HMIPS
HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

# Report on HMP Low Moss

Full Inspection
25-29 August 2025

## Contents

## 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 predefined set of Standards.

The Standards reflect the independence of the inspection of prisons in Scotland and are designed to provide information to prisoners, prison staff and the wider community on the main areas that are examined during an inspection. They also provide assurance to Ministers and the public that inspections are conducted 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
HM Prison Low Moss is situated north of Bishopbriggs, East Dunbartonshire.

### Brief history
The original HMP Low Moss prison closed in May 2007. The buildings were demolished and replaced with new buildings that opened in March 2012.

### Accommodation
A modern prison, HMP Low Moss is a light and airy establishment with every cell having en suite facilities. HMP Low Moss holds male offenders on remand, short term offenders (serving less than four years), long term offenders (serving four years or more), life sentence offenders and extended sentence offenders (Order of Lifelong Restriction) primarily from the North Strathclyde Community Justice Authority area. It has education, training and employment opportunities to help prisoners address their reoffending and reintegrate back into the community on their release from prison.

### Date of last inspection
31 Jan – 11 February 2022

### Healthcare provider
NHS Greater Glasgow and Clyde

### Learning provider
People Plus

## Overview by HMCIPS

The inspection of HMP Low Moss represented another case study in the insidious consequences of overcrowding in Scottish Prisons. The impact is not only on the prisoners who share single cells that are below the minimum space standards recognised by the Council of Europe and the International Committee of the Red Cross. It is also the loss of a dedicated First Night in Custody Unit because of the difficulties of managing the population, leaving a poorer experience for new admissions. It is in the quality of work staff are able to engage in for those in their care, or the competition for services. It is fundamentally the state of inertia which eventually grips the system, such as with progression for prisoners, where strategic vision is thwarted by being forced to react to pressing daily issues.

At the last inspection in 2022 the prison population stood at 828. On the first day of this inspection, 25 August 2025, it stood at 835 despite two tranches of early releases of short-term prisoners in the interim. Low Moss opened in just 2012 with an operational capacity of 784. One hundred additional spaces have been added by overcrowding cells. Having 55 cells remaining might seem sufficient, but pressures in the rest of the estate meant Low Moss was receiving prisoners from as far out of their catchment area as Peterhead, and with 20 cells out of action on the Monday we arrived, a huge amount of time and effort was being spent daily on ensuring spaces were available in the right place for new arrivals.

Plans at the time of our inspection to move 50 offence-protection prisoners to HMP Kilmarnock and receive 50 remand prisoners from the Ayrshire region was an example of short-term population management. Whilst this might temporarily allow staff at Low Moss to run fewer regimes by removing offence-protection prisoners from areas dedicated to other groups of prisoners, the numbers still entering prisons with these offences would inevitably soon put the numbers back up.

Low Moss relied on ex-gratia, overtime and bank shifts to cover the extra staffing agreed for the overcrowding of 100 prisoners. Using overtime on a long-term basis is unsustainable and, with no sustainable plans to reduce the overpopulation, staff were left exhausted and unwilling to work the extra hours. The NHS team relied on bank staff to cover four out of five backshifts which risked compromising the delivery of safe and effective care, particularly in the context of additional demands such as managing prisoners' taking of illicit substances.

The understandable focus on staffing the residential areas to ensure basic entitlements such as visits, meals, time in the fresh air, and recreation were being met was at the expense of personal officer work, and prisoners' access to employment, education, case work and gym. Running multiple regimes for different populations meant a constant juggling of timetables. Equality of access was further challenged by staffing issues which meant the offence-protection population were disproportionately negatively affected. We found a reluctance among some staff to manage offence-protection prisoners. Inspectors were told the prison was not set up for sex-offenders and some staff saw this population as responsible for the problems prison-based social workers were having.

The Prison-based Social Work Team was under the most pressure. They were unable to complete risk assessments for initial Case Management meetings and of even greater concern was the significant backlog in risk assessments and Generic Programme Assessments (GPA). Not all prisoners could access the programmes they required, adversely affecting prisoner progression. Whilst progression has long been a significant concern to HMIPS, the prisoner perception of access to prison-based social workers was significantly worse at Low Moss than at comparator prisons. We have raised the blocks to progression in far too many previous reports, and the situation for those affected is inexcusable. The suspension of programmes about consequential thinking, such as Constructs and Pathways, left limited evidence of alternative options for prisoners to show specific needs had been addressed.

The new education contract would benefit from a greater focus on partnership working. Attention to coordinated throughcare for the entire prisoner journey would maximise the advantages of contextualised learning, embedding learning throughout the activities offered to prisoners across the prison. Opportunities to increase prisoners' employability on release were being missed, with a lack of focus on securing vocational qualifications, despite that being a previous recommendation.

There was a sufficient range of high-quality, genuinely purposeful employment opportunities, and the education centre provided a welcoming environment with a good range of accredited and non-accredited programmes, but attendance was low and more active encouragement of participation was needed. Physical Training (PT) Instructors were frequently redeployed to residential areas, affecting use of the well-equipped sports facilities, and there were no accredited PT or health education training opportunities for prisoners.

The pre-inspection survey demonstrated a poor perception by prisoners of staff. Fewer than two-thirds (53%) of prisoners said they felt safe all or most of the time in HMP Low Moss, although this is not significantly different to comparator prisons. Significantly worse, however, than comparator prisons and concerning were the perceptions about staff behaviours. Most (63%) said they had witnessed staff abusing, bullying, threatening or assaulting other prisoners, and almost half (48%) said staff had done this to them. Only half of all prisoners felt they were treated with respect, significantly lower than comparator prisons.

We did see some excellent examples of the sort of relationships we expect. We also saw the subtly undermining nature of busyness detracting from the time needed to develop the sorts of relationships prisoners rely on. Throughout the day staff were mostly at their desks rather than in the sections. During evening recreation time staff were not with prisoners unless they had something specific to do. Prison-based social workers were writing reports on people they had had no chance to work with or get to know. Staff inexperience may have been a factor, with 20% of staff having under two years' experience, and staff sick absences meant staff were redeployed from other areas to fill gaps in residential areas, making life harder for the regular staff as prisoners inevitably gravitated towards them for help. Where there was a more consistent staff group there was a much better relationship. Specific instances of staff ill-treating prisoners had been taken seriously by the management team and referred to police investigation and internal disciplinary proceedings.

As we see across prison inspections, prisoner confidence in the complaints system was low, with 86% saying it worked badly. A new complaint logging system had been introduced in July 2025, but more was needed to improve confidentiality and prisoner trust in the system, especially important where perceptions of staff were so poor.

There were many impressive things which had continued or improved since our last inspection, despite the pressures. Critical areas of the prison such as reception were functioning well with regular experienced staff delivering their role proficiently. Guidance was provided for staff who, anywhere in the prison, might admit new people to the halls and delivery was good. There was an excellent focus on hygiene and cleanliness. Residential areas were clean and cell conditions were generally good. The laundry, industrial cleaning and catering teams were working effectively. Good pre-release work was done at the six-week stage. New therapeutic interventions had been introduced, including Therapet dogs, with a recovery hub and activities in the life skills area

Collaborative work between family contact officers and staff from Families Outside and Early Years Scotland promoted opportunities for positive and meaningful visits and special events with visitors. Effective support was provided by the multi-faith team. Prisoner consultation groups were well embedded, despite only 11% of prisoners saying they felt their views were sought or acted on. Communication through noticeboards and the prison radio had improved, along with use of translation services. We saw good practice with peer support in reception, the Listeners, the recovery hub, Naloxone training and distribution.

There were strong operational responses by the prison to violent incidents, but a need for more strategic prevention focused activity and targeted improvements in relation to violence reduction and drug testing. Use of Force incidents were subject to appropriate reviews, and the piloting of body-worn cameras reflected a commitment to transparency and staff protection. High levels of prisoners being held on Rules on the residential areas brought challenges in ensuring their personal and statutory needs were met. The high numbers had sometimes led to notification that their time in the fresh air would be halved to manage the situation. The non-offence protection population numbers were rising because enemies were being separated rather than subject to mediation and conflict resolution.

There was strong operational leadership with healthcare, helping to promote a person-centred approach across the range of healthcare services. Healthcare staff described the experience of supporting individuals on the Management of Offender at Risk Due to Any Substance as emotionally challenging and at times traumatic. Both NHS and SPS staff provided care and support for those under the influence of illicit substances, but the scale of what was being asked of them was one of the most troubling aspects of our inspection. The Substance Use Team was managing high caseloads with some nurses supporting up to 86 patients. The prison was taking action to reduce the influx of illicit substances with a prompt response from the police when drone activity was identified.

Since our previous inspection there had been two deaths in custody in 2023, seven in 2024 and a further six in 2025. These deaths were attributed to a number of reasons including completed suicide, physical health-related conditions and the use of illicit substances. Inspectors found that suicide prevention discussions with prisoners under the Talk to Me policy were done well, but assurance processes around documentation needed improvement.

Inspectors described 70 desired outcomes, and we encourage the prison, SPS HQ, the Scottish Government (SG) and the NHS to focus on ensuring the following 13 key ones:

**For Low Moss:**

- **Key desired outcome 1:** All cells provide safe, hygienic, and decent living conditions, with effective ventilation systems preventing issues such as mould build-up in toilet and shower areas.
- **Key desired outcome 2:** In the next pre-inspection survey, a higher percentage of prisoners' report being treated respectfully by staff.
- **Key desired outcome 3:** Prisoners can submit complaints confidentially, receive acknowledgement and timely responses, and trust the process, ensuring compliance with international standards on fair treatment.
- **Key desired outcome 4:** All prisoners will have the opportunity to gain vocational qualifications relevant to employment on their release.

**For Low Moss and the NHS:**

- **Key desired outcome 5:** There should be equitable and timely access to psychological interventions for all patients requiring such support including those on remand.
- **Key desired outcome 6**: Patients can access dental care within the Scottish Government's recommended timeframe.

**For Low Moss and SPS HQ:**

- **Key desired outcome 7:** Prisoners feel safe from bullying, supported by a new national Anti-Bullying Strategy that establishments and all prisoners have confidence in.
- **Key desired outcome 8:** The prison has sufficient staff for the prisoner population to ensure an orderly and predictable environment.
- **Key desired outcome 9:** An effective Personal Officer scheme and a wide range of therapeutic treatments support prisoners in their rehabilitative journeys.
- **Key desired outcome 10:** Prison-based social work resources enable the timely provision of all risk assessments and reports for key processes in accordance with relevant guidance and legislative requirements.
- **Key desired outcome 11:** Where required, all prisoners have timely access to a GPA, supported by a full and up-to-date LS/CMI assessment.
- **Key desired outcome 12:** A range of programmes are available to meet the needs of prisoners, and all prisoners can access the programmes they require. Alternative interventions are in place where a programme was not provided.

**For SG and SPS HQ:**

- **Key desired outcome 13:** Only one prisoner is held in cells designed for one person.

## Summary of PANEL principles

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

### Participation

There was a mixed picture regarding action to support and encourage prisoner participation. Prisoner Information and Action Committees (PIACs) were taking place regularly and there was prisoner representation on the Equality and Diversity committee, but in the pre-inspection survey 71% said they were not consulted about important issues and only 11% believed their opinions were acted upon. There was no evidence of prisoner feedback influencing menu choices through PIACs or food forums. Consultation with prisoners on education was in place through surveys, however there was no formal procedure for prisoners to help plan activities more effectively in the library or in physical and health educational activities. Prisoners were consulted about their experience of visits and made recommendations for improvement.

Prisoners were able to contribute during case conferences and disciplinary hearings, reflecting a person-centred approach. Many reported feeling heard and understood regarding their management plans, though some noted variability in staff support. Prisoners being managed under Rule 95 conditions were able to access education materials in their cell and the gymnasium in the SRU and contribute to discussion of their reintegration plans. In the main residential areas however interactions through closed grille gates were commonly observed, hindering relationship-building. Prisoners had the opportunity to request work party allocations. However, most prisoners were unaware of the process to change their work party. The relationship between the SPS Family Contact Officers (FCO) and Families Outside/Early Years Scotland ensured a joined-up partnership approach to family contact ensuring any issues were quickly addressed.

### Accountability

There were no suitably qualified or knowledgeable managerial levels in SPS HQ to allow catering managers to seek advice or escalate concerns or monitor performance and compliance regarding catering issues and dietary requirements. A sufficient supply of clothing was maintained across the halls, and all prisoners had equitable access to appropriate warm clothing and waterproof jackets. Efforts had been made to manage enemies through intelligence-led Tactical Tasking meetings. In contrast, there was no evidence of accountability regarding the Think Twice policy, as no formal procedures, monitoring, or evaluation regarding anti-bullying were in place. Documentation regarding Talk To Me (TTM) was incomplete, despite review assurance processes being in place. Each case where Use of Force was applied was documented and fully explained, identifying the appropriate Use of Force used. The complaints process does not allow prisoners to make a PCF1 complaint confidentially. Prisoners reported that Prisoner Complaint Forms Stage One (PCF1s) handed to staff sometimes went missing or were mishandled and the prison did not monitor response times to ensure compliance with the time limits. Closed visits were imposed reluctantly after careful consideration and subject to regular review. The number of people turned away when trying to visit a friend or family member seemed disproportionately high relative to other prisons and would merit further

investigation by management. The prison was monitoring the backlog of Generic Programme Assessments (GPAs) and risk assessments, and action was being taken to alleviate this with recovery plans, additional resources, and ringfencing of staff. Prisoners' needs were unmet as programmes were not being provided for people in the low-medium risk category, nor for substance-related offending.

### Non-Discrimination and Equality

The prison had six cells accessible for prisoners with disabilities. These cells easily accommodated wheelchair users, and any adjustments were accommodated on request. Prisoners with disabilities were provided equitable access to facilities and necessary adjustments, ensuring no one was disadvantaged. No prisoner populations were excluded from education, work or other activities, although some prisoner populations such as protection prisoners had less access. The regimes for protection prisoners, particularly those in Clyde 1 and 2D, were also most affected by staff shortages and overcrowding.

During the inspection there was no evidence of direct discrimination. However, foreign prisoners were unable to use their 200 free minutes to phone their families abroad. Some foreign national prisoners had only been provided with key entitlements following a PIAC meeting, rather than this being facilitated upon their arrival. Deaf prisoners were unable to contact their family other than by mail or the e-mail system. The E&D Manager reviewed all admissions to identify those with a protected characteristic with a view to ensuring their needs were met.

Inspectors witnessed staff exercising their authority with prisoners in a professional and courteous manner, but the results of the prisoner pre-inspection survey were concerning in relation to prisoners being treated respectfully and require further consideration by management.

### Empowerment

Peer-led initiatives and co-produced materials enabled prisoners to understand their rights and navigate the system more confidently. The Prison Rules were available in all residential areas and within the prison library in an accessible format, alongside legal texts. Failing to provide prisoners with easy to obtain ingredients or allergen information in respect of their diet prevented them from making informed decisions regarding their food intake. There was limited evidence of support for those experiencing bullying. There were many examples of information being made available in a variety of languages such as fire notices, pantry duties, kitchen compacts and materials for Integrated Case Management meetings (ICMs). Staff also made use of interpretation services, for example arranging interpreters when required for social work interviews and ICMs. Prison-based social workers were not yet providing translated letters, and important paperwork relating to disciplinary procedures was not being translated. More also needed to be done to ensure foreign nationals' entitlements are facilitated on arrival through giving them information in their own languages to digest in their cells. The Life Skills course and Recovery Hub provided empowering, supportive environments and placed prisoners and their needs at the heart of their approaches.

### Legality

With prisoners sharing a small cell designed for single occupancy the internationally recognised minimum standard cell space of four meters square per prisoner, excluding the toilet area, was not being met. Prisoners had access to legal representatives without delay. Several prisoners were engaging solicitors in judicial review processes due to significant delays in the provision of GPAs, programmes, and progression processes. Significant and urgent action was required to facilitate rehabilitation and access offending behaviour programmes, or an alternative accepted by the Parole Board as evidence of suitability for release, so that prisoners were not disadvantaged at Parole Board hearings.

## Summary of Inspection Findings

**Standard 1 Lawful and Transparent Custody**
Satisfactory

**Standard 2 Decency**
Generally Acceptable

**Standard 3 Personal Safety**
Generally Acceptable

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

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

**Standard 6 Purposeful Activity**
Generally Acceptable

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

**Standard 8 Organisational Effectiveness**
Satisfactory

**Standard 9 Health and Wellbeing**
Satisfactory

## Standards, Commentary and Quality Indicators

## Standard 1 – Lawful and Transparent Custody

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

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

### Inspection Findings
### Overall Rating: Satisfactory

#### Overview

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

Prisoners were treated with respect and dignity throughout the admissions and release processes.

Reception procedures were well-managed and compliant with Standard Operating Procedures. Identification and classification were conducted accurately, and sentence calculations were completed promptly. However, fourteen prisoners were overdue their supervision reviews, requiring action to ensure compliance with timescales.

The increase in the operating capacity and the complexity and variety of the prison population resulted in prisoners not always being placed in the correct location according to their classification.

Translation services were available from admission through to release, and key documents were provided in multiple languages. The co-produced 'Your Rights in Custody' and First Night in Custody (FNIC) booklets supported accessibility and understanding, in line with CPT guidance on the right to information in a comprehensible format.

A structured peer support system was in place, with peer listeners present in reception and involved in delivering three elements of the national induction. This approach promoted participation and empowerment.

## HMIPS Standard 1
## Lawful and Transparent Custody – Continued

The induction process had recently been revised to improve structure and consistency. Despite this, only 46% of prisoners reported in the pre-inspection survey that they had being offered induction, significantly below the comparator average. Attendance was encouraged through incentives, and a follow-up system was in place. The induction covered rights, complaints, and support services, although awareness of PIACs was limited.

Residential staff managed cell allocation, but population pressures and regime complexity limited the ability to maintain a dedicated FNIC area. Cell Sharing Risk Assessments (CSRAs) were conducted appropriately, with oversight from First Line Managers (FLMs) and Unit Managers.

Release procedures were efficient and well-coordinated. Critical dates were verified and communicated within 24 hours, and support was provided for onward travel. The Criminal Administration Team played a key role in ensuring accuracy and coordination with external agencies.

## 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

In this standard, two quality indicators were rated as satisfactory, three were rated as generally acceptable and one was rated as poor, giving an overall rating of generally acceptable. There was one example of good practice and 10 desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

The prison's maintenance and management of the estate was effective, with staff and prisoners aware of procedures for raising concerns, and reported faults were triaged promptly through the online Agility system. Outstanding tasks were monitored, and reactive repairs, including responses to criminal damage, were managed efficiently. Communal areas and residential halls were clean and well maintained, supported by an effective team of painting passmen. Infrastructure projects, such as boiler and kitchen upgrades, were pending.

Cell conditions were generally good, with cell intercoms that worked and secure storage for valuables and medication. The halls contained well-maintained facilities for the dispensing of medication and the conduct of private meetings with prisoners. Accessible cells for prisoners with disabilities were appropriately adapted and spacious. However, shared occupancy in single cells created overcrowding, limited privacy, and restricted dignity, particularly regarding toilet use. International standards, such as those from the Council of Europe (CPT) and the International Committee of the Red Cross (ICRC), recommend a minimum of 6m² for a single cell and 4m² per prisoner in a multiple-occupancy cell which was not met.

Ventilation issues in some cells had contributed to black mould build-up in toilet and shower areas, requiring attention. Overall, the estate was functional and well-managed, though improvements were needed to address overcrowding and ventilation challenges.

## HMIPS Standard 2 Decency – Continued

The VT cleaning party, managed by three staff and six passmen, were responsible for maintaining cleanliness across residential halls, communal areas, the gym, and the kitchen, as well as responding to biohazard incidents. Despite being below the intended staffing level of 10, the team had effectively managed 129 minor and major biohazard incidents since the start of 2025, demonstrating good practice supported by fully trained passmen and a well-equipped biohazard response kit.

While cleaning passmen had not received formal prison-based training in protocols, chemical handling, or equipment use, they demonstrated practical knowledge and adherence to clear, colour-coded guidance, and all Quattro chemical dilution stations were fully operational. Overall, the standard of cleanliness across residential and communal areas was very good, with hygiene and safety maintained, even in the absence of formal cleaning schedules or activity records.

The prison's laundry system was well organised, with clear procedures for laundry bag tracking, biohazard handling, and mop head laundering. However, laundered items often returned damp, and the availability of clean towels and bedding was frequently limited due to stock shortages and hoarding. Bedding quality was a concern, with many mattresses overused and prisoners reporting that it caused discomfort or exacerbating their chronic pain. While a three-year replacement programme was underway in Clyde Hall, Kelvin Hall had received no replacements since 2020; immediate orders and an audit had been initiated to address urgent needs and establish a structured replacement cycle.

Most prisoners reported good access to showers daily and regular laundering, with 95% able to shower daily and have clothes washed more than once a week. Access to essential toiletries was well managed, with each hall maintaining secure, well-stocked supplies of items such as toothpaste, toothbrushes, soap, shampoo, toilet paper, and shaving equipment. Most prisoners supplemented prison supplies through the canteen, while the controlled distribution of razors under staff supervision provided a safe and effective balance between meeting needs and maintaining security.

The prison maintained a sufficient supply of clothing, ensuring prisoners had access to appropriate warm garments and waterproof jackets for outdoor use. On admission, prisoners received a clothing pack including a fleece, with additional or replacement items available through hall staff. While personal clothing was permitted within residential areas, restrictions applied during visits and work assignments to maintain security. Overall stock levels were adequate. Although a shortage of commonly sized t-shirts was identified, orders had been placed to address this.

## HMIPS Standard 2
## Decency – Continued

The catering provision faced significant challenges. Prisoners reported through the survey and during the inspection dissatisfaction with meal quality, portion sizes, and variety, particularly regarding healthy options. Specialist diets were managed appropriately, but prisoners working in the kitchen received no formal training, creating food safety risks. Hygiene standards and equipment management were inconsistent, and Environmental Health inspections had identified some contraventions. Menu planning lacked professional oversight and meaningful prisoner engagement, with limited cultural or themed events. Overall, management structures were siloed, with insufficient senior-level support to ensure consistent compliance with SPS Food Safety Manual standards.

Two male prisoners sharing a cell designed for one

## Standard 3 – Personal Safety

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

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

### Inspection Findings
### Overall Rating: Generally Acceptable

#### Overview

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

The TTM process was well-embedded in practice, with staff demonstrating effective physical interactions and engagement with individuals at risk. However, the associated documentation and recording procedures fell below expected standards, indicating a need for improvement in administrative consistency and oversight.

The establishment showed strong operational responses to violent incidents, with staff managing such situations competently and safely. Despite this, there was a notable absence of preventative measures, including the lack of a formal anti-bullying policy, which limited the ability to support individuals proactively and reduce the risk of violence before it occurs.

The pre-inspection survey results raised concerns regarding prisoners' reports of staff abuse. The inspection team found that where such incidents had been reported, they were appropriately investigated and documented, reflecting a commitment to accountability. No evidence of staff abuse was observed during the inspection and interactions between staff and prisoners were respectful and professional.

There were high levels of competency in relation to the Incident Command Team. Identified issues with the personal alarm system were primarily due to the age and limitations of the current infrastructure.

The establishment demonstrated well-organised health and safety processes, with clear structures in place to manage risks and maintain a safe environment.

## Standard 4 – Effective, Courteous and Humane Exercise of Authority

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

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

### Inspection Findings
### Overall Rating: Satisfactory

#### Overview

Within this standard, nine quality indicators were rated as satisfactory and one was rated as generally acceptable, giving an overall rating of satisfactory. There is one example of good practice and six desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

The findings indicate that the prison meets expectations in maintaining a balance between effective security measures and the humane treatment of prisoners. While several areas were rated positively, there is a need for targeted improvements in violence reduction, drug testing, and prisoner engagement to sustain and enhance current standards.

The prison had established sound practices that support the safety and security of both staff and prisoners. Use of Force was applied in accordance with legal and procedural requirements, with all incidents subject to review and accompanied by post-incident medical checks. The piloting of body-worn cameras reflects a commitment to transparency and staff protection. Monthly Tactical Tasking and Violence Reduction meetings were held, although a rise in violence had necessitated the introduction of new strategies.

