidence Report

Quality Indicators:

QI 1.1 Upon arrival, all prisoners are assessed for their ability to understand and engage with the admissions process

Rating: Generally Acceptable

In the pre-inspection survey, 53% of prisoners reported being treated well on arrival in reception, while 35% said they were treated "neither well nor badly". These figures are consistent with comparable prisons.

Interactions between reception staff and prisoners were positive, supported by experienced staff mentoring new C band recruits. When staffing levels dropped from three reception officers to two due to absences, there was insufficient staff to carry out reception duties, and this delayed the admissions process.

Prisoners often spent more than 60 minutes in reception for various reasons. Most admissions arrived after 16:00, overlapping with court returns and the staff break from 17:30 to 18:30. Further delays were sometimes caused by the late arrival of nursing staff to complete health assessments, and the need for the reception FLMs to contact residential halls to locate available space because it had not been provided earlier in the day. Inspectors observed admissions beginning to arrive at 16:00, but processing did not start until 18:45. Only two officers were present in reception, and one prisoner had to be restrained after becoming frustrated with the prolonged wait.

At times, new admissions did not undergo a health assessment before NHS staff finished at 21:00. In these instances, reception staff had to determine whether an individual was "at risk" and should be placed on TTM. If deemed not 'at risk', the prisoner was placed on an 'interim care plan' requiring hourly visual checks until they could be seen by a nurse the following day. This policy was introduced through a Governor Management Action (GMA) three months previously. Officers expressed concern about making decisions in the absence of NHS input.

As part of the admissions process, prisoners were strip searched before undergoing a body scan. The body scanner detects concealed items, making the prior strip search degrading and unnecessary. This practice had only started when the prison moved from Serco to SPS control in December.

After initial checks and searches, prisoners were taken to a private room for the Reception Risk Assessment (RRA), where staff assessed their ability to understand and engage with the admissions process. Communication was good, and staff conducted interviews in a respectful and supportive manner, allowing prisoners to ask questions and participate. For those in need of additional assistance, translation materials and pictorial guides were available, and a flag poster and map helped non-English speakers identify their country of origin to arrange translation services. Throughout the prison, translation services had been used on seven occasions during the last six months, which was low compared with the number of prisoners who did not speak English being held in custody.

All new admissions were offered a phone call within the reception area which was positive.

RRAs for prisoners returning from court were conducted while standing in the search area. This should be carried out in a private room to provide confidentiality and in a relaxed setting. A return from court can bring with it a significant change of circumstance for the individual.

Food was available for prisoners in reception for those that would miss a meal. Staff would collect meals from the kitchen during meal service times.

Desired outcome 1: The time taken to process new admissions and allocate them to a residential cell is 60 minutes or less and admission times allow health screening by NHS staff on arrival.

Desired outcome 2: Prisoners are not strip searched when a body scan is undertaken and reveals nothing and risk assessments for all prisoners in reception are conducted in a private setting.

QI 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: Generally Acceptable

Whilst many prisoners received the initial information they required on admission, there were notable gaps in consistency, oversight, and accessibility. There was no centrally monitored process ensuring that all prisoners received the information they needed about the prison regime, rules, or entitlements upon arrival.

This important aspect of the admissions process was being delivered by prisoners known as Insiders, a peer-led initiative that was excellent and worthy of replication in other establishments. The Insiders were enthusiastic and clearly committed to their roles. Their involvement empowered them and supported a more prisoner-centred approach. However, the initiative lacked formal structure, oversight, and training.

Two Insiders were scheduled to be in reception on alternate afternoons to welcome and support new admissions and transfers. Their role included explaining how the prison operated and demonstrating how to use the Kiosk Machine. While their commitment was commendable, sometimes staying until after lock-up at 20:30, Insiders were not always brought to reception. Staff oversight of this process was minimal.

Additionally, each residential hall was supposed to have its own Insider responsible for meeting new arrivals, working through an induction checklist, introducing them to the PIAC representative, and following up with them after one and two weeks. The checklist paperwork was returned and stored in the Link Centre. Three halls had no Insider, and staff were not stepping in to provide this information. Instead, new arrivals were learning from other prisoners.

Completion of the Cell Acceptance Forms had been passed to the Insider, a task that should be carried out by staff.

None of the Insiders had received any training for their role and only one reported applying for the job, with the others being approached by staff.

Prisoners who were not seen by an Insider in reception, and who had no Insider on their hall, could wait up to a week to receive essential information if they chose to attend an induction session. There was no information provided to prisoners who did not speak English. Instead, Insiders relied on English-speaking foreign nationals to relay key information, which posed risks to accuracy and confidentiality.

To address the gaps, the prison should be provided with the SPS national induction booklet in all necessary languages, to issue to all prisoners on arrival or be made accessible via the Kiosk. Local prison-specific information should also be provided.

Core screen paperwork was completed the day following admission by Link Centre staff.

The prison no longer ran an area dedicated to those coming into custody for the first time.

Desired outcome 3: Every prisoner receives the SPS national induction booklet in their own language along with local prison information, and understands the admission and induction process, with the assistance of translation services where required.

Desired outcome 4: A designated member of staff manages the Insiders role in providing initial information to prisoners, ensuring a consistent process, fair recruitment, training and ongoing supervision. There is full Insider coverage across all residential halls.

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

Rating: Satisfactory

Reception staff followed the SOP guidance in relation to the identification and registration of prisoners. This included verifying the Prisoner Escort Record (PER), raising any concerns with escort staff, conducting the seven-point warrant check, and confirming the prisoner's identity using the warrant as a reference.

There were insufficient staff trained in warrant and sentence calculation; however relevant staff were scheduled to attend the training. In the interim, a staff member from the Criminal Desk was based in reception carrying out all warrant and sentence calculations.

The PER was used to highlight any special needs or risk factors, with the RRA providing a secondary opportunity to identify these. Relevant information was appropriately recorded in the electronic PR2 system.

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

Rating: Generally Acceptable

All the key information relevant to classification of prisoners was collected during the reception admission process and recorded onto PR2.

Unlike other prisons, reception staff identified prisoner supervision levels and completed the necessary paperwork, the PSS1 rather than residential staff. The level should then be reviewed as appropriate by residential staff. As of 9 May 2025, 180 prisoners were overdue for a supervision level review.

Desired outcome 5: Prisoner Supervision System (PSS) reviews are up to date.

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

Rating: Satisfactory

Unusually, cell allocation was managed by the reception FLMs, rather than residential staff. Ideally, remand prisoners were allocated to G Wing, E and H Wings were designated for protection prisoners, while mainstream prisoners were distributed across the remainder of the prison. A, B, and F Wings typically accommodated short-term prisoners, with C and D Wings housing long-term prisoners.

Each morning, residential halls were expected to provide the reception FLM with up-to-date information on available cell spaces. This information was not always provided, requiring the member of staff to spend time chasing responses.

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

Rating: Generally Acceptable

Also unusually, CSRAs were completed in the prison by reception FLMs rather than residential staff.

Once space availability was confirmed by the residential halls, the FLM considered relevant factors such as risk indicators, index offence, intelligence, and prisoner needs before completing the CSRA and assigning a suitable cell.

Due to rising population pressures resulting in cells being shared, and the need to manage various separation requirements, convicted and remand prisoners were sometimes placed in shared cells. While efforts were made to separate them as quickly as possible, this was not always immediate. On the Wednesday of the inspection, 38 out of 91 shared cells housed a remand and convicted prisoner together.

The Head of Operations assured the CSRA process.

Desired outcome 6: Convicted and remand prisoners do not share the same cell.

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

Rating: Satisfactory

As per QI 1.3, there were insufficient staff trained in warrant and sentence calculation, and therefore this was being done by a member of the Criminal Desk.

While calculations were being completed promptly, prisoners were not routinely informed of their critical dates before leaving reception. Once the initial calculation was completed, another member of the Criminal Desk double-checked the information. The confirmed critical dates were then uploaded to the Kiosk typically within 24 hours. In cases involving complex warrants or during periods of staffing shortages, this process could take slightly longer but never exceeded a few days.

The Criminal Desk had good relationships with the Crown Office and Procurator Fiscal Service (COPFS), which was beneficial when clarification or assistance with warrant issues was required.

There had been three errors/delays in liberation recently but the prison was not at fault and so there were no internal learning points.

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

Rating: Generally Acceptable

Whilst processes were in place to offer induction to all prisoners, they were not consistently effective or inclusive, with issues around attendance, delivery, record keeping and accessibility.

According to the pre-inspection survey, of those who could remember, only 32% said they were offered an induction on arrival. This is notably lower than the comparator group average of 65%.

Link Centre staff met with every prisoner the day after their arrival to complete the core screen and offer them an induction session. Attendance was not tracked but was estimated to be around 25%. Staff reported that many prisoners had been in the establishment previously and therefore chose not to attend.

A financial incentive of £1.20 was provided to encourage participation, but the removal of other motivational factors such as gym card distribution and work allocation previously tied to induction had negatively affected attendance.

Induction was delivered entirely by two Insiders, with no staff presence due to resource constraints. The use of peer mentors is commendable, but without staff involvement, quality assurance and accountability were lacking.

Foreign nationals were not offered induction.

The induction session helpfully included information on how prisoners could influence decisions which affected them, such as making a complaint or a request, and contacting IPMs, but did not include an explanation of the PIAC process. This has been a repeated recommendation for SPS Headquarters for some time.

Despite asking for signed mandates for attendance or refusal at induction, the prison did not currently track or analyse this information which meant they could not evaluate its effectiveness or address the poor attendance.

Desired outcome 7: All prisoners are offered an induction session. Staff attend and support induction sessions delivered by Insiders. Attendance and refusals are tracked and regularly reviewed and changes made to increase attendance.

Desired outcome 8: Information about the PIAC is included in the induction material and prisoners encouraged to make their views known through this forum.

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

Rating: Satisfactory

The Criminal Desk, having carried out the final verification of critical dates for prisoners' release, informed relevant external agencies of the prisoner's liberation and provided the individual with a copy of any conditions attached to their release.

Reception staff completed the necessary documentation and returned the prisoner's property, and any funds held in their personal account. The prisoner that inspectors observed received additional money for onward travel to Glasgow, and an appointment had been arranged for him to contact the Link Centre at HMP Barlinnie at 12:00 to receive details of his temporary accommodation. The prisoner confirmed that support had been offered to him in advance of his release and expressed satisfaction with the arrangements made. He was escorted out via the front of house reception, where staff wished him well upon departure. The process was smooth and efficient.

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

Rating: Generally Acceptable

Most cells were in poor cosmetic condition and required repainting. All cells were equipped with steel-framed beds and built-in metal furniture, which showed varying degrees of wear and tear. Each cell contained a lockable safe and an assistance alert button, though a small number of these were found to be defective and awaiting

repair. Heating was satisfactory, and the windows provided adequate natural light and ventilation.

The prison operated a mix of single and double occupancy cells, including two that were accessible for prisoners with disabilities. There were 223 single cells housing two people. All cells measured 7.91m², inclusive of toilet space. Double cells included an additional cupboard and a fixed bunk bed. The impact of sharing accommodation in these confined spaces was significant, as prisoners often spent extended periods confined with limited privacy or dignity, especially regarding toilet and in cell phone use. This concern was previously highlighted in the 2021 HMIPS inspection report.

Only three cells were out of service, all due to recent incidents of criminal damage. Notably, the year-to-date cost of such damage exceeded £16,000, across 36 reported incidents.

Communal areas and corridors leading to the halls were generally clean and in good repair, though some littering was observed and minor cosmetic improvements were required in certain areas.

Maintenance issues were logged by operational staff using the “Agility” maintenance system, with the estates team categorising them by urgency. There were 96 outstanding planned jobs and 208 reactive maintenance tasks, the oldest being nine months overdue. The estates team noted that residential staff did not consistently use the Agility system to report faults, suggesting a need to reinforce its use and emphasize the importance of timely reporting.

There were no major infrastructure projects underway although the replacement of the main vehicle security gates was pending.

The prison had a five-year painting plan covering all areas except for low-level zones within the halls. Responsibility for these areas rested with hall management, and painting tasks were carried out by designated painting passmen. It was evident that most low-level surfaces and cells in both halls were in real need of repainting, and estates confirmed that both halls had recently submitted large paint orders.

Desired outcome 9: Only one prisoner is held in cells designed for one.

Desired outcome 10: Prisoners live in cells and halls free of graffiti and damage.

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

Rating: Poor

The prison employed seven Vocational Training Industrial Cleaners. Of these, five held the required biohazard and BICS qualifications, while the remaining two were new to the role and had yet to complete their training. Training records were in good

order. The prison successfully renewed its accredited BICS training delivery certification in March 2025.

These cleaners were responsible for maintaining cleanliness in the communal areas up to the two houseblocks. The cleaning of the houseblocks was managed by houseblock staff and designated cleaning passmen.

There was no single procedure for managing biohazard incidents. Staff within the SRU were fully equipped to handle major biohazard situations independently, without the need to rely on passmen. Vocationally trained cleaners responded to biohazard incidents upon request between 08:15 and 16:15, while each houseblock was supported by three biohazard-trained passmen. However, the availability of biohazard equipment in the halls was inconsistent. In some cases, passmen stored the equipment in their cells for safekeeping in the absence of a central, secure storage area managed by staff. This is both a health and safety and safety issue.

Passmen kept mops, brushes, and buckets in their cells to ensure they could clean their designated areas, citing the risk of these items being taken by other prisoners if left in unlocked cupboards. Such items are generally not authorised as permanently in possession items as they can be misused as weapons. Staff were aware of this practice, yet little or no action had been taken to address it.

There were 26 passmen assigned to the residential halls, each tasked with cleaning specific areas such as the pantries, showers and satellite gyms in residential areas, with assistance being given to the disabled residents of the two accessible cells. However, none had received any formal training at the prison or been given basic guidance on cleaning protocols, chemical handling, or the use of equipment. Furthermore, many of the “Quattro” dilution control stations, used to dispense cleaning chemicals in correct proportions were either faulty or empty.

Overall, the standard of cleanliness in the residential halls was poor, there was no evidence of daily or weekly cleaning schedules or records of cleaning activities. Several cleanliness issues were found including persistent stains and debris on stairs and landings, unclean dining tables and chairs with leftover food, dust accumulation on telephone kiosk covers, and a general lack of essential cleaning supplies.

Desired outcome 11: Prisoners and staff benefit from clear systems which deliver good basic hygiene and cleanliness throughout the prison. Staff and prisoners are trained and confident in how to maintain hygiene, including biohazards, with appropriate equipment and kit provided. Cleaning equipment is held in designated cleaning areas and not in cells.

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

Rating: Generally Acceptable

The beds across all halls were generally worn and in need of repainting. Mattresses, towels and pillows were adequate and consistent with the standard provisions in other Scottish prisons. Central stores maintained a good supply but the process for issuing replacements appeared ineffective in the halls and was not understood by staff.

A mattress replacement programme was in place, operating on a two-year cycle. Central stores held sufficient stock to promptly replace damaged mattresses as needed.

Prisoners were issued one set of bedding. Many expressed reluctance to send their bedding for laundering due to the lack of a replacement set. As a result, they were often required to wash and dry their bedding within a single day, which was challenging due to limited access to laundry machines. While staff indicated that spare bedding was available in the halls to address this issue, this was not the case. Residential halls did not ensure that an adequate supply of spare bedding was maintained.

The main laundry was managed by two staff members who supervised 15 passmen. However, only one of these passmen worked directly with the laundry; the remaining 14 were assigned to packing food bags for other prisoners or assembling steel brackets for a local engineering firm.