The SRU was effectively managed, with staff demonstrating strong knowledge and a commitment to reintegration through case conferences. Prisoners placed in the SRU received a Prisoner Information Booklet outlining the regime and available privileges. However, inconsistencies in recording the offer of exercise for prisoners removed from association in the halls requires attention.

Disciplinary hearings were observed to be conducted fairly and respectfully, with a person-centred approach that ensures prisoners felt heard and supported. The process was transparent, and prisoners were given opportunities to understand and respond to proceedings. Translation services were available for those who required them.

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

Special Security Measures (SSMs) were applied appropriately, supported by clear documentation and regular reviews. Weekly cell searches for prisoners subject to SSMs were conducted and recorded, ensuring robust oversight. Searching procedures adhered to SOPs, although a small number of cells were not searched within the required timeframe, and prisoners reported not always being informed of the reasons for searches.

Reception processes were robust, with property accurately recorded on prisoner property cards. However, the establishment had some work to do to address the pre-inspection survey which revealed that 73% of respondents felt the system for accessing personal property was ineffective. The establishment had an article allowed in use policy that outlined prisoner entitlements, and access to Prisoners Personal Cash (PPC) was facilitated through weekly canteen and sundry purchases. Families can deposit funds online.

Risk assessments for external escorts were thorough and consistently followed, with staff demonstrating clarity in their responsibilities.

Drug testing was conducted by trained staff familiar with the Mandatory Drug Testing (MDT) process. Nevertheless, the recommendation from the 2022 inspection to establish a dedicated drug testing facility remains outstanding. Such a facility would enhance substance prevalence analysis and support prisoner progression.

Internal prisoner movement and surveillance are well-coordinated, with procedures closely followed by staff and supported by CCTV and metal detectors to ensure calm and controlled movement. Vehicle and perimeter gate security was robust, with comprehensive checks and clear protocols in place. An increase in drone activity has led to collaboration with Police Scotland through a 'Drone Trigger Plan'. While this initiative and impressive Police response times represented good practice, as with other prisons there will be a need for continuing investment in anti-drone measures.

## 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

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

Clear procedures were in place for communicating critical information between prisoners and their families.

Survey results showed that only half of the prisoners who responded felt they were treated with respect by staff most or all of the time, significantly lower than in comparable prisons, and many prisoners used the survey to describe negative experiences by staff. Although a few positive comments were noted, over 10% raised concerns about mistreatment. Inappropriate staff behaviour was being investigated when reported. Activity cancellations caused by staffing shortages also contributed to deteriorating relationships between staff and prisoners. Around 20% of residential officers had under two years' experience, and 50% under five. Staff were frequently moved from other areas of the prison to cover gaps in the residential area, leading to inexperience on the halls. This affected relationship-building and increased the workload on experienced staff. Although 75% of prisoners reported having a personal officer only 43% found them helpful. Time pressures and competing tasks meant staff struggled to fulfil this role effectively.

The prison had appropriate measures in place to protect prisoners' privacy and personal information.

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

The prison was under considerable strain due to the ongoing staff shortages reported above, but also a high prisoner population, and the need to mix prisoner categories within the same sections. While staff worked hard to deliver the daily regime and most prisoners had access to most elements it, there was frequent cancellation of activities and work. These disruptions, caused by staff redeployment, led to frustration, especially among prisoners who were placed on restricted regimes. The prison relied heavily on overtime payments and staff being moved from other areas to cover basic duties. Staff reported working through breaks and struggling to maintain routine operations, while a lack of experienced and consistent staff further disrupted the regime. The prison also faced significant challenges managing the number of prisoners under the influence of illicit substances, which raised safety concerns and impacted the regime's delivery.

A short-term population swap was underway to manage capacity, exchanging protection and remand prisoners between establishments. This was unlikely to be a long-term solution, as protection prisoners continued to be received by the prison. While regime timetables were displayed, changes were frequent and unpredictable. Staff capacity was stretched by the need to manage multiple prisoner types and regimes within the same areas. The prison continued to function at a basic level, but the lack of consistency and predictability fell short of international standards, which call for safe, structured, and fair regimes in custodial settings. An urgent review was required to ensure a more stable and equitable approach to regime management and to protect prisoners' rights.

In the pre-prisoner survey, 71% of prisoners reported that they were not consulted on important issues, significantly worse than in comparable prisons. Only 11% believed their views were both sought and acted upon. PIACs were taking place regularly for all prisoner categories, including foreign nationals and with involvement from Chaplaincy and canteen staff. Awareness and perceived impact among prisoners remained low. Minutes of PIAC were displayed across the prison, but the perceived lack of visible outcomes from meetings contributed to the low levels of prisoner engagement. Communication through refreshed noticeboards and the prison radio station had improved, with key information, some in other languages, being more consistently shared. Use of translation/interpretation services to improve accessibility had increased since the last inspection.

Most prisoners received essential information about their rights during national and local induction. The prison must ensure foreign national prisoners are clearly informed of their rights and entitlements on arrival.

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

Prisoner confidence in the complaints system was very low, with 86% rating it as working badly or very badly, mirroring trends in comparator prisons. Although complaint forms were freely available and the process was explained at induction, many prisoners believed complaints were not taken seriously and go missing. A new logging system was introduced in July to improve accountability, but there was no way of submitting a PCF1 confidentially without having to hand it to a member of staff. Complaint volumes were increasing and misuse of the PCF2 process highlighted distrust in the PCF1 process. Urgent improvements are needed to ensure transparency, fairness, and prisoner trust.

Work needs to be done to strengthen prisoners' and staff's understanding of the IPM service.

Overall, the prison demonstrated commitment to respecting prisoner rights and dignity but faced significant challenges in staff capacity, communication, prisoner engagement, and trust in the complaints systems. Urgent improvements are needed to meet international standards and ensure fair, safe, and humane treatment for all prisoners.

## Standard 6 – Purposeful Activity

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

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

### Inspection Findings
### Overall Rating: Generally Acceptable

#### Overview

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

The prison offered a sufficient range of employment opportunities for almost all prisoners. The employment opportunities offered were of a high quality and were managed well by the prison. However, many prisoners chose not to work, and their participation was not actively encouraged by prison staff. The prison had taken the decision to stop vocational training for all prisoners in work parties.

New prisoners were advised of the opportunities for employment during their prison induction. However, prisoners did not have routine opportunities to discuss the choice of work party or discuss their skills and learning objectives. The selection of prisoners for employment was exclusively based on the need to run essential work parties and participation rates were highly variable. The prison was not proactive in mitigating the impact of low prisoner attendance and the frequent closure of work parties due to staffing redeployment.

The Education Centre provided a welcoming environment for prisoners to engage in an appropriate range of programmes. There was a good range of accredited programmes and non-accredited classes for most prisoners. Prisoners engaged well in class; however, attendance was low. Some prisoners were successful in achieving Koestler Awards and took part in the Connections Exhibition 2025, which was a national art exhibition in partnership with Glasgow University.

## HMIPS Standard 6
## Purposeful Activity – Continued

The prison provided well-equipped sports and fitness facilities for prisoners. Around one hundred prisoners engaged enthusiastically in a variety of activities that matched the needs and abilities of most prisoners. However, Physical Training Instructors (PTIs) were regularly redeployed during morning sessions and over the weekend to residential areas. This significantly reduced access to sports & fitness activities for prisoners. The prison offered no accredited physical or health education training to prisoners.

The prison library, located in the Links Centre, provided a welcoming space for prisoners, with around one hundred prisoners visiting the library each week. The library contained a broad range of both fiction and non-fiction. However, the library had a limited stock for prisoners with a visual impairment and foreign nationals. The library had no stock of DVDs for a prison population of over 800.

The prison offered a wide and varied range of cultural, recreational and peer support activities for prisoners. The chaplaincy and prison staff proactively encouraged prisoners to participate in family events and support activities. The prison took good account of equality and diversity with regular consultation with the prison population.

All prisoners were offered time in the fresh air for one hour each day unless an incident prevented it from occurring. When numbers of prisoners on Rule 95 on the halls were too great, the governor issued written notification that it would only be possible to offer 30 minutes of fresh air per day, rather than the statutory entitlement to one hour.

The Multi-Faith Chaplaincy Team were passionate and operating well, with staff and prisoners being very complimentary about the classes, courses and support being offered.

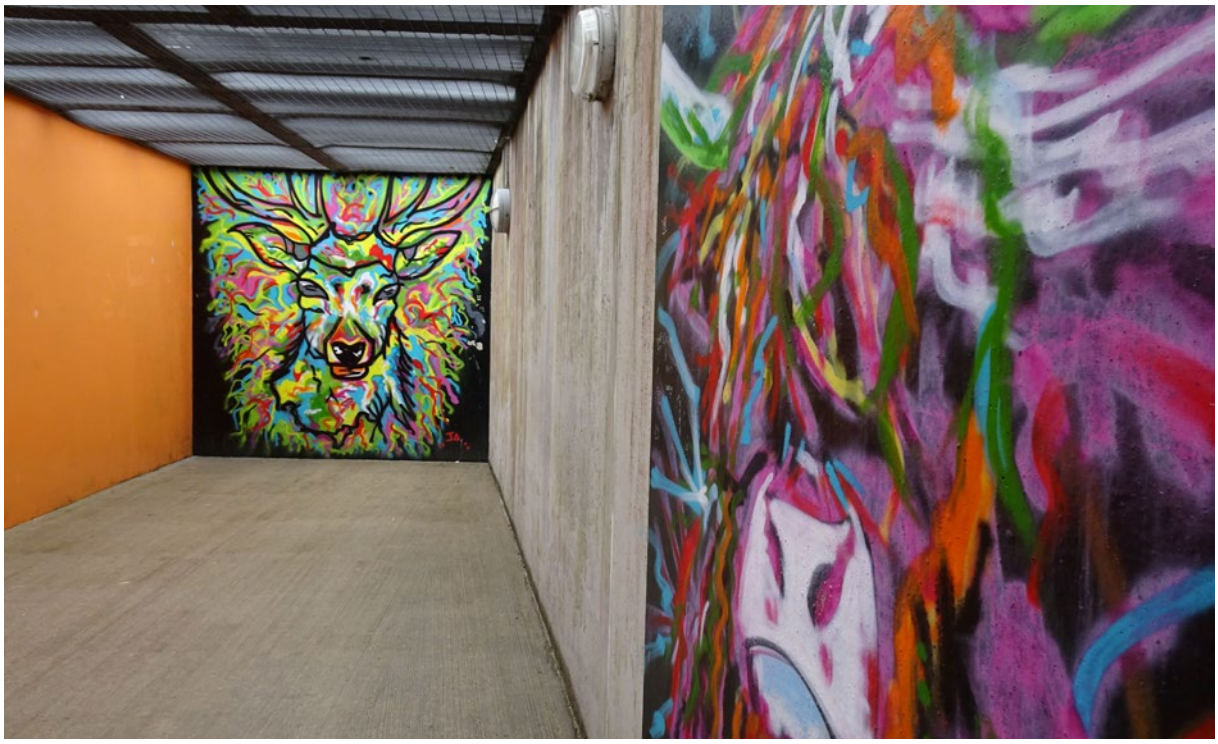
The visitor areas were bright and welcoming. It was well-appointed in terms of toilet and baby changing facilities. There were a range of leaflets and materials about entitlements and events. There were a range of toys and books for children of all ages. There was an external garden area that prisoners and their families with children could utilise, however this was not seen being used during the duration of the inspection.

There were two SPS Family Contact Officers (FCO) and Families Outside/ Early Years Scotland staff ensuring every opportunity for positive and meaningful visits. who received positive comments from prisoner's families.

## HMIPS Standard 6
## Purposeful Activity – Continued

There had been progress to establish therapeutic interventions. It was clear a lot of work had been undertaken, specifically in respect of the introduction of a Recovery Hub, Life Skills areas and Therapet dogs.

The Links Centre housed a range of service providers, interview rooms and meeting spaces and was well-attended during the inspection.



artwork in the exercise yard of the Separation and Reintegration Unit

## 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: Poor

#### Overview

In this standard, one quality indicator was rated satisfactory, two quality indicators were rated as generally acceptable, and two were rated as poor, giving an overall rating of poor. There was one example of good practice and eight desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

A comprehensive range of statutory and third sector agencies worked in partnership in the Links Centre to provide ongoing and pre-release planning and support. Both prisoners and staff valued this. Systems for identifying those due for release were in place and pre-release planning meetings were offered six to eight weeks prior to liberation for all categories of prisoner, covering a comprehensive range of support needs. Regular multi-agency pre-release meetings would facilitate greater joined-up release planning for STPs.

The role of the Personal Officer was less strong across all stages of people's sentences, including ongoing support, pre-release planning, and case management. Many were not aware of who their Personal Officer was nor of their role. Many prisoners of all categories did not feel central to key planning processes, compounded by resource pressures across the establishment.

The ICM, PCMB, and RMT processes were embedded, with positive relationships between SPS staff and other agencies both within and out with the prison. However, processes for statutory prisoners were experiencing challenges due to significant resource pressures. Due to the increase in statutory prisoners, prison-based social work staff were unable to provide risk assessments for initial ICMs, GPAs, and other key processes. There was a significant backlog of risk assessments and GPAs, impacting on prisoner progression. Risk assessments were however being prioritised for pre-release ICMs to support effective pre-release planning. A recently approved uplift in resources for prison-based social work was not viewed as sufficient to alleviate the pressures in a sustained way.

## HMIPS Standard 7
## Transitions From Custody To Life In The Community – Continued

There was not a range of programmes available to meet the needs of prisoners, and not all prisoners were able to access the programmes they required. The impact of suspending the Constructs and Pathways programmes was evident. There was limited evidence of barriers being removed or alternatives offered to meet specific treatment needs, particularly for low- to medium-risk prisoners who required Constructs.

The Recovery Hub and Life Skills course were providing valued, comprehensive support to prisoners on a voluntary basis. There were also some third sector throughcare agencies based in the prison providing invaluable follow-up support upon release.

## Standard 8 – Organisational Effectiveness

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

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

### Inspection Findings
### Overall Rating: Satisfactory

#### Overview

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

The prison performed well against this standard. The standard processes for monitoring progress in response to external and internal audit processes, including the most recent HMIPS inspection report, via action trackers were followed effectively. There was also a robust process for developing and tracking progress with the Annual Delivery Plan. Effective progress was also being made with keeping the core training competencies up to date, despite the challenge of having to train some people in two different types of control and restraint techniques while a pilot of new Control and Restraint (C&R2) techniques continued. The prison had a good process for supporting the induction of direct entrant D band staff, shadowing operational staff for four weeks, but the prison might benefit from introducing a formal mentoring scheme for all new recruits as we have seen in some other prisons. The weekly FLM meeting provided a good vehicle for sharing information with all FLMs and encouraging awareness of the challenges faced by colleagues in different parts of the prison. There were strong working relationships between the SPS and the NHS, and between the SPS and Social Work teams, where there was mutual recognition and support for the need to address significant capacity restrictions.

There were robust processes in place to manage staff absences, which had succeeded in consolidating the reduction in staff sickness levels that we saw in our previous inspection from 2022. There were effective processes for recognising good performance and good evidence that potential misconduct incidents were fully investigated when brought to the attention of management and disciplinary action taken when appropriate. This provided some reassurance in relation to the troubling findings from our pre-inspection survey regarding alleged staff bullying and intimidation of prisoners.

## HMIPS Standard 8
## Organisational Effectiveness – Continued

Completion rates for staff appraisals had increased very significantly from 25% to around 70% since our last inspection, but staff participation rates in the People Survey had reduced dramatically from 22% to 5% over the last three years. The prison should seek to understand the reasons for this as the survey has the potential to provide useful feedback for senior management on staff concerns and where improvements might be needed.

The prison contributed to three community justice partnerships and a range of other national groups and supported initiatives with the local community where opportunities allowed.

On Equality and Diversity, good processes were in place to support most of those with a protected characteristic. There was good engagement with E&D meetings held regularly as was PIACs for foreign nationals and those with a disability. However, more work could be done to ensure that those with hearing issues have more equitable opportunities to stay connected with their families. The fact that foreign nationals were unable to use their free minutes to phone abroad was also a disadvantage and if they chose to phone someone in this country, they were no longer entitled to get extra money to phone home. Translation services were regularly used.

## Standard 9 – Health and Wellbeing

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

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

### Inspection Findings
### Overall Rating: Satisfactory

#### Overview

In this standard, six quality indicators were rated as good, eight were rated as satisfactory, one was rated as generally acceptable and one was rated as poor, giving an overall rating of satisfactory. There were 12 examples of good practice and 18 desired outcomes for improvement. A full list of good practice and desired outcomes can be found in Annexes A and B.

This inspection highlighted strong operational leadership, with daily governance structures and cross-site collaboration supporting safe and coordinated care delivery. Staff demonstrated professionalism and compassion, with person-centred approaches evident across mental health, substance use, and primary care services.

Rising population pressures and a growing number of individuals placed on the MORS process continue to drive significant workforce challenges. Staff frequently covered additional shifts to maintain service delivery, placing considerable strain on capacity. Each MORS placement requires additional assessment, documentation, and coordination, impacting clinical time. Due to staffing constraints, Glasgow City's Health and Social Care Partnership (HSCP) has not yet implemented the national clinical guidance, instead relying on a pragmatic local model.

Staff described the experience of supporting individuals on MORS as emotionally challenging, and at times traumatic. Witnessing acute distress and repeated crises has a profound impact on wellbeing. While the HSCP is exploring trauma-informed support, addressing staff wellbeing is only one aspect of a broader challenge. Sustainable progress depends on resolving underlying staffing pressures, which must now be treated as a strategic priority to protect both staff and patient outcomes.

## HMIPS Standard 9
## Health and Wellbeing – Continued

### Culture and Leadership

Healthcare within the prison was effectively managed through the HSCPs established governance structures, with clear line management and strong staff awareness of reporting processes. Prisoner healthcare was well-integrated into local and partnership forums, reflecting a collaborative culture between HSCP and SPS at both operational and senior levels. Regular structured meetings and multi-disciplinary team engagement supported joint problem-solving and cohesive care delivery. Incident reporting and complaints were systematically reviewed through NHS governance systems, with learning shared to drive continuous improvement. Multi-agency forums further enhanced coordinated decision-making around patient safety. Despite these strengths, challenges remained in consistently ensuring individuals attended healthcare appointments, an issue both SPS and the HSCP were actively addressing.

Strong and visible leadership at HMP Low Moss was supported by robust governance and a collaborative senior nursing team, driving strategic and clinical improvements. Staff felt well supported, with structured induction, training, and development opportunities, including the Newly Qualified Nurse Programme and upskilling in clinical assessment and prescribing. Despite these strengths, the GP model remained fragile, lacking a clinical lead and relying on locums, posing risks to service continuity.

### Primary care

Effective screening and induction processes were in place for prison arrivals, with assessments of mental and physical health needs. While staff understood procedures for managing individuals unfit for custody, formal written guidance was lacking. Late arrivals posed risks due to limited overnight screening, though interim care plans and next-day assessments helped mitigate concerns.

Healthcare services demonstrated a proactive and patient-centred approach. All admissions and complex transfers were reviewed by a GP the following day to ensure accurate medical histories and appropriate treatment plans.

Patients accessed care through user-friendly self-referral forms available in multiple languages, with interpretation services supporting accessibility. Referrals were triaged by nursing staff to prioritise urgent cases, enhancing safety and responsiveness.

GP waiting times averaged one week, with daily emergency slots available. Missed external appointments due to transport delays had improved, however internal appointment attendance remained an issue, particularly affecting dentistry.

## HMIPS Standard 9
## Health and Wellbeing – Continued

Emergency preparedness was good, with trained staff and well-equipped emergency bags, though some wound dressings were out-of-date and formal guidance for emergency decision-making was lacking.

In relation to the dental service, while the clinical environment was clean, well-maintained and oral health promotion was delivered effectively, patients faced significant barriers to accessing routine dental care. Excessive delays, up to 80 weeks in some cases, far exceed the Scottish Government's recommended maximum of 10 weeks for access to dental care in prisons. These delays, primarily due to failures in escorting patients to clinics, pose serious risks to individuals' oral health, including untreated pain, deterioration of dental conditions, and avoidable emergency interventions. Although emergency care and oral health support were available, the indicator was rated as poor due to the impact of these delays. This undermines the principle of safe, effective, and person-centred care, and highlights an urgent need for improvement in access pathways and operational processes to ensure timely care and better use of clinical resources.

### Mental Health

The mental health team at HMP Low Moss demonstrated clear and responsive triage and referral processes, with urgent cases seen within 72 hours and routine assessments offered within four to six weeks. Staff maintained strong collaborative relationships with SPS colleagues, and care plans were person-centred, addressing both urgent and long-term needs.

Despite effective service delivery, the Registered Mental Health Nurses (RMNs) were spending a significant amount of time on administrative and non-clinical tasks, which added to existing pressures within the mental health team. However, the partnership was actively exploring ways to complement and strengthen the staffing resource to ensure staff were able to focus on their core clinical responsibilities.

The psychology service were not meeting the 90% referral to treatment waiting time standard for psychological therapies. Risk assessments were thorough but lacked multi-disciplinary accessibility, though plans were in place to improve this via EMIS[1]. A well-functioning multi-disciplinary team supported coordinated care, with timely psychiatric input and effective hospital transfer procedures. Positive efforts were also noted in planning for continuity of care upon liberation.

1 EMIS supplies electronic patient record systems and software used in primary care, acute care and community pharmacy in the United Kingdom.

## HMIPS Standard 9
## Health and Wellbeing – Continued

### Substance use

The Alcohol and Drug Recovery Service (ADRS) demonstrated a well-structured and responsive approach to supporting individuals with substance dependence in custody. Patients were identified early through health screenings and triaged daily, with prompt follow-up for those requiring treatment or detoxification. Continuity of care was ensured for those on Opiate Substitution Therapy (OST), supported by clear prescribing protocols and collaborative input from Primary Care and GPs.

Detoxification was guided by Patient Group Directions and screening tools, while a specialist nurse provided targeted alcohol support. Strong links with the Recovery Café and community services facilitated holistic care and smooth transitions post-liberation. Despite staffing constraints, the ADRS team maintained a high standard of care, prioritising OST delivery, timely reviews, and integrated working across mental health and primary care teams. The implementation of Medication Assisted Treatment (MAT) standards further reinforced a consistent, patient-centred approach to recovery.

### Long-term conditions, palliative and end of life care

Patients with long-term conditions were identified through various pathways including admission, transfer, and self-referral, with care primarily led by nurses and supported by GPs to ensure equity with community services. A Practice Development Nurse (PDN) played a key role in upskilling primary care nurses.

Anticipatory Care Plans (ACPs) were in place where needed, though not all showed clear patient involvement. Strong links with secondary and community services enhanced continuity and outcomes. Social care was well-coordinated, with regulated carers available 24/7 and effective communication systems in place.

Occupational therapy and assistive equipment were readily accessible, and referral pathways to allied health services were robust. Facilities were regularly reviewed by a multi-disciplinary team to ensure they met patient needs and remained in good repair.

The service provided structured, compassionate palliative care using tools like Supportive and Palliative Care Indicators Tool (SPICT), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms, and ACPs, supported by strong partnerships with Marie Curie and Macmillan. Fortnightly multi-disciplinary meetings and regional steering group involvement ensured coordinated care and strategic alignment.

## HMIPS Standard 9
## Health and Wellbeing – Continued

Equitable access, including out-of-hours support, was maintained through robust processes. Staff received targeted training, including national confirmation of death and bereavement education. Public health collaboration and in-house cancer awareness training further supported patients and families.

### Infection, prevention and control

The service maintained a clean and well-organised health centre and dispensary, with facilities generally in good repair and suitable for effective cleaning. However, some healthcare room surfaces in residential halls required repair to meet cleaning standards. Cleaning was carried out by an external contractor, with healthcare staff reporting acceptable standards and a clear escalation process for concerns.

Patient-use equipment was clean, well-maintained, and supported by adequate Personal Protective Equipment (PPE) and hand hygiene facilities. Blood and body fluid spillages were managed using chlorine-based agents and trained passmen. Regular infection prevention and control (IPC) audits, including monthly hand hygiene checks, showed good compliance, with findings reported through governance structures. Staff had access to IPC resources and completed mandatory IPC training modules.