The main laundry only processed items from the kitchen, reception, and the SRU. There was no clear procedure in place for handling biohazard-contaminated items. While protocol dictates that such items should be sent in red biodegradable bags, hall staff and passmen were largely unaware of this requirement and could not produce any of the specified bags during the inspection. Some passmen indicated that contaminated clothing and bedding were frequently sent in standard laundry bags, raising concerns about health and hygiene practices.

Each residential hall was equipped with its own washing machine and tumble dryer, operated by a designated passman. However, laundry procedures varied across halls, some followed set schedules, while others had more ad hoc arrangements, relying on passmen to collect laundry as needed. There was no agreed process throughout the prison for the laundering of mop heads or heavily soiled items. Despite this inconsistency, 90% of prisoners reported being able to have their clothes washed at least once per week, suggesting that basic laundry needs were generally being met.

In terms of training, only the main laundry passman had a training record. The hall-based laundry passmen had received no formal training, highlighting a gap that should be addressed to ensure safe and effective laundry operations across the establishment.

The prison did not launder prisoners' personal clothing if it had been contaminated in a biohazard incident. Instead, the affected items were bagged and held for collection by a family member, as the prison declined responsibility for cleaning them. If the clothing was not collected within one week, it was disposed of.

Desired outcome 12: Prisoners and staff benefit from clear systems in the halls for ordering bedding, towels, clothing and hygiene items and their storage and distribution. Exchanges are supervised effectively.

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

Rating: Satisfactory

Each hall was equipped with eight communal showers. According to the prisoner survey, 88% of respondents reported being able to shower daily. However, the condition of the showers varied, with many not being cleaned thoroughly enough to remove soap scum and wall staining. For example, on level one of F Hall, soap residue along with peeling paint on the ceiling and rust-stained drips from corroded steel frames was found.

The survey also found that 66% of respondents obtained all necessary toiletries from the canteen, whereas only six percent reported receiving everything they needed directly from the prison. In contrast, toothpaste, toothbrushes, shampoo, soap, and shaving equipment were readily available in each hall for prisoners to access when required.

Despite the availability of toiletries, they were not securely stored in most halls, and distribution was not overseen by staff. Prisoners were able to take items freely and without supervision, including disposable razors which should be managed with greater care.

Desired outcome 13: Toiletries, especially razors, are stored securely, managed and distributed safely.

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

Rating: Satisfactory

Upon arrival, prisoners were issued a clothing pack, but not all included a fleece or waterproof items. If additional or replacement clothing was needed, prisoners requested it through hall staff, who then obtained the items from reception. While personal clothing was permitted within the residential halls, it was not allowed to be worn during visits or work assignments. Waterproof clothing was located at the exit doors to the yards, on hooks but there was not enough for the number of prisoners requiring it.

Prison clothing was stored centrally in reception and distributed to the halls as needed. Although the overall stock levels were found to be sufficient, there was a

shortage of trousers in the most required sizes. Orders had been placed to address this, but delivery was delayed.

Desired outcome 14: All prisoners have appropriate clothing to access time in the fresh air daily, irrespective of the weather.

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

Rating: Poor

IPM reports documented serious concerns about food quality and portion sizes, and survey results revealed that 79% of respondents rated the food as “bad” or “very bad”. Only 36% reported “always” or “usually” getting enough to eat with 36% stating they “rarely” or “never” got enough to eat. Prisoners who had been at the prison before told us the food was worse since the handover to the public sector.

The menu operated on a four-week rotation and included a Halal option at every mealtime and provision for special dietary requirements following NHS consultation. However, there was no input from a qualified nutritionist, and prisoners struggled to choose a healthier menu option. The lack of seasonal changes or significant updates to the menu further restricted variety and adaptability. The choice for vegans was poor with cheese being offered at lunchtimes.

Following the transition to the SPS, the prison lost access to a single Ministry of Justice central supplier. The requirement to order from five separate vendors under the SPS contract has increased food procurement costs, introduced logistical delays due to advance ordering and increased food waste due to inflexible ordering schedules. Although the catering budget had risen, these structural issues have negated any benefit. Managers had also lost flexibility and the requirement to buy from some local suppliers.

Food safety standards were found to be inadequate in multiple areas. In respect of temperature control, hot food was found to be served warm rather than hot. Many pantries did not use temperature probes or maintain required temperature records. For cleaning and hygiene, daily kitchen cleaning schedules and records were not in place. Trolleys were regularly found to be dirty, with cleaning responsibilities poorly defined and inconsistently followed. Pantries lacked cleaning schedules, and most pantry workers had no training or appropriate PPE.

The SPS Food Safety Manual (2020) guidance had not been updated for over five years and as such posed potential health risks.

The kitchen was staffed by one catering manager, eight staff members, and 17 protection prisoners. Despite two staff being REHIS level four certified trainers the kitchen workers only completed basic health and safety awareness training. No kitchen or hall pantry passmen were REHIS trained, and pantry workers also lacked any form of formal food hygiene training. There were training gaps in the prison’s food safety and service standards.

Standard daily menus included Halal options and prisoners observing Ramadan were provided with heated lunchboxes to manage their meals (an example of good practice). There were no themed cultural meals or events beyond Christmas. This limited engagement with the prison's diverse population and could undermine efforts towards inclusivity.

Menu choices were displayed in English only on the Kiosk. While allergen and cultural information was present, language accessibility was limited. Furthermore, a third of the population did not use the Kiosk, defaulting to the first meal option. PIAC consultations had no impact on actual menu changes. The absence of a menu management system since the transition from the Saffron system to SPS has stalled further developments or updates.

An inspection by East Ayrshire Council highlighted the deteriorating condition of kitchen flooring, particularly at the wall junctions, compromising cleanliness and increasing bacterial risks.

The prison was falling short in key areas including:

- Quality, quantity, and variety.
- Safety, hygiene, and temperature control.
- Staff and prisoner training.
- Cultural inclusivity and prisoner feedback mechanisms.

Good practice 1: Heated lunch boxes for use by prisoners participating in Ramadan.

Desired outcome 15: Prisoners judge the quality and acceptability of food more highly during the next pre-inspection survey than on this inspection, and standards for the safe handling, preparation and serving of food are met.

Desired outcome 16: The kitchen floor is replaced to ensure hygiene levels are met.

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

Throughout the establishment, staff demonstrated a good understanding of the SPS suicide strategy. Staff were able to describe the TTM process and how to manage someone at risk of self-harm or suicide. The staff directly dealing with individuals on TTM gave an in-depth background of the individual, including their behavioural profile, triggers and current presentation. Seventy-nine percent of staff were trained in TTM.

Seven prisoners were on TTM at the time of the inspection. Several of the live files were sampled, and in most cases the content of narratives was of a high standard, with in-depth information regarding the individual's presentation throughout the observation period. Administration across the files was poor though. The most common mistakes were missing FLM and staff signatures, the responsible person

not being annotated and dates missing. Unit Managers audited the books on a weekly basis and should have noticed these mistakes and rectified them before it went to the coordinator for a closed file review. These issues were also identified during the prison assurance process, and actions for improvement were issued to responsible Unit Managers. The prison was using old paperwork for additional checks which was highlighted to the SPS National Suicide Prevention Manager and a plan put in place to remove it.

There was a lack of communication between SPS residential and NHS healthcare staff regarding case conference timings, which had a negative impact on individuals on TTM, as case conferences were regularly rescheduled. One individual spoken to stated that he was extremely frustrated at his case conference being cancelled at the last minute. Inspectors also witnessed healthcare staff attending the residential area for a case conference, only to be informed at the last minute that it had been rearranged.

All safer cells were in a poor condition and needed to be cleaned and painted. No safer cells contained a FAN.

The content of the case conferences observed was of a high standard and there was good evidence of a person-centred approach by staff, FLMs and the healthcare team. The individual was consulted on all options and played a major part in the decision-making process. The location of the case conference in a manager's office was unsuitable. The room was cluttered with desks and cabinets, and there were constant distractions including noise from the residential area, members of staff coming into the office and phones ringing and being answered during the case conference. During one case conference the individual was escorted to it in front of many other individuals, while wearing safer clothing and no shoes. After the case conference, the prisoner stated that he felt extremely uncomfortable and vulnerable, which contributed to his low mood and meant he was required to stay on TTM.

Desired outcome 17: TTM records are fully completed, and assurance checks record action to correct any inaccuracies. Case conferences are held in a suitable environment and individuals who attend are appropriately dressed.

Desired outcome 18: Safer cells are clean and painted.

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

Rating: Satisfactory

All admissions, returns from court and transfers were spoken to by reception staff to identify any circumstances that could increase an individual's risk of harm from others. Individuals identified as having a heightened risk were reported to the IMU which disseminated this information to the relevant areas. The unit monitored the daily movements list and checked admissions for 'must be kept separate' or enemies.

Admissions who felt they were at risk were able to request protection in reception and were placed on protection for an initial 72-hour period until residential FLMS could arrange a suitable management plan. There were significant opportunities for work for protection prisoners, ensuring they did not suffer from social isolation.

People for whom English was not their first language stated they felt comfortable in the prison but would have liked access to interpretation services during their admission and when ordering items through the Kiosks. Reception staff were aware of the interpretation services available and attempted to use them to identify risks for foreign nationals, but usage was low compared with the number of prisoners that did not speak English. Staff helped facilitate moves between halls so that those that spoke the same language could live alongside each other. Foreign nationals were given additional money on their phones each month to allow family contact, and this process was explained to them in reception.

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

Rating: Satisfactory

The prison had a diverse population, which included long and short-term prisoners, non-offence protection and offence protection prisoners. This led to potential risks of subversive, aggressive or violent behaviour. The prison dealt with these challenges to keep individuals in custody and staff safe. Offence and non-offence protection prisoners were successfully together in residential accommodation and work. There was a violence reduction plan in place which was led by the IMU with support from other areas.

There was a monthly tactical tasking meeting to update attendees of the current intelligence profile of the prison, recent subversive or violent activity and possible threats or risks in the prison. Actions from this meeting were recorded and discussed at the following meeting.

The IMU kept statistics on violence trends and fed this information back to Unit Managers and residential areas when new information became available, rather than waiting for monthly tactical tasking meetings. An example of this was witnessed where there had recently been an increase in staff assaults. IMU analysis showed they were being committed by those held on Rule 41 during welfare checks. This information was fed back to relevant areas and changes made to minimise risk to staff.

Staff played a key role in reducing violence through their relationships with prisoners. Positive relationships were seen across the prison and staff navigated difficult situations or conversations through good communication and interpersonal skills. A potential violent incident over canteen products was avoided by a member of staff explaining the situation to individuals in a positive manner, investigating the issues and providing further information to them.

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

Rating: Poor

There was no strategic approach to managing bullying, intimidation or harassment within the prison. There had been an increase in staff training in the SPS Anti-bullying Strategy Think Twice, but staff reported that the policy was not used, and several staff did not know what it was. The IMU confirmed this with no Think Twice referrals being completed, despite bullying being reported through other methods. There was no single reporting method. Some staff submitted intelligence reports while others spoke to a residential FLM about any incidents. There was no system to record either the perpetrator or the victim of bullying and no analysis, monitoring or reviews carried out. The IMU captured prominent bullying through the intelligence report system, but lower-level incidents were not dealt with in a structured manner. There were many anti-bullying posters throughout the establishment, but this did not go hand in hand with an anti-bullying strategy.

Staff had mixed views on how they would deal with those displaying bullying or intimidatory behaviours towards others. Most staff said they would attempt to move the bully to a different location but said the likely outcome would be the victim placed on protection, rather than the bullying behaviour challenged and changed. There were no records to show that any individual had been challenged for these behaviours. Limited information was found on PR2 under risks and conditions.

Desired outcome 19: Victims of bullying are protected and supported, and perpetrators of bullying are challenged.

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

Rating: Poor

Although over half of respondents (57%) in our pre-inspection survey said they felt safe all or most of the time, 40% reported that they had been abused, threatened, bullied or assaulted by another prisoner. It was concerning that there was no evidence of victims of this behaviour being offered the appropriate support.

As outlined in QI 3.4, there was no structured system in place to deal with these behaviours. There was no formal recording system, and it was difficult to locate individuals who had been victimised. Staff were unsure how to deal with the victims of bullying or harassment and did not offer support or assistance.

Unsurprisingly, most respondents to our survey said they would not, or probably would not, report it if they were abused, threatened, bullied, or assaulted by a staff member (65%) or a fellow prisoner (77%).

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

There were several staff alarms activated during the inspection and response was always swift. Staff were knowledgeable about the SOP and knew how first and second responders were identified and when to attend if an alarm was activated. However, many staff did not follow the agreed response, leaving residential areas empty of staff. The Governor dealt with the issue during an incident debrief, potentially linked to the fact that it was the Deputy Governor who had been requesting assistance.

Staff alarms and radios were tested weekly, and the information was recorded on SharePoint. There were sufficient alarms allocated to staff as well as multi-user alarms for guests or external agencies. There were contingency plans available to respond to a variety of threats to safety or life held on SharePoint.

The Command Room was regularly tested with a variety of operations staff to ensure they were familiar with the procedures.

The establishment was well prepared for all levels of incidents, with Incident Command Team (ICT) roles up to complement and training was planned for the next six months to put most roles over complement to support with mutual aid if required.

Desired outcome 20: The SOP for responding to an alarm is followed.

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

Rating: Poor

Various cells were inspected across all residential areas and none displayed Fire Action Notices (FANs), including any in languages other than English. The notices were made available in a variety of languages by the local health and safety coordinator but were not used by staff who did not know where to obtain them.

Numerous safe systems of work, risk assessments and SOPs had been neither agreed nor signed, and this had been raised with the Governor. Several safe systems of work had been lifted from other prisons, and the processes not specific to this prison. Residential areas and the names of different prisons were named in them. This was a legacy of the transition where the management team had thought this was what the SPS team were doing on their behalf, but which had been an inappropriate copy paste.

A local Health and Safety (H&S) policy outlined roles and responsibilities and was accessible to all staff on SharePoint. The local H&S coordinator carried out their duties ensuring all accidents and near misses were reported, with any actions being followed up. Quarterly H&S inspections were carried out by the Governor and the H&S officer and recorded with any actions followed up on.

There was a clear plan of evacuation for each area of the prison, which was available to all members of staff.

Desired outcome 21: Prisoners have Fire Action Notices (FANs) in the language they understand.

Desired outcome 22: Safe systems of work, SOPs and risk assessments specific to the prison are in place.

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

Rating: Satisfactory

Use of Force (UoF) was in line with relevant SPS rules and SOPs. As reported at 3.7 SOPs were not agreed, referenced sequentially nor did they have review dates.

Inspectors did not witness any live incidents, but recorded evidence was observed alongside associated paperwork. Written reports were acceptable, but greater detail about the incident and comments from participating staff on what they saw or heard during the event would improve overall understanding of the situation rather than simply recording specific actions of staff.

All instances of UoF were stored within the IMU and recorded on their database.

A random sample of UoF forms were checked against the available Closed-Circuit Television (CCTV) footage. These indicated force was being used appropriately and there was good evidence of removals being carried out using 'come along' holds and de-escalation. Incidents were audited by Head of Operations and the Intelligence FLM; any areas of development were identified and actions issued.

The Security Unit stored all camera evidence and productions relating to incidents. These were recorded via the production log and secured within the production room at the earliest opportunity. There was good evidence of storage and destruction of evidence within the Unit, inclusive of where productions had been handed over to Police Scotland.

Inspectors attended a post incident review, chaired by the Governor. Staff welfare was at the heart of the meeting, and reference to employee support networks was central to his considerations. The post incident review was not about assigning blame but talking through the event and learning from it.