## Annex A

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

### List of Good Practice

| Good Practice No. | QI No. | Good Practice |
|---|---|---|
| **Standard 2 – Decency** | | |
| 1 | 2.2 | Biohazard response arrangements were supported by accredited training, appropriate equipment, and effective incident management, ensuring safe and timely responses by one well-trained team to all incidents across the prison. |
| **Standard 3 – Personal Safety** | | |
| 2 | 3.1 | Proactive TTM Training Initiatives. |
| 3 | 3.2 | Kelvin Hall 2B identified as a calmer space for individuals aged over 45 or those needing a quieter environment. |
| 4 | 3.3 | Tailored management plans for High-Risk Individuals. |
| 5 | 3.7 | Support for FLMs not trained in H&S. |
| **Standard 4 – Effective, Courteous and Humane Exercise of Authority** | | |
| 6 | 4.10 | The 'Drone Trigger Plan' and good Police response times represented good practice. |
| **Standard 6 – Purposeful Activity** | | |
| 7 | 6.9 | The excellent partnership working between the two SPS Family Contact Officers (FCO) and Families Outside/Early Years Scotland ensuring a good service for prisoners' families and every opportunity for a positive and meaningful visits. |
| 8 | 6.11 | Moving the virtual visit area to four separate partitioned booths near legal visits ensured privacy and reduced background noise for prisoners using these facilities. |
| **Standard 7 – Transitions from custody to life in the community** | | |
| 9 | 7.3 | The Life Skills course and Recovery Hub offered comprehensive support and access to services and were highly valued by prisoners and other staff. |
| **Standard 9 – Health and Wellbeing** | | |
| 10 | 9.1 | The NHS primary care team lead participates in the prisoner induction programme, providing information on available health care services, how to access them and answering questions. |
| 11 | 9.2 | Nursing staff reviewed referrals upon collection, allowing emergency cases to be prioritised. |

| | | |
|---|---|---|
| 12 | 9.3 | A High Intensity Test and Treat (HITT) event was held, involving Health Promotion, Public Health Scotland, healthcare staff, SPS, Waverley Care, the Hepatitis C Trust, and trained peer mentors. As a result, 90% of the prison population accepted BBV testing, with robust follow-up and retesting processes in place. |
| 13 | 9.3 | Naloxone training and distribution is well-established, with peer workers playing a key role in increasing engagement and uptake. |
| 14 | 9.6 | The practice development nurse enabled systems and processes to be aligned with board-wide practice, leading to improved patient outcomes for the prison population. |
| 15 | 9.8 | A person-centred approach was taken for patients on specific medications. In collaboration with SPS, these patients received their medication later in the evening, within the therapeutic timeframe. |
| 16 | 9.8 | Upon liberation, patients were given a prescription to obtain a 28-day supply of medication from a community pharmacy of their choice. This gave the patient time to register with a GP of their choice. |
| 17 | 9.9 | The dental health support worker offered oral health risk assessments to all prisoners, including those on remand or with less than six months left of their service, to help support the assessment of reported symptoms. |
| 18 | 9.11 | Healthcare and SPS staff are trained in palliative care and cancer awareness to help support patients. |
| 19 | 9.13 | Patients were given a copy of the prison's 'Our complaints procedure' leaflet when their complaint was acknowledged. This provided patients with an overview of the complaints process and how to seek independent advice from the Scottish Public Services Ombudsman. |
| 20 | 9.16 | Workforce development was actively supported, with several vacancies filled through the Newly Qualified Nurse Programme, which included structured induction, mentorship, and a 12-week supernumerary period. Staff were also being upskilled in clinical assessment and non-medical prescribing, with further expansion planned. |
| 21 | 9.17 | A strong culture of joint working between the HSCP and SPS, supported by regular structured meetings and open communication at both operational and senior levels, promotes collaborative problem-solving and improves outcomes for individuals in custody. |

## Annex B

### List of Desired Outcomes

### Key Desired Outcome

| Key Desired Outcome No. | Key Desired Outcome |
|---|---|
| **For Low Moss:** | |
| 1 | All cells provide safe, hygienic, and decent living conditions, with effective ventilation systems preventing issues such as mould build-up in toilet and shower areas. |
| 2 | In the next pre-inspection survey, a higher percentage of prisoners' report being treated respectfully by staff. |
| 3 | Prisoners can submit complaints confidentially, receive acknowledgement and timely responses, and trust the process, ensuring compliance with international standards on fair treatment. |
| 4 | All prisoners will have the opportunity to gain vocational qualifications relevant to employment on their release. |
| **For Low Moss and the NHS:** | |
| 5 | There should be equitable and timely access to psychological interventions for all patients requiring such support including those on remand. |
| 6 | Patients can access dental care within the Scottish Government's recommended timeframe. |
| **For Low Moss and SPS HQ:** | |
| 7 | Prisoners feel safe from bullying, supported by a new national Anti-Bullying Strategy that establishments and all prisoners have confidence in. |
| 8 | The prison has sufficient staff for the prisoner population to ensure an orderly and predictable environment. |
| 9 | An effective Personal Officer scheme and a wide range of therapeutic treatments support prisoners in their rehabilitative journeys. |
| 10 | Prison-based social work resources enable the timely provision of all risk assessments and reports for key processes in accordance with relevant guidance and legislative requirements. |
| 11 | Where required, all prisoners have timely access to a GPA, supported by a full and up-to-date LS/CMI assessment. |
| 12 | A range of programmes are available to meet the needs of prisoners, and all prisoners can access the programmes they require. Alternative interventions are in place where a programme was not provided. |

| For SG and SPS HQ: | |
|---|---|
| 13 | Only one prisoner is held in cells designed for one person. |

| Desired Outcome No. | QI No. | Desired Outcome |
|---|---|---|
| **Standard 1 – Lawful and Transparent Custody** | | |
| 1 | 1.2 | The prison has a dedicated First Night in Custody area. |
| 2 | 1.4 | All prisoners have their supervision level reviewed timeously. |
| 3 | 1.5 | The prison has sufficient space to keep different prisoner categories separate from each other. |
| **Standard 2 – Decency** | | |
| 4 | 2.1 | Only one prisoner is held in cells designed for one person. |
| 5 | 2.1 | Prisoners in double occupancy cells have sufficient personal storage, safes, chairs and table space. |
| 6 | 2.1 | All cells provide safe, hygienic, and decent living conditions, with effective ventilation systems preventing issues such as mould build-up in toilet and shower areas. |
| 7 | 2.2 | All cleaning passmen receive formal training in cleaning protocols, chemical handling, and equipment use, with training records kept up to date and cleaning activity was guided by clear schedules and recorded to provide accountability and consistency. |
| 8 | 2.3 | All prisoners have mattresses of acceptable quality that support health, comfort, and dignity, with replacement cycles adhered to and monitored by managers across all halls. |
| 9 | 2.6 | Prisoners judge the quality and acceptability of food more positively and can influence menu choices. |
| 10 | 2.6 | All prisoners working in the kitchen have received the appropriate accredited training. Hall passmen have access to clothing and equipment to carry out catering duties safely and hygienically. |
| 11 | 2.6 | Catering management software is fully utilised to plan menus, manage nutritional standards, create healthier options, and provide evidence-based oversight, including allergen and dietary information. |
| 12 | 2.6 | Food trollies have appropriate electric cables to prevent injury through damage and bare wire exposures. |
| 13 | 2.6 | Catering managers in prisons have professional support from HQ and the SPS Food Safety Manual is up to date and complied with. |

| | | |
|---|---|---|
| **Standard 3 – Personal Safety** | | |
| 14 | 3.1 | The prison holds consistent and high-quality TTM documentation. |
| 15 | 3.2 | All prisoners who require it have access to translation and services. |
| 16 | 3.3 | All front-line staff have and use body-worn cameras. |
| 17 | 3.4 | Prisoners feel safe from bullying, supported by a new national Anti-Bullying Strategy that establishments and all prisoners have confidence in. |
| 18 | 3.6 | The alarm system infrastructure is reliable, and testing is consistent across all shifts. |
| 19 | 3.7 | All FLMs are trained in H&S. |
| 20 | 3.7 | All cells have fire notices in appropriate languages. |
| **Standard 4 – Effective, Courteous and Humane Exercise of Authority** | | |
| 21 | 4.1 | A reduction in violence is achieved through targeted violence reduction strategies and incidents of violence being consistently monitored and reviewed. |
| 22 | 4.2 | Exercise is consistently offered to prisoners removed from association in the halls and confirmed through effective record keeping. |
| 23 | 4.5 | All searches are conducted effectively, and prisoners are always informed of the reason for it. |
| 24 | 4.6 | In the next pre-inspection survey, the majority of prisoners are satisfied with the system for accessing personal property. |
| 25 | 4.8 | Risk assessment, addiction recovery and progression related activities are supported with a dedicated drug testing facility. |
| 26 | 4.10 | Continued investment in anti-drone technology supports efforts to prevent the entry of illicit substances. |
| **Standard 5 – Respect, Autonomy and Protection Against Mistreatment** | | |
| 27 | 5.2 | In the next pre-inspection survey, a higher percentage of prisoners' report being treated respectfully by staff. |
| 28 | 5.4 | The prison has sufficient staff for the prisoner population to ensure an orderly and predictable environment. |
| 29 | 5.5 | In the next prisoner survey, prisoners feel better consulted with about issues that affect prison life and that their opinions are acted upon. |

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| 30 | 5.6 | There is equal access to entitlements for all foreign national prisoners. |
| 31 | 5.7 | Prisoners can submit complaints confidentially, receive acknowledgement and timely responses, and trust the process, ensuring compliance with international standards on fair treatment. |
| 32 | 5.8 | In the next prisoner survey and inspection, prisoners and staff have a better understanding of the IPM service. |
| **Standard 6 – Purposeful Activity** | | |
| 33 | 6.1 | All prisoners will have the opportunity to gain vocational qualifications relevant to employment on their release. |
| 34 | 6.2 | All prisoners are supported to engage in employment opportunities that match their skills and learning objectives. |
| 35 | 6.3 | All prisoners are encouraged and supported to attend education. |
| 36 | 6.4 | All prisoners have equal access to physical and health educational activities with accredited qualifications. |
| 37 | 6.5 | All prison populations have access to a suitable range of decent quality library resources. |
| 38 | 6.7 | All prisoners can access their statutory right to an hour in the fresh air. |
| 39 | 6.9 | Prisoners are aware of the opportunity to request double visits, and bonding visits are available to all prisoner groups. |
| 40 | 6.11 | All virtual visit booths are available for use. |
| 41 | 6.13 | An effective Personal Officer scheme and a wide range of therapeutic treatments support prisoners in their rehabilitative journeys. |
| 42 | 6.15 | The OLR Case Manager has a manageable caseload. |
| **Standard 7 – Transitions from Custody to Life in the Community** | | |
| 43 | 7.1 | Multi-agency case management arrangements are in place for all categories of prisoner to ensure comprehensive multi-agency, person-centred partnership working in pre-release planning and community reintegration. |
| 44 | 7.2 | All statutory prisoners have an LS/CMI risk assessment completed for their initial ICM, in accordance with the 'Using the LS/CMI in Prison and Throughcare' (2025) guidance. |
| 45 | 7.2 | Prison-based social work resources enable the timely provision of all risk assessments and reports for key processes in accordance with relevant guidance and legislative requirements. |

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| 46 | 7.2 | The role of the Personal Officer is clear to prisoners, and Personal Officers demonstrate good awareness of the range of supports available, using this knowledge in their work with prisoners to support stronger pre-release planning. Personal Officers are clear about their role and responsibilities in relation to the ICM process and contribute meaningfully to it. |
| 47 | 7.2 | The RMT process ensures time and resources are directed most effectively and clear communication with prisoners ensures realistic expectations at the outset. |
| 48 | 7.3 | Where required, all prisoners have timely access to a GPA, supported by a full and up-to-date LS/CMI assessment. |
| 49 | 7.3 | A range of programmes are available to meet the needs of prisoners, and all prisoners can access the programmes they require. Alternative interventions are in place where a programme was not provided. |
| 50 | 7.4 | All prisoners can contribute to a co-ordinated plan for their release and are clear about this plan. |
| **Standard 8 – Organisational Effectiveness** | | |
| 51 | 8.6 | A clear process exists for prisoners to contribute to recognising good performance by staff. |
| 52 | 8.6 | Staff have the time and confidence to participate fully in staff surveys that provide management with robust data to consider further improvements. |
| **Standard 9 – Health and Wellbeing** | | |
| 53 | 9.1 | Clear, accessible information about healthcare services is provided to people in prison. |
| 54 | 9.1 | Written guidance and an SOP support the admission process which includes the assessment of a person's fitness to remain in custody. |
| 55 | 9.1 | SPS HQ and Glasgow City HSCP ensure there is a clear and reliable process so that anyone arriving late at the prison receives a formal health screening assessment before being admitted. |
| 56 | 9.2 | Patients access secondary care appointments. |
| 57 | 9.2 | Patients are supported to attend health centre appointments. |
| 58 | 9.2 | Emergency equipment is in date and ready for use. |
| 59 | 9.2 | Staff have guidance to support decision making when delivering emergency care. |

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| 60 | 9.3 | Established clear accountability for Hepatitis A and B vaccinations, ensuring consistent delivery and integration into routine care. This will close the current gap and align vaccination practices across all NHS GG&C prison sites. |
| 61 | 9.5 | All patients accessing mental health services have a standardised risk assessment which is accessible across patient care records. |
| 62 | 9.5 | There should be equitable and timely access to psychological interventions for all patients requiring such support including those on remand. |
| 63 | 9.6 | All patients with long-term conditions have a care plan in place that demonstrates clear evidence of their involvement in the planning and agreeing of their care. |
| 64 | 9.8 | Spilled or refused liquid controlled drugs are disposed of in accordance with local protocols, professional guidance, and legislation. |
| 65 | 9.8 | Patients receive their medication within therapeutic timeframes. |
| 66 | 9.9 | Patients can access dental care within the Scottish Governments recommended timeframe. |
| 67 | 9.13 | Complaints are responded to within the timeframes in the policy available to patients. |
| 68 | 9.15 | Ensure all healthcare environment is in good repair, with surfaces suitable for effective cleaning. |
| 69 | 9.16 | There is consistent and sustainable medical care across Glasgow prisons and overseen by a designated clinical lead. |
| 70 | 9.16 | The HSCP ensures sufficient staffing levels and skill mix meet the needs of a growing prison population. |

## Annex C

### List of Ratings

| Standard/QI | Standard Rating/QI Rating |
|---|---|
| **Standard 1 – Lawful and Transparent Custody** | **Satisfactory** |
| QI 1.1 | Satisfactory |
| QI 1.2 | Satisfactory |
| QI 1.3 | Satisfactory |
| QI 1.4 | Generally Acceptable |
| QI 1.5 | Generally Acceptable |
| QI 1.6 | Satisfactory |
| QI 1.7 | Satisfactory |
| QI 1.8 | Satisfactory |
| QI 1.9 | Satisfactory |
| **Standard 2 – Decency** | **Generally Acceptable** |
| QI 2.1 | Generally Acceptable |
| QI 2.2 | Generally Acceptable |
| 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 | Generally Acceptable |
| QI 3.3 | Satisfactory |
| QI 3.4 | Generally Acceptable |
| QI 3.5 | Poor |
| QI 3.6 | Generally Acceptable |
| QI 3.7 | Satisfactory |
| **Standard 4 – Effective, Courteous and Humane Exercise of Authority** | **Satisfactory** |
| QI 4.1 | Satisfactory |
| QI 4.2 | Satisfactory |
| QI 4.3 | Satisfactory |
| QI 4.4 | Satisfactory |
| QI 4.5 | Satisfactory |
| QI 4.6 | Satisfactory |

| | |
|---|---|
| QI 4.7 | Satisfactory |
| QI 4.8 | Generally Acceptable |
| QI 4.9 | Satisfactory |
| QI 4.10 | Satisfactory |
| **Standard 5 – Respect, Autonomy and Protection Against Mistreatment** | **Generally Acceptable** |
| QI 5.1 | Satisfactory |
| QI 5.2 | Generally Acceptable |
| QI 5.3 | Satisfactory |
| QI 5.4 | Generally Acceptable |
| QI 5.5 | Generally Acceptable |
| QI 5.6 | Generally Acceptable |
| QI 5.7 | Generally Acceptable |
| QI 5.8 | Generally Acceptable |
| **Standard 6 – Purposeful Activity** | **Generally Acceptable** |
| QI 6.1 | Poor |
| QI 6.2 | Generally Acceptable |
| QI 6.3 | Generally Acceptable |
| QI 6.4 | Generally Acceptable |
| QI 6.5 | Generally Acceptable |
| QI 6.6 | Satisfactory |
| QI 6.7 | Satisfactory |
| QI 6.8 | Satisfactory |
| QI 6.9 | Satisfactory |
| QI 6.10 | Satisfactory |
| QI 6.11 | Satisfactory |
| QI 6.12 | Satisfactory |
| QI 6.13 | Generally Acceptable |
| QI 6.14 | Generally Acceptable |
| QI 6.15 | Generally Acceptable |

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

## Annex D

### Inspection Team

**Sara Snell,** HMCIPS

**Calum McCarthy,** HMIPS

**Carol Ann Murray,** Standard 1, SPS

**Graeme Neill,** Standard 2, HMIPS

**Gavin Boyle,** Standard 3, SPS

**Greig Knox,** Standard 4, SPS

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

**Stephen McGregor,** Standard 6.1 – 6.6, HM Inspectorate of Education in Scotland

**Paul Batten,** Standard 6.7 – 6.15, Sodexo

**Rania Hamad,** Standard 7, Care Inspectorate

**Stephen Sandham,** Standard 8, HMIPS

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**Catherine Haley,** Standard 9, Healthcare Improvement Scotland

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**Tuukka Tapanainen,** Standard 9, Subject Matter Expert, Healthcare Improvement Scotland

## Annex E

### Acronyms used in this report

| | |
|---|---|
| **ACP** | Anticipatory Care Plans (ACPs) |
| **ADP** | Annual Delivery Plan |
| **ADRS** | Alcohol and Drug Recovery Service |
| **BBV** | Blood Born Virus |
| **BICS** | British Institute of Cleaning Science |
| **CILR** | Critical Incident Learning Review |
| **COPFS** | Crown Office and Procurator Fiscal Service |
| **CPT** | European Committee for the Prevention of Torture |
| **CSRA** | Cell Sharing Risk Assessment |
| **DNACPR** | Do Not Attempt Cardiopulmonary Resuscitation |
| **DWP** | Department for Work and Pensions |
| **E&D** | Equality and Diversity |
| **ECR** | Establishment Control Room |
| **FLM** | First Line Manager |
| **FNIC** | First Night in Custody |
| **GPA** | Generic Programme Assessment |
| **HSCP** | Health and Social Care Partnership |
| **HMCIPS** | His Majesty's Chief Inspector of Prisons for Scotland |
| **HMIPS** | His Majesty's Inspectorate of Prisons for Scotland |
| **HIS** | Healthcare Improvement Scotland |
| **ICM** | Integrated Case Management |
| **ICT** | Incident Command Team |
| **IMU** | Intelligence Management Unit |
| **IPM** | Independent Prison Monitor |
| **LS/CMI** | Level of Service/Case Management Inventory |
| **MAT** | Medication Assisted Treatment |
| **MDT** | Mandatory Drug Testing |
| **MORS** | Management of Offenders at Risk of Serious Harm |
| **NHS** | National Health Service |

| | |
|---|---|
| **NPM** | National Preventive Mechanism |
| **NTSU** | National Tactical Search Unit |
| **OLR** | Order for Lifelong Restriction |
| **OPCAT** | Optional Protocol to the UN Convention Against Torture |
| **OST** | Opiate Substitution Therapy |
| **PCF1/PCF2** | Prisoner Complaint Forms (Stage 1/Stage 2) |
| **PDN** | Practice Development Nurse |
| **PE** | Physical Education |
| **PER** | Prisoner Escort Record |
| **PIAC** | Prisoner Information and Action Committee |
| **PMAG** | Prisoner Monitoring and Assurance Group |
| **PR2** | Prison Records System |
| **PTI** | Physical Training Instructor |
| **RMN** | Registered Mental Health Nurse |
| **RMT** | Risk Management Team |
| **RRA** | Reception Risk Assessment |
| **ROSH** | Risk of Serious Harm |
| **SCP** | Self-Change Programme |
| **SCQF** | Scottish Credit and Qualifications Framework |
| **SMT** | Senior Management Team |
| **SOP** | Standard Operating Procedure |
| **SPICT** | Supportive and Palliative Care Indicators Tool |
| **SPS** | Scottish Prison Service |
| **SRU** | Separation and Reintegration Unit |
| **SSM** | Special Security Measures |
| **STP** | Short Term Prisoner |
| **SVQ** | Scottish Vocational Qualification |
| **TARL** | Throughcare Assessment for Release on Licence |
| **TTM** | Talk to Me (Suicide Prevention Strategy) |
| **UN** | United Nations |
| **UoF** | Use of Force |
| **VT** | Vocational Training |

# 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: Satisfactory

In the pre-inspection survey, 51% 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. The staffing group had been consistent for a period, which appeared to have a positive impact on both building relationships and compliance with processes.

All admissions were met and supported in reception by a peer listener and were given a welcome pack and a ‘your rights when you arrive in prison’ document, which explained the admission process and what to expect during their time in custody. All admissions spoken to found this helpful. The FNIC booklet, which was co-produced by peer listeners and staff, was informative and contained pictures to support those with literacy issues.

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. A flag poster and map helped non-English speakers identify their country of origin to then arrange translation services. All waiting areas had relevant information displayed and it was available in six other languages.

All new admissions were offered a phone call within the reception area, which was positive, and food was available for them as well as those returning from court and escorts.

It was noted that there were very few late admissions as both NHS and SPS stayed later to complete the admission process and health risk assessments. Prison management had taken the decision to place all of those arriving after NHS staff had left on 15-minute observations until they could be seen by a nurse the following day.

**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: Satisfactory

Prisoners were provided with good information on arrival. The information was up to date and available in translated languages for non-English speakers.

Standard Operating Procedure (SOP) 48, which outlined the admission process and SOP PM 30 - Kelvin Hall Admission were in date, but not reflective of the observed process. Prisoners were allocated where there was an available space rather than a dedicated area for FNIC. The FNIC process and documentation was reviewed, and all relevant paperwork was in place, covering rules, directions, regimes and requests, some of which had been co-produced by the peer listeners. This important aspect of the admissions process was delivered by peer listeners which was positive practice. The peer listeners were enthusiastic and clearly committed to their roles. Their involvement empowered them and supported a more prisoner-centred approach.

Due to population pressures and the complexity of multiple regimes at the time of inspection, the prison did not operate a dedicated FNIC area and instead worked on an available space basis. Documentation for new admissions was available in foreign languages, and prisoner regimes had recently been placed on hall noticeboards.

**Desired outcome 1:** The prison has a dedicated First Night in Custody area.

**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.

The PER was used to highlight any special needs or risk factors, with the RRA providing a second opportunity to identify them. Relevant information was appropriately recorded on PR2.

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

Rating: Generally Acceptable

Planned escorts and court movements were accurately documented on PERs. The key information relevant to the classification of prisoners was collected during the reception admission process and recorded on PR2.

Residential staff allocated prisoner supervision levels and completed the necessary paperwork, which was then passed to the FLM to review.

On the Tuesday of the inspection, fourteen prisoners were overdue a supervision level review.

**Desired outcome 2:** All prisoners have their supervision level reviewed timeously.

**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: Generally Acceptable

Cell allocation was managed by the residential officers within each area, who consulted with reception staff on spare capacity daily.

Given the complexity and the variety of the prison population, this was challenging and prisoners were not always placed in the correct location and had to share a cell that was designed for one person. This was a direct consequence of the increased prison operating capacity, and staff aimed to rectify this as soon as possible.

Clyde Hall had an extended capacity of 395, with:

- Level 1 B, C and D - offence protection
- Level 2 A, B, C - convicted long-term prisoners (LTPs), D - convicted non-offence protection.
- Level 3 A-D - convicted LTPs.

Kelvin Hall had an extended capacity of 489, with:

- Level 1 A and B – remand, C - displaced offence protection and D - displaced protection.
- Level 2 A - remand, B – older prisoners, C – non-offence protection mix, D – Short Term Prisoners (STPs).
- Level 3 – Short-term

**Desired outcome 3:** The prison has sufficient space to keep different prisoner categories separate from each other.

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

Rating: Satisfactory

CSRAs were completed by residential staff before assigning a suitable cell. The relevant SOP was available and up to date.

As reported in QI 1.5, however, the rising population pressures resulted in single cells having to be shared, and challenges in managing convicted, offence protection, non-offence protections and remand prisoners in separate residential areas.

FLMs undertook primary assurance, and Unit Managers completed monthly assurance. The past three months were sampled and found to be completed to a good standard.

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

Rating: Satisfactory

Seventy percent of reception staff and all of the senior management team (SMT) were trained in warrant and sentence calculation, and 100% within the Criminal Administration Team.

A Criminal Administrator worked within the reception area Monday to Thursday evenings to review all warrants and input information onto PR2. The following morning the Criminal Administration Manager undertook secondary assurance checks and confirmed warrants.

Each prisoner received a letter with all confirmed critical dates within 24 hours. If there had been a change in circumstances at court for any reason, a further letter was issued within 24 hours.

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 two recent errors/delays in liberation, but the prison was found not to be at fault 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: Satisfactory

According to the pre-inspection survey, of those who could remember, only 46% said they were offered an induction on arrival. This was notably lower than the comparator group average of 65%.

The induction process had been reviewed, and a new process had been in place since July. All prisoners, regardless of status, were offered the national induction. This was undertaken by dedicated Links Centre staff who covered all aspects with the support of internal and external partners, which was a positive development. Staff were knowledgeable and professional and throughout the session were approachable and helpful. The documentation provided to prisoners covered relevant areas and translation services were available for foreign nationals.

Each prisoner received a personal letter inviting them to attend and a second letter was issued if they did not attend. This was done by the Links Centre and centrally managed on a database where all admissions were listed and it documented attendance, non-attendance, delivery date and any accessibility issues. Attendance numbers remained low in some areas and analysis of the data now held should be used to drive improvements.

Eligibility for PT induction and a PT card was being issued during induction to encourage attendance.

The induction session included information on how prisoners could influence decisions which affected them, such as making a complaint or a request, and contacting Independent Prison Monitors (IPMs), but did not include an explanation of the PIAC process.

It was positive to see peer listeners delivering three elements of the national induction, including an explanation The SPS Suicide Prevention Strategy – Talk to Me (TTM), a veterans talk and harm reduction.

**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 Administration Manager carried out the final verification of critical dates for prisoners due for release. In their absence, this was completed by the relevant Duty Manager. When appropriate, they informed relevant external agencies of a prisoner's liberation and provided the prisoner with a copy of any conditions attached to their release.

A prisoner release was observed. He confirmed that support had been offered to him in advance of his release and expressed satisfaction with the arrangements made.

Reception staff completed the necessary documentation and returned his property, and any funds held in his personal account. The prisoner was offered a warrant for onward travel to his home, which he declined as his family were picking him up. A call was facilitated to his family.

An opaque bag was provided to carry his belongings.

The process of managing liberations was smooth and efficient. All relevant SOPs were in place. The reception staff had a robust understanding of the process and undertook it with compassion.

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

Rating: Generally Acceptable

Both staff and prisoners reported that they were aware of the procedures for raising concerns, and reported faults were triaged and addressed promptly by the maintenance team. All requests were logged through the online "Agility" maintenance system, where they were prioritised according to urgency. At the time of inspection, the maintenance programme recorded 51 outstanding planned tasks and 130 reactive tasks. Of the reactive tasks, the oldest dated back to October 2024, but there was a reasonable explanation provided for the delay in completion.

Communal areas and corridors leading to the halls were clean and in good repair, although some littering was observed adjacent to the external corridors and the grounds around the residential halls.

There were no major infrastructure projects underway, although the replacement of two main boilers and the stainless-steel splashbacks in the kitchens and pantries were pending.

At the start of the inspection week there were 22 cells out of use due to criminal damage. Good work by the Estates Team had reduced this to eight by the end of the week, with the prison reporting that in the previous five months they had spent £46,886 on repairs to 203 damaged cells. A process for the reporting of such damage to Police Scotland was in place, with a protocol to follow to ensure that the best evidence was provided to help secure convictions. An example of the type of criminal damage caused to a cell can be seen in the following photograph.

Description: A damaged cell

The residential halls and most cells were in good decorative condition, supported by an effective team of painting passmen assigned to each level. Instances of vandalism were noted, primarily in cells occupied by remand and short-term prisoners where the transient nature of occupancy made it more difficult to maintain standards. Cells were equipped with large windows that allowed natural light. However, the ventilation system, positioned on either side of the window, restricted the circulation of fresh air. This limited airflow, sometimes resulting in the build-up of black mould within toilet and shower areas as evidenced in the accompanying photograph.

Description: Mould in a cell toilet/shower area

Cell intercoms were operational in all areas, and lockfast safes for the secure storage of personal valuables had been recently replaced across the prison. In addition, the halls contained well-maintained facilities for the dispensing of medication and for the conduct of private meetings.

The prison operated a mix of single and double occupancy cells, including six that were accessible for prisoners with disabilities. These cells were significantly larger and contained the necessary adjustments such as lowered intercoms, grab rails and hospital beds. These cells accommodated wheelchair users. If grab rails or other adjustments were required, then the Estates Team fitted them on request. There were eight safer cells which were of an acceptable standard, with some temporarily out of use for repairs.

There were 100 single cells being used to house two prisoners. These cells measured 7.82m² (inclusive of toilet space) less than the internationally recognised standards of a minimum of 6m² for a single cell and 4m² per prisoner in a multiple-occupancy cell. They had only one storage box, sufficient for only one person's property. This lack of basic provision caused clutter and discomfort in an already confined space. The impact of shared accommodation in these confined spaces was significant, as prisoners often spent extended periods confined with limited privacy or dignity, particularly regarding use of the toilet. The following photograph shows two prisoners sharing a single cell and demonstrates the limited space available.

Under the *Nelson Mandela Rules* (revised UN Standard Minimum Rules for the Treatment of Prisoners), accommodation that is cell-based should house only one prisoner per cell. The Rules also stipulate that proper space, ventilation, heating, lighting and minimum floor space must be provided without exception. Penal Reform International. Similarly, the CPT Standards make clear that overcrowding in prisons, especially where facilities for washing, toilets, and other sanitation are shared and/or inadequate, can amount to inhuman or degrading treatment. They emphasise that detained persons should have ready access to toilet facilities and that the material conditions of detention (including space per person), are of central importance to prisoners' dignity and well-being. Police and Human Rights Resources

Description: Two prisoners in a single cell

**Desired outcome 4:** Only one prisoner is held in cells designed for one person.
**Desired outcome 5:** Prisoners in double occupancy cells have sufficient personal storage, safes, chairs and table space.
**Desired outcome 6:** All cells provide safe, hygienic, and decent living conditions, with effective ventilation systems preventing issues such as mould build-up in toilet and shower areas.

**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: Generally Acceptable

The Vocational Training (VT) cleaning party was managed by one full, and two part time members of staff and consisted of six passmen. The cleaning party should have consisted of ten, but recent prisoner movements had reduced the number of eligible prisoners. They had responsibility for delivering the daily and weekly cleaning programme, responding to all major biohazard incidents and deep cleaning requests from the halls, gym, and the kitchen.

Some staff had received their British Institute of Cleaning Science (BICS) accreditation as assessors. Training records for all six prisoners were fully updated and all were trained to the same BICS levels, and as minor and major biohazard responders. There was a fully equipped biohazard response trolley held centrally in the prison and all biohazard incidents were dealt with by the six trained passmen. Since the start of 2025, there had been 129 minor and major biohazard incidents, all safely dealt with by the specialist trained team. This approach is good practice.

On average, four cleaning passmen were assigned to each residential section, with responsibilities covering designated areas such as pantries, floors, and the gym, as well as aiding disabled residents where required. None of the passmen had received formal training in HMP Low Moss, nor had they been given basic instruction on cleaning protocols, chemical handling, or the use of equipment. Despite this,

cleaning equipment was readily available, and colour-coded guidance was clearly displayed in the halls. Passmen appeared to adhere to this guidance effectively and demonstrated a working knowledge of the correct use of chemicals and equipment, even in the absence of formal training. Notably, all “Quattro” dilution control stations (used to dispense cleaning chemicals in accurate proportions) were fully stocked and operational, which was unusual in comparison to other prisons.

The overall standard of cleanliness across the residential halls was found to be very good. Although no daily or weekly cleaning schedules were in place, and there were no records of cleaning activity, the objective of maintaining a clean and hygienic environment was nonetheless being achieved. The internal communal areas around the prison were also found to be clean and in good condition.

**Good practice 1:** Biohazard response arrangements were supported by accredited training, appropriate equipment, and effective incident management, ensuring safe and timely responses by one well trained team to all incidents across the prison.
**Desired outcome 7:** All cleaning passmen receive formal training in cleaning protocols, chemical handling, and equipment use, with training records kept up to date and cleaning activity was guided by clear schedules and recorded to provide accountability and consistency.

**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 was also in good condition, clean and laundered frequently.**

Rating: Generally Acceptable

The prison’s laundry system was structured and well regulated. Each prisoner was allocated two bags, one for darks and one for lights, with every bag individually numbered and sealed with a unique identification tag. Laundry was carefully logged when leaving the hall, upon arrival at the laundry and on return, ensuring accountability and traceability. The main laundry served multiple functions, processing items from the kitchen, gym, reception, and residential halls. Clear procedures were also in place for biohazard-contaminated materials, which were sent in red biodegradable bags in accordance with protocol, and both hall staff and passmen demonstrated an awareness of this requirement. A well-managed process was also observed for laundering mop heads, with a weekly exchange between the Industrial Cleaning Party (ICP) and hall passmen ensuring a consistent supply for residential use.

Ninety-five percent of those taking part in the pre-inspection survey reported that they were able to have their clothes washed more than once a week. The pre-inspection survey highlighted, and the inspection confirmed, that laundered items often returned damp. This was attributed to overfilled laundry bags preventing effective tumble drying; more proportionate filling by prisoners would easily resolve this issue. Although the laundry system was broadly efficient, the option to exchange towels and bedding via the open trolley “one out, one in” system was frequently compromised by a lack of clean replacements in storage cupboards, leaving many prisoners without regular

access to fresh items.

Independent Prison Monitors (IPMs) identified a shortage of towels as a persistent issue, with officers attributing this to hoarding, non-return of items, and the absence of a formal tracking process during cell transfers. Although prisoners were issued new towels prior to the inspection, the underlying problem remained unresolved, and. like in many other prisons, continues to affect the daily regime.

Concerns around bedding extended beyond availability to the quality of mattresses and pillows. Prisoners consistently reported that the mattresses were exacerbating chronic pain and severely disrupting sleep. They described the mattresses as thin, overused and in urgent need of replacement. In Clyde Hall, a structured three-year replacement programme was underway, with new mattresses having already been issued in levels two and three, with plans for level one the coming year. However, conditions at Kelvin Hall were significantly poorer, with no mattresses replaced on any level since before 2020. Many were in unacceptable condition. In response, managers in Kelvin Hall placed an immediate order for new stock during the inspection and committed to conducting an audit to prioritise the most urgent replacements, alongside introducing a three-year replacement cycle.

**Desired outcome 8:** All prisoners have mattresses of acceptable quality that support health, comfort, and dignity, with replacement cycles adhered to and monitored by managers across all halls.

**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

The pre-inspection survey reported that 95% of prisoners were able to have a shower every day. Almost half (45%) of respondents said they bought all the toiletries they needed from the canteen, while a further 43% said they relied on both the canteen and provisions from the prison. Only 10% said the prison provided all the toiletries they needed.

Each hall maintained a well-stocked supply of essential toiletries, including toothpaste, toothbrushes, toilet paper, shampoo, soap, and shaving equipment, ensuring prisoners could access these items when required. The storage of toiletries was secure, and distribution was effectively managed by staff. Requests for razors were managed through a controlled process: prisoners were issued a razor under staff supervision and required to return it after use. This system was considered robust and effective, striking the right balance between meeting prisoners' needs and promoting safety within the residential halls.

**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

A sufficient supply of clothing was maintained across the halls, and prisoners were found to have access to appropriate warm clothing for outdoor use. Waterproof jackets were available for inclement weather, with some stored-on hangers at the end of the halls and additional stock kept in hall storerooms for use as required.

On admission, each prisoner was issued with a clothing pack that included a fleece, ensuring immediate access to essential garments. Requests for additional or replacement items were made through hall staff, and while prisoners were permitted to wear personal clothing within the residential halls, this was restricted during visits and work assignments to maintain consistency and security.

Overall, stock levels were found to be adequate apart from a shortage of t-shirts in the most required sizes. Orders had already been placed to address this shortfall, ensuring supplies remain sufficient to meet prisoners' needs.

**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

The pre-inspection survey results showed that 73% of prisoners considered the quality of food to be poor, and only 38% reported that they always or usually had enough to eat at mealtimes. Prisoners working in the kitchen provided further insights, with some reporting that meals were often prepared too early in the day, resulting in certain foods such as chips being left in the trollies for too long leaving them soggy and unappealing.

Food was described in the survey as being frequently cold, overcooked, or undercooked but inspectors did not find this during the inspection. On arrival at the hall pantries food was hot and well presented.

Health concerns were also raised, with some prisoners reporting a lack of nutritious options and an overreliance on carbohydrate heavy meals. While menus were adjusted seasonally and generally included a healthy option at most mealtimes, there was no evidence of any active promotion of healthy eating within the prison. Additionally, the four-week menu rotation contributed to a sense of monotony among prisoners.

There were five prisoners on NHS-prescribed special diets, along with two following vegan diets, three following Kosher and 40 following Halal diets. Whilst the general menu options covered most of these requirements, dedicated passmen handled the preparation of specialist diets in a separate area with their own utensils, which reduced the risk of cross-contamination.

The prison had access to the “Saffron” catering management software but did not use it to upload and manage menu choices. Menu choices had been decided locally by the kitchen staff and were not based on any input by a professional nutritionist or the “Saffron” system, to provide evidence-based information and guidance on the impact of meals on the health of prisoners. To provide prisoners with allergen information, a statement on the menu directed them to contact the Catering Manager.

There was no evidence of meaningful prisoner feedback influencing menu choices through PIACs or food forums, with recent menu changes instead being made solely due to a lack of interest in particular items. Additionally, the prison no longer held themed food nights, BBQs, or special event meals, reportedly because of reduced financial support from the common good fund. Only three cultural events were catered for annually: Christmas, New Year’s Day, and Ramadan. During the last Ramadan, 40 Muslim prisoners were provided with thermos flasks to keep food hot and allow them to have a hot meal at a time of their choosing. However, they were later judged to be unsuitable and were set to be replaced with compartmentalised heated trays.

The kitchen was staffed by seven staff members, including one FLM, with support from 35 prisoners in the kitchen work party. The prisoners represented a range of nationalities, including 12 Vietnamese and 10 Albanians. However, training was a priority issue, as most of the 35 had no evidence of receiving any training. Each passman had their own Kitchen Compact and Employment sheets with a blank training record attached. There was no record of basic kitchen induction or food handling training being delivered or the Royal Environmental Health Institute of Scotland (REHIS) Introduction to Food Hygiene or Elementary Food Hygiene courses, despite these being listed on training records as an option. SVQ Level 1 Food Preparation and Cooking was also not being offered to prisoners at the time of the inspection. The prison did not offer any transferable skills training to prisoners working in the kitchen. This presented a significant food safety risk for the prison.

Standards of cleanliness were also below expectations. At close of business, the kitchen was not clean, with litter and flour found on floors and surfaces. While cleaning schedules were displayed, they were not properly updated or adhered to. Food safety occurrence sheets were found to be completed and signed off by managers, but broader issues were noted with equipment. The prison used 30 trolleys to transfer food, and although they were generally clean, some were not. A recurring problem was of damaged power cables which left live wires exposed, posing a serious hazard. While spiral cables had been fitted to some trolleys to prevent this, the solution was not applied consistently, this can be seen on the following photograph.

Description: Damaged power cables on food trolleys

Staff working in the kitchen were observed to wear appropriate clothing, but conditions in the hall serveries varied. Hygiene was good, with gloves used and portion sizes consistent. Temperature probes were used and records maintained, but some pantrymen were seen serving food with their bare hands and eating while serving, both clear breaches of hygiene standards. The issuing of whites to pantrymen was inconsistent, with some only receiving them days before the inspection or being instructed to wear them.

The most recent Environmental Health inspection identified six contraventions, including failures in the safe storage, separation, and use of utensils for raw and ready-to-eat food, as well as a requirement for food temperatures to be monitored and recorded through deliveries, storage, and serving. Immediate compliance was required, though the kitchen was still given an overall pass status. During the inspection there was no evidence of these contraventions being breached but Environmental Health will review this during their next visit.

As reported in previous inspection findings, the Catering Manager had ultimate responsibility for their prison in respect of legislative compliance and food provision. There appeared to be no further suitably qualified and knowledgeable managerial levels above them to allow catering managers to seek advice, escalate concerns or monitor their own performance and compliance. This combination of siloed catering managers and no qualified senior management with responsibility for legislative compliance had resulted in each prison developing a different understanding and delivery of the SPS Food Safety Manual (version 1.0.2020).

**Desired outcome 9:** Prisoners judge the quality and acceptability of food more positively and can influence menu choices.
**Desired outcome 10:** All prisoners working in the kitchen have received the appropriate accredited training. Hall passmen have access to clothing and equipment to carry out catering duties safely and hygienically.
**Desired outcome 11:** Catering management software is fully utilised to plan menus, manage nutritional standards, create healthier options, and provide evidence-based oversight, including allergen and dietary information.

**Desired outcome 12:** Food trollies have appropriate electric cables to prevent injury through damage and bare wire exposures.
**Desired outcome 13:** Catering managers in prisons have professional support from HQ and the SPS Food Safety Manual is up to date and complied with.

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

Rating: Generally Acceptable

The TTM process was reviewed, including staff engagement and minor issues were noted such as unsigned case conference paperwork, missing responsible person records and occasional gaps in care planning documentation. An audit and assurance framework was in place. FLMs conducted primary checks, followed by 25% secondary checks by the Unit Manager, who closed files. However, the Unit Manager expressed frustration over persistent inconsistencies in documentation quality, despite prior checks. Inspectors confirmed this, observing several TTM books below standard, indicating a lack of consistency and confidence across the team.

Toolbox talks were delivered late 2024 to improve FLMs' understanding and confidence. Further training was scheduled for September 2025, reinforcing the commitment to consistent, high-quality delivery, this despite 91% staff competency in TTM training. Case conferences were held in distraction-free areas, allowing focused discussions. Individuals were actively involved in care planning, supported by both FLMs and the Mental Health Team, demonstrating a person-centred, collaborative approach. All admissions underwent an RRA, which was well-documented and audited. Where necessary, the TTM process was initiated immediately, including precautionary placement on TTM when nursing staff were unavailable, ensuring early support for at-risk individuals.

**Good practice 2:** Proactive TTM Training Initiatives.
**Desired outcome 14:** The prison holds consistent and high-quality TTM documentation.

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

Rating: Generally Acceptable

Reception staff demonstrated professionalism and care in managing admissions, exploring safe and appropriate locations based on individual needs and vulnerabilities.

The FNIC area was designed to offer consistent support and assessment during a vulnerable period. As reported in QI 1.2, although a designated FNIC area existed, it was rarely used as intended. Instead, new admissions were placed across various locations, undermining consistent care and thorough early assessments. This fragmented approach limited the identification of risk and the implementation of

tailored support, missing the FNIC model's goal of providing a structured, safe environment.

Translation services were underused. While some multilingual literature was available, limited translation support may have hindered understanding and engagement with protective processes, affecting the quality of care. Expanding translation services would improve communication and ensure equitable access to support.

Kelvin Hall 2B was identified as a calmer space for individuals aged over 45 or those needing a quieter environment. This reflected a thoughtful approach to managing vulnerability and enhancing wellbeing.

**Good practice 3:** Kelvin Hall 2B identified as a calmer space for individuals aged over 45 or those needing a quieter environment.
**Desired outcome 15:** All prisoners who require it have access to translation and services.

**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

Systems were in place to identify and manage risks linked to subversive, aggressive, or violent behaviour, with staff expected to act proactively. However, consistency in staff responses varied, often influenced by experience levels.

The Violence Reduction Strategy using the Promoting Risk Intervention by Situational Management PRISM model, supported by monthly Tactical Tasking meetings and intelligence reporting, effectively identified behavioural trends and individuals who may pose risks or be vulnerable. Despite this strong strategic framework, operational responses remained inconsistent, highlighting the need for further staff training and confidence-building.

Managing "must be separate" individuals and known enemies continued to be a significant operational challenge, frequently flagged as high-risk. The risk profile had evolved since the last inspection, with drone-related threats surpassing previous concerns like mail misuse.

The Violence Reduction Manager had made notable progress in developing tailored management plans for high-risk individuals, using targeted interventions and multi-disciplinary collaboration. In light of the progress made it might be helpful for this post to be permanent.

Concerns were raised in the pre-inspection survey, with 63% of prisoners reporting staff abuse towards others and 48% experiencing it directly. However, senior management responded robustly, resulting in disciplinary actions including suspensions and dismissals, supported by body-worn camera footage.

The ongoing pilot of body worn cameras, limited to 25 devices, was viewed positively, with plans to expand usage across all uniformed staff to enhance accountability and safety.

Confidential complaints against staff were investigated thoroughly, with full responses provided. Allegations of criminal behaviour were appropriately referred to Police Scotland.

**Good practice 4:** Tailored management plans for High-Risk Individuals.
**Desired outcome 16:** All front-line staff have and use body-worn cameras.

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

Rating: Generally Acceptable

During the Governor's briefing, it was explained that the SPS Anti-bulling Strategy - Think Twice had not been adopted, as it was felt it was tailored for younger individuals and considered unsuitable for the adult prison population.

Throughout the inspection, it became clear that the prison's response to bullying was fragmented. Incidents were addressed through various mechanisms such as the Violence Reduction Strategy (VIRS), Tactical Tasking, and the Protection Process but these operated independently, lacking a unified approach.

The Intelligence Management Unit (IMU) shared reports of bullying with FLMs, who often acted by interviewing and relocating individuals. However, these actions were not formally recorded, and poor use of the PR2 system limited the ability to track repeat victims or perpetrators, hindering targeted interventions.

Responses tended to be more effective once incidents escalated to violence as evidenced in QI 3.3, with clear procedures in place. However, there was limited strategic focus on prevention and early intervention, resulting in missed opportunities to de-escalate tensions.

While the Violence Reduction Manager played a key role, the absence of a centralised strategy and reliable recording undermined efforts to address bullying proactively.

The lack of a cohesive strategy, inconsistent documentation, and reactive practices weakened the overall response. A more integrated and preventative framework would improve identification, investigation, and management of bullying behaviours, while supporting behaviour change.

**Desired outcome 17:** Prisoners feel safe from bullying, supported by a new national Anti-Bullying Strategy that establishments and all prisoners have confidence in.

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

Rating: Poor

The decision not to adopt the “Think Twice” bullying strategy as unsuitable for use in an adult prison population, had led to a fragmented and inconsistent approach to victim support. While some protective measures were in place, such as relocation and activation of the TTM process for those at risk, these responses were reactive and lacked a structured, preventative framework.

There were proactive efforts to disrupt bullying, including relocating perpetrators, but these actions were not part of a formal strategy and were inconsistently applied. At the time of inspection, six individuals were listed as bullying victims, all identified at previous establishments, raising concerns about local recognition and recording of such incidents.

Although mechanisms like protection protocols and mental health referrals existed, the absence of a unified strategy, inconsistent documentation, and a reactive culture limited the establishment’s ability to provide consistent, person-centred support to those affected by bullying or harassment.

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

Rating: Generally Acceptable

The establishment had a formal alarm response protocol outlining primary and secondary responder roles. While most staff knew of its existence, few could clearly describe its details. Despite this, alarm responses were well-coordinated, with swift action and no areas left unsecured.

The staff alarm system was outdated, exceeding its 10-year lifespan, leading to reliability issues such as low battery performance and non-functional devices. However, faulty alarms were well-documented, and a clear maintenance process was in place to mitigate risks.