Eighty-nine percent of staff were in date for Control and Restraint (C&R), Personal Protection Training (PPT) and use of baton training. Ninety-one percent of

supervising officers were up to date and non-operational PPT was at 67%. The prison had a training plan that included core competency training.

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

Rating: Poor

The SRU had sixteen cells. Fourteen were used regularly, one was used as a safer cell, and the other was used for those on 24-hour observation. Fourteen prisoners were housed here during the inspection, nine under Rule 95 and five under Rule 41. No individuals were held because of refusing to return to their wing or self-isolation, but this was considered in the Rule 95 case conference inspectors attended.

Case conferences ensured all stakeholder views were considered. Open and transparent dialogue with the prisoner was witnessed with a clear goal to return the individual safely to the halls.

Senior management Team (SMT) and SRU staff were fully aware of the process to refer prisoners to the Prisoner Monitoring and Assurance Group (PMAG) where transfers to other establishments could be considered. Several prisoners had been managed under rule conditions for approximately six months, effectively prolonged solitary confinement, breaching Rule 43 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). With increasing population demands and a challenging intelligence profile for some prisoners, reintegration in halls at Kilmarnock or transfer to alternative establishments was proving hard to achieve.

The Deputy Governor attended the monthly PMAG meetings, where those who had been held for three months in the SRU were discussed. The purpose was to support the movement of prisoners who were less able to be re-integrated into mainstream circulation within the prison, as noted above, with limited success.

There was a considerable challenge in supporting individuals on Rule 41. Case conferences evidenced thorough deliberation, inclusive of NHS care and management plans. Staff in the SRU dealt with the many difficult aspects of engaging with the individuals on Rule 41 with dignity, empathy and respect. The issue was not one of staff care and knowledge but the entirely inappropriate incarceration of some people in situations of vulnerability. The SRU held a man to whom social care provision was provided every day because of his needs and for whom prison, never mind segregation, was wholly inappropriate.

Individuals within the SRU on rule conditions had access to fresh air in one of two concrete cages, a small gymnasium and education material. However, rules being held outwith the SRU had to arrange exercise slots down in the unit or within the residential exercise yard, while balancing a regime, which was unfeasible. Some prisoners reported no access to exercise and others noted that they would refuse to

participate in it because they appreciated how difficult it was for the staff. No record was kept of men who participated, refused or had not been offered exercise.

Good practice 2: Consideration of all Rule 95s twice weekly to ensure pending approval dates are met.

Desired outcome 23: Those held under Rule 95 are in suitable accommodation with a staff group dedicated to ensuring all statutory rights are met and that the conditions in which they are held do not amount to solitary confinement. Staff continually work with them towards a return to mainstream location.

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

Rating: Generally Acceptable

Disciplinary hearings were held in the residential FLMs' office, when necessary, but predominantly within the SRU. As part of the transition from Serco to the SPS, the SPS controller no longer adjudicated and all Unit Managers and above had been trained to conduct adjudications. One adjudication was observed. It was run to a high standard with clear instructions and ensuring the prisoner understood the process and received support where requested. The adjudicator made fair and balanced decisions, and where appropriate due to erroneous paperwork or lack of evidence, charges were dismissed.

SRU staff ensured the process ran smoothly. Prisoners attended in advance through good communication with residential staff and prisoners were not left in holding cells for long. The staff also engaged well with those coming down and ensured they were not overwhelmed by the orderly room procedures. The orderly room was a reasonable size and had live stream access to CCTV evidence.

Although the adjudication process witnessed was done well, poor initial paperwork meant two cases had to be adjourned for further investigation due to significant errors. Discussing this with the adjudicator and SRU staff, this appeared to be a transitional issue while residential staff adjusted to being responsible for the paperwork which had previously been completed by SRU staff.

A copy of the adjudication guidance was available in each hall for prisoners and staff to read. The appeal process was explained at the time of the orderly room outcome.

Desired outcome 24: Residential staff are confident in the role required of them with regard to adjudication processes.

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

Rating: Generally Acceptable

Five prisoners were on Special Security Measures (SSM) within the establishment. The Head of Operations had a good knowledge and understanding of the process and the prisoner group. The related paperwork was of a good standard, and each

SSM was relevant to the individual and appropriate to the risk posed. At a post incident review, it was evident that indicators of risk to others and some recent historical developments had not been widely shared with relevant staff, resulting in them being ill-informed when managing the individual.

Prisoner representations were included in SSM considerations. The Head of Operations carried out spot checks on prisoners' representation face to face with the individual, to ensure they fully understood and felt confident to contribute to their review.

Desired outcome 25: Staff are informed of significant behaviour changes or developments with prisoners on SSMs to ensure their safety and that of the prisoner.

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

Rating: Generally Acceptable

Several SOPs supported the different types of searching including cell, rub down, body, vehicle and area. They were detailed and supported staff in carrying out the appropriate search. However, like other SOPs at the prison they were cut and pasted from other prisons and lacked key information.

In the pre-inspection survey, 42% of prisoners surveyed reported never being given an explanation when searched, with 21% reporting sometimes being given an explanation. Officers were observed conducting a cell search which was thorough and methodical. They gave a sound rationale and explanation to the prisoner about why they were being searched, and the prisoner's dignity was maintained throughout. The prison should enquire into the reasons behind the survey results to take any necessary action. Staff did not wear gloves during the searches.

Searches were witnessed at reception on admission, and each search was carried out by two staff in accordance with searching guidance. Staff treated prisoners with dignity, respect and courtesy. Staff utilised body scanners in the execution of their search. It was noted during observations that as new prisoners were brought into the area, the legacy image of the previous prisoner remained visible on the screen.

A process was in place to ensure compliance with searching. Random searching was arranged via night shift staff for the following day's action, and a matrix was maintained to evidence searching. Targeted or intelligence-led searching was facilitated via security and intelligence FLMS. The PR2 confirmed thirty-one cells had not been searched since 29 December 2024, contrary to the PRL standards (SPS' internal audit system). An excel document provided mitigation for some of these thirty-one, however, PR2 should be fully up to date.

Route movement was observed and all prisoners moving from one area to another were rub down searched and instructed to walk through the portal metal detectors. Staff using them were polite and courteous, engaging positively with the prison group.

Desired outcome 26: Reception staff remove x-ray images from the body scanner screen before the next prisoner enters the search area.

Desired outcome 27: Cell searching standards are maintained in line with Prison Resource Library (PRL) standards, including the wearing of Personal Protective Equipment (PPE) whilst searching.

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: Generally Acceptable

Relevant SOPs contained the appropriate narrative covering prisoners' personal property and cash but, in common with findings elsewhere during inspection, lacked reference numbers, approval and review dates.

On admission, prisoners had their property checked and recorded on individual property cards. Valuables were logged and placed into a sealed bag. The seal number was logged on the property card and valuables were stored in a locked cabinet. Valuable property had all had been logged accurately on property cards with corresponding signatures.

Prisoners were permitted personal clothing and valuables as per the articles in use list. The prison allowed items on an agreed pro-forma to be handed in at visits, without the requirement to post the pro-forma to family. This is good practice.

Property was logged and managed from receipt into the prison to reception. Staff and prisoners interviewed were knowledgeable about the property process and items in use, but both reported significant delays in transferring property from reception to the prisoner. This mirrored the pre-inspection survey where 46% found accessing property very bad, with 28% finding it quite bad.

A robust compensation process was in place. Meticulous files were maintained evidencing clear and thorough investigations. The final minute, name and signatures of the decision makers were missing from paperwork. The prison contacted prisoners who were liberated before their compensation claim had been resolved, to try to provide the former prisoner with the compensation due.

Good practice 3: Permitted property being accepted on visits.

Good practice 4: Following up compensation claims, post liberation.

Desired outcome 28: Prisoners access their property within one week of making a request.

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

Most escorts were facilitated through the SPS approved contracted service provider (GEOAmeY). However, SPS staff were used on occasion when emergency escorts were required. Prisoner Escort Records (PERs) and associated risk assessments were individually tailored and relevant to the risk posed. Rationale for the use of restraints took consideration of known risk factors and the prisoner's intelligence profile.

A review of an Escorted Day Absence evidenced a detailed and compassionate approach at all levels, resulting in a considered and balanced approval. The prisoner involved praised his personal officer for taking ownership from start to finish. They had ensured that all stakeholders contributed and that funeral arrangements were expedited with minimum of upset to the prisoner.

Historical PERs and escorting paperwork were stored in reception. A sample check identified some incomplete data fields. There was no evidence of escort paperwork being audited regularly.

The Head of Operations gave a detailed explanation of the checks he completes at the local hospital to ensure the appropriate risk assessments are maintained.

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

Rating: Poor

The prison did not carry out alcohol testing because no prisoners had access to the community. There was little to no targeted or intelligence driven controlled drugs testing. Post-testing of those on the Management of Offender at Risk due to any Substance (MORS) and prevalence testing was absent so Mandatory Drug Testing (MDT) data was unavailable to identify patterns and trends.

No dedicated staffing group existed to deliver MDT. Most testing was focused on case management and carried out by staff working within the ICM area. Staff carrying out testing were fully trained and knowledgeable about the process, inclusive of chain of custody and sample testing.

The designated area for MDT in reception was dirty and cluttered with boxes. A recommendation from the previous HMIPS inspection remained unresolved, as no door had been fitted to the testing area to provide privacy.

Desired outcome 29: The role of MDT as part of the overall strategy for substance misuse is agreed and delivered.

Desired outcome 30: Where MDT is carried out, the area in which is it done is clean and preserves the dignity of the person being tested.

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

Staff in the ECR used CCTV effectively to monitor prisoner movement, particularly around route movement time, and in response to movement checks via radio transmission. This was in line with associated SOPs.

Route movements were controlled and systematic with appropriate searching taking place at both residential and industrial areas, when attending or returning from purposeful activity. Searching was carried out thoroughly, using a combination of rub down searches and walk through metal detectors. Staff engaged positively and professionally with the prisoner group, searching any property effectively. The system for the route had recently changed to be controlled by industries staff and residential FLMs and this change was managed well.

Similar control measures were in place when prisoners were leaving residential areas to access time in the fresh air and staff ensured appropriate searching took place.

During periods of general association or recreation, staff walked around the sections of each residential area, engaging with prisoners as they went.

The SOPs for internal movements described the process and the responsible owner, but, in common with other areas, lacked version control or review dates.

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

Staff conducted vehicle searching in a controlled and methodical manner and were polite when engaging with the drivers. Searches of pedestrians were equally courteous. The searches witnessed included the provision and completion of all paperwork, however, missing times were noted from earlier in the day.

The access and egress of vehicles was controlled by staff via radio communication. Vehicles did not move from the locked area until staff notified the ECR that their checks were complete.

Delivered packages were stored in the vehicle lock until searched and disseminated to the relevant parties. All deliveries were logged and signed for. Parcels coming into the prison were searched, including those addressed to staff.

Internal and external fence checks were witnessed from the ECR. They were conducted at random intervals but consistently throughout the day. On each perimeter check, testing of the electronic fence monitoring system took place, and was logged within the ECR.

The ECR was a very busy area with lots of radio chatter and use of the access and egress electronic systems. The two staff in post were exceptionally knowledgeable about all electronic systems within the ECR, the identification of staff alarms and monitoring of CCTV. They produced a report that was reviewed by Nightshift FLMs.

The Estates Department kept meticulous maintenance records, utilising a SharePoint site to record and store the maintenance schedule for all searching and security equipment. This was further supported by the Agility system that prewarned staff of upcoming maintenance requirements.

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

Rating: Satisfactory

An SOP advised staff on what to do when the prison is contacted about the death or serious illness of a relative, although staff seemed unaware of this. Nevertheless, the process appeared to be working well, with both ECR and residential FLMs aware of their respective roles. Information was normally passed to the prisoner in the FLM's office, with phone calls or additional phone credit offered where appropriate. With the introduction of in-cell telephony, it was more common for prisoners to hear critical news direct from their family.

The process for notifying a prisoner's next of kin if they became seriously ill, rested responsibility with the Duty Governor, who ensured that consent had been provided by the prisoner before passing information on. Next of kin details were provided on arrival and recorded on PR2. Recently work had been undertaken to ensure that the information recorded was up-to-date and accurate.

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: Satisfactory

Good relationships were evident between staff and prisoners. This was confirmed by the pre-inspection survey which found that 62% of respondents said they were treated with respect by staff all or most of the time, with only 9% reporting that they were never or rarely treated with respect. It was concerning therefore that there had been a recent increase in prisoner on staff assaults.

In the pre-inspection survey only 33% of respondents said they had a personal officer, and 39% of these had found their personal officer helpful or very helpful. The personal officer system was new to the prison following the transfer from the private sector to the SPS. Before the inspection prisoners had been informed of their personal officers through the Kiosk so most prisoners said they knew who their personal officer was when asked during the inspection. Staff said that prisoners had received this information, but they had not, so were unsure as to who they were personal officer for. Staff also felt they had not been adequately prepared to carry out the role and responsibilities of a personal officer, and several staff claimed that they had difficulty accessing and using the PR2 system.

Interactions between staff and prisoners were good, with first names being used, and some good examples observed of positive relationships. The general atmosphere

throughout the prison appeared relaxed and calm, with staff situated within the sections of the hall, offering high visibility and accessibility.

Due to staffing issues, there was sometimes a lack of consistent staff on the halls. Many staff did not wear their name badges which was not helpful when guesting on a hall. Knowing someone's name helps build relationships and increases accountability.

During the inspection senior managers were frequently observed within the halls, although both prisoners and staff said this was unusual.

Desired outcome 31: All staff wear their name badge.

Desired outcome 32: All relevant staff are trained in the role of the personal officer and have access to and are trained in the use of PR2.

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

Rating: Generally Acceptable

There were not enough rooms available on the residential halls for staff to have private or confidential conversations with prisoners.

Confidential paperwork was not visible or accessible to prisoners as there were no staff desks in the open on the halls. Staff worked mainly within offices on each hall, sometimes in converted cells which allowed for privacy.

All paperwork, which was to be treated as confidential, was dealt with by the Governor's Personal Assistant who detailed the correct processes to be followed and maintained records.

Staff were aware of the process for reporting information security breaches. There had been 15 in the past 12 months, all of which had been properly logged and responded to.

Subject Access Request (SAR) forms were not freely available to prisoners. Instead, they used generic General Application Forms, which covered several requests. These forms explicitly state that "applications will only be dealt with if some form of reason or background is given". This breaches SAR legislation and specific forms are needed. Despite this, SARs were being received and granted, with documentation showing more than 100 requests in the previous year, mainly regarding intelligence requests, the large majority of which were responded to timeously.

Data protection prisoner privacy statements were not displayed in the halls and there was no evidence of this information in other languages. They should be displayed on every hall and in the languages spoken in the hall.

Prisoners had lockable cell safes, and these were in good workable order throughout the prison, enabling prisoners to store confidential items and medication.

The central hub area in the halls was no longer staffed during the day as the post had not transferred under the change from the private to public sector. The residential officers were based, rightly, within each hall. Prisoners cell call buttons sounded in the central hub so officers within the hall relied on noticing the flashing light outside the cell to know that an individual wanted attention. Depending on what else was happening on the hall and the location of the staff, calls might be missed or not responded to swiftly. At night, staff were based in the central hub unless on patrol so this was less concerning. There is no separate system to indicate an emergency, so staff were unable to determine whether someone was pressing their call button for a routine matter or an emergency. When a cell call button was pressed, this was highlighted in the ECR as was the number of times the button had been activated. A staff member from the ECR then radioed the staff in that hall to make them aware. If there was no response from staff on the radio, a phone call was then made to the hall. There was no time limit within which to contact staff, nor was a record kept of which staff member was contacted or how long it took for them to attend. The design based on someone being in the hub to respond needs to be adapted now the staffing model has changed.