Alarm testing records revealed poor practice, with a four-month gap in residential area testing, linked to weekend patrol shift pressures. This, combined with system deterioration, raised concerns about reliability.

The Incident Command Team (ICT) structure was clearly defined and mostly staffed, with two vacancies being actively filled. The Command Room was seen to be activated during a live incident and functioned effectively.
Contingency plans were accessible via SharePoint and in hard copy, ensuring staff had guidance during incidents.

In summary, while alarm responses were effective in practice, improvements were needed in staff understanding of protocols, system reliability, and consistent testing. The ICT structure was robust, and contingency planning was well-supported. Enhancing training, upgrading equipment, and reinforcing testing routines would strengthen operational resilience.

**Desired outcome 18:** The alarm system infrastructure is reliable, and testing is consistent across all shifts.

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

Rating: Satisfactory

During the inspection, the Health and Safety Coordinator demonstrated a well-organised and proactive approach, with robust systems ensuring compliance with legislation. Accidents were reported appropriately, and a live, actively maintained action plan was in place.

Regular inspections were conducted, and documentation was accurate and current. The coordinator provided direct support to FLMs, especially those who had not yet completed the required training, only 50% had done so.

While the system functioned effectively, training gaps remained amongst newer FLMs. Continued support and targeted training are needed to ensure consistency and confidence in health and safety responsibilities.

The establishment showed strong commitment to health and safety, with effective coordination, clear structures, and a culture of continuous improvement. Addressing remaining training gaps will further strengthen operational delivery.

Foreign nationals that could not read English were identified at admission and fire evacuation instructions were placed in the person's cell in their native language. On sampling a selection of cell doors of foreign national's cells they were displayed however on sampling cells of English-speaking occupants there were either no fire notices, or they had been vandalised,

**Good practice 5:** Support for FLMs not trained in H&S.
**Desired outcome 19:** All FLMs are trained in H&S.
**Desired outcome 20:** All cells have fire notices in appropriate languages.

**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 undertaken and observed in line with SPS Rule 91 of the Prisons and Young Offenders Institution (Scotland) Rules 2011 and Standard Operating Procedures (SOP SO47 Use of Force and SOP SO59 Use of Soft Cuffs). All UoF forms were checked and signed by the Head of Operations. A random

sample of UoF forms were checked. Narratives and explanations of removals were of a high quality and level of detail. All indicated the appropriate level of force was used and there was good evidence of soft cuffs being used in accordance with the SOP, together with rigid cuffs being used proportionate to the level of violence being perpetrated. Following each removal, there was evidence of the prisoner being checked by a member of the NHS medical team. There was evidence of planned removals being recorded by hand-held video. The use of body worn video cameras was still a pilot with limited availability across the establishment. The pilot commenced in March 2024 and was still ongoing and subject to national evaluation. However, its use enhanced the protection of staff from false or malicious allegations and allowed staff to demonstrate the highest levels of professionalism and standards throughout planned and unplanned C&R deployments. The Security Unit stored all camera evidence and productions relating to incidents, and these were quickly downloaded via a USB memory stick for Disciplinary Hearings, or for Violence Reduction meetings.

The prison reviewed all violent incidents under the VIRS within 72 hours. A random sample of 'VIRS' documents were checked and found to be of a good standard, although there could be better adherence to the 72-hour timescale. The prison also had monthly Violence Reduction Meetings to review incidents of violence with input from the IMU. In addition, there was a monthly Tactical Tasking meeting. These meetings were held two weeks apart. They were attended by the Governor, Deputy Governor, Head of Operations, Unit Managers, and IMU staff. This process was not observed during the inspection, but minutes of the Tactical Tasking Meetings and Violence Reduction Meetings were thorough. Despite these measures, incidents of violence had increased month on month (apart from March and April 2025) in comparison with the corresponding month of the previous year. This was a concern for the prison, and a range of challenges were identified, including high prisoner numbers, cell sharing, the number of Organised Crime Group nominals in custody, together with enemies and mixed regimes, the introduction of illicit substances and staff shortages. To try and combat the levels of violence, the establishment had implemented further violence reduction measures. The process was applied when there had been incidents of in-cell violence in a particular part of a hall. This effectively meant that all prisoners in the section were still offered evening recreation, however, if they did not want to participate in recreation out with their cell, they were locked up for the evening. The establishment considered that this helped to prevent bullying and other subversive behaviours and provided an element of safety to those who would rather remain in the cell without unwelcome in cell interactions from other prisoners.

During the inspection, a Critical Incident Learning Review (CILR) was held to review a recent hostage taking incident. The CILR was facilitated by the Governor, with effective attendance from staff, including NHS and psychology, who were all involved in the incident. The Governor provided a clear overview of the incident, and the group broke up into sub-groups to discuss what went well and what they could improve. The outcomes were all fed back and an action plan was taken. Overall, it was concluded by the group that the incident was well managed. There were no injuries to staff, and they managed to negotiate a successful outcome to a serious incident. The effect of the CILR motivated the staff and a great deal of learning was

achieved for staff on the ground about other considerations that were going on at Command Room level.

**Desired outcome 21:** A reduction in violence is achieved through targeted violence reduction strategies and incidents of violence being consistently monitored and reviewed.

**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 was affected, with humanity and in accordance with the law. The focus was on reintegration as well as the continuing need for access to regime and social contact.**

Rating: Satisfactory

The SRU at HMP Low Moss had 12 cells with integrated sanitation. There was also an unused special cell. The SRU was clean and well run. An effort had been made to brighten the concrete cages which constituted the exercise area with murals painted and some patches of green behind the metal grilles. There was a small satellite gymnasium and reading materials available. Prisoners also had access to TVs in cell, unless removed because of a punishment imposed by a Disciplinary Hearing.

Staff in the SRU were knowledgeable about those in their care and had a good understanding of the rules and case conference processes. All prisoners were provided with a copy of a Prisoner Information Booklet on admission, which set out the regime in and privileges within the SRU.

At the time of the inspection, there were 10 prisoners held in the SRU under rule 95 conditions. All case files were noted on PR2. The files held self-representations made by each prisoner, case conference minutes and appropriate approval of the rule. Each case had activities identified for the prisoners within the area, including access to education materials in their cell, access to visits in the main visit room and the use of the satellite gym. The longest person removed from association in the SRU was just over three months.

A Rule 95(11) case conference was observed, chaired by a Unit Manager. The discussion focused on the reason the prisoner was located within the SRU and the steps to safely reintegrate the prisoner back into general association. The prisoner's views were taken into consideration, and a clear management plan was put in place and discussed with the prisoner.

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

Each prisoner in the SRU was visited daily by a Unit Manager. There was also a process to request to see a Chaplain who attended the SRU regularly. The Mental

Health Team and GP, where required, also visited the SRU on a weekly basis if there were prisoners located in the SRU who were on their caseload.

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

During the inspection, there were also several prisoners removed from association under rule 95 in the Halls. On 25 August 2025, there were thirteen prisoners in Clyde Hall and nine prisoners in Kelvin Hall removed from association. In addition, there were two prisoners on MORS, where Rule 95(1) was also applied as legal authority for restricting association. Whilst the prisoners on MORS were not given access to exercise due to health concerns, there was no consistent record of exercise being offered to those individuals removed from association in the Halls and whether exercise was accepted.

**Desired outcome 22:** Exercise is consistently offered to prisoners removed from association in the halls and confirmed through effective record keeping.

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

Rating: Satisfactory

Disciplinary hearings were held in the SRU. The room was adequately sized and there were two attending officers, together with an FLM. The hearings are adjudicated by a Unit Manager. Samples of misconduct report paperwork were completed correctly and provided to the individuals sufficiently in advance of the hearing.

A hearing was observed, and it was well-organised, fair, transparent, person-centred and conducted with empathy and in line with the SPS policy and guidance. The Adjudicator fully understood the process and was given the paperwork at the start of each Disciplinary Hearing. The Adjudicator provided a clear overview of the process to the individual and confirmed their understanding. He was mindful of the individual, ensuring the process was individualised and person-centred. He ensured the individual understood the charge and their rights and gave them an opportunity to enter any plea in mitigation. Where a punishment was the outcome, the Adjudicator considered behaviours and mitigation. The appeal process was explained to the individual at the time of the hearing outcome.
A copy of the guidance was available at the hearing if required. There was also a telephone translation service available for people who do not understand English.

A prisoner was interviewed following a hearing and said that he found it to be fair, and he felt listened to and supported.

There was a misconduct report sheet available to record the outcomes and updated on PR2. An audit of the hearing paperwork was completed and there was good,

detailed information within each section of the paperwork. Paperwork was stored securely.

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

Rating: Satisfactory

At the time of the inspection, five individuals were subject to Special Security Measures (SSM), two within the SRU and three within the halls. The Head of Operations had a good knowledge and understanding of the process and the prisoners concerned. Each area where SSMs were in place had hard copies of the documentation which were also uploaded to PR2. It clearly described the additional measures applied to the prisoner's management, as well as the background and rationale for imposing SSMs. The documents were signed by a senior manager and reviewed within the appropriate timescales. The documentation for three out of the five individuals was looked at and found to be in order. Staff also evidenced a good understanding of the SSMs.

All prisoners subject to SSMs were required to have their cell searched weekly and recorded on PR2. The cell search history was checked for those on SSM and found to be in order. Overall, robust processes were in place to ensure safe monitoring of those on SSMs.

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

Rating: Satisfactory

The prison had a number of SOPs to support several types of searching, including routine cell, rubdown, body, vehicle, and area search. These SOPs were detailed and supported staff in conducting the appropriate search. Overall responsibility for searching sat with the Head of Operations. However, as in all prisons a significant amount of searching activity was conducted by staff in other functional areas. The Security Unit conducted searches throughout the establishment and oversaw area searches. Cell searches were conducted by residential Staff. The establishment's searching practice was also supported by the National Tactical Search Unit (NTSU). Inspectors were unable to observe any area searching during the inspection, or screening with search dogs. However, it was understood that the NSTU frequently attend the establishment to assist in searching activities.

The establishment had a process in place to ensure compliance with the Routine Cell Search SOP to ensure that cells were searched at least once in every three months. Inspectors were unable to observe any cell searches during the inspection as all routine cell searches had been competed for this period. A PR2 report for all halls was obtained. The parameter of the PR2 search was 'any cells not searched since 1 May 2025', to capture those cells that had not been searched in a three-month period. The PR2 confirmed that cell searches were mainly conducted as per the SOP. However, the PR2 report identified that there were three cells that had not been searched within the period, or the searches have not been recorded on PR2.

According to the pre-inspection survey findings, only 35% reported getting a reasonable explanation why they or their cell was searched. We would urge the prison to ensure that all prisoners are informed of the reason prior to a search taking place.

Prisoner movements out of the hall were observed in both halls and this was seen to be organised and conducted to a high standard, in accordance with the SOP. All prisoners moving from one area to another were subject to a rub down search and walked through archway metal detectors, alongside an FLM using a handheld metal detector prior to leaving the area.

Searches on prisoners being admitted, escorted to court/hospital and liberation were observed. The area was orderly and managed. All searches were conducted as quickly and decently as possible, and in accordance with the SOP. In addition, the prison made effective use of the body scanner machine to search prisoners on admission, following receipt of intelligence or reasonable suspicion that an item was being concealed inside an individual's body, which could not be identified by any other method.

**Desired outcome 23:** All searches are conducted effectively, and prisoners are always informed of the reason for it.

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

Rating: Satisfactory

On admission, prisoners had their property checked and it was then logged onto their own individual property cards. Valuables were logged and placed into a sealed bag. The seal number was then logged on the property card and valuables were stored securely. Prisoners checked the property card and signed for all items.

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

The pre-inspection survey findings advised that 73% of respondents felt that the system for accessing personal property worked badly. However, reception management considered that there was an effective system in place and prisoners could request to be taken to reception at the weekend to exchange, uplift or return

property. Reception passmen also considered the process to be robust. Inspectors agreed that the system was effective, but work is needed to improve prisoners' confidence in the system and understanding of why it takes longer to access property than they might wish

There were SOPs for the processing and management of PPC. Individuals interviewed were satisfied that cash was processed efficiently. Prisoners' families were also able to send money into their loved ones via the online banking process.

**Desired outcome 24:** In the next pre-inspection survey, the majority of prisoners are satisfied with the system for accessing personal property.

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

Rating: Satisfactory

The national contract with GEOAmey handled most external escorting of prisoners. The prison had a detailed SOP to manage escorts and emergency escorts for such times when the prison was required to facilitate an escort service.

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

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

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

Rating: Generally Acceptable

The 2022 HMIPS report recommended that the prison introduce a dedicated and staffed drug testing facility to support a wider range of drug testing and enable analysis of substance prevalence. This had not been fully addressed.

The prison had a dedicated MORS section and four MDT trainers across the establishment, with a total of fourteen staff trained in MDT processes. There was no dedicated MDT Team to monitor requests and ensure prisoners could build a negative MDT history where relevant to support their progression journey. MDTs also provided valuable information to the Public Protection Unit (PPU) as well as harm reduction discussions via Multi-Disciplinary Addictions Meetings, and disciplinary hearing outcomes focused on harm reduction.

All drug testing was conducted by trained residential officers in facilities located within the residential areas. The staff interviewed were suitably trained on the MDT process and appeared knowledgeable about the process. However, in the absence of a dedicated team, this was regarded as a secondary duty, and as a result MDT tests were not carried out on all statutory prisoners at least annually and in line with individual management plans i.e. frequent testing programmes or suspicion testing. In addition, there was no process for gathering information for analysis of drug prevalence or area hotspots.

The number of tests conducted, their purpose and the results were recorded on a spreadsheet for analysis and comparison. The process was overseen by an FLM. However, the statistical information suggested that during the period January to August 2025, 96 drug tests were completed in Clyde Hall and only 14 in Kelvin Hall.

**Desired outcome 25:** Risk assessment, addiction recovery and progression related activities are supported with a dedicated drug testing facility.

**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

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

Residential staff were observed screening prisoners as they left the accommodation area in a controlled manner. Checks were then performed to confirm locations of all prisoners and to count those remaining in the residential halls. There were walk through metal detectors in most activity areas which were used effectively when prisoners returned to the residential areas. Good control of movement through the walk-through metal detectors was observed in the industries corridor, and any activations were investigated using rub down searching. Property carried by prisoners to and from activity areas was kept to a minimum and screened using an x-ray machine. There were FLMs monitoring the route at various locations, one of whom had overall responsibility for co-ordinating movement.

**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

The prison had several SOPs to ensure that the monitoring of the prisoner perimeter, activity through the vehicle gate and for searching of buildings and grounds are effective.

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

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

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

There had been an increase in the use of drones to smuggle illicit substances into prisons. The prison was fully aware of the risks posed by drone technology and taking appropriate action to counter it. The development of a Drone Trigger Plan with the Police and good response times from the Police represented good practice.

**Good practice 6:** The ‘Drone Trigger Plan’ and good Police response times represented good practice.
**Desired outcome 26:** Continued investment in anti-drone technology supports efforts to prevent the entry of illicit substances.

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

Rating: Satisfactory

Next of kin information was collected when people arrived at the prison. In most residential areas there was a proforma that prisoners could complete to update this information at any time, and notices were displayed to remind them to keep these details up to date.

There were clear procedures for how important or sensitive information was shared between prisoners and their families, and staff were aware of and followed these procedures. As part of this process, prisoners were asked what personal information they were comfortable sharing with their family members, respecting their privacy.

When prisoners received unwelcome news, such as a death in the family, it was delivered in a private and respectful manner. Staff followed up on the prisoner's welfare afterwards, with checks and offers of support from the Chaplaincy Team or access to a Listener. Increasingly, prisoners received this type of news directly through their in-cell phones or after being contacted by family asking them to call home. In these cases, if staff were made aware, the same care and support were provided.

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

Rating: Generally Acceptable

In the pre-inspection survey, only 50% of prisoners said they were treated with respect by staff all or most of the time, which was significantly more negative than the prison's comparator group at 63%. Many prisoners used the survey's free text section to raise issues about staff behaviour. While a few positive comments mentioned respectful treatment, most were negative. Some prisoners described experiences of bullying, violence, verbal abuse, and a lack of support. Over 10% of comments specifically described staff using physical or verbal aggression. There was evidence that, when reported, unacceptable behaviour by staff was investigated by the prison.

Despite the survey's results, inspectors witnessed positive interactions between staff and prisoners during the inspection week. It was clear to see that the residential staff group were under pressure to deliver the regime and provide prisoners with their entitlements. The high prison population, mixed category halls, and cancellation of activities and work due to staff shortages further stretched staff capacity, reducing opportunities to build relationships and contributed to rising tensions between prisoners and staff. Staff reported that relationships were better in Clyde Hall, which housed longer-term and more settled prisoners, whereas Kelvin Hall, home to untried, short-term, and displaced protection prisoners, experienced higher levels of tension, violence, and drug use. It was common practice for staff to congregate at the staff desk when prisoners were out of cell rather than be on the halls. The grille gates being shut created a distance between staff and prisoners. Staff tended to shout down the halls to prisoners and prisoners were often standing at the grille gates trying to get the attention of staff.

Residential staffing shortages and inexperience were a daily concern that also affected staff/prisoner relationships. Around 20% of residential staff had less than two years' experience, and 50% had less than five. Staff shortages were addressed by moving staff from other parts of the prison, but this created gaps elsewhere resulting in activities having to be cancelled and inconsistencies and further inexperience in the staffing group. Over reliance on bringing in less experienced staff from elsewhere in the prison placed additional pressure on the experienced staff and reduced the time they had to speak with prisoners and affected relationships. Inspectors were concerned about a harmful view expressed by some staff, blaming offence-protection prisoners for the pressures the prison was under, because the prison was not originally intended to hold them.

IPMs observed good staff/prisoner relationships but acknowledged a minority of incidents where staff had behaved poorly. When reported, they said incidents were promptly addressed by senior management. IPMs also noted that prisoners' lack of confidence in the complaints process damaged trust and morale, sometimes escalating minor issues due to how complaints were handled by staff. See QI 5.7 for more about the complaints process.

Seventy-five percent of prisoners said they had a personal officer, which was higher than average, however only 43% found them helpful, which was significantly below the prison's comparator group. Staff reported that continuity was maintained by keeping the same personal officer when prisoners moved within levels, and prisoners were recently informed of their personal officer by letter. However, staff were not given sufficient time or support to perform personal officer duties effectively, with many completing more time-consuming tasks such as Risk Management Team (RMT) reports during their breaks.

**Desired outcome 27:** In the next pre-inspection survey, a higher percentage of prisoners' report being treated respectfully by staff.

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

Rating: Satisfactory

There was sufficient private space on the residential halls for staff to hold confidential one-to-one conversations with prisoners, and both staff and prisoners confirmed these spaces were used for this purpose.

Prisoners were informed about data protection during their induction. Staff were aware of the procedures for reporting information security breaches and handling Subject Access Requests, supported by relevant guidance. Over the past year, three incidents had occurred where prisoners' personal information was shared incorrectly, and all were properly investigated. Subject Access Request forms were available on the halls, and since April this year, 99 requests had been received. Although two responses were delayed, these delays were justified. The workload pressure on the business improvement manager responding to these requests was significant, and the prison had submitted a business case for additional resources to support this work.

Documents containing confidential information were kept out of prisoners' view, and the privileged mail process-maintained confidentiality.

When locked in their cells, prisoners could contact staff using call buttons, which functioned well and were checked daily as part of cell certification. Any issues with the call systems were promptly reported and repaired. Prisoners also had access to a safe in their cell to securely store confidential information.

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

Rating: Generally Acceptable

Throughout the residential areas, staff were clearly working hard to deliver the regime, and many prisoners had access to most of it, including daily recreation. However, the prison environment was under significant strain due to staff shortages, high prisoner numbers, and the need to mix prisoner population in the same sections and levels. Prisoners, staff, and IPMs all reported frequent cancellations of activities such as gym and work due to insufficient staffing on the residential halls and the need to bring activities staff in to cover. This unpredictability affected prisoners' daily life and contributed to frustration, particularly amongst the prisoners who were most affected and being placed on a restricted regime.

The prison was reliant on staff overtime and redeployment from other areas to maintain basic operations. Staff fatigue was evident, and the numbers willing to work overtime were declining. While there was a staff shortage protocol in place to ensure minimum coverage, there were often insufficient staff on the hall, especially during peak periods. Staff reported working through breaks and struggling to manage basic duties, and inexperienced and inconsistency in the staff allocated to halls adding to the challenges in regime management.

The prison was experiencing difficulties managing the volume of prisoners under the influence of illicit substances, who presented increased safety risks which further affected the regime.

A population swap was underway, transferring 50 protection prisoners to another prison in exchange for 50 remand prisoners, in an attempt to stabilise the regime by grouping similar categories of prisoners. However, this was likely to be a short-term solution, as the prison will continue to receive new protection prisoners every week, meaning Clyde Hall will likely reach capacity again and result in an overspill back into Kelvin Hall.

The regimes for protection prisoners, particularly those in Clyde 1 and 2D, were most affected, with only one hour of education per day, gym often cancelled, recreation moved to the afternoon and therefore an early lock up for those in Clyde 1 and no work options for those in 2D apart from pass duties. In Kelvin 2C, a timetable clash on a Friday forced some to choose between education and gym. Three protection prisoners in Kelvin 3, which was a short-term prisoner (STP) section, had little to no regime. They were offered exercise every day and occasional time out of cell during gaps in the STP regime and when staffing allowed it. Meals were eaten in their cells.

Most prisoners were aware of what the daily regime should be as it was displayed in the hall, although it often changed at short notice. Clyde Hall, which housed more settled prisoners, was observed to be calmer and more orderly than Kelvin Hall, home to untried, short-term, and displaced protection prisoners, experienced higher levels of tension, violence, and drug use. The need to manage multiple regimes and prisoner types in a specific location continued to stretch staff capacity to ensure an orderly environment and disrupted consistency.

Staff were making considerable efforts to maintain daily regimes and inspectors heard from long-serving staff that conditions were the worst they had seen. The current environment, while functioning on a basic level, lacks the predictability and stability expected under international standards such as the UN Nelson Mandela Rules (Rule 42) and the CPT Standards (Section II), which stress the importance of a structured, fair, and safe daily regime in custodial settings. This requires urgent review to ensure a more equitable and sustainable approach to managing prisoner regimes and upholding their rights.

**Desired outcome 28:** The prison has sufficient staff for the prisoner population to ensure an orderly and predictable environment.

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

Rating: Generally Acceptable

In the pre-inspection survey, 71% said they were not consulted about important issues, a figure significantly more negative than comparable prisons. Only 11% believed their opinions were sought and acted upon.

Prisoners who attended national induction and/or were given the prison local induction booklet were told about the purpose of PIAC meetings. PIACs were taking place regularly across both halls for all prisoner categories, including additional meetings for foreign nationals with translators present, and with Chaplaincy and canteen staff. A full PIAC schedule for 2025 was in place and meetings were mostly held on time. FLMs confirmed that PIACs were well established and minutes from meetings were displayed on noticeboards in most residential areas. There was evidence that minor changes were made because of these meetings. However, awareness among prisoners remained low, suggesting that the outcomes of these meetings were not being effectively communicated. To improve engagement and transparency and improve on the results of the survey, the prison might want to consider the good practice identified at HMP & YOI Polmont where there were suggestion forms in the document holders on the wall in residential areas, giving prisoners the opportunity to put forward items for discussion at future PIACs. The prison could also include an update on the previous meeting actions in the minutes so that prisoners can clearly see the changes that are taking place.

Noticeboards across the prison had been refreshed in advance of the inspection and included up to date information on available services, recent changes to processes, and some information in other languages. Clyde Hall had more consistent information displayed than Kelvin Hall, where key documents such as PIAC minutes and the complaints process were missing in some areas. Staff knew how to access translation services, and usage had increased ahead of the inspection to ensure that key information was accessible to those who do not speak English.

The prison radio station also supported communication by displaying visual messages to quickly share important updates and forthcoming events. The prison's Common Good fund was currently running at a loss and events such as food theme nights that were appreciated by prisoners had ceased. This reflects a broader national issue with reduced profits from prison canteens.

**Desired outcome 29:** In the next prisoner survey, prisoners feel better consulted with about issues that affect prison life and that their opinions are acted upon.