Desired outcome 33: There is sufficient space for staff to have confidential discussions with prisoners.

Desired outcome 34: Subject Access Request (SAR) forms are freely available to prisoners.

Desired outcome 35: Data Protection privacy statements are displayed in all halls.

Desired outcome 36: Prisoners can alert staff of an emergency whilst in their cell.

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

Rating: Satisfactory

The prison had a full programmed regime, which ran well and predictably during the inspection week. Industry staff were occasionally required to support residential staff which then restricted the number of prisoners able to attend work parties, but this did not happen often. The route operated punctually, but sometimes the serving of meals was delayed which had an inevitable knock-on effect to the regime.

Changes in the regime were generally notified to prisoners through the Kiosks, or by way of prisoner announcement notices. Prisoners commented that after incidents they were often left locked in their cells, with poor communication as to the reason and the delays and changes in regime were frustrating.

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

Rating: Poor

Noticeboards throughout the residential halls were generally of a poor standard. Some had recently been updated to include PIAC minutes, Think Twice information and information about the IPMs, but others were sparse. Most information was communicated through the Kiosk system.

The HMIPS pre-inspection survey results showed that 71% of respondents believed that the prison did not consult prisoners for their opinions on issues such as food, canteen and healthcare. A further 17% of respondents believed that prisoners were consulted, but things do not change as a result. This means that 88% of prisoners who responded to the survey do not believe that there is meaningful consultation by the prison.

Two PIACs had taken place in 2025: one in January and one in April. On both occasions only half of the residential wings were represented. While minutes of the meeting were available on several halls, there was no tracker of actions agreed, and no evidence that any of the actions had been accomplished, including holding further meetings to discuss specific issues such as canteen and food.

A canteen PIAC had been promised but had never taken place. When the prison transferred to the SPS from Serco the items available on the canteen greatly reduced, in line with their national guidelines. There is however room for local variations and inspectors were informed that a review should be happening soon.

While spending on the Common Good Fund was discussed at the PIAC, there was no consultation about how prisoners wanted to spend it. The balance was displayed on a number of halls.

As stated previously, there was no mention of PIACs in the national induction slides.

Information about additional recreational activities was publicised through the Kiosks, and prisoners were able to sign up to these in the same way.

Desired outcome 37: Mechanisms for consultation and collaboration with prisoners are in place, used regularly and represent the wider views of prisoners with agreed actions tracked and updates provided.

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

Rating: Satisfactory

The Prison Rules were available in all residential areas except for E Hall, where they were located within the staff office. However, there was nothing to inform prisoners of this, and they were not available in languages other than English.

The library held a limited range of legal texts, again all in English. There was a Law Reference section, and on-line help could be offered. However, only prisoners who attended education were able to access the library.

There were three agent's rooms available for use and one virtual court room. Agent's rooms could be booked in thirty-minute slots, and double bookings could be made where necessary. Bookings were made by the agent, through the Visitors Hub. Most visits were taking place virtually, which agents could book using the Web-ex facility, and which was well-used.

Staff in reception were unable to confirm when foreign nationals were advised of and given the opportunity to make a free call to Diplomatic Services. This process needs to be clarified to ensure that it is being offered.

Posters advising how to contact the SPSO were occasionally displayed on the halls, and contact information was also given on Internal Complaint Committee responses.

The prison published a wide range of telephone numbers, mainly 0800 numbers, which prisoners could access from their phones, including banks and other agencies. This was good practice allowing prisoners to have agency and responsibility for their personal affairs.

Good practice 5: The wide range of telephone numbers published which prisoners were allowed to call to deal with their personal affairs.

Desired outcome 38: Prison Rules are available in the languages spoken on the hall.

Desired outcome 39: Foreign nationals are informed of their legal entitlements on admission.

5.7 The prison complaints system works well.

Rating: Poor

In the pre-inspection survey only 16% of respondents felt that the complaints system worked well, the vast majority saying it worked poorly.

Complaint forms were freely available in most of the residential halls, although one officer reported that they kept the forms in the office otherwise "they would all disappear". There were no envelopes meaning prisoners had to ask for one if required. There was a mailing box for complaints to be posted which was emptied daily by the residential FLM. Posters were available detailing the process to prisoners.

The complaints log confirmed that the majority of complaints were answered within the timescale. It was widely acknowledged by staff and prisoners that many complaints went missing, or no response was received. This issue was raised at the PIACs and acknowledged at an ICC attended by an inspector. Without a receipt being issued on the submission of a form, it was difficult to quantify how big a problem this was.

Generally, residential FLMs could correctly detail the process for complaints, including the timescales required, although some were new to the role and were unsure of the process. The paperwork was generally of a poor quality, with dates and responses missing or vague. Part 2, in particular, was often left blank.

Between 1 January and 30 April 2025, 108 complaint form PCF1s had been received. The main area of complaint was property 27.8%, followed by wages 10.1% and food 8.5%. In the same period, 21 progressed to the ICC.

One hundred and forty-three complaint forms PCF2s were received and logged. Thirty-two percent more than PCF1s, and 76 (53%), were rejected as not meeting the criteria. Prisoners and staff reported that prisoners preferred to submit PCF2s in the belief they were more likely to receive a response because they had little confidence in the PCF1 process.

There was no log of ICC recommendations or SPSO recommendations given to the establishment.

Inspectors witnessed an ICC in progress which was chaired by a unit manager. There was difficulty in finding a suitable venue due to lack of space. The Committee chair agreed to discuss a second complaint from the prisoner, recognising that this had perhaps gone missing. It was unclear how this would then be logged but satisfied the prisoner at the time. Prisoners were advised of the appeal route to the SPO on the Committee response form.

There was no SOP available for the processing of complaints. Inspectors were informed that the prison intend to conduct a full review of the complaints process, at the end of which an SOP would be produced.

Prior to the transition to the SPS, there was a different complaints process, which seemed to work much better, as noted in the last inspection report.

Visitor complaints were handled by the visitors' manager. Only two had been received in recent months but there was no log of outcomes.

Desired outcome 40: Prisoners are able to make complaints freely and have them addressed with a method of escalation where needed.

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

Rating: Generally Acceptable

According to our pre-inspection survey, most respondents (54%), reported that they did not know the role of an IPM, and that they did not know how to contact one (67%).

Of those who had contacted an IPM, only 13% had found the experience helpful, while 25% had found it unhelpful. A further 40% reported that they had been unable to contact an IPM when they had tried to do so.

Most staff who were spoken to during the inspection were aware of who the IPMs were and had seen them around the halls.

Posters advising contact details for IPMs were displayed in most, but not all, of the residential halls, and the contact number was also on prisoners' in-cell phone.

IPMs felt that they had good relations with the staff and that they had always been given unfettered access across the prison.

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

Rating: Poor

The prison offered an appropriate range of employment opportunities for prisoners in work parties for recycling, building trades, cleaning, grounds maintenance, textiles, laundry, catering, waste management and pass. Employment activities took account of the age and ability of prisoners, with tasks such as preparing breakfast packs for the establishment and parcelling metal brackets for contract work. However, few employment activities were stimulating or suited to the interests of prisoners. Overall, the employment opportunities available were sufficient for almost all prisoners who wanted to work, including untried prisoners, but there were no formal arrangements to consult prisoners about the range of employment opportunities.

The prison offered a few vocational training opportunities, limited to single units of Scottish Vocational Qualifications (SVQs) in the construction trades. No qualifications were offered in other vocational areas, and there were missed opportunities to provide prisoners in work parties, such as textiles, with certification for their vocational skills. Some prisoners had achieved SVQs in construction trades and certificates for BICS over the past year. However, passmen on the residential wings were not trained in BICS cleaning or Royal Environmental Health Institute of Scotland (REHIS) food hygiene. Overall, there were insufficient vocational training opportunities, and too few prisoners had achieved qualifications and skills relevant to employment on their release. The absence of recognised essential training for employed prisoners in cleaning and food hygiene could also pose a risk to the health and wellbeing of the prisoner population.

Prison managers reviewed the schedule of purposeful activity regularly and there was effective regime management for prisoner access to employment opportunities. However, the prison was not proactive in mitigating the impact of low prisoner attendance rates, or the closure of work parties due to staffing shortages.

Desired outcome 41: There is a sufficient variety of employment opportunities with vocational training supporting prisoners to develop job related skills and qualifications to assist them in seeking employment on release.

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

Rating: Generally Acceptable

Prison managers had developed SOPs setting out the requirements and rationale for all eligible prisoners to work, the wage policy and requests to change a work party. These were supported by forms to manage poor behaviour in work parties and prisoners who refused to attend employment. However, most forms referred to the Labour Allocation Board which had been suspended, leaving the rationale for allocating roles unclear and determined by one manager.

Vacancies for employment opportunities were available to prisoners on the Kiosk in each residential wing. However, prisoners were unable to participate in meaningful discussion around the choice of work party as the majority of prisoners did not have, or did not know if they had, a personal officer. There were no opportunities, such as the Labour Allocation Board, for prisoners to discuss their skills and preferences, establish learning objectives or receive encouragement to attend work parties suited to their interests.

Managers actively and regularly monitored work party participation rates to maximise prisoner attendance and ensure all prisoner populations had an opportunity to work. All prison populations could access employment opportunities, including untried prisoners. When a prisoner identified the need for extra assistance to participate in paid work, the prison made appropriate arrangements wherever possible. Overall, prisoners attending work parties were enthusiastic and participated meaningfully in work opportunities, and there was a reasonable balance between the needs of the establishment and needs of prisoners.

A few work parties such as construction and grounds maintenance identified learning objectives and opportunities for prisoners to gain skills beneficial for employment on release. However, there was no collaboration between prison staff and learning centre staff to support the development of these learning objectives or core skills.

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: Satisfactory

There was an appropriate and sufficient range of good quality educational provision in place. When the current provider began their education contract, the opportunity was taken to consult with prisoners and revise the curriculum offer. This offer included a helpful and strong focus on the essential core skills of literacy and numeracy, as well as employability. There was an appropriate range of qualifications on offer, with good success rates. These programmes included online certificated courses in areas such as food hygiene, and health and safety. However, the prison did not provide any bonus for the completion of these qualifications, which in other prisons is seen as a helpful motivator. There was also a range of flexible learning packs available to prisoners on a variety of topics available for working in cell, with around three hundred packs being distributed on average each month.

Increased provision in subjects that were interesting and in demand had been established, which increased the uptake and helped reduce waiting lists for popular subjects. Waiting lists for an education place were typically a matter of a few weeks.

Provision was offered to prisoners from all populations across the establishment. The education centre arranged a few thematic events and had good collaboration with the gym on health and first aid. However, there was potential do more around equality and diversity.

The education provision was of good quality, with a relaxed yet purposeful working atmosphere. This was highlighted by the positive prisoner feedback. The resources available were adequate. Where prisoners engaged well in classes, they were often given additional work in art or other subjects to complete in their cells. Each prisoner was assessed on induction to the education centre for their academic level and additional support needs. A Personal Learning Plan was then devised, and these plans were reviewed every six months. Good support was in place for those with additional needs, such as those with a hearing impairment or mobility issues.

Prisoner participation in education was generally encouraged and supported well by the prison, with very few class cancellations or non-attendance by prisoners. However, as prison staff did not share the reasons for non-attendance, it was challenging for education staff to plan for changes that might improve participation. A lift helped to ensure that prisoners with mobility difficulties could access the education centre and library.

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

The prison gym offered a broad variety of well-structured physical and health education programmes. These activities were accessible to all prisoner populations, including those in the SRU, during the week and at weekends, ensuring equitable participation across the establishment. The gym was spacious and contained a comprehensive range of equipment, including free weights, cardio machines, spin bikes, and facilities for team sports such as volleyball or tennis. Prisoners used the large, all-weather outdoor football pitch enthusiastically. Attendance at gym sessions was consistently around 70%. Prisoners also made good use of the small gyms on residential wings for additional physical activity and equipment was available for prisoners in the SRU.

The prison delivered a good range of events to promote health and well-being. The Weigh to Go initiative, run in partnership with the NHS, supported prisoners in adopting healthier lifestyles. Motivational talks from external organisations, such as Tough Talk, helped prisoners to foster resilience and personal growth. Regular health and wellbeing events provided valuable opportunities for prisoners to engage with local organisations. These events provided prisoners with practical advice and supported their mental health, suicide awareness, and emotional well-being.

All prisoners attending the gym had the opportunity to complete a qualification in areas such as resistance training, football, volleyball, and badminton, accredited by the Scottish Qualifications Agency (SQA). Around fifty prisoners per year completed

these awards. These programmes provided employability skills as well as promoting prisoners' life skills leading to improved job opportunities.

Prisoners shared positive and purposeful relationships with Physical Trainers (PTs) and gym passmen. All prisoners attending the gym completed a structured induction, ensuring safe and informed use of equipment. There were no formal opportunities for prisoners to offer feedback. However, prisoners initiated a cross-hall football match supported by the manager and staff, reflecting a positive and encouraging environment.

PTs took good account of any barriers to participation, supporting prisoners to attend health and fitness activities. For example, one to one training for prisoners with anxiety, seated exercises for wheelchair bound prisoners and the recent introduction of lawn bowls highlighted the commitment to inclusive activities.

Good practice 6: The provision to segregated prisoners of three sessions per week in the gym, and gym equipment available for use in the recreation space within the SRU.

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

Rating: Unacceptable

The library had a limited stock of primarily older books, and a small but adequate stock of CDs and DVDs. The library was small, with little room for stock, for reading or events. The stock was rarely updated, limiting the options for prisoners with a longer sentence. Prisoners had access to texts to understand their legal rights, and there was a small but adequate stock of books in large print. There were too few books in a range of languages given the profile of the population, however these were well used. English Speakers of Other Language (ESOL) classes in the education unit promoted the use of the library for foreign national prisoners. Although the number of DVDs in different languages was a limited, many of these had subtitles in a range of languages. There were no formal links with the local authority library service, and no inter-library loan service.

There was relatively little consultation with prisoners about their needs, as there was limited opportunity for the library to respond with additional resources or activities. There was a small book club established in the library engaging about a dozen prisoners, and occasional small-scale promotions on book week or an author visit. However, lack of space limited the activities available and there were no activities hosted by the library to promote themes such as equality, healthy living, or mental health.

The main barrier to library use was that access to the library was limited to those attending education, as the library was based within the education unit. In practice, this meant fewer than one hundred prisoners per week were able to visit the library. Other prisoners were able to order loan books through the Kiosk, but this had no book catalogue, and prisoners did not know what was available. Library loans

through the Kiosk system typically reached around two dozen per month, far less than would be expected should a physical visit be available.

Desired outcome 42: All prisoners have physical access to the library to access events and facilitate browsing and choice.

Desired outcome 43: Good working relationships between the prison and the local authority allow access to inter-library loans and development and rotation of library stock.

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: Poor

The prison offered a limited range of cultural, recreational and peer support activity. Cultural activities were limited primarily to a few events celebrating established calendar occasions such as Remembrance Day. The chaplaincy had previously organised a number of events, the focus of these being primarily religious rather than cultural or social. There was no coordinated annual calendar of events where areas such as education, library and chaplaincy worked together to coordinate and plan activities. There were a few recreational events in addition to those organised within the gym. This included a successful health and wellbeing event run in March 2025 which had a good range of contributors and engaged almost one hundred prisoners.

There were a few smaller events run within the prison, including an author talk, a visiting drama group, a healthy dads/healthy kids' day and a few speakers such as Tough Talk. News, events, and activities were promoted through the Kiosk system which was used regularly by almost all prisoners. Overall, the number of cultural and social events was low for the prisoner population. Prisoners were not consulted on the planning of events and activities, and they recognised that other establishments had a more prominent offer.

The prison had a Listener service, with two Listeners who were given limited support, and had not received formal training. They had good protocols in place to support and refer their peers, were well known by many prisoners and were well regarded. This vital service requires properly trained and supported volunteers. There were too few Listeners for the size of the prison, and some prisoners were not able to benefit from the service.

In Scotland, the Public Sector Equality Duty requires public authorities to have "due regard" to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not. Throughout the prison, there was an absence of materials or events aimed at advancing equality of opportunity or fostering good relations such as disability awareness, cultural events, and international events. There was no identifiable coordinating person or department, and none of these types of activities were in place. The prison may be failing in this public sector duty.

Desired outcome 44: There are sufficient numbers of Listeners properly trained, supervised and supported.

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: Poor

The pre-inspection survey highlighted that only 63% of respondents reported that they were able to access their legal entitlement to one hour outdoors in the fresh air every day during the previous week, with 24% reporting this was only possible on most days.

Each residential wing had their own yard for fresh air which was offered from 12:30 to 13:30 each day. There were times when it was offered before prisoners had finished their lunch, particularly when lunch was delayed. Four sessions of afternoon visits started at 13:15 and so prisoners on those visits had to cut short their time outside or miss it altogether.

Giving access to fresh air for those on rule 95 outwith the SRU was challenging. The numbers of prisoners on rules made it almost impossible for everyone to receive their entitlements. The SRU exercise yards were the designated area for prisoners on rules to take fresh air. Offering time in the fresh air to the 14 prisoners in the unit took five of the hours available, should everyone accept. Most prisoners not held in the SRU were offered fresh air in the early morning. Although some accepted the offer, it discouraged most from participating. Some prisoners refused the opportunity to take up fresh air as they felt it was a burden to the staff.

Only two out of eight yards had ramps to enable those with accessibility needs access to fresh air. There were a number of prisoners identified with mobility or sight issues residing halls with no access to ramps which presented a real challenge as they had to use the steps. Those in wheelchairs were unable to access the yard fully and therefore did not receive their legal entitlement.

Desired outcome 45: All prisoners have the opportunity to access their legal entitlement of one hour in the fresh air daily.

6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory

The pre-inspection survey highlighted that, of those who said they practiced a religion, 53% reported feeling well supported to do so.

The Chaplaincy Team was composed of five people representing the major faiths within the prison. Those wishing to receive pastoral care from less represented groups could do so on request. A recent example of this was a visit to the prison by a person representing Paganism. There was no Church of Scotland Minister which is a requirement under the Prison Act 1989.

There was a multi-Faith centre with a timetable of religious observance from Monday to Thursday, with at least two members of the team in every day. There was a team member in on a Friday, but only to complete daily and outstanding tasks.

Like other prisons, there were no services at the weekend, unless for specific religious ceremonies. The team organised celebrations for some religious festivals such as Easter and Ramadan. The chaplaincy was also available on call if required.

From Monday to Friday the team attended the SRU and visited those on TTM, attending their case conferences to support those in crisis where required. Information on pastoral care was included on induction but as attendance was a team member met with every admission the following day or on a Monday following later Friday admissions to ensure the service was known about.

When deaths in custody happened, the chaplains were on hand to offer support to prisoners and staff and were the link to families during the DIPLARs. The team were not included in the death of a friend or family member alert e-mail so too often discovered this had happened third hand. This was brought to the attention of the prison during the inspection and rectified.

The Chaplaincy ran courses such as the Sycamore Tree; a six-week course in restorative justice; and the Alpha course, an eight-week course on bible study. They had also brought in guest speakers during prisoner week, the Archbishop of Galloway during Lent and a magic/illusions group illustrating the bible.

Desired outcome 46: The multi-Faith team includes a Church of Scotland Minister and actively engages with prisoners at the weekends.

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

The pre-inspection survey highlighted that most, 73%, said that they were able to access in-person visits every week. There was adequate information both for prisoners and visitors on the timetable and the process for booking visits. Visit allocation was equitable to all and could accommodate up to 38 prisoners with three chairs available for visitors. The visits area had not been at full capacity for some years and numbers had dropped compared with previous years.

There was a children's play area inside the visits room, but it was in a confined space. There was an outside play area which could be accessed in good weather.

There was a father and children visit for two hours, one afternoon a week. The format was for the partner/spouse to be present only at the first and last 30 minutes of the meeting to allow the men an hour to build on the father and child relationship.

The Visits Team ran a breakfast club but since the transition to the SPS no longer supplied breakfast, fresh sandwiches, and fruit at the tea bar.

A recommendation from the previous inspection to reinstate the tea bar had been fulfilled. The tea bar offering a range of confectionery and drinks was run by a prisoner appreciated for doing an excellent job. This is good practice.

All prison officers in visits were Family Contact Officers (FCOs), which is not seen in other prisons. Although the prison had recruited significantly into the operations group staff including visits, most of the staff were knowledgeable in the role, although the newer staff were still getting up to speed and relied on the more experienced staff.

Good practice 7: The tea bar supplying drinks and food for visits, which was run by a prisoner.

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

The visits area was bright but had very little decoration on the walls, making it appear stark. This had been recognised by the FLM who had plans to encourage prisoners and their families to display their pictures and drawings. The atmosphere was relaxed, and relationships between staff and prisoners felt positive. Staff were positioned so as not to be intrusive whilst still maintaining an appropriate level of security. The pre-inspection survey highlighted that, of those who received visits, just over half, 58%, reported that their visitors were treated with respect all or most of the time by prison staff. Staff were seen to be courteous, friendly and helpful. Where a mother and three children, were late for the father and child session, staff acted swiftly to get them processed for the session starting.

There was a good Visitors Centre next to the prison that provided a warm and welcoming environment, with good information, which was also seen on the noticeboards on the entrance to the prison visit room, an improvement from the previous inspection.

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: Generally Acceptable

Where it was not possible for families to use the normal arrangements for visits the prison took alternative steps. The pre-inspection survey highlighted that only 39% reported having access to virtual visits every week. The prison had a dedicated virtual visit room in each residential house block. There were ample opportunities for

those wishing to book a virtual visit, so it was unclear why the survey results were so negative. This is something the prison should investigate. A number of prisoners reported issues around connectivity with virtual visits. It was difficult to understand the reason for this as the service provider and the prison blamed each other. The prisoners and their families were caught in the middle which was frustrating for them and the situation needs to be remedied.

Where a crisis such as a death in the family occurred, prisoners and their families were offered a quiet place and time to meet. As a last resort staff arranged for the visit to take place as far away from other visitors as possible, to offer some privacy.

A number of agencies supported prisoners and their families at visits, particularly with funding for events, something that had been lost since the transition. Worthy of note was the support from East Ayrshire Leisure, who supported families in visits interacting with the children and supplying toys, arts and craft material and games. The person had lived experience of the care system and used this to great effect. She was praised by both staff and visitors for the support she provided.

There was a belief among prisoners that double visits were no longer available, but this was inaccurate and needs to be communicated.

The pre-inspection survey highlighted that a majority of respondents, 96%, said they had access to an in-cell telephone. This might mitigate the reduction in face-to-face visits and the lack of take up of virtual visits. Where prisoners shared a cell, having a private conversation with loved ones was challenging.

E-mail a prisoner correspondence was sent directly to the prisoner's Kiosk account, where they were also able to reply. This was a quicker and more confidential way of handling this communication than HMIPS have seen in other prisons. This is another benefit of making this system or other in-cell technology available in every prison.

Other areas where normal arrangements were not suitable were utilised, such as extra days attendance or extra phone credit, particularly where a family member was very ill or there had been a family crisis.

Good practice 8: The availability and use of Kiosks to allow prisoners to receive and send emails.

Desired outcome 47: The connectivity for virtual visits works well and a higher proportion of prisoners report having access to virtual visits every week at the next inspection.

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

There was no evidence that visits were withdrawn as a punishment, and fathers who were on closed visit could get access to their children in open conditions. Where

someone was found to breach the rules regarding the introduction of illicit items or behavioural issues within the visit room, their case was considered at a closed visit meeting, held regularly, chaired by the Head of Operations, and attended by the IMU, Visits and Security FLMs. Those identified as next of kin, or a spouse would be placed on closed visits, other friends or family would be sent a letter informing them of a temporary ban with a review date.

Out of a population of around 590, there were seven prisoners on closed visits during the inspection. The time spent on closed visits ranged from between two and 12 weeks, and all had review dates. There were three closed visit booths which was sufficient for the number of prisoners on restrictions.

Those visiting prisoners on restricted visits were able to make purchases from the tea bar for themselves and the prisoner.

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

Rating: Satisfactory

The pre-inspection survey highlighted that of those who said they knew what courses/programmes they needed to undertake to progress through their sentences, most, 65%, said these courses were difficult to access or unavailable at HMP Kilmarnock.

In the last year, 11 prisoners had successfully completed the Constructs course, which works on pro-social solutions to problems that might otherwise result in offending. Fourteen prisoners had successfully completed the Pathways course which focuses on emotional control to reduce violent offending. Staff were trained in the Discovery programme but had not had enough participants to run a course the previous year. Both Constructs and Pathways are suspended for the next two years to allow resources to be dedicated to two high-intensity programmes, including Self Change. Prisoners identified for the lower-intensity interventions remain in need and without alternatives fear they will struggle to progress through their sentence or be released. The prison indicated that the Programme Case Management Board (PCMB) would manage this risk by highlighting other ways in which the prisoner may address his offending behaviour, leading to a more holistic view of sentence management to address treatment needs. This could include addiction work, the Sycamore Tree, education or a gym course, with support from both prison-based and community-based social work. Prisoners meeting the criteria for progression were referred to an RMT meeting to discuss their suitability for progression to less secure conditions.

The two programme officers at Kilmarnock were not delivering any programmes. Staff were still waiting to be trained on the Self Change Programme but with one Forensic Psychologist already trained and delivering this programme in HMP Edinburgh. Space to deliver programmes in was limited. The psychology team was resourced for the work required but the prison had felt the loss of the Head of Psychology after the transition. For example, the flexibility in being able to deliver

bespoke courses to meet prisoners' needs had diminished. This had been highlighted as good practice in the last inspection. Since transition, the prison had transferred nine prisoners to HMP Castle Huntly, the Open Estate, whereas the year before they had sent 35. Four prisoners were waiting places at the National Top End.

Processing Generic Programme Assessments (GPAs) had improved recently and the backlog dealt with. This progress risks being lost if Level of Service/Case Management Inventory (LS/CMI) is late or staff return to programme delivery.

Desired outcome 48: Every prisoner is provided with appropriate opportunities to demonstrate and record their progress in addressing offending behaviour risks so they can progress to the National Top End and Open Estate timeously and are not disadvantaged when applying for parole.

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

Rating: Generally Acceptable

The ICM administrator had an impressive database that identified critical dates for progression and parole, as well as ICM and RMT dates. There was a good communication strategy in place to ensure ICM team members were fully aware of their case load and critical dates, and it was reviewed regularly. The administrator assigned new prisoners to the ICM officers, ensuring a fair distribution of workload. Each officer had approximately 50 prisoner cases.

As on previous inspections, the ICM officers carried out most of the work for ICM and RMT meetings as there was no Personal Officer scheme in place. This is changing under the transition, but ICM officers were relying on the PR2 narratives, which were not always there or poor in quality. Most of the formulation of the ICM report was based on interviews with prisoners, previous knowledge or at times self-disclosure, which was not ideal.

Prisoners attended ICMs regularly and where they did not wish to attend, they were encouraged to submit self-representation. Families were always invited to ICMs with the prisoner's consent, but attendance was low. Social work had started to attend ICMs in person which made the meetings more engaging and productive.

Prisoners did not attend any RMTs. The main reason given was that the room the RMT was held in was not located where prisoners could attend. HMIPS has said in other inspection reports, that it is important that prisoners are allowed to present their case verbally to the RMT and are empowered to challenge decisions made about them. Not allowing this goes against the principles of human rights.

There were no RMT meetings on during the inspection, but RMT minutes were of a reasonable standard, with evidence that prisoner self-representation was included.

Desired outcome 49: Personal officers are trained and supported to provide informed reports for ICM meetings.

Desired outcome 50: All prisoners are able to attend RMT meetings to present their case and challenge decisions made if they wish to.

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

Rating: Satisfactory

No prisoners had been released on temporary licence for several years. Opportunities to do so, such as attending a funeral, had been facilitated by the escort service provider or by the prison, which is the default position.

There was a management system in place to manage the five OLR prisoners held. Those spoken to fully understood the process, the implications of their sentence and what was reported about them. There was contact between prisoners, personal officers and psychology. Monitoring sheets for each OLR were held on the residential hall to be completed by staff. The staff were knowledgeable about why and what information they needed to record. All monitoring sheets were up to date. The psychologist overseeing these prisoners reviewed the monitoring sheet regularly to ensure there was nothing to note about the risk the prisoners presented, which formulated part of the OLR management report.

Out of a population of around 590, there were approximately 80 prisoners on MAPPA on release. Prisoners were identified on admission and the information recorded and allocated to the ICM team. The Prison-Based Social Work (PBSW) team discussed each MAPPA case at their weekly meeting in the link centre where they also met all new admissions from the previous week. At this time the prisoner would receive a letter explaining the process. As with other case management, the ICM team gathered all the information to inform the MAPPA with little assistance from the personal officers. To mitigate any risk of missing key information such as adjudications involving violence or inappropriate sexual activity, staff contacted the IMU for any relevant information.

The prison has a good working relationship with external agencies such as Police Scotland and Social Work, with good information sharing amongst the teams. The prison, through the ICM team, meet with the local police and social work team from the area the person will be released to, to agree the MAPPA level which is then forwarded to the local social work department. Thereafter, a formal meeting is attended by relevant agencies. The prison informs the individual of any amendments made to their MAPPA level.

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: Satisfactory

An emphasis on reintegration planning and preparation for release was positively reflected in collaborative working across agencies. This was supported by a strong commitment to facilitate successful transitions to the community and cooperative, meaningful relationships with prisoners.

Routine scheduled contact with third sector, local authority and government agencies, via the Links Centre, ensured a suitable range of services were accessible. Agencies reported positively on their relationship with prison staff and there was consistent recognition their work was valued by prisoners and staff.

Effective systems for the identification of liberations enabled Link Centre staff to fulfil their central role in engaging most prisoners with their reintegration planning. Pre-liberation meetings took place six weeks prior to release, ensuring identified transition needs were being addressed. Officers recorded and followed up on pre-release actions arising from these meetings.

For prisoners subject to statutory supervision upon release, all relevant agencies had purposeful opportunities to contribute to release planning through the ICM process.

There were well-established processes for continuity of prescribing and for joined-up planning with community-based substance use support services. The prison's addictions team were accessible and proactively contributing to release planning.

Good practice 9: Weekly Community Reintegration Meetings with good engagement from partner agencies, were properly considering the needs of those prisoners who were preparing for 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

Enhanced ICM and parole processes were well embedded and benefited from the commitment of experienced and knowledgeable staff. Key statutory agencies were clear about their roles and were appropriately contributing to planning for those prisoners subject to supervision on release. In the main, attendance at case conferences was satisfactory but personal officers did not often attend.