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

Rating: Generally Acceptable

Prisoners were given key information about their rights and how to access legal representatives if they attended national induction or were given a local induction leaflet. Local induction leaflets, available in multiple languages, explained how to contact legal representatives, make complaints, and access the prison rules. The prison rules were available on every hall and newly published accessible versions were available at staff desks. Complaint forms were freely available in all sections. Posters outlining entitlements and privileges, translated into several languages, were displayed throughout the prison.

Staff were familiar with how to use interpretation and translation services, which were used regularly. However, recent minutes from a Foreign National Prisoner PIAC raised concerns. They showed that some foreign national prisoners were only provided with basic entitlements, such as monthly international phone calls and access to religious materials, because of the meeting, rather than being facilitated upon arrival. The prison must ensure foreign national prisoners are clearly informed of their rights and entitlements on arrival.

Staff reported taking time to explain procedures to those with low literacy or learning difficulties.

Legal texts were available in the prison library, and prisoners were informed about data protection and how to access their personal information during induction. When foreign nationals were taken into custody, the relevant Embassy or Consulate were notified. The agents' visit area, used for legal and external professional visitors, was well managed and provided private, timely access to legal representatives both in person and virtually. Four dedicated staff oversaw this process and ensured it ran smoothly, supporting prisoners' right to confidential legal consultation as protected under international human rights standards.

**Desired outcome 30:** There is equal access to entitlements for all foreign national prisoners.

**5.7 The prison complaints system works well.**

Rating: Generally Acceptable

In the prison survey, 86% of prisoners reported that the complaints system worked badly or very badly. This was consistent with comparator prisons. While prisoners were informed about the complaints process during induction and through posters in most residential areas, confidence in the system was low. Complaint forms were freely available on all halls, but prisoners expressed frustration that PCF1s were either destroyed by staff or went missing without resolution, leaving them feeling ignored and disillusioned. This had contributed to a widespread belief that complaints were not taken seriously and was negatively affected relationships between prisoners and staff.

The prison introduced a new complaint recording process in July. PCF1 forms must now be logged in a book, which is signed by the prisoner and a reference number allocated and noted on the PCF1. The purpose of this change was to prevent staff from resolving and then destroying PCF1s without passing them to a FLM. Staff were aware of the new process. However, the prison should consider introducing a process to allow prisoners to submit complaints confidentially, without having to approach a member of staff. Some prisons facilitate this by installing secure complaints boxes on each hall that are emptied daily by FLMs. Ensuring that the system works effectively and was trusted by prisoners is essential for maintaining fairness, accountability, and good staff-prisoner relationships.

Since January, the prison had received 290 PCF1 complaints. The most common issues were property, the physical environment, transfers, food, and progression. Complaints had increased steadily since February and July was the highest figure in three years, which aligned with the introduction of the new logging system. A sample check found most responses were timely and thorough, with FLMs seeking additional information from other areas of the prison to provide accurate replies. When delays occurred, apologies and explanations were given. However, the prison did not monitor PCF1 response times to ensure compliance with the time limits.

There were 254 PCF2 complaints received in the last six months, but only 32 met the criteria. The rest should have gone through the PCF1 process. Despite this, the Governor responded to all with signposting letters. Of the 254, the most common complaint topics were property, complaints about staff and the complaints process itself. The high volume of misdirected PCF2s supports the reported lack of confidence in the PCF1 system.

The prison's complaints guidance for staff, SOP 021, was out of date and requires review to ensure that all staff follow the correct procedures. Posters on the halls also need to be updated to reflect the revised process introduced in July.

**Desired outcome 31:** Prisoners can submit complaints confidentially**,** receive acknowledgement and timely responses**,** and trust the process, ensuring compliance with international standards on fair treatment.

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

Rating: Generally Acceptable

Prisoners were able to call the Independent Prison Monitor (IPM) service freephone number when needed via their in-cell phone. However, awareness of the IPMs' role was limited. In the prisoner survey, only 48% of prisoners said they understood what IPMs did, and just 37% knew how to contact them. These results are in line with other prisons. Prisoners spoken to during the inspection knew about the IPM service but were often unclear about their monitoring role. To help improve this, the SPS national induction slides now included information about IPMs, and this should be included in the local induction booklet provided to new prisoners.

Although most prisoners reported they had never tried to contact an IPM, of those who had, 37% said the service was helpful. Meanwhile, 41% found it unhelpful or said they were unable to make contact. The IPM freephone number is included on in-cell phones, and 124 requests were received by IPMs last year, with another 67 so far this year evidencing that the service is used. However, HMIPS will look at how we can improve the views of prisoners.

Staff were aware of the existence of IPMs but not always of their core function. This mirrors feedback from the IPM service, which found staff often assumed IPMs were there simply to help prisoners rather than to conduct independent oversight. Posters advertising the IPM service were not consistently displayed throughout the prison, and this should be addressed to ensure the service is visible and accessible to all.

IPMs confirmed that they had full access to the prison and that staff were helpful and cooperative. Improving awareness of the IPM service among both staff and prisoners is key to building confidence in independent oversight and ensuring prisoners' rights are upheld.

**Desired outcome 32:** In the next prisoner survey and inspection, prisoners and staff have a better understanding of the IPM service.

**6.1 There was 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 was encouraged.**

Rating: Poor

Overall, there was a sufficient range of employment opportunities for all prisoners who were eligible for employment. Waiting lists for work parties were typically short and waiting times were reasonable. However, many prisoners chose not to work, and their participation was not actively encouraged by prison staff.

The prison offered work parties in laundry, catering, painting, waste management, gardens, industrial cleaners, timber workshops, radio station and pass duties. Other work parties such as the hairdressers either ran infrequently due to staff

redeployment, had been discontinued or the facilities had been remodelled for other purposes.

Recruitment of appropriate prisoners to low category work parties was challenging, as many were being transferred to other establishments. The prison was proactive and pragmatic in resolving this issue. However, some essential work parties ran regularly below operational levels.

The employment opportunities offered were of a high quality and were managed well by prison staff, who maintained workshops and facilities effectively. Prison staff supervised the work parties well, ensured induction documentation was kept up-to-date and followed relevant health and safety practices.

Most work parties had the appropriate facilities, equipment and staff experience to deliver vocational training. However, vocational training opportunities had not been offered since before the COVID-19 pandemic. The prison had taken the decision to stop vocational training for all prisoners in work parties, despite a recommendation in our previous inspection report that they should seek to increase such opportunities. Prisoners were unable to achieve any recognition or qualifications for the vocational skills they gained which may have been useful on liberation such as vocational qualifications in hairdressing, painting, and decorating, plumbing and waste management. Formal training for essential operations such as food hygiene in the kitchens and industrial cleaners was irregular and inadequate. Opportunities to increase prisoners' employability on release were being missed. With employers willing to employ ex-offenders, prisoners liberated with certification and work experience would be more likely to be employed than non-ex-offenders who need training and experience.

Overall, the range of work parties matched the abilities of prisoners, and the needs of older and less able prisoners were taken into consideration. However, prisoners were not consulted about their interests, and most tasks were highly repetitive.

The prison proactively reviewed the schedule of employment opportunities available for prisoners to maximise the availability of work across the prisoner population.

**Desired outcome 33:** All prisoners will have the opportunity to gain vocational qualifications relevant to employment on their release.

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

Rating: Generally Acceptable

The wage policy was clear and made available to prisoners at the staff desk on every landing. This included a list of work parties and their wage rates, which helped to inform prisoners of the employment opportunities available. However, many prisoners were not aware of how to apply for a work party, especially foreign nationals and they resorted to word of mouth. Most prisoners were unaware of the

process to change their work party. The knowledge of personal and residential officers around work applications was inconsistent.

New prisoners were advised of the opportunities for employment during their induction. Prison staff used the core skills screening process effectively to identify prisoners interested in employment. Work party options were discussed with the Links Officer who nominated prisoners for screening at the Purposeful Activity Allocation Board each Friday. Overall, this process worked well.

Prisoners did not have routine opportunities to participate in meaningful discussion around the choice of work party or discuss their skills and learning objectives. The selection of prisoners for employment was almost exclusively based on the need to run essential work parties and there was no balance between the needs of the establishment and needs of prisoners.

Participation rates in work parties were highly variable with some as low as 30%. Essential work parties, and particularly the painting work party, had better participation rates. Overall, prisoners attending work parties did not engage in their activities with enthusiasm.

The prison monitored and reviewed work party allocation on a regular basis but were not proactive in mitigating the impact of low prisoner attendance and the frequent closure of work parties due to staffing shortages. In the previous month, around fifty work party sessions had been cancelled in both the morning and afternoon, due to eighty staff redeployments for security duties.

**Desired outcome 34:** All prisoners are supported to engage in employment opportunities that match their skills and learning objectives.

**6.3 There was 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 was encouraged.**

Rating: Generally Acceptable

The Education Centre provided a welcoming and relaxed environment for prisoners to engage in learning. Prisoner participation in education was encouraged during the prison induction process and through the four prison peer mentors. Education Centre staff ensured that prisoners who wanted to engage in learning, could do so quickly.

All prisoners who attended the Education Centre undertook an education induction. Education staff delivered these inductions well, providing effective support to prisoners and helping prisoners to find appropriate learning programmes. During the education induction, prisoners completed an online assessment to assess their core skills, identify learning support needs, and to set learning goals and employability targets.

There was a good range of Scottish Credit and Qualifications Framework (SCQF) levels 2 to 6 accredited programmes and non-accredited classes for most prisoners. These covered subjects such as Core Skills, English, Maths, Personal

Development, Employability, Art, Modern Studies, English Speakers of other Languages and Creative Writing. All prison populations had access to the Education Centre, however changes to the prison regime had reduced the number and length of sessions. Protection prisoners had shorter sessions in length compared with other prisoners. Prisoners made good use of self-directed in cell learning packs. Seven prisoners were making good use of distance learning to gain higher education (SCQF level 7+) qualifications through the Open University.

Educational activities covered an appropriate range of abilities and interests. However, attendance was low, and not all sessions were planned effectively to ensure prisoners time spent in the Education Centre was maximised fully. A few prisoners undertaking higher education programmes reported limited access to computers and quiet spaces to study in the Education Centre.

Education staff were not receiving the detailed reasons why prisoners did not attend their allocated session from SPS. This data was intended to inform education on what improvements they could make to their programmes and services. During the inspection, this procedure was reinstated.

Almost all prisoners valued their relationships with the education staff. However, education staff relationships with most other prison services were limited. Improving relationships with other prison services, such as the library and work parties, may increase the range and quality of education opportunities for prisoners.

Some prisoners were successful in achieving Koestler Awards and took part in the Connections Exhibition 2025, which was a national art exhibition in partnership with Glasgow University.

**Desired outcome 35:** All prisoners are encouraged and supported to attend education.

**6.4 There was 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 was encouraged.**

Rating: Generally Acceptable

The prison provided a fitness area in each residential hall, comprising of a small number of cardiovascular machines and an exercise mat, improving the physical activity opportunities for almost all prisoners. Prisoners made effective use of these areas.

The Physical Education (PE) department had well-equipped sports and fitness facilities. The gymnasium focused on cardiovascular exercise, strength, and fitness training, and these were supplemented by a separate sports hall and an all-weather area.

All prisoners participating in physical and health activity in the PE department completed an induction which included a pre-activity readiness questionnaire to determine any potential risks of exercising, based on their personal health history. Prisoners signed a prisoner agreement, agreeing to the expected behaviour standards and the circumstances in which access to the PE department may be declined or restricted.

Around one hundred prisoners made good use of the PE sports and fitness facilities each day. They engaged enthusiastically in a variety of activities that matched the needs and abilities of most prisoners. These activities were designed to improve and maintain the physical and mental health of prisoners and included activities such as gym, circuits, indoor cycling, yoga, football, and racquet sports. The prison delivered a 'Pathways Support' programme for prisoners with mental health needs, however this was reliant on referrals, and had limited reach with only three prisoners participating.

There was no formal consultation with prisoners about the range of opportunities available to help plan activities more effectively.

The PE timetable often aligned with education and employment, providing all prisoners with access to sports and fitness activities, however a few clashes remained. A few prisoners had to choose between engaging in, education, employment, or physical activity. Changes to the prison regime had reduced the number and length of sessions. In addition, Physical Training Instructors (PTI) were regularly redeployed during morning sessions and over the weekend to residential areas. These factors significantly reduced access to sports & fitness activities for prisoners and impacted most on protection prisoners.

PTIs had organised a number of physical and health related events such as, 'Men's Health, Fitness Race HYROX and Street Soccer. However, due to the recent redeployment of PTIs, these had become more challenging to offer. PTIs delivered a podcast in nutrition through the prison TV channel, however offered no accredited physical or health education training to prisoners.

**Desired outcome 36:** All prisoners have equal access to physical and health educational activities with accredited qualifications.

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

Rating: Generally Acceptable

The prison library, located in the Links Centre, provided a welcoming space for prisoners. Every prisoner group had the opportunity to access the library during the week when visiting the Links Centre, with around one hundred prisoners visiting the library each week. When prisoner access to the library was restricted by the prison, there were clear processes in place to appeal this decision. The library provided good access for prisoners to information on their legal rights and safeguarding.

The library contained a broad range of both fiction and non-fiction. However, non-fiction books were dated, and the library had a limited stock of books and audio books for prisoners with a visual impairment. Foreign national prisoners had access to dictionaries, books and more recently newspapers, however these were limited in number and range.

Prison links with the local authority were limited and did not include inter-public library loans. This limited the books available to prisoners and meant that prisoners were not always able to get books they requested. The library had no DVDs for a prison population of over 800. Two residential areas had a small library of books and DVDs located within their halls; however other residential areas had no formal arrangements in place. The prison library offered very few activities for prisoners visiting the library and there was limited consultation with prisoners on the use, access, and stock within the library.

**Desired outcome 37:** All prison populations have access to a suitable range of decent quality library resources.

**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 was encouraged.**

Rating: Satisfactory

The prison offered a wide and varied range of cultural, recreational and peer support activities for prisoners. These included a combination of self-help and social events along with religious and pastoral care. The chaplaincy and prison staff proactively encouraged prisoners to participate in family events and support activities.

The prison had a comprehensive calendar of visits and events which offered a choice of around four activities each month, such as the celebration of world and calendar days, religious services, and external visits. Activities included song writing and a mini family concert in collaboration with the BBC, the Scottish Mental Health festival, author visits, book launches, Magnetic Theatre, and an awards ceremony.

The prison-based radio station was used effectively as part of a designated work party to publicise events, and as a platform for creative expression, education, and community engagement. The station won both bronze and gold awards at the Koestler Awards.

Managers used the prisoner voice well to consult on the planning of events, activities, and personal support, for example, noise cancelling headphones for several neuro-diverse prisoners,

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

Rating: Satisfactory

There was good uptake of exercise in the fresh air. During the inspection, exercise was observed taking place on numerous occasions with a significant number of prisoners in the exercise yards. Prisoners were usually offered their full hour of exercise but were allowed to come in early if requested such as because of inclement weather. When numbers of prisoners on Rule 95 on the halls were too great, the governor issued written notification that it would only be possible to offer 30 minutes of fresh air per day, rather than the statutory entitlement of hour.

Due to the population challenges, the prison had been operating several regimes on each level, resulting in exercise being offered to prisoners throughout most of the day. Staff reported that the multiple regimes and exercise times made the halls appear chaotic and caused them safety concerns around the risk of known enemies mixing with each other, although this had not occurred so far. During movement to and from the exercise yards, on occasion staff struggled with the volume of prisoners and reduced staffing numbers.

There were inconsistencies in how staff recorded prisoners on Rule 95s on residential areas being offered exercise. Four prisoners on Rule 95 in Kelvin 3 were interviewed and confirmed that they were offered fresh air. On the day observed, all prisoners in the SRU had been offered exercise, with four taking it. However, those on MORS were not offered exercise due to health concerns with related issues around the recording of that as indicated in QI 4.2.

**Desired outcome 38:** All prisoners can access their statutory right to an hour in the fresh air.

**6.8 Prisoners are assisted in their religious observances.**

Rating: Satisfactory

The Chaplaincy Team were passionate and operating well. The team were integrated into prison activities and attended prison management meetings. The team had positive relations with both prisoners and staff. They delivered bereavement counselling and the Sycamore Tree programme. This programme was well attended and received positive feedback from prisoners. The team was located within the central area adjacent to the Links Centre and had a large room used for internal and larger external faith-based meetings, prayers and gatherings as well as a smaller room used for one-to-one counselling, support and pastoral care

The team attended the halls and offered pastoral and religious care, alcohol and addictions recovery and responded to referrals from various sources. Roman Catholic, Reformed Church of Scotland and Muslim faiths services were well attended by prisoners and supported by volunteer and external organisations. They

supported staff as well as prisoners including support around deaths in custody and celebrating religious events linked to the multi-faith calendars.

Support from SPS HQ and other advisors ensured engagement with current processes and curricula. The team liaised with primary and mental health and the Links Centre to ensure the pastoral support they offered was appropriate to the prisoners' needs. They were also supported by several charitable organisations, with donations of money and other means which were used to improve the lives of the prisoners. This ensured the team had sufficient religious materials including books, leaflets and bibles, which were available in various languages and faiths

PR2 was updated where chaplaincy services had provided pastoral care which was good practice for the sharing of information.

**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

Several prisoners spoken to were positive about access to visits and their experiences. There was good professional partnership working between the two SPS Family Contact Officers (FCO) and Families Outside / Early Years Scotland, observed during the several visits and planned events attended during the inspection, ensuring every opportunity for positive and meaningful visits. It was clear that the FCOs were passionate about the work they did.

The Visit Room was a large room with capacity for thirty-six visits at any one time, with a partitioned area specifically for children to play and engage with their parents. There was evidence of a partnership approach to visits, specifically family and child visits offering a Fathers Programme, bonding classes, 'Healthy Dads, Health Kids' and All Mind Sessions, as well as many more including a family sports day and baby massage. There was a large outside recreational area where children and families could enjoy special quality time, although this was not observed being utilised during the inspection.

It was noted that the Visit Room was well-staffed during the inspection, but staff commented that they were first to be redeployed for external prisoner escorts and other operational matters, which frequently lowered the staffing numbers, and some staff raised safety concerns.

Child bonding visits took place Tuesday, Wednesday, Friday and Sunday and were advertised appropriately. There were no bonding visits for protection prisoners. Double visits were available but not widely advertised. Prisoners could request them and they would be considered at the manager's discretion.

There was evidence of focus groups having taken place to discuss what could be done to increase their uptake of visits.

**Good practice 7:** The excellent partnership working between the two SPS Family Contact Officers (FCO) and Families Outside/Early Years Scotland ensuring a good service for prisoners' families and every opportunity for a positive and meaningful visits.
**Desired outcome 39:** Prisoners are aware of the opportunity to request double visits, and bonding visits are available to all prisoner groups.

**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

Families and children were greeted by staff from Families Outside/Early Years Scotland who had a dedicated area offering advice, assistance and light refreshments and snacks. They also offered lots of literature and advice around support to families of prisoners, including links to wider charitable and government support mechanisms. including local foodbanks. They also offered a small onsite supply of clothing, essentials and food for families.

It was obvious that these staff were extremely knowledgeable and passionate about the work they do and have an excellent working relationship with the two SPS FCOs to ensure a natural progression into the main Visit Room area.

The family visitor centre and Visit Room were comfortable and welcoming spaces. There were lots of posters, leaflets and signs to advise families about financial, practical and emotional support available to them. The visitor centre was staffed around visit times.

There were children's facilities in the visit area including toys for young children and books for older children.

Staff raised a concern about a decision to dispense with the servery and replace it with vending machines, which would reduce the offer to visitors and prisoners, particularly children visiting. This was echoed by some of the prisoners and visitors who claimed the prices of the vending machines were too expensive for many.

Overall visitors spoke highly of their experience and how they had been treated by staff. They described being treated compassionately and respectfully.

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

Rating: Satisfactory

Virtual visits were taking place in a separate area, portioned into four rooms, adjacent to the main Visit Room and operated under the auspices of the SPS Virtual

Visit Guidance. The separate rooms provided adequate privacy to the prisoner and their visitor but still afforded the staff the ability to monitor these visits for security purposes. However, during the inspection only two terminals were being used due to doors having been damaged by prisoners for two of the rooms. Two prisoners spoken to made use of these visits to maintain family contact with those located outside the UK.

As well as access to the hall phones, email a prisoner scheme was available and was promoted in the establishment and in the visitor's hub. Prisoners also had the pin phone system in their cells to maintain contact with family members. These provided an alternative means of family contact. Accumulated visits, inter-prison visits and inter-prison phone calls were available in line with SPS processes.

**Good practice 8:** Moving the virtual visit area to four separate partitioned booths near legal visits ensured privacy and reduced background noise for prisoners using these facilities.
**Desired outcome 40:** All virtual visit booths are available for use.

**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

Eight prisoners were subject to closed visit conditions during the inspection. There were appropriate meetings, documentation and review processes in place. Responsibility for management of this process was at a senior level.

There was clear information sharing between the relevant teams, including operations and intelligence management to inform the decision-making process. Where closed visits had been used the reason was clearly documented and appropriate. Staff and management were well informed about the use of the closed visit process.

In addition, the prison made use of the banned visitors policy, with twenty-nine visitors currently subjected to banned visitor conditions. Again, there was clear information sharing between the relevant teams to inform the decision-making process. Where the banned visits policy had been used the reason was clearly documented and appropriate. Staff and management were well informed about the use of the banned visitor process. However, the number of times visitors had been turned away on arrival at the prison for a visit seemed high in comparison to other prisons so management should keep that issue under review.

There was no evidence of visits being withdrawn as a punishment.

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

Rating: Generally Acceptable

Staff shortages, staff absences, the loss of experienced staff, and the cross deployment of staff to the residential area from other parts of the prison resulted in the personal officer scheme not being delivered to its full potential. In light of the challenges in completing Generic Programme Assessments (GPAs) and accessing offending behaviour programmes to assess risk reduction (see standard 7) it is even more important that the personal officer scheme works effectively with appropriate personal officer input into ICMs and other casework management processes.

Links Centre staff were working with prisoners and other partner agencies and there were good working relationships.

At the time of the inspection, the prison was operating an effective Recovery Hub staffed by two dedicated staff located in a work shed area which was well-attended by prisoners. The staff had forged a wide range of professional and lived experience visitors and guest speakers which was delivering tangible results. Several prisoners spoke highly of the staff who ran the Recovery Hub and stated it was a life saver that had changed their lives.

The staff there had secured an industrial Barista Coffee Machine which provided therapeutic benefits as well as training in the use and maintenance of it. At one of the visits to the Recovery Hub, prisoners had set up a band and were harnessing their love of music.

The prison had a dedicated prison officer operating the Life Skills area, which offered support and guidance from a dedicated room designed as a bedsit, as well as a kitchen area adjacent to the main kitchens of the prison. Although capacity and numbers of prisoners who could attend were low, both prisoners and staff reported that it was making a real difference.

The prison had also recently begun to introduce Therapet dogs as part of their therapeutic and wellbeing programme, which was attracting interest from prisoners, specifically those with mental health and hard to reach conditions. There is scope to build on these positive developments and further increase the range of therapeutic interventions.

**Desired outcome 41:** An effective Personal Officer scheme and a wide range of therapeutic treatments support prisoners in their rehabilitative journeys.

**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 prison was following the SPS policy in respect of a targeted and enhanced approach to case conferencing, but this was not popular with staff or prisoners as they believed there was little to no contact with the prisoners who do not fall under the policy.

The prison had a Personal Officer scheme, but as reported in QI 6.13 above, it was not operating fully.

All prisoners spoken to that were managed under this system knew what it was and documentation on PR2 confirmed ICM meetings were taking place and onward referrals were being made. Family were invited to attend these meetings either in person or virtually.

Staff complained that it was rare to see Prison-based Social Work in the prison. Mostly contact was made via phone or MS Teams and this had a real impact on relationships with prisoners, as it was harder for them to build relationships of trust.

The overall feeling was that the ICM process was a tick box exercise due to relationship and staffing resource issues.

All prisoners had a plan for release and had contact with the Links Centre within the first few days of admission. Contact with Links Centre staff was clearly documented on PR2 record and the staff were well regarded by prisoners spoken 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: Generally Acceptable

RMT meetings were held fortnightly but staffing constraints, especially around prison-based social work, and the outstanding GPAs, Level of Service/Case Management Inventory (LS/CMI) and Programmes Case Management Boards (PCMBs), caused problems.

Due to staffing issues in the psychology team, and as part of a short-term recovery plan, the prison had appointed a staff member as the Order of Lifetime Restriction (OLR) Case Manager, who managed 20 OLR cases in the prison. This officer was also the Case Manager for one OLR currently at HMP & YOI Grampian, 17 at HMP Shotts and one at HMP Greenock, which was a significant workload for one member of staff. The increase in workload was exacerbated by geography but also the increasing numbers of offence-protection prisoners.

The prison did not have a dedicated Multi-Agency Public Protection Arrangements (MAPPA) Coordinator, this had been added to the ICM staff tasks. In addition, psychologists often had to contact several different Police Divisions to obtain and secure relevant information on specific prisoners.

During the inspection, a parole hearing took place, with all the relevant parties present, and process and procedures were followed and recorded appropriately. There was a backlog of such hearings, affecting prisoners' opportunities for progression or release.

Home Detention Curfew (HDC) was being operated in line with the agreed SPS process. There were monthly HDC review meetings which had oversight of the process, figures and cases being considered. There was a well-managed audit and decision review process.

**Desired outcome 42:** The OLR Case Manager has a manageable caseload.

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

Rating: Generally Acceptable

Structures and management oversight was in place in relation to planning for release and ensuring continuity of support, despite the challenges presented by prisoners being released to 30 of the 32 local authorities. This was exemplified by the comprehensive range of statutory and third sector agencies providing either in-person or telephone support within the Links Centre. This was supported by mechanisms for referrals to these agencies for prisoners approaching release, as well as throughout their sentence if required. Due to the high number of foreign national prisoners, a Home Officer worker attended the Links Centre regularly to help.

Systems for the identification of forthcoming liberations enabled Links Centre staff to fulfil their leading role in engaging most prisoners with community reintegration planning. Pre-liberation meetings were offered 6-8 weeks prior to release, and there was a comprehensive pro-forma for these meetings to ensure all needs could be considered, including links with families. Links Centre staff ensured prisoners had access to the contact details of relevant agencies in their releasing local authority.

Agencies and prisoners reported very positively on their relationship with Links Centre staff and visiting agencies, and these agencies felt their contribution was valued. Nevertheless, some Links Centre staff recognised that a regular multi-agency pre-release meeting would facilitate greater joined-up release planning for short-term prisoners.

For prisoners subject to statutory supervision upon release, relevant agencies were able to contribute to release planning through the ICM process, and referrals to relevant agencies were made, when necessary, at ICMs.

The Personal Officer role was less strong in facilitating pre-release planning. Personal Officers did not demonstrate awareness of the range of supports available, nor always make relevant referrals. Many prisoners were not aware of the role of their Personal Officer.

**Desired outcome 43:** Multi-agency case management arrangements are in place for all categories of prisoner to ensure comprehensive multi-agency, person-centred partnership working in pre-release planning and community reintegration.

**7.2 Where there was 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: Poor

The ICM process for enhanced prisoners was embedded and ICM staff worked well with other agencies and prisoners to meet required standards and timescales where possible. A parole recovery plan had been in place for four years. The prison-based social work resource had not been increased to compensate for the increase in long-term prisoners. Positive case management and pre-release planning was observed. Prison-based and community-based social work services regularly attended ICMs, although this was frequently via Teams or telephone, which was felt by both prisoners and ICM staff to be a barrier to relationship-building and effective engagement. Prison-based social work services collaborated well with community-based social work for the purposes of pre-release planning and the completion of Throughcare Assessment for Release on Licence (TARL) reports. Psychology staff did not routinely attend ICMs.

Significant ongoing resource pressures experienced by prison-based social work services were affecting key ICM processes. These resource pressures had contributed to a substantial backlog of both Level of Service/Case Management Inventory (LS/CMI) assessments and TARL reports for parole processes. Therefore, prison-based social work had moved to a task allocation model and were prioritising the backlog of parole reports, therefore they were unable to provide risk assessments for initial ICMs nor for GPAs. MAPPA processes were also being affected by delays in the provision of risk assessments, particularly Risk of Serious Harm (ROSH) assessments and case management plans. LS/CMI and other specialist risk assessments were however being prioritised for pre-release ICMs to support effective pre-release planning.

Whilst additional resource for two agency social workers had recently been approved following three business cases being submitted to the Governor by the prison-based social work manager, there was little confidence that this would effectively or timeously clear the backlog of risk assessments. The significant increase in prisoners with a sexual offence requiring statutory supervision upon release, without a commensurate uplift in resources to support the more complex assessment and planning involved, was seen as the main factor in the significant capacity challenges facing prison-based social work, ICM staff, and others across the establishment. These capacity challenges required further remedial action as a priority due to the impact on prisoner progression and rights. The forthcoming transfer of 50 prisoners with a sexual offence was not anticipated to have any significant impact on the resource pressures due to the high numbers of statutory prisoners that will remain.

The implementation of the targeted ICM process was reported to have had no material impact on the resource challenges. It had negatively affected the regularity

of contact and engagement with long-term prisoners, particularly those subject to life sentences. Only 23% pf prisoners in the pre-inspection survey said it was easy to access prison-based social work which is significantly lower than the already poor response (36%) overall.

Additionally, a high number of prisoners were subject to orders of lifelong restriction (OLRs), which required a significant proportion of RMT activity and focus by psychology staff as well as prison-based social work.

RMTs were in operation and all relevant agencies contributed to these. Prisoners benefited from a dedicated RMT staff member, who invited them to meetings and ensured they were kept updated. RMTs were often viewed as creating misleading expectations for prisoners and their families due to the majority not having GPAs or programmes completed by this time. As such, they were being refused for progression to the open estate, despite this not being part of the criteria for progression.

ICM staff experienced challenges in obtaining meaningful contributions to the ICM process from Personal Officers, including dossiers not being completed or containing erroneous information. Overall, it was felt that ICMs were a 'tick box' process and the culture within the prison was of prioritising safety and security rather than valuing rehabilitation and progression.

**Desired outcome 44:** All statutory prisoners have an LS/CMI risk assessment completed for their initial ICM, in accordance with the 'Using the LS/CMI in Prison and Throughcare' (2025) guidance.
**Desired outcome 45:** Prison-based social work resources enable the timely provision of all risk assessments and reports for key processes in accordance with relevant guidance and legislative requirements.
**Desired outcome 46:** The role of the Personal Officer is clear to prisoners, and Personal Officers demonstrate good awareness of the range of supports available, using this knowledge in their work with prisoners to support stronger pre-release planning. Personal Officers are clear about their role and responsibilities in relation to the ICM process and contribute meaningfully to it.
**Desired outcome 47:** The RMT process ensures time and resources are directed most effectively and clear communication with prisoners ensures realistic expectations at the outset.

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

Rating: Poor

Significant resource pressures affecting programmes staff meant that prisoners were not getting timely access to GPAs. This was compounded by the resource pressures for prison-based social work, who were unable to provide risk assessments for GPAs. Programmes were affected by staff shortages and operational challenges elsewhere in the establishment, meaning that staff were redeployed to working in the

residential halls. As a consequence, GPAs were not being completed and there was a significant backlog and waiting list. Prisoners were approaching critical dates without a GPA, in some cases waiting a significant number of years. Several prisoners had deployed solicitors to follow up on this and initiate judicial reviews.

GPAs had been recommenced following the ringfencing of two dedicated staff members to clear the backlog, but pressures remained for prison-based social work staff who had not yet recruited additional staffing. GPAs were therefore being completed without a full and up-to-date LS/CMI assessment. The delay in and backlog of GPAs required to be further addressed as a matter of priority.

There was not a range of programmes available to meet the needs of prisoners, and not all prisoners were able to access the programmes they required. The Self-Change Programme (SCP) and Discovery programme were being delivered, with Constructs and Pathways having been suspended. The impact of this was evident. There was limited evidence of barriers being removed or alternatives offered to meet specific treatment needs, particularly for low-to-medium risk prisoners who required Constructs. Programmes staff were also affected by the lack of programme delivery, meaning they could not use their skills and training. National waiting lists were a source of frustration for both staff and prisoners.

The PCMB was operating well, with effective management oversight provided by psychology and the behavioural change manager, positive multi-disciplinary working, and a very thorough consideration of cases. Additional PCMBs had been arranged with double the usual number of cases being considered to alleviate the GPA waiting list and post-programme decision-making.

Both the Life Skills course and the suite of addictions interventions and support offered by the Recovery Hub were a real strength. These resources went some way towards addressing gaps in the provision of development or treatment programmes in relation to thinking skills, practical life skills, and substance use.

There was limited awareness amongst programmes staff of what programmes were available across community-based social work services for continuity in the community upon release.

A Naloxone protocol was in place, with dedicated Naloxone peers meeting with prisoners prior to their release. The Support and Wellbeing manager attended several local Alcohol and Drug Partnership meetings which afforded partnership working and brokered community resources and training for the benefit of prisoners and staff in relation to addictions support.

**Good practice 9:** The Life Skills course and Recovery Hub offered comprehensive support and access to services and were highly valued by prisoners and other staff.
**Desired outcome 48:** Where required, all prisoners have timely access to a GPA, supported by a full and up-to-date LS/CMI assessment.
**Desired outcome 49:** A range of programmes are available to meet the needs of prisoners, and all prisoners can access the programmes they require. Alternative interventions are in place where a programme was not provided.

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

Rating: Generally Acceptable

Statutory prisoners were facilitated to contribute to sentencing planning and pre-release plans through ICM and RMT processes. Family members were invited as a matter of course, but uptake was low. A range of leaflets about the ICM process were provided in different languages and ICM and social work staff made use of interpreters where required. Staff gave examples of removing barriers to ICM attendance caused by health and social care needs and working closely with health and addictions services throughout people's sentences and as part of pre-release planning and transitions to the community. Community Integration Plans were completed but it was not always clear from these what actions should be taken.

Prison-based social work services experienced challenges in early identification of risk and needs due to significant resource pressures, meaning they were unable to meet with prisoners and complete LS/CMI assessments prior to initial ICMs, as well as for GPAs. The pressures on prison-based social work and the shift to a task allocation model meant that they were unable to build meaningful relationships with prisoners and as a result they were often not contributing to their own plans. This affected comprehensive co-ordinated, person-centred plans for all prisoners. Prison-based social work acknowledged that letters issued by them were not translated into other languages.

The prison was at the start of establishing its approach to employability and there were some employers willing to provide employment upon release.

For non-statutory prisoners, the main sources of support were the Links Centre, the Recovery Hub, and the Chaplaincy. These services sought to ensure that needs such as housing, benefits, banking, employability, life skills, and addictions were identified prior to release and addressed as far as possible, with follow-up support in the community where relevant. Whilst most STPs due for release had been linked in with services such as the DWP and housing, there were no formal release plans in place. The Personal Officer role was viewed as crucial to identifying needs and making referrals to the Links Centre or other relevant supports, but there was little evidence of this taking place.

Almost all prisoners spoken to felt frustrated at the lack of communication from all parts of the establishment about key issues and decisions affecting them, and the lack of clear planning for progression.

**Desired outcome 50:** All prisoners can contribute to a co-ordinated plan for their release and are clear about this plan.

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

Rating: Satisfactory

The prison was not directly providing services to prisoners after their release, although had a prison to rehabilitation service which provided residential treatment and support with housing upon completion.

The new Upside national throughcare service provided a routine and valued presence in the prison to build relationships with prisoners to support the transition from custody to the community. As well as offering ongoing, community-based support, mentors offered practical assistance around release including gate pick-ups and the provision of essential items. This was available to both short- and long-term prisoners.

Street Soccer provided activities within the prison and offered throughcare support upon release.

The DWP worker ensured that all prisoners had appointments and work coaches with their local Job Centre Plus following release.

Staff in the Recovery Hub followed up on prisoner progress upon release. They also invited those who had progressed to the open estate to return and talk about their experiences to other prisoners using the hub, by way of encouraging hope and motivation.

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

Rating: Generally Acceptable

The prison worked to the SPS Equality and Diversity (E&D) Strategy. There was a Unit Manager responsible for all E&D matters with support from an FLM. The Unit Manager reviewed all admissions to identify any person with a protected characteristic and ensured that their needs where met. Examples included headphones being provided to a neurodivergent prisoner as well as mood lamps. The Unit Manager identified and offered invitations to foreign nationals to attend various meetings.

E&D meetings were held regularly and chaired by the Governor in Charge when available. Other attendees included various teams from across the prison and prisoner representation. Most prisoner attendees came from the larger groups such as the Albanian and Vietnamese populations, but this was not exclusive. An agenda was in place to ensure the most consistent issues were raised. Action points were noted and any points from previous meetings discussed and closed if appropriate to do so. Several actions had been taken such as more books being purchased in foreign languages, distribution of foreign language dictionaries and newspapers.

Although some of these actions had only recently been introduced, their embedding in the prison in the long term would see innovative practice. PIACS were also held regularly, and some actions had been taken forward.

As recently as February 2025, an SPS audit of the E&D process had been undertaken and was found to have reasonable assurance with a small number of actions to be dealt with. Out of a population of 835, 67 prisoners (8%) identified as having a disability during the week of the inspection. According to the pre-inspection survey, 57% of those who reported having a disability said they were poorly supported to manage it in the prison. This did not reflect our findings during the inspection, although we spoke to a smaller sample of prisoners than the survey reached. Prisoners with a disability inspectors spoke with reported that they were able to access the support required. They reported that access to fresh air was available daily as was recreation and they did not feel that their disability disadvantaged them from their legal requirements. They had access to the library in the hall as well as education and work. Having to share a cell was an issue for those not in an accessible cell, where their disability made it challenging in such a confined space. They reported that getting answers from healthcare was difficult and there was a lack of acknowledgement of requests to see a doctor or getting results from medical tests. Those on care plans reported that they had been treated well and their needs met.

There were various notices and guidance on display for foreign nationals to read so that they understood processes, such as fire notices, cleaning guidance in the pantries and compacts in the kitchen. There was a comprehensive induction folder in the most common languages found in every residential level. Although the information was wide-ranging, it was read out to a prisoner during admission and not handed to the prisoner in a booklet form which would be beneficial to allow prisoners to take time to understand and have as a reference.

If there were transgender prisoners in the establishment, case conferences were regularly held to ensure the person was supported. However, sharing a cell for those transitioning was a challenge, especially showering and using the toilet and safeguarding their privacy when keeping their situation private from their cohabitant.

Prisoners who were deaf were being disadvantaged from connecting with family and friends as they were unable to use the in-cell phone. Although “e-mail a prisoner” was available, it took longer for interaction to take place and had a cost to the family. It was explained that there were no alternatives, as having a mobile phone to text from was against prison rules. HMIPS consider rule 62a on the Prisons and Young Offenders Institutions (Scotland) Rules 2011 can allow the prison to meet the needs of the individual by supplying a basic mobile phone that they can be used to text , albeit in a controlled environment, ensuring the person can maintain family contact similar to others in the prison. Staff also need to be aware of the needs of prisoners they work with. HMIPS’ view is that shouting out prisoners’ names in general is not appropriate, and even less so for those with hearing impairments.

Foreign national prisoners had money added to their phone accounts to contact their families abroad. However, if they choose to also use their 200 free minutes to contact someone in the UK, then they would not receive the extra money to phone

their families from their country of origin. The 200 free minutes does not allow for phone calls to other countries, which potentially discriminates against foreign nationals. These processes should not be linked, and this should be reviewed by SPS HQ.

The “Language Line” interpretation service was used frequently, especially by NHS. However, documents such as disciplinary charges were not translated when a foreign prisoner was placed on a charge.

E&D online learning for staff was sitting at around 80%.

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

Rating: Satisfactory

The prison had a comprehensive action tracker following up on all the recommendations from the 2022 HMIPS inspection. The prison had provided updates when requested by HMIPS in response to this inspection report and complied effectively with the follow up process. Some recommendations had been marked closed by the prison which the present inspection suggests should have remained open as continuing issues, but in general the response had been constructive and reasonable.

The prison also had an action plan tracker in response to SPS HQ audits and local PRL audits with progress reviewed at the bi-monthly business review meetings. Unusually local PRL audits were carried out by FLMs with direct management responsibility for the aspects being audited. There was evidence of these management checks identifying aspects where improvements were required. Nevertheless, the Deputy Governor recognised the value of more independent assessment by different FLMs outside the audit area and intended to move to a system of cross sectoral audits shortly.

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

Rating: Satisfactory

The Governor involved senior management colleagues and other business partners such as HR and trade union representatives in development of each year’s Annual Delivery Plan (ADP). The Governor then finalised the plan and discussed the agreed plan with FLMs, who were then tasked with cascading it to everyone within their line management area. The ADP was also made available on SharePoint.

Progress against the ADP was then reviewed at the bi-monthly business review meetings and at the Spring and Winter Business Review meetings with the SPS HQ Directors of Operational Delivery. These bimonthly and six-monthly business review

meetings included reviews of the risk register and relevant statistical information in relation to trends of violence. Some other prisons provide a PowerPoint presentation for such meetings summarising progress against key performance indicators whereas Low Moss provided similar information via written papers or verbal updates.

Some residential staff said they felt unsupported by senior managers, who they felt were rarely visible on the residential halls. More staff said the Governor and Deputy Governor were visible around the prison. They proactively modelled the behaviours they expected of others, by going into sections in the residential areas and engaging with prisoners. Unfortunately, this very positive role modelling was misinterpreted by a few staff as senior management being more interested in the views of prisoners than staff. This could be easily addressed in future by visible engagement with both staff and prisoners.

**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

The prison had a good record in ensuring core competencies were up to date when non deployable staff were considered. Effective compliance rates stood at 82% for Control and Restraint (C&R) refresher, 100% for C&R supervisors, and over 90% for Personal Protection Training and TTM training. Emergency Response and Fire Response compliance rates were at 79%. Similarly, e-learning package compliance rates were around 80% when non-deployable staff were considered.

The decision to pilot C&R2 techniques had led to the need to train all residential and operational staff in the new techniques, with refresher training then needed from June 2024, alongside 30 staff still needing to be trained each year in C&R1 and new recruits needing to be trained in C&R2. Dual running of C&R1 and 2 therefore created some additional training logistics which the prison was managing, despite the number of dedicated training days reducing from two to one day per week. The Governor had therefore made clear that cancellation of training days was a matter of last resort and had only been required on three occasions during 2025.

The prison provided direct entrant D band residential staff with the opportunity to shadow C band operational staff for four weeks at the end of their period at the college, which they found invaluable in gaining a better understanding of visits and other parts of the prison.

Unlike other prisons, such as HMP & YOI Grampian, there was no formal mentoring scheme for new recruits, the introduction of which at Low Moss would be beneficial. However, the prison did have a developmental programme for acting FLMs as part of wider succession planning. The weekly FLM ‘toolbox’ meetings provided a helpful opportunity for all FLMs across the prison to receive training and developmental briefings on issues of mutual interest, so they were clear on what was expected of them as FLMs.

New Mental Health First Aid training was about to be launched by the SPS College and Low Moss will gain access to that. Specialist training for example in relation to forklift trucks or British Sign Language was secured when required.

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

Rating: Satisfactory

The FLM meeting which took place every Tuesday played a helpful platform for understanding challenges being faced by colleagues in other areas. The fact that gym staff and regimes staff in non-essential work parties were routinely having to be redeployed to cover staff shortages in residential areas also assisted in understanding pressures elsewhere in the prison. Regime staff would have preferred to keep the work sheds open and relieve pressure on residential staff by getting more prisoners off the halls and out to activities. They nevertheless accepted the need to be redeployed, although they were less well equipped than their regular residential team colleagues to respond to individual prisoner requests, which left prisoners inclined to still seek the support of core residential officers.

The relationships between NHS and SPS staff were particularly positive and supportive. Similarly, the ICM team recognised the pressures on the Social Work team, who appreciated the efforts made by the prison to support a business case for much needed additional resources within their team.

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

Rating: Satisfactory

A staff recognition committee had been established at the end of 2023 and met quarterly during the year to consider nominations which could be submitted by anyone. The committee had representation from FLMs, residential as well as operations and offender outcomes as well as Education, the NHS, and the Chaplaincy Team. There was no clear process however for seeking nominations from prisoners and the prison may wish to consider how that might be achieved in future. The Governor and Deputy Governor deliberately did not attend to encourage greater freedom around the consideration of the nominations received. Nominations supported would then be considered by the Governor either for a GIC award, Chief Executive award or Butler Trust nomination. Any local awards usually involved a presentation in front of a group of colleagues unless they requested otherwise. Long service was also recognised locally in five-year increments from 10 years onwards along with the SPS HQ recognition at 20 years for operational staff and 25 years for non-operational staff.

The prison took absence management processes seriously, managing to keep absence levels down to between 20 and 30 (6-9%) with a 50% split between short- and long-term absences. This represents further consolidation of the improvements since COVID-19, recorded in our 2022 inspection report. Support was

available through a physiotherapy service as well as the Employee Assistance Programme and the HR Team played a helpful role in reminding line managers with staff on sick leave to stay connected with them at least fortnightly, and complete return to work discussions on their return.

The prison had been diligent in investigating allegations of staff misconduct, which provided some reassurance regarding the troubling findings from the prisoner survey about their perceptions of bullying and disrespectful behaviour by staff. Less reassuring, however, was the fact that the formal performance improvement process had only been initiated once during the last three years. There had however been a significant improvement in completion of staff appraisals since our last inspection in 2022, which had risen from 25% in 2022 to approximately 70% for 2024-25, albeit with further improvement still possible.

Conversely participation rates in the People Survey had plummeted from 71 staff (22%) completing the survey in 2022 to only 15 staff (5%) participating in the 2024 survey, rendering the results irrelevant for understanding the real picture across the staffing group. The survey was undoubtedly onerous to complete for busy staff who will struggle to find time or opportunity to access a computer to complete the survey alongside more immediate work pressures. Nevertheless, that was always the case so the reduction in participation rates could indicate other engagement and motivational challenges, or staff concerns about being able to safely voice opinions. Consideration should be given to how to generate greater participation in future surveys and whether introduction of a much shorter local survey would be beneficial.

**Desired outcome 51:** A clear process exists for prisoners to contribute to recognising good performance by staff.
**Desired outcome 52:** Staff have the time and confidence to participate fully in staff surveys that provide management with robust data to consider further improvements.

**8.7 The prison was 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

Through the Governor, the prison participated in three community justice partnerships as well contributing to the multi-agency Public Protection Leadership Group and the NHS Glasgow and Greater Clyde Strategic Partnership. The Governor was chair of the national Canteen Control Board and on the Prisons Trust Board which helped plan faith focused events for Prisoners Week. The Governor was also part of a National Group looking at addictions and substance abuse.

Through this partnership working, local employers had engaged more with the prison, and the Governor had generated greater awareness within the justice partnerships of some of the risks associated with lack of capacity in the social work and psychology teams.

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

Rating: Satisfactory

As with other prisons, media engagement is co-ordinated by the central SPS HQ communications team. The prison has recently welcomed Sky Sports News to film and report on the Street Soccer programme. They have also engaged with local press, including The Herald and Glasgow Times highlighting successful initiatives such as the Listeners programme, mental health events and fundraising.
The prison is also featured on SPS's social media platform on a regular basis.

Like other prisons with timber manufacturing work sheds, Low Moss had been able to use donated wood and off cuts from contract work to support some local community ventures through production of wooden benches and planter pots. Similarly, waste wood not meeting contract specifications was donated as kindling and wood chip to a local church who were able to ensure it went to local families in need. This was commendable and was appreciated by the church and local community.

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

Rating: Satisfactory

Effective systems were in place to screen individuals transferred into the prison, including assessments of immediate mental and physical health needs to ensure fitness for custody. Nursing staff were able to articulate the procedures for managing individuals deemed unfit for custody but there was no written guidance available to formally support staff in these situations.

Initial screenings were conducted in a dedicated treatment room in reception, supporting confidentiality and dignity. A standardised screening tool on the Vision system was completed for all admissions and transfers. All individuals entering the prison received an induction, during which an NHS staff member provided information about available healthcare services, how to access them, and answers any questions. This is good practice. However, we observed that not all individuals attended the induction session, and during reception healthcare assessments, individuals were not provided with written information about how to access healthcare services. As a result, some may miss vital details. To promote consistency and equity, providing written healthcare information to all individuals at the point of admission and transfer would help ensure everyone has a clear understanding of how to access the services they need.