Encouragingly, the 2024 guidance for a Targeted Approach to Case Conferencing and the 2025 guidance on Using the LS/CMI in Prison and Throughcare had been introduced at the prison. These approaches were still in the process of becoming fully operational, but the already well-established ICM and parole practices ensured information required to inform pre-release planning continued to be gathered and communicated across agencies. Specific information sharing measures were being introduced to address existing challenges in accessing prison-based healthcare contributions to ICMs.

The PBSW team were fulfilling their responsibilities in the preparation of assessments, reports, the formulation of plans and their attendance at meetings including ICM, the Case Management Board and the RMT. PBSW capacity challenges were however contributing to delays in assessments being completed in time for key processes such as initial ICM meetings. This was understandably frustrating for partner agencies, but cooperative interdisciplinary working enabled negotiation to prioritise workloads.

Community Based Social Work (CBSW) services were engaged with planning and undertaking their statutory role in arrangements following release. Communication and collaborative working with PBSW, including the Throughcare Assessment for Release Licence (TARL) process, was evident and was in the main working effectively.

Desired outcome 51: PBSW are resourced to provide timely risk assessments in accordance with relevant guidance.

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

There was a strong commitment from experienced and motivated programmes and psychology staff to deliver a range of offending behaviour interventions matched to assessed needs and risks.

As outlined under standard 6 the delivery of accredited programmes was in transition. Planning for the introduction of the Self Change Programme, including the training of staff, was in progress. This was highlighting challenges and issues which had the potential to get in the way of effective implementation, including inadequate numbers of programmes staff and a lack of suitable space to deliver the intervention.

Recent national changes to psychology provision across the whole prison estate were negatively affecting delivery of a range of assessments and interventions. Combined with delays in LS/CMI assessments and prisoners having become subject to the national programmes waiting list, this was contributing to difficulties for prisoners accessing the required treatment to enable their progression.

There was a range of other positive interventions being delivered within the prison by partner agencies, such as recovery groups, but the capacity for staff to deliver their previously full range of bespoke individual work and group programmes had been significantly restricted.

Desired outcome 52: Prisoners access national specialised intervention programmes in a timely manner.

Desired outcome 53: Psychology services have sufficient capacity to support the timely delivery of required assessments and interventions.

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

For long-term prisoners and those subject to supervision on release, the Enhanced ICM process was well established, and most prisoners were playing a full part in case conferences.

At the pre-release case conferences there was a clear outline of the plan for the prisoner on the transition from custody to the community. It outlined the support in place, the agencies involved with the prisoner, plans to do further preparation prior to release and specific plans for the day of liberation. Prisoners were routinely taking part in these case conferences.

For other prisoners, the role of Link Centre staff was key. They were engaging prisoners due for release in making plans, identifying relevant support needs and referring them to appropriate community-based services. Encouragingly, remand prisoners were also able to receive support with release planning, albeit only if they self-referred.

Prisoners reported that these processes were characterised by responsive, needs focused attention where they felt heard.

As explained in QI 6.14, personal officer involvement in ICM processes was limited, attendance at case conferences was low, and not all prisoners knew who their personal officer was. Efforts were being made by the prison to support the transition of residential staff to their new role with the appointment of an FLM to liaise between residential and outcomes staff. To mitigate the existing gaps in personal officer contributions to case management, ICM and parole coordinating staff were often making direct contact with prisoners to support their involvement in key processes.

Desired outcome 54: Personal officers have access to all the appropriate information and develop the skills to engage effectively with prisoners and ensure they contribute fully to their own release plans.

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

Rating: Generally Acceptable

The prison was not directly providing services to prisoners after their release.

Link Centre Staff played a key role in ensuring that prisoners due for release were aware of the agencies available to support them in the community. Most of the prisoners spoken with had been referred to agencies who would potentially provide the support needed.

The introduction of the new national throughcare support initiative, Upside, offered a further potentially valuable service to provide ongoing support to prisoners, from preparation for release through to resettlement in the community. Positively, the local Upside representative had already established a routine presence within the Link Centre.

While the agencies spoken with were able to report on the experience of prisoners returning to the community, systematic monitoring of the impact and effectiveness of all support provided to prisoners to contribute to successful transition from custody was underdeveloped. The establishment knows little about the outcomes for prisoners or progress being made where they do not return to custody.

Desired outcome 55: There is a systematic approach to gathering information about progress and outcomes for prisoners released to enhance the effectiveness of transition support given to prisoners.

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

Rating: Poor

The prison had regressed since our last inspection in 2021 regarding the embedding of Equality and Diversity. Key documentation regarding an E&D strategy and action plan had gone missing, potentially linked to the previous lead moving to a different prison or flaws in arrangements for the transition of data from Serco to the SPS. The prison was therefore having to reset its E&D activity from scratch, with a reformed committee scheduled to meet for the first time in the week after our inspection and discuss an embryonic action plan. The plan included logical tasks such as establishing E&D champions amongst the staff for the nine protected characteristics, recruiting prisoners to attend the committee, and establishing a calendar of events to promote E&D throughout the year, but it was disappointing that none of this had been formalised since the transfer to the public sector in 2024.

The information available for foreign nationals in their own language via the Kiosk had also regressed since 2021. Previously foreign nationals were able to access information about menus, the canteen list and other information in their own language, which was excellent practice for the prison estate at the time. Unfortunately following the transition to the public sector these elements were no longer available. The Governor acknowledged that was regrettable and undertook to raise it with those who now held the contract for the Kiosk. Telephone translation services had only been used seven times in last six months, mainly by admission staff late at night. Sign language support had been accessed twice over the last year. Information on the prison rules to underpin prisoner knowledge of their entitlements was not available from the Kiosk as it had been previously.

There were only two accessible cells for wheelchair users. Our focus group with disabled prisoners indicated evacuation arrangements for disabled prisoners were well established. However, these prisoners felt access to jobs and education was

harder for wheelchair bound prisoners and that a shortage of wheelchairs could lead to them arriving late for visits. Moreover, as indicated in QI 6.7, access to fresh air exercise for wheelchair users was more difficult in some residential areas. Carpet bowls had been introduced for older prisoners, and the draft E&D action plan indicated the intention to conduct an annual audit of accessibility issues for disabled prisoners.

The prison had recently made contact with the SPS Equality and Diversity managers network, which should assist with the sharing of best practice, but more specialist training for those leading the foreign nationals work in the prison would be useful.

Desired outcome 56: Equality and Diversity is fully embedded into the thinking of all prison staff. The challenges faced by prisoners with protected characteristics, particularly foreign nationals and disabled prisoners, in accessing information and securing equality of opportunities and treatment within the prison are identified and addressed. There is a coordinated calendar of social and cultural events, with a specific focus on raising awareness and understanding of those with different backgrounds, cultures, and abilities.

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: Poor

The prison had previously had an internal audit team when operated by Serco. At the time of our 2021 inspection there had been clear evidence of systematic processes to record actions from previous audits and inspection reports, and to monitor action to address recommendations and audit action points. Upon transition to the public sector, the prison's internal audit team had been disbanded, and the prison had been required to move to the SPS PRL audit process, which relies on peer assessment by FLMS from other teams. It had been difficult to engage FLMS in this new process so it had been decided that initially they would self-assess in their own functional areas. The intention was that from April 2025 onwards they would start providing peer assessment in other functional areas in line with the SPS protocols, but this had not yet been embedded.

Although a tracker was kept centrally of the action points arising from the PRL audits that had been completed, there were major gaps in the comments in the tracker about the extent to which action had been taken on many audit recommendations, some dating back to June 2024. Reminders had been sent to action owners by the central team and the Governor to encourage updates for the tracker to be submitted, but without success at the time of our inspection.

Desired outcome 57: Action points from internal SPS audit processes and external scrutiny bodies are implemented speedily and robustly monitored by the senior management team to ensure the agreed improvements are delivered.

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 gives clear leadership and communicates the prison's priorities effectively.

Rating: Generally Acceptable

The prison was now following the SPS business planning cycle, including internal monthly business management meetings with the senior management team and Quarterly Business Review meetings with the SPS Director of Operations. These meetings reviewed key performance indicators along with delivery of important milestones related to the Annual Delivery Plan. Two risk registers had been developed, one covering on-going delivery risks associated with the Annual Delivery Plan and a 'harmonisation' one specifically focused on the transition.

The only concern was that there had been differences in the figures held by SPS HQ and the prison on some elements, which arose from the prison pulling some data from its old Serco database rather than PR2 as used by SPS HQ. This needs to be resolved.

Desired outcome 58: Consistency is achieved between the prison and SPS HQ in the collection and use of key performance data to inform effective decision taking at business management and review meetings.

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

Rating: Satisfactory

Staff were motivated and committed to their jobs and understood the contribution they were expected to make to the priorities of the prison. The transition from SERCO into the public sector had created challenges regarding differences between SERCO training requirements and SPS core competency training requirements, and a loss of training record data during the transition. The correct decision had been taken that it was safer to start the training programme afresh using SPS training programmes rather than risk any confusion over which individuals were within competency or not.

No training had been delivered during the transition, which had also resulted in a need to recruit 60 C band operations staff, all of whom needed training and SVQ assessment. A new Learning and Development (L&D) Manager with operational experience had been appointed from 1 December 2024. This manager and the whole training team had risen well to the challenge, establishing a training room and new area within the prison dedicated to Control and Restraint and Personal Protection training as well as recruiting instructors, training facilitators and SVQ assessors. A new training variable had been built into the workforce capacity planning and staff rotas. Except for Emergency Response training, where new training facilitators were just about to become available, and Health and Safety Manager training, the core training statistics were in a healthy position. Control and

Restraint refresher, Talk to Me and Fire Response statistics included 6% who were currently not in prisoner facing roles, but who still counted in the figures:

Training	% within competency
Control and Restraint refresher	88
Control and Restraint supervisor	90
Emergency Response	26
Equality and Diversity online refresher	89
Fire Awareness	88
Fire Response	80
Personal Protection Training	66
Responsible for Information	71
Safe Working refresher training	84
Talk to Me	78
Health and Safety Manager	33

The prison was putting in place a mentoring scheme for new recruits and had plans to introduce leadership development schemes to assist those wishing to progress from FLMs to unit managers. A small number of staff had already been able to access the Stephen Covey 7 habits of effective leadership course, and the Learning and Development Manager had aspirations to provide other opportunities to support succession planning within the prison.

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

Rating: Generally Acceptable

The Governor held a monthly meeting with staff on a Friday afternoon in the multi-faith room, which allowed up to 100 or so staff to understand what was happening elsewhere in the prison and hear about any new initiatives involving SPS HQ or other organisations. The Governor followed this up with a short summary for those staff who could not attend in person. Similar email updates were provided at other times during the year when key developments occurred between these monthly meetings.

Relationships between the Governor and the Trade Union side were constructive, with the Prison Officers Association (Scotland) invited to attend key business meetings and an ‘open door’ approach to seeking a discussion with the Governor, allowing issues of concern to be raised and discussed.

The Human Resource Manager for the prison was in the process of producing a report reviewing lessons learnt from the transition process, what had worked well and what could have been handled better. Capturing and learning from such review exercises will be important for any transition from the private sector to the public sector that may occur in the future.

There were a number of issues where the transition from the SERCO model to the SPS public sector prison model was incomplete, where understanding of new roles and responsibilities or full transfer of responsibility and accountability regarding new

roles had not yet been achieved. The most obvious one was the role now expected of residential staff as personal officers, taking over tasks previously undertaken by ICM teams. Similarly, further consolidation is required for FLMs regarding completion of probation reports and completion and follow up on PRL audits.

Desired outcome 59: Full consolidation of knowledge regarding individual staff roles and responsibilities is achieved by the next inspection.

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

Rating: Generally Acceptable

The prison had exceptionally low staff sickness levels under Serco, perhaps partly due to trigger points for management action occurring more quickly under their system and less generous benefits for those on longer term sick leave. Although there had been a small increase since the transition, sickness rates were still relatively low at 4% of the workforce. The challenge will be maintaining that, particularly as there will be more responsibility and less central support for line managers under the new SPS system regarding return-to-work interviews and maintaining contact with staff off sick. A staff support group for those struggling with any issues, which had been established under SERCO, continued. It would be useful for the SPS to evaluate its effectiveness in due course and consider rolling out the approach to other establishments if the evaluation proves to be positive.

No performance improvement measures were being undertaken at the time of the inspection, but a number of staff had been suspended and were being investigated for alleged misconduct. It was concerning however that staff appraisal records had not transferred from SERCO to the SPS and, with the approval of SPS HQ, no staff appraisals were being conducted for the period 2024-25. It will be even more important than usual therefore to ensure that staff performance management and appraisal processes for 2025-26 are rigorously enforced and robustly monitored.

The prison was in the process of setting up a Reward and Recognition Committee with encouragement for staff to nominate individuals for Butler Trust, Chief Executive and Governor award schemes. Opportunities to recognise good performance that had existed under the SERCO system had not survived the transition.

The number of prison responses (31) to the 2024 People Survey was limited relative to the overall number of staff, suggesting caution is needed in interpreting the results but those who had responded were considerably more positive on almost every aspect of the survey than the average for other SPS establishments. There were high scores for employee engagement, clarity around work objectives, feeling valued for the work undertaken, feeling supported by the wider team. The scores for pay and benefits, leadership and managing change were also still considerably higher than the SPS average, albeit with more dissatisfaction on these elements, which might relate to the point in the transition process when the survey was conducted. It will have been very frustrating for experienced SERCO staff to see new SPS recruits doing similar roles and initially earning more than them until full reconciliation for all

staff onto SPS pay scales was achieved in April 2025. This should be avoided in any future private to public sector transition.

Desired outcome 60: The staff support group is evaluated for potential good practice and replication in other establishments.

Desired outcome 61: Staff appraisals are prioritised when they restart in 2025-26.

Desired outcome 62: All important information regarding staff performance and training records is retained in any future transition of prisons from the private to the public sector.

Desired outcome 63: Improved participation rates in future People Surveys give greater confidence to management around interpretation of the results so that appropriate action can be taken.

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

Rating: Satisfactory

The Governor was a member of the Ayrshire Community Justice Partnership and the Dumfries Community Justice Partnership, as well as attending regular GIC meetings at SPS HQ. He took an active role with partnership colleagues in consideration of how prison, police and housing authorities could work more effectively together to keep people out of the justice system, and support those more effectively on return to the community. They had worked on a joint initiative to try to improve public understanding and attitudes towards the release of sex offenders. He engaged regularly with Police Scotland colleagues.

The prison also organised Mental Health Multi-Disciplinary meetings with NHS colleagues and had supported efforts to encourage the recruitment and retention of nursing practitioners in prisons.

Person of Concern meetings were held monthly, where the prison and NHS teams met to collectively identify and support those who might be isolated or in a situation of vulnerability, and these fed into any related pre-release planning arrangements.

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

Rating: Satisfactory

The prison had undertaken initiatives that assisted with the wellbeing of individual prisoners as well as providing examples for their families and the community of constructive rehabilitation focused activity. This included such things as a Healthy Dads and Healthy kids' initiative and a Health and Wellbeing Day in April 2025, a Sound Baths initiative, and two employability focused initiatives with a range of external employers in January 2025 (the Employability Programme Working Group and Positive Pathways).

As with all other public sector prisons, the media and communications team at SPS HQ directs and co-ordinates any enquires from the national media, with information and support from local prisons as required.

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

Good systems and processes were in place to provide health screening to people being admitted into the prison. This included an assessment of the person's immediate mental and physical health requirements to ensure they were fit for custody. The standardised admission screening tool available on the patient care record system, Vision, was completed for all transfers and admissions arriving at the prison.

People requiring support with activities of daily living, as well as those with speech, language and communication needs were identified on admission and appropriately referred to the speech and language therapist and OT for assessment. This multidisciplinary approach not only ensures that individual needs are identified and addressed but also facilitates the early recognition of social care requirements and the provision of any necessary specialist equipment. This proactive and integrated model of care represents good practice in supporting holistic health and wellbeing.

Initial health screenings were conducted in a designated treatment room within the reception area; however, the door was regularly left open during assessments, compromising patient confidentiality. This practice of leaving doors open was also standard for people being seen in the Health Centre and had been identified as an issue during the previous inspection. Although staff reported that the practice was maintained to ensure their safety due to concerns about potential assaults, the continued use of open doors during consultations remains a significant concern. Each person should be treated as an individual and risk assessed accordingly. It is essential that the service evaluates the suitability of consultation rooms and the specific circumstances in which care is provided, and develops an appropriate, risk-based solution. This approach is necessary to ensure that both staff safety and patient confidentiality are effectively upheld.

At the time of admission, people in prison were not provided with accessible or easily understandable information regarding the prison healthcare system.

Anyone identified as being at risk of self-harm or suicide was managed in line with the prison's suicide prevention strategy TTM.

The ongoing national issue of late arrivals into prisons continued to present challenges for the prison. Health screening on admission must be carried out by a registered health professional to ensure that immediate health needs are identified and addressed. While person-centred health screening was available during working hours, people arriving after 21:00 may not receive the same standard of assessment. In these instances, as discussed in QI 1.1, SPS staff implemented the interim care plan for late arrivals and had access to out of hours medical services if required.

Whilst a robust system was in place to ensure that all late arrivals received a full health screening the following day, there remained a risk that SPS staff may not have access to up-to-date healthcare information, potentially limiting their ability to recognise clinical deterioration or urgent health needs until the full health screen was completed.

A SOP was in place to support patients deemed unfit for prison admission, directing them to appropriate healthcare facilities such as A&E.

Desired outcome 64: Health consultations are undertaken in a confidential way on admission.

Desired outcome 65: Clear, accessible information about healthcare services for people in prison is available.

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

Rating: Generally Acceptable

The healthcare service and the model of care delivery supported accessible and co-ordinated person-focused care. It was delivered using GPs and nurse-led clinics. This was supported by out of hours GP services.

Although SPS officers were responsible for escorting patients to the Health Centre, patients were frequently not being collected for their scheduled appointments. This led to a high number of missed consultations, resulting in wasted clinical time and longer waiting lists. While this issue affected all areas of healthcare delivery, it had a particularly significant impact on access to dental services.

While healthcare provision had expanded to meet increasing demand, the service continued to face significant challenges due to limited clinical space. This issue, previously highlighted in the last inspection report, remains unresolved and continues to restrict the delivery of timely and effective care.

A business case had been submitted by East Ayrshire Health and Social Care Partnership (HSCP) to the SPS, proposing the reconfiguration of three rooms within the Health Centre to increase clinical capacity. While this is a positive step, the overall impact may be limited without a reliable and consistent system for escorting patients to healthcare appointments.

All patients were seen by a registered nurse within 24 hours of admission, who carried out a full assessment that included the patient's past medical history and any long-term conditions. This information was captured on the national electronic system, Vision, and written in a reception log. The log was reviewed by the Healthcare Administration Team who scheduled appointments to the required long-term condition clinic and arranged any further appointments to meet the patient's healthcare needs. This is good practice.

While medication reviews were carried out by the GPs, several people in custody expressed dissatisfaction with the way changes were communicated. Many reported

receiving updates via written correspondence or during medication rounds, rather than through direct discussions. This highlighted a gap in patient engagement and reinforced the importance of personalised communication to ensure understanding, support adherence to treatment, and address concerns in a timely and effective manner.

Referral forms were available for people to self-refer to healthcare. At the time of the inspection, self-referral forms were not available in all the residential areas.

The Inspectors did see that the speech and language therapist was working on easy read forms to improve access to healthcare for those with literacy difficulties. However, these were not available in different languages.

Lockable boxes were seen in the residential areas for patients to post their self-referral confidentially. Self-referral forms were collected each morning and triaged by a registered nurse before being allocated to the appropriate service. Patients were informed when their referral was received and added to the relevant clinic's waiting list. Waiting times were clearly displayed in the triage areas and on the Kiosk.

Health and wellbeing drop-in sessions were offered to all people in prison on a Monday to Thursday, by a registered nurse. This provided accessible, face-to-face advice on general health, wellbeing and harm reduction. This was well received by the individuals inspectors spoke with. This is good practice.

Patients who required a referral to secondary care, were receiving a service equitable to that of primary care in the community setting.

Training records showed all staff had completed basic life support training. Emergency equipment, which included an automated external defibrillator, oxygen and suction units, was accessible and ready for use, and emergency drugs were in date. Evidence showed that checks on emergency equipment were carried out daily.

A new Management of Risk under the Influence of Substances' (MORS) policy was developed for all staff, aimed at enhancing the safe management of people under the influence of illicit substances across the prison estate. While implementation of this had commenced more broadly, the HSCP had not yet adopted the policy, as it remained under review within their internal governance processes. In the interim, the healthcare team continued to follow their existing policy and procedures, which ensured ongoing monitoring and supervision of patients to maintain safety. As noted in previous inspection reports, ongoing monitoring and evaluation will be essential to assess the long-term impact and effectiveness of the policy, including its effects on both people subject to it and the staff involved, once fully implemented.

An SOP was in place to support decision making for emergency or minor injury care. The GP supported the care of emergencies in hours, whilst out of hours, the out of hours GP service or 999 ambulance was available.

Good practice 10: The efficient and well managed long-term condition clinic appointment system, managed by the Healthcare Administration Team.

Good practice 11: The introduction of the health and wellbeing drop-in clinics to improve access for people in prison to healthcare services.

Desired outcome 66: All patients are escorted to their scheduled healthcare appointments.

Desired outcome 67: Methods of communicating medication changes ensure direct engagement, enhancing patient understanding and involvement in their care.

Desired outcome 68: Self-referral forms are available for all patients to access and in formats and languages that meet their needs.

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

Rating: Generally Acceptable

There were clear steps to identify people in prison for sexual health and blood-borne virus (BBV) tests; either at admission through an opt-out system, where testing was offered to everyone unless they declined, or later through self-referral. NHS Ayrshire and Arran provided BBV services for patients in the prison. Referrals for follow up were made to the patient's local health board area, if required. The Healthcare Team delivered sexual health services included testing and treatment. For complex cases, a referral was made to specialist external services.

Systems were in place to ensure patients had access to national screening programmes. Vaccination clinics for seasonal flu and COVID-19 were delivered directly in the halls, improving accessibility and contributing to a high uptake. In addition, healthcare staff administered shingles and hepatitis B vaccinations where clinically appropriate, further demonstrating a proactive approach to preventative care.

There was a gap in health promotion and behaviour change support as structured smoking cessation programmes were not available. While nicotine replacement therapy could be provided upon admission, there was no targeted support for people wishing to stop.

Wellbeing sessions which aimed to raise awareness, encourage healthy behaviours, and provide support or education on a range of health-related topics were held every six months and delivered collaboratively by NHS healthcare staff, health promotion teams, third sector partners and SPS staff.

Additional wellbeing initiatives were offered on a sessional basis within the gym, including programmes such as Weight to Go and one-off Changing Room talks. These activities contributed positively to health engagement. While positive steps were being taken to improve access to health information, including plans to expand the use of in-cell video content to promote key health messages, there was limited visibility of health promotion materials across the prison.

Peer support workers were not in place at the time of the inspection to contribute to the delivery of health promotion initiatives which limited the overall support and peer-led engagement available to people in prison.

Desired outcome 69: There are clear pathways to access smoking cessation programmes for patients.

Desired outcome 70: Patients are able to access health promotion materials.

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

Rating: Satisfactory

Staff had a good understanding of the health inequalities experienced by many of their patients and understood the barriers that many individuals 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 mandatory training.

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

Since the last inspection, the introduction of a nurse team leader has strengthened leadership and enhanced service delivery within the Mental Health and Addictions Team. The team had established robust systems for screening, allocating, and assessing referrals, ensuring timely and clinically appropriate care for people in prison.

Psychiatry appointments were available for patients with complex needs, with the psychiatrist attending the prison for urgent assessments when required. This ensured timely access to specialist care. Regular MDT meetings supported effective service delivery through collaborative care planning and close working with the Addictions Team.

Although progress had been made, there remained areas requiring further improvement. Standardised mental health assessments and risk management tools were used appropriately during assessments. However, there was no formal mechanism in place to monitor the time between patient assessment and the commencement of treatment. This lack of oversight resulted in a lack of ability to track waiting times, identify delays, meet the needs of patients in a timely manner and respond proactively to fluctuations in service demand.

We reviewed patient care plans; however not all patients had an up-to-date or documented care plan in place. There was also not a consistent process applied for the frequency patients were to be followed up or reviewed by the nursing team.

When a patient is identified as potentially having a cognitive impairment, such as early-stage dementia, psychiatrists, GPs, OTs and nurses work collaboratively to complete an Addenbrooke's Cognitive Examination (ACE). This examination is a

structured assessment used to evaluate cognitive functions including memory, attention, language, and visuospatial skills. Based on the results, the patient may then be referred for a psychiatric assessment to support diagnosis and care planning. If the assessment confirmed a significant impairment affecting decision-making capacity, the patient would then be considered for support under the Adults with Incapacity (Scotland) Act 2000, ensuring that any decisions about their care and treatment were made lawfully and in their best interests.

Due to high demand across NHS Ayrshire and Arran and with limited clinical capacity, routine assessments for neurodevelopmental conditions such as autism spectrum disorder (ASD) and Attention-Deficit Hyperactivity Disorder (ADHD) were not currently available. NHS Ayrshire and Arran was focusing on established treatment priorities. People in prison with existing diagnoses continued to receive appropriate care and complex cases were supported through psychiatry clinics.

At present, there was no dedicated psychology provision due to previous failure to recruit. While this role has been vacant for more than 12 months, active recruitment was underway for a full-time psychology post. In the interim, the team had focused on delivering low-intensity, psychologically informed interventions. These have been offered both individually and in group settings, including decider skills, behavioural activation and self-help sessions. Plans were also in place to introduce training in safety and stabilisation techniques, which will be implemented once appropriate supervision from psychology was available.

Processes were in place to support patients awaiting transfer to a mental health hospital. Where transfers under the Mental Health (Care and Treatment) (Scotland) Act 2003 were delayed, these were escalated to the Mental Welfare Commission and the Forensic Network. The type of psychiatric bed required was determined by the persons clinical needs and the nature of their offence. For example, people involved in more serious or high-risk offences typically required secure care settings. In most cases, appropriate secure or Intensive Psychiatric Care Unit (IPCU) beds were identified and obtained. However, there were delays for patients from NHS Dumfries awaiting admission to an IPCU, primarily due to high demand and limited bed availability.

Established protocols were in place to support structured discharge planning for people preparing for liberation. This ensured continuity of care and a planned transition from the service. This proactive approach supports recovery and reintegration.

Desired outcome 71: There is a formal process to track the time between patient assessment and the start of treatment, to help identify delays, manage waiting times, and respond proactively to changes in service demand.

Desired outcome 72: All patients being cared for by the Mental Health Team have an agreed care plan completed that includes a review of timescales.

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: Satisfactory

Long-term health conditions were identified when a patient was admitted or transferred to the prison or through self-referrals to healthcare.

A comprehensive long-term conditions register was in place which contained details of when patients were seen, their next review date and any planned secondary care appointments. This is good practice. The monitoring of patients with long-term conditions was nurse-led with support from the GP. The nurse led clinics were delivered three times a week in the Health Centre. These were delivered in a way that was equitable with community provision.

Inspectors saw that anticipatory care plans (ACP) were in place for patients who required them. Furthermore, effective links had been established with secondary care and community colleagues to support the management of people with long-term conditions, contributing to continuity of care and improved health outcomes. However, patients with long-term condition care plans viewed, were not patient-centred, outcome-focused or showed evidence that the patient had been involved in the developing the plan. This was also identified as an area for improvement during the inspection in 2021.

Systems and processes were in place for patients who required social care, with carers from a regulated agency available. Processes were in place for the carers, SPS staff and healthcare staff to communicate and provide updates on patients.

OTs provided a wide range of support for patients. They were able to assess patients' needs and facilitate the provision of assistive equipment to promote independence where appropriate. However, there could be delays in the fitting of equipment. These delays were attributed to a lack of clarity regarding the respective responsibilities of the prison and East Ayrshire HSCP in relation to the assembly and fittings.

There were two accessible cells, and they were in a poor state of repair. The limited and poorly maintained accessible cells created systemic challenges in meeting the needs of people in prison with mobility or complex care requirements. Staff from both NHS and SPS reported difficulties in delivering consistent and timely care, often having to make ad hoc adjustments or relocate individuals to less suitable areas of the prison. This not only compromised the quality of care but also placed additional strain on staffing resources and operational planning, highlighting the need for improved accessible accommodation. Both NHS and SPS staff were aware of the limitations associated with the current accessible accommodation.

Good practice 12: A comprehensive long-term conditions register containing details of when patients were seen, their next review date and any planned secondary care appointments.

Desired outcome 73: All patients with long-term conditions have a care plan that is person-centred, outcome-focused and has been agreed with the patient.

Desired outcome 74: There is a clear process for assembling assistive equipment, to ensure patients receive equipment in a timely manner.

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

Rating: Good

The Addiction Team had clear pathways in place to deliver services to people dependant on alcohol or substances. There was established collaborative working between the Addictions Team and Mental Health Team.

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

The MAT standards in Scotland form part of a national framework aimed at ensuring consistent, high-quality care for individuals who use drugs. These standards focus on improving access to treatment, offering greater choice, and achieving better outcomes. To support the implementation of these standards, the Addictions Team launched a proactive quality improvement initiative. This led to a significant reduction in the waiting time between admission, initial assessment, and the commencement of treatment. Additionally, the initiative resulted in a decrease in self-referrals to the Addictions Team. These improvements have enhanced the overall patient experience by enabling more timely and person-centred access to care. This is good practice.

At the point of initial assessment, each patient undergoes a comprehensive risk evaluation using the Ayrshire Risk Assessment Framework (ARAF), with findings clearly documented in their clinical records. Patients receiving OST or requiring ongoing support were assigned a dedicated caseworker to coordinate their care. However, routine reviews of treatment plans with patients were not consistently taking place. To address this and strengthen clinical oversight, a dedicated clinic has been established. This clinic provided structured opportunities for regular reviews and adjustment of OST regimens, ensuring that treatment remained responsive to individual needs.

The ongoing use of in-cell telephony had contributed to strengthened communication between healthcare staff and patients. This system supported the confirmation of appointments and facilitated timely follow-up interactions, thereby promoting improved continuity of care. In line with the MAT standards, patients have the opportunity for their choice to be considered.

Third sector organisations available to support patients include 'Mind for Recovery', Veterans First, and SeAScape. In addition, collaborative work was underway with the Scottish Recovery Consortium, which has secured funding for a dedicated recovery

worker. A six-session programme is also in development, focusing on alcohol use, substance use and harm reduction, representing a positive step forward in enhancing recovery support within the establishment.

SPS recovery workers play a vital role in supporting patient with substance use needs by working collaboratively with healthcare teams to ensure timely access to treatment, sustained support, and continuity of care upon release. However, there were no SPS recovery or outcome offender workers in post, therefore limiting the capacity to deliver this integrated support model.