Interpreting services were available including Language Line to complete healthcare assessments where needed. Healthcare forms covering in-possession medication and consent to share information were available in the five most common spoken languages in the prison.

Anyone identified as being at risk of self-harm or suicide were managed in line with the TTM process. A detailed system was in place to ensure that all arrivals received a full healthcare admission assessment completed by a nurse, followed by a GP consultation within 24 hours.

Late arrivals continued to pose challenges for the prison. While person-centred health screening was available during working hours, individuals arriving after 22:00 might not receive an assessment on admission. In these cases, SPS staff implemented interim care plans and could access out-of-hours medical services if needed. A robust system ensured full health screening the following day, but there remained a risk that SPS staff lacked up-to-date clinical information, potentially limiting their ability to identify urgent health needs until the full assessment was completed.

**Good practice 10:** The NHS primary care team lead participates in the prisoner induction programme, providing information on available health care services, how to access them and answering questions.
**Desired outcome 53:** Clear, accessible information about healthcare services is provided to people in prison.
**Desired outcome 54:** Written guidance and an SOP support the admission process which includes the assessment of a person's fitness to remain in custody.
**Desired Outcome 55:** SPS HQ and Glasgow City HSCP ensure there is a clear and reliable process so that anyone arriving late at the prison receives a formal health screening assessment before being admitted.

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

Rating: Generally Acceptable

All admissions and some transfers, specifically those identified as having more complex healthcare needs, were reviewed by a GP the following day. This ensured that a medical history including long-term conditions were identified, and appropriate treatment plans were established. Prescriptions were reviewed and medication prescribed as needed. Any changes to patient care or medication were discussed with the patient during the review.

Patients were able to access healthcare services using self-referral forms. These were easy to read, with some pictures to support those with literacy difficulties. Self-referral forms were available in the residential areas and in the five most common languages spoken. Interpretation services including face-to-face input were available to support patients access to healthcare. Referrals could be submitted confidentially, by posting them in a locked box accessible only to healthcare staff. Nursing staff reviewed healthcare referrals in the halls before processing, allowing emergency cases to be prioritised. This is good practice. This early triage ensured urgent needs were identified promptly and referrals were then passed to the appropriate team for further review and appointment scheduling, improving patient safety and responsiveness.

At the time of the inspection, the average waiting time to see a GP was one week with emergency appointments available each day. Patients were informed about their scheduled appointment.

While missed secondary care appointments due to GEOAmey transport delays had improved at HMP Low Moss, some patients were still affected.

Internal appointments were also missed, often due to individuals not being brought to healthcare, which had a greater impact on services such as dentistry. Healthcare staff recorded missed appointments via Datix a recognised electronic system, and discussed issues with SPS staff, but improvement was needed to ensure patients receive care, reduce waiting times, and avoid wasting clinical resources.

All staff had completed Medical Emergency Training. Emergency bags were in the health centre, and the residential areas were well organised and contained in- date emergency medications. Automated external defibrillators and oxygen were also available. There was evidence of emergency equipment being checked regularly. However, some wound dressings were found to be out-of-date. There was no formal guidance to support decision-making when delivering emergency care. Out-of-hours emergencies were managed by SPS staff, the out-of-hours GP service or the emergency services.

**Good practice 11:** Nursing staff reviewed referrals upon collection, allowing emergency cases to be prioritised.
**Desired outcome 56:** Patients access secondary care appointments.
**Desired outcome 57:** Patients are supported to attend health centre appointments.
**Desired outcome 58:** Emergency equipment is in date and ready for use.
**Desired outcome 59:** Staff have guidance to support decision making when delivering emergency care.

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

Rating: Good

Health improvement, prevention, and promotion activities were delivered collaboratively by healthcare staff, SPS, third sector partners, and peer workers. Inspectors found a positive and dynamic approach, with initiatives tailored to the needs of the prison population and supported by strong multi-agency working.
In June 2025, a High Intensity Test and Treat Blood Borne Virus (BBV) event focused on BBV testing was held, involving Health Promotion, Public Health Scotland, healthcare staff, SPS, Waverley Care, the Hepatitis C Trust, and trained peer mentors. As a result, 90% of the prison population accepted BBV testing, with robust follow-up and retesting processes in place. This is good practice.

An opt-out BBV screening programme was in place, with dry blood spot testing on admission enabling early detection. Patients can self-refer at any time, and follow-up is provided by a dedicated BBV nurse. A monthly Infectious Diseases consultant led clinic supports both new and ongoing treatment regimes. While there was no current

provision for Hepatitis A and B vaccinations, those who tested positive received timely and appropriate care, with clear pathways for treatment and support.

Patients have access to national and local age-appropriate vaccination and screening programmes.

The Quit Your Way (Prisons) programme, supported by NHS Greater Glasgow & Clyde (GGC) Public Health, offered a Nicotine Management Service for those wishing to stop vaping. This included Nicotine Replacement Therapy and behavioural support.

Naloxone training and distribution was well-established, with peer workers playing a key role in increasing engagement and uptake. Health training for SPS and healthcare staff, delivered in partnership with the Scottish Ambulance Service, has been responsive to identified training needs, enhancing staff confidence in managing drug-related emergencies. These initiatives demonstrate good practice in harm reduction and workforce development. This is good practice.

**Good practice 12:** A High Intensity Test and Treat (HITT) event was held, involving Health Promotion, Public Health Scotland, healthcare staff, SPS, Waverley Care, the Hepatitis C Trust, and trained peer mentors. As a result, 90% of the prison population accepted BBV testing, with robust follow-up and retesting processes in place.
**Good practice 13:** Naloxone training and distribution is well-established, with peer workers playing a key role in increasing engagement and uptake.
**Desired outcome 60:** Established clear accountability for Hepatitis A and B vaccinations, ensuring consistent delivery and integration into routine care. This will close the current gap and align vaccination practices across all NHS GG&C prison sites.

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

Rating: Good

Staff demonstrated a strong understanding of the health inequalities affecting many patients, as well as the barriers to accessing healthcare both in prison and in the community. Interactions between staff and patients were supportive.

Staff had completed NHS GGC mandatory training on equality and human rights. Staff could also access training in trauma informed care and safety and stabilisation which was delivered by members of the psychology service.

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

Rating: Satisfactory

The mental health team had clear processes for triage and referrals which were collected daily. Urgent referrals were seen within 72 hours and inspectors saw the team provided a responsive approach to requests to see patients with immediate concerns.

SPS staff we spoke with valued the strong working relationship between NHS and SPS colleagues.

Patients referred to the service were offered a timely 'first contact' appointment for triage assessment, in line with the service's SOP, with patients being seen within four to six weeks. Inspectors saw from patient records that care plans were person-centred with examples of people on their caseload receiving interventions for urgent needs, long-term monitoring (including antipsychotic treatment), and low-intensity psychological interventions.

The mental health team consisted of four staff: a Band 7 Team Leader, a Band 6 Charge Nurse, and two Band 5 Staff Nurses. Inspectors observed that the team received on average 50 referrals a week, many specifically requesting access to activity packs and mindfulness materials such as colouring resources. Unlike psychology and health promotion teams, the mental health team had no dedicated budget for these materials. In the absence of a central resource, staff relied on photocopying or borrowing from other teams. The RMNs were spending a significant amount of time on administrative and non-clinical tasks, which added to existing pressures within the mental health team. However, as noted under Q.I. 9.16, the partnership was actively exploring ways to complement and strengthen the staffing resource to ensure staff are enabled to focus on their core clinical responsibilities.

The Scottish Government's standard is that patients should commence psychological therapies within 18 weeks of referral. At the time of inspection, this target was not consistently being met, with waiting times of approximately eight weeks to first contact and up to 32 weeks to begin treatment. While the service was achieving the 90% standard in some areas, performance was variable. Delays were attributable to a range of factors, of which staffing levels were one. Active recruitment was underway to increase capacity and improve waiting times. Psychology services also remained inaccessible to patients on remand, who did not have full access while awaiting court proceedings.

Clinical Risk Assessment Framework for Teams risk assessments were completed solely by mental health nursing staff, without input from psychology or psychiatry. Although assessments are thorough and well documented, their format and location in clinical notes limit multidisciplinary access to mental health nursing staff only. Plans were in place to transfer these assessments to EMIS, which should improve accessibility across the mental health multi-disciplinary team**.**

A multi-disciplinary team meeting was in place to support consistent, collaborative care planning and patient safety. Additional psychiatrist time had been allocated, with regular input from the ADRS, primary care, and the mental health team. Communication between primary care and mental health was strong, particularly around physical health concerns. Mental health assessments were discussed at

multi-disciplinary team meetings to identify cases requiring urgent psychiatric review. Non-urgent psychiatry appointments were offered within eight weeks.

Processes were in place for patients requiring assessment and transfer to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003, including escalation procedures for delays in transfer. This work was functioning effectively. There was one patient identified and assessed as requiring transfer to a secure hospital with a timescale for this to take place within one week.

Processes were in place to inform community services prior to and upon liberation, with a positive emphasis on engaging early with external service demonstrated.

**Desired outcome 61:** All patients accessing mental health services have a standardised risk assessment which is accessible across patient care records.
**Desired outcome 62:** There should be equitable and timely access to psychological interventions for all patients requiring such support including those on remand.

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

Rating: Good

Long-term health conditions were identified at admission, transfer, or through self-referrals to healthcare. A PDN for primary care supported the professional development of all primary care nurses, equipping them with the necessary skills to deliver a primary care service which is equitable with the community primary care. This is good practice.

Management of patients with long-term conditions was nurse-led with GP support and delivered in a way that was equitable with community provision. ACPs were in place for patients who required them. However, not all patient care plans reviewed, showed clear evidence of patient involvement in planning, development, and agreement of their care.

Strong links established with secondary care and community services supported continuity of care and improved health outcomes.

Clear systems and processes were in place for patients requiring social care, with carers from a regulated agency available 24/7 year-round. Communication processes between carers and healthcare staff ensured regular updates on patient care.

Patients and staff had access to support from occupational therapy and there were no issues accessing assistive equipment, such as walking aids and hospital beds.

Inspectors saw effective referral systems were in place to refer patients to podiatry, optician and physiotherapy services.

There were accessible cells that could accommodate hospital beds and assistive equipment. These were reviewed quarterly by a multi-disciplinary team including the SPS Health and Safety Advisor, prison Governor and NHS Operational Manager. This ensured the environment was in a good state of repair and met the needs of the patient.

**Good practice 14:** The practice development nurse enabled systems and processes to be aligned with board-wide practice, leading to improved patient outcomes for the prison population.
**Desired outcome 63:** All patients with long-term conditions have a care plan in place that demonstrates clear evidence of their involvement in the planning and agreeing of their care.

**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: Satisfactory

The ADRS had well-defined pathways to support individuals with alcohol or substance dependence. Patients were identified during their initial health screening, and all new referrals were triaged daily.

For patients already receiving OST, there was a process in place to ensure continuity of medication during their time in prison. Prescribing responsibility lay with the ADRS team lead, supported by Primary Care and the GP when required. Patient Group Directions were available for detoxification and used alongside recognised screening tools.

A specialist nurse was available to help patients who needed support with alcohol-related issues. Strong links existed between the ADRS team, and the Recovery Café. The café hosted a programme of sessions led by dedicated staff. Patients described these sessions as valuable to their recovery and wellbeing.

Effective connections with community services and pharmacies enabled timely continuation of existing treatments. Care plans were in place with clearly defined review timescales. Brief interventions and harm reduction opportunities were available from the health improvement team and addictions nurses The ADRS team's main focus was on delivering a choice of OST and supporting patients on this caseload.

Patients identified at the point of admission as requiring treatment or detoxification were promptly followed up, typically within 24 hours. The health centre operated daily clinics, including a Buvidal clinic held twice weekly, which was observed during the inspection. The clinical team demonstrated a high level of responsiveness and flexibility in meeting patient needs, with effective time management contributing to the safe monitoring and delivery of OST.

Patients were consistently informed of upcoming appointments and given appropriate time to engage in discussions about their treatment. Care plans were collaboratively developed and regularly reviewed. Integrated working between the

mental health and primary care teams was evident and further strengthened by cross-team participation in the weekly mental health multi-disciplinary team meetings. These meetings provided a structured forum for discussing patient needs and care planning, supporting a cohesive and coordinated approach to healthcare delivery.

There was evidence of the implementation of MAT standards, which promote consistent, safe, and recovery-oriented drug treatment across Scotland. These standards ensure access to OST and consider patient preferences.

The team maintained strong links with community and third sector agencies to support continuity of care on liberation.

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

Rating: Satisfactory

While the prison did not routinely hold face-to-face pharmacist-led clinics, medication queries were effectively managed by medical and nursing staff in the first instance. The clinical pharmacist was readily accessible for advice and available to see patients when needed, ensuring continuity of care. A multidisciplinary approach to medicines management was evident, supported by clear and robust governance structures and processes that promoted safe and effective prescribing practices.

Medicine reconciliation was carried out by nursing staff upon admission involving contact with community providers, pharmacies and checking electronic sources. The GP reviewed the patient's medications during the health assessment carried out the day after admission. Most prescribing was carried out by the GP, with systems in place for out-of-hours when no prescriber was available.

Systems and processes were in place to ensure safe handling and secure storage of medications, in line with national and professional standards. A recent inspection by the local Controlled Drug Governance Team found no issues of concern, reflecting strong compliance overall. However, staff discussions during the inspection suggested that the disposal of accidentally spilled liquid-controlled drugs such as methadone, does not align with current guidance. This matter was appropriately raised with the clinical pharmacist for remedial action.

Patients prescribed in-possession medication were responsible for its safekeeping and had access to in-cell safes, the majority of which had recently been replaced, further supporting secure medication management.

Medications were administered to patients twice daily with the last medication round starting at 15:00 and finishing at 17:00. This meant that some medications were administered out with the therapeutic timeframes. To reduce the risk of this, staff explored a number of approaches including looking at different preparations of medicines and providing patients with single doses of in-possession medications. A person-centred approach was taken for patients on specific medications. In collaboration with SPS, these patients received their medication later in the evening, within the therapeutic timeframe. This is good practice**.** Pharmacy and healthcare

staff told inspectors that they were working to safely increase the number of patients on in-possession medication, with trial results from HMP Barlinnie pending.

Morning medication administration was calm and well-organised, supported by SPS officers. Staff correctly identified patients, performed concealment checks, completed records accurately, verified controlled drug balances, and maintained patient confidentiality throughout.

A process was in place to ensure that patients received their OST and other morning medications before attending court. For patients known to a GP upon liberation, medication information was sent to the GP practice to ensure awareness of current prescribed medications. Upon liberation, patients were given a prescription to obtain a 28-day supply of medication from a community pharmacy of their choice**.** This gave the patient time to register with a GP of their choice. This is good practice. Processes were in place to contact community services to ensure that patients on OST or on specific mental health medication continued in treatment.

**Good practice 15:** A person-centred approach was taken for patients on specific medications. In collaboration with SPS, these patients received their medication later in the evening, within the therapeutic timeframe.
**Good practice 16:** Upon liberation, patients were given a prescription to obtain a 28-day supply of medication from a community pharmacy of their choice. This gave the patient time to register with a GP of their choice.
**Desired outcome 64:** Spilled or refused liquid controlled drugs are disposed of in accordance with local protocols, professional guidance, and legislation.
**Desired outcome 65:** Patients receive their medication within therapeutic timeframes.

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

Rating: Poor

The 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. All NHS dental practices undergo inspection by the local Health Board. HMP Low Moss passed its inspection in December 2024 with no recommendations.

Patients could access dental services through a self-referral form, as discussed in QI 9.2, these forms were available in the top five languages spoken in the prison. Referrals were triaged by the dental team, who appointed patients to the appropriate clinic.

Patients were regularly waiting up to 80 weeks for routine dental appointments, far exceeding the Scottish Government's recommended maximum of 10 weeks for access to dental care in prisons.

As discussed in QI 9.2 a key factor contributing to these extended waits was the frequent failure to escort individuals to their scheduled healthcare appointments. This

issue had a particularly significant impact on services such as dentistry, where missed appointments further compounded waiting times and reduced clinical efficiency.

Healthcare staff recorded missed appointments and raised concerns with the SPS staff. Further improvement is needed to ensure timely access to care, reduce waiting times, and make better use of clinical resources. Out-of-hours emergency dental care was available, and primary care staff could prescribe analgesia or antibiotics when needed. There was good communication between the prison healthcare staff and the dental services. A dental health support worker offered oral health risk assessments to all patients, including those on remand or with less than 6 months of their sentence left to serve. This is good practice.

The Mouth Matters oral health improvement programme, and the prison health promotion team offered resources and one-to-one oral health support for patients. Patients also received relevant oral health information leaflets at these sessions.

Despite a clean and well-maintained clinical environment and good practice in oral health promotion, the inability of patients to access routine dental care within acceptable timeframes have a significant and concerning impact. Excessive waiting times longer than the recommended standard pose serious risks to individuals' oral health, potentially leading to untreated pain, deterioration of dental conditions, and avoidable emergency interventions. This level of delay undermines the principle of safe, effective, and person-centred care, and highlights an urgent need for improvement in access and operational processes.

**Good practice 17:** The dental health support worker offered oral health risk assessments to all prisoners, including those on remand or with less than six months left of their service, to help support the assessment of reported symptoms.
**Desired outcome 66:** Patients can access dental care within the Scottish Governments recommended timeframe.

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

Rating: Not applicable

This is not applicable as no pregnant people were resident in HMP Low Moss as the prison does not have the facilities to accommodate them.

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

Rating: Good

The service demonstrated a well-structured and compassionate approach to palliative care. A dedicated palliative care register was in place, allowing staff to identify and monitor patients with life-limiting conditions effectively. Key operational

documents and clinical tools, such as SPICT, DNACPR forms, and ACPs were readily available to guide care planning and decision-making.

Strong external partnerships enhanced the quality of care, with well-established links to Marie Curie and Macmillan Cancer Support. These relationships enabled access to specialist advice and resources, supporting patients with complex needs.

Patients requiring palliative care were discussed at a fortnightly multi-disciplinary team meeting, which included representatives from the prison healthcare team, SPS Governor, Marie Curie consultant, social worker, and chaplaincy. This collaborative forum ensured that care was coordinated, holistic, and responsive to individual needs. Additionally, the primary care team lead's participation in the quarterly palliative care steering group meetings hosted by the HSCP and NHS GG&C further strengthened strategic oversight and alignment with community services.

As described in Q.I. 9.6, processes were in place to access any assistive equipment and social care and to ensure that access to palliative care for those in prison, particularly during out-of-hours periods, was equitable to the care delivered in the community.

NHS Health Care Support Workers were offered a two-day training course covering the foundations of palliative care and bereavement education, aimed at equipping staff with essential skills and knowledge to support individuals with life-limiting conditions.

There was a strong partnership with the Public Health Improvement Lead for NHS GG&C, who provided valuable support to patients and their families, as well as in-house cancer awareness training for SPS and NHS staff. **This is good practice.**

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

**Good practice 18:** Healthcare and SPS staff are trained in palliative care and cancer awareness to help support patients.

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

Rating: Satisfactory

The healthcare team had effective systems in place to implement the TTM strategy, ensuring that individuals at risk of self-harm or suicide were appropriately identified, assessed, and supported.

Responsibility for TTM was shared between the primary care and mental health teams, with daily allocation based on individual patient need. In line with national TTM guidance, which does not require an RMN to attend every case conference, the healthcare team at Low Moss adopted a targeted approach. Due to the size of the team and available resources, RMNs attended case conferences only for individuals

who met the criteria for allocation to the mental health team. This allowed the service to focus specialist input where it was most needed and ensured efficient use of limited resources.

Inspectors observed strong communication pathways between Registered General Nurses (RGNs) and RMNs. Concerns were promptly escalated, enabling timely referral and assessment by the mental health team. This collaborative approach ensured that patients of concern were not overlooked and received appropriate support.

Patients involved in the TTM process were treated with dignity and respect, with a person-centred approach evident in both NHS and SPS practice. Risk management plans were completed and documented within the TTM framework, and patients were actively involved in planning their care and agreeing additional interventions. Vision records would be updated following each case conference.

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

Rating: Satisfactory

Complaints, comments, and feedback were managed in line with the NHS Scotland's complaints policy, with a clear governance structure for reporting and responding to complaints and feedback. No posters were seen providing information for patients who wished to make a complaint or give feedback. This was raised with the health centre manager during the inspection and action was taken to rectify this. Forms enabling patients to give feedback, provide comments and raise concerns and complaints were available in all residential halls. They were easily recognisable as they had been printed on blue paper in a clear and easy to read format and were available in different languages.

A confidential submission process was in place, and all complaints were allocated to appropriate professionals for investigation, Patients received a face-to-face consultation to discuss their complaint and were able to view the process for handling complaints including the expected timelines. Patients were given a copy of the prison's 'Our complaints procedure' leaflet when their complaint was acknowledged. This is good practice. This provided patients with an overview of the complaints process, as well as information on when and how to seek independent advice including from the Scottish Public Services Ombudsman.

The health centre administration team reviewed all submitted forms, and a thorough system was in place to ensure that all complaints were recorded on a system with receipt dates. The complaints process indicated that stage 1 complaints would be responded to within five days and stage 2 complaints, which require a more thorough investigation, within 20 days. Most stage 1 complaints were answered within these timeframes; however, a number of stage 2 complaints had not been responded to within the 20-day timeframe.

Themes and learning from complaints and concerns were discussed at the quarterly clinical governance meetings and the healthcare team meetings. Staff were trained in managing complaints through online eLearning on the TURAS platform.

**Good practice 19:** Patients were given a copy of the prison's 'Our complaints procedure' leaflet when their complaint was acknowledged. This provided patients with an overview of the complaints process and how to seek independent advice from the Scottish Public Services Ombudsman.
**Desired outcome 67:** Complaints are responded to within the timeframes in 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: Good

Healthcare staff demonstrated a clear understanding of their roles and responsibilities in reporting any situations that could result in physical or psychological harm to individuals in prison. This included using the confidential electronic SPS reporting system. Healthcare staff described communication with SPS as effective.

Healthcare understood their duty to assess, document, and report any medical evidence of mistreatment, and to provide appropriate treatment when needed. Most patient records were stored electronically with secure, individual access for healthcare staff. All hard copy patient's records and health information were securely kept in locked rooms that were out of public access.

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

Rating: Satisfactory

The health centre and pharmacy areas were tidy and visibly clean with the health centre generally in good repair and suitable for effective cleaning. However, work surfaces in the healthcare rooms within the residential halls required repair, to support effective cleaning. Cleaning of the health centre was carried out by an external company contracted by the SPS. Healthcare staff reported an acceptable standard of cleaning and that there was a process to escalate any concerns.

Patient equipment was in a good state of repair, clean and ready for use. An adequate supply of PPE was in place and were stored appropriately. Hand hygiene facilities were available.

An appropriate chlorine releasing agent was available for managing blood and body fluid spillages in the health centre and in the healthcare rooms, within the residential halls. Passmen who were biohazard trained, managed any blood and body fluid spillages in residential areas.

Regular IPC audits were completed. The audit covered standards relating to IPC and the results showed appropriate compliance. Separate hand hygiene audits were completed monthly. Inspectors saw that regular environment IPC audit visits were carried out by NHS GG&C, and no significant issues had been identified. Infection control compliance was reported through existing governance structures.

Staff could access IPC information, including the national infection prevention and control manual, on the staff intranet. Staff mandatory training included IPC modules. All staff had completed these modules.

**Desired outcome 68:** Ensure all healthcare environment is in good repair, with surfaces suitable for effective cleaning.

**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

Strong and visible leadership was evident at HMP Low Moss, supported by a well-structured governance framework. Staff reported feeling well supported by senior managers, and the inclusion of the HSCP professional nurse lead and wider senior nursing team positively influenced strategic and clinical development. The healthcare manager demonstrated exceptional leadership, by driving improvements in the quality of care and professionalism across the nursing workforce. Regular meetings and daily huddles across the three prison sites ensured staff were informed of operational issues, staffing levels, and care planning.

Healthcare staff received comprehensive HSCP and prison-specific induction, with evidence of completion. Mandatory and role-specific training was up to date, and staff