Pre-liberation support was well established, with all individuals who had planned liberation dates offered the opportunity to engage with the Addictions Team and receive naloxone training. Strong links with East Ayrshire's Addictions Services enabled the arrangement of 'Near Me' virtual appointments prior to release. In-reach support from services across Ayrshire was also evident, and for those returning to other health board areas, appropriate discharge planning was undertaken to ensure continuity of care and the sharing of treatment plans upon liberation. This is good practice.

Good practice 13: Enhanced overall patient experience by enabling more timely access to care through a significant reduction in both the waiting time from admission to assessment and increased number of referrals by the Addictions Team.

Good practice 14: In-reach support from services across Ayrshire and appropriate discharge planning ensuring continuity of care and the sharing of treatment plans upon liberation.

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

Rating: Generally Acceptable

Healthcare staff could access medication and pharmacy advice from an NHS Ayrshire and Arran pharmacist. However, this was an informal arrangement which limited the scope of support available. As the pharmacist did not have direct contact with patients, individuals with questions or concerns about their medication were advised to speak with the healthcare team in the first instance. Additionally, staff could seek further advice from the national pharmacy provider when required.

A robust process was in place for medications to be prescribed out of hours, if required. It was encouraging to see that Kardex care bundle audits were completed, and any issues identified with prescribing were discussed with the responsible prescriber.

It was positive to see that most patients had their medications in possession. This is in line with community practice and places the responsibility on the patient for managing their medications in preparation for release. This is good practice. Inspectors observed safes were available in cells for patients to safely store in-possession medication.

Within the pharmacy areas in the Health Centre and dispensary areas in the residential areas there were clear and robust systems and processes to ensure all medicines were handled safely and stored securely in line with national and professional guidance and legislation. Healthcare staff obtained clearance from SPS staff that it was safe to transport medications. Inspectors saw that all medications, including controlled drugs, were transported using trolleys from the pharmacy area in the Health Centre to the dispensaries in the residential areas in closed pharmacy bags. As there was no dedicated medication dispensing area within the SRU, patient's medication including controlled drugs were dispensed in the pharmacy within the Health Centre then transported there. This process is secondary dispensing and not in line with best practice.

A home office licence was in place for the storage of controlled drugs.

Medicine fridges were available for storing temperature sensitive medications. However, healthcare staff inspectors spoke with were not aware if yearly calibration and temperature checks had been carried out and daily temperature checks were not consistently being recorded.

The main medication rounds were carried out twice per day. Due to the current prison regime, medication administration outwith these times had to be coordinated with the SPS to ensure that patients received their medication at prescribed times.

A morning medicine round was observed which was calm and well organised, with the appropriate patient identification checks being completed. Inspectors observed collaboration between healthcare staff and SPS staff to ensure the medication round was completed efficiently. Where indicated, concealment checks were completed. A supportive and professional relationship was observed between healthcare staff and patients. Patient confidentiality was maintained, and appropriate infection control and prevention measures were used. The majority of drug administration charts and controlled drugs registers were completed at the time of administration. However, this was not done in SRU where the controlled drug register was completed in the pharmacy when the controlled drugs were dispensed. This is not in line with best practice. Drug administration charts and controlled drugs registers were generally well completed, with no overwriting.

A MethaMeasure machine was used accurately to dispense and record a patients' methadone dose. A Local Operating Procedure was in place to support the use of the MethaMeasure machine, but it did not cover the cleaning and quality assurance standards required.

There were processes in place to ensure patients received their supervised medication, including OST, before attending court or attending work. Patients being liberated were issued with a prescription to supply 28 days of their medication.

Good practice 15: Most patients had their medications in possession in line with community practice and placing the responsibility on the patient for managing their medications in preparation for release.

Desired outcome 75: Patients in the SRU have their medications administered in line with best practice and the administration of controlled drugs is recorded in line with best practice.

Desired outcome 76: Daily medicine fridge temperature checks are consistently recorded and yearly fridge checks are completed.

Desired outcome 77: NHS and SPS staff work together to ensure patients receive their medication within therapeutic time frames.

Desired outcome 78: The MethaMeasure Local Operating Procedure covers the cleaning and quality assurance standards required for its safe use.

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

Rating: Poor

The dental room environment was in good condition and visibly clean, including patient equipment, such as the dental chair. Systems were in place to ensure that all sterile instruments were appropriately stored before and after use and were safely transported off site for decontamination.

Patients could access dental services through a self-referral form, however as discussed in QI 9.2 these forms were not available in easy-to-read format. The Dental Team attended three sessions a week and advised that their time in the prison was spent treating emergencies. Systems were in place for patients to access emergency dental treatment out of hours. Registered nurses had completed training in emergency dental triage and oral health promotion, to assist patients in accessing treatment and to ensure there was no reported symptoms requiring clinical assessment. This is good practice.

However, at the time of the inspection, the waiting time for a dental appointment was 55 weeks, with no patients being seen from the waiting list since October 2024. This exceeds the Scottish Government's recommended time of 10 weeks for access to dental treatment in prisons.

As discussed in QI 9.2 although SPS officers are responsible for escorting patients to the Health Centre, patients were frequently not being collected for their appointments. This led to a high number of missed consultations, resulting in wasted clinical time and extended waiting lists, particularly for dental services. Despite the provision of a robust dental service by the healthcare team, patients are not able to access dental care within the recommended time frame. Consequently, this indicator was graded as poor.

The Oral Health Improvement Team offered weekly one-to-one oral health support, which can be booked through the Kiosk. Patients received relevant oral health information leaflets at these sessions.

Patients who were not registered with a dentist, and were undergoing dental treatment, were offered an appointment at one of the locality community dental hubs to complete their treatment on liberation.

Good practice 16: Registered nurses trained in the triage of dental conditions and oral health promotion.

Desired outcome 79: Access to dentistry is in line with national waiting times standards.

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

Rating: Not applicable

This is not applicable.

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

Good links had been established between the healthcare service at the prison and Ayrshire Hospice and with the specialist community palliative care nurse.

Ayrshire Hospice had delivered training for the prison healthcare team. All registered nurses also had the opportunity to shadow hospice staff in both the in-patient and community palliative care setting. This supported staff who previously had little experience, or training, in caring for patients with palliative or end of life care needs. This is good practice.

The service had a palliative and enhanced care register. Key operational documents and guidance were in place, this included a Supportive and Palliative Care Indicators Tool (SPICT) and as described in QI.9.6, anticipatory care plans.

Meetings were undertaken with representatives from NHS, the SPS and any other relevant agencies to ensure patients were managed holistically. The prison was also represented at the Pan-Ayrshire Model for End of Life and Palliative Care subgroup which aimed to standardise palliative and end of life care across NHS Ayrshire and Arran.

As described in QI.9.6 processes were in place to access social care and any assistive equipment the patient required.

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

Good practice 17: Training for registered nurses in palliative and end of life care and the opportunity to shadow in palliative care settings.

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

The healthcare team had effective processes in place to support the implementation of the TTM strategy for managing people at risk of self-harm or suicide. A standardised health screening tool was used as part of the initial assessment process, ensuring that patients at risk were appropriately identified and supported.

A process was also in place to allocate mental health nurses and learning disability nurses to attend TTM case conferences, and patients' clinical records were updated accordingly. There was a consistent and standardised approach to documenting the outcomes of case conferences with risks being identified. Furthermore, inspectors observed that patients received a person-centred approach that clearly reflected in both the TTM documentation and associated risk management plans.

Healthcare staff were not consistently informed by the SPS when people returned from court, which limited their ability to carry out timely assessments in line with TTM guidelines. Additionally, while the process for the nurse attendance at case conferences was established, these meetings were not always convened at the earliest opportunity by the SPS.

The room which TTM case conferences were held was noisy, lacked privacy, and allowed for visibility from outside, which was not conducive to therapeutic engagement and may have affected the quality of discussions and the dignity of those involved.

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

Rating: Generally Acceptable

Complaints, comments, and feedback were managed in line 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 not available in all residential halls. Complaints forms reviewed were in 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. For complex complaints or where the patient had complex health needs, a face-to-face consultation would be offered to discuss their complaint, which was followed by a letter to notify them of the outcome. For general queries such as prescribing issues, the patient would be notified of the outcome by letter.

The Health Centre Administration Team was responsible for reviewing all submitted complaint forms, and a robust system was in place to ensure that each complaint was logged accurately, including the date of receipt. The complaints process reviewed by inspectors outlined that Stage 1 complaints should receive a response within five working days, while Stage 2 complaints, which require a more detailed investigation, should be addressed within 20 working days. However, at the time of the inspection, it was noted that not all complaints were being responded to within the expected timeframes. Specifically, in March 2025, where only 80% of Stage 2 complaints were completed within the 20-day target, indicating a need for improved compliance with response standards.

The Health Centre manager discussed themes and learning from complaints at clinical governance meetings. Regular review and sharing of any learning from complaints took place with the wider healthcare team. Staff were trained in managing complaints.

Desired outcome 80: NHS complaints forms are freely available for people in custody to access and they are responded to as per the timeframes of the policy available to patients.

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

Rating: Satisfactory

Healthcare staff had a clear understanding of their roles and responsibilities in reporting any situations that could result in physical or psychological harm to those in prison.

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

Healthcare staff described their responsibilities to assess, record and report any medical evidence of mistreatment of people in the prison and to offer treatment as required. Staff described the SPS system used to record concerns. All healthcare staff had personal secure access to the electronic clinical system, Vision.

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

Rating: Poor

The Health Centre and dispensary areas were in a generally good state of repair and were tidy and visibly clean. Daily cleaning schedules were completed in all clinical areas.

The passmen who were responsible for cleaning the Health Centre corridor, toilet and waiting areas within the Health Centre was British Institute of Cleaning Science

trained. Cleaning of other areas of the Health Centre was carried out by an external company contracted by the prison. Healthcare staff were responsible for cleaning surfaces and patient equipment, which inspectors observed to be inconsistent.

The cupboard used by the SPS cleaning contractors and passmen to store cleaning products, was unclean and there were mop heads and bars of soap lying around the sink area. This must be addressed to reduce the risk of contaminating cleaning materials.

Adequate supplies of PPE were in place and were stored appropriately. Hand hygiene facilities were available.

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

There was no evidence of infection, prevention and control audits completed since 2023. This had been recognised by the Healthcare Management Team and a rolling programme of SICPS audits had now been commenced.

All NHS Ayrshire and Arran staff members are required to undertake mandatory and statutory training (MAST) modules, including infection prevention and control. The current compliance with this for Prison Healthcare Services is 90%. The infection prevention and control manual can be accessed on NHS Ayrshire and Arran's intranet site.

Desired outcome 81: Systems and processes are in place to audit infection prevention and control precautions regularly with improvement actions taken when non-compliance is identified.

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

Rating: Satisfactory

The Healthcare Leadership Team demonstrated clear, visible, and well-organised leadership, effectively structured to support the delivery of healthcare services. A structured meeting schedule was in place to ensure staff remained informed about operational matters and had opportunities to provide feedback. This included daily handover meetings, where current issues were raised, discussed, and addressed in a timely manner, promoting effective communication and team cohesion.

All healthcare staff working within the prison receive a general prison induction upon commencement of their role. Work is ongoing to develop tailored specific role induction programmes for roles, such as for the pharmacy technician healthcare support worker. Ensuring comprehensive, role-specific induction is essential to support staff confidence, competence and safe practice.

Regular discipline-specific meetings are held across key healthcare teams, including mental health, addictions, adult nursing, administration and pharmacy. These

meetings support effective communication, professional development and service co-ordination within each specialty.

In addition, a local practice meeting with GPs took place every six weeks to support collaborative working and continuity of care.

Staffing risks were effectively managed through proactive workforce planning, daily monitoring, flexible staffing arrangements, and timely escalation of concerns to ensure safe and consistent service delivery. This was evidenced by the Healthcare Leaderships Team's practice of conducting weekly reviews of projected staffing levels and daily assessments to ensure appropriate cover and efficient resource allocation across the service. Staffing rotas were prepared by charge nurses and issued six weeks in advance, with careful consideration given to skill mix and safe staffing requirements. Any unfilled shifts were covered by bank staff to maintain continuity of care. Inspectors observed that these measures were being implemented effectively, with clear escalation procedures in place to the Senior Manager for Justice Services and the Associate Nurse Director as appropriate.

At the time of the inspection, there were three full-time registered general nursing vacancies within the Primary Care Team. Despite these vacancies, rota coverage was being maintained, and active recruitment efforts were underway to fill the posts. Staff had completed the required role-specific and mandatory training. Compliance is monitored through a central training database, with regular reviews to identify and address any gaps.

Group reflective practice was available to all staff and was often used. However, not all staff received regular one-to-one supervision, particularly those in primary care and addictions roles. While group reflection supports team learning and communication, the lack of regular one-to-one supervision may limit individual support and development. Strengthening supervision would help ensure staff feel supported and maintain high standards of care.

Training opportunities were well supported, and staff described them as helpful in enhancing their professional development and confidence in their roles.

Desired outcome 82: All healthcare staff receive a tailored induction specific to their role.

Desired outcome 83: All healthcare staff receive one-on-one supervision to ensure support, guidance, and to maintain high standards of care.

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

There was clear and visible leadership from the IJB, with robust reporting structures and accountability in place. Members of the Board had visited the prison to observe healthcare delivery, engage with staff and patients and gain a deeper understanding of the challenges within the prison. Since the last inspection, there had been a

continued commitment and interest in the healthcare team, with staff describing the Healthcare Leadership Team as both visible and engaged.

Adverse events are reported through the Datix system, and staff were aware of their responsibilities in raising concerns. Adverse events were reviewed to determine appropriate actions, including Local Management Team Reviews and Significant Adverse Event Reviews (SAERs), with learning identified and implemented. SAERs were also conducted in cases of non-natural deaths, alongside participation in the DIPLAR process.

There was a positive culture of openness, where staff felt able to report concerns and engage in learning from complaints and feedback. Complaints and comments were reviewed to identify themes and inform service development.

Despite existing strengths, as discussed in QIs 9.2, and 9.8 communication between healthcare staff and people in custody remains an area for improvement. Additionally, as noted in QI 9.13, complaint and feedback forms were not readily accessible to those in custody, limiting opportunities for patients to raise concerns or provide input.

Since the transition from private to public sector management, there had been a noticeable decline in the previously strong and consistent communication between the two organisations. This has had a direct impact on the coordination of healthcare services and the ability of patients to access timely care.

Fortnightly meetings are scheduled with the SPS Head of Operations, who acts as the primary liaison for healthcare. These meetings were frequently cancelled or rescheduled. Review of meeting minutes and staff feedback indicated that while issues were being raised, there was limited evidence of progress or resolution. Key issues such as improvements to the built environment and the consistent escorting of patients to healthcare appointments remain unresolved.

A business case has been submitted by the East Ayrshire HSCP to the SPS, proposing the reconfiguration of three rooms within the Healthcare Centre to increase clinical capacity. However, impact may be limited without a reliable system for escorting patients to appointments.

In response to these challenges, the healthcare team had adopted flexible and innovative approaches, including offering drop-in clinics in the gym and conducting in-cell telephone consultations. While these alternatives improve access, in-person consultations remain essential for addressing many healthcare needs effectively.

Desired outcome 84: Effective communication and response to improvement actions takes place, with effective monitoring. Persistent issues, such as patient escorts and built environment improvements, are jointly addressed by the SPS and East Ayrshire HSCP.



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First published by HMIPS, May 2026

ISBN: 978-1-80775-150-0

Produced for HMIPS by APS Group Scotland
PPDAS10737931 (05/26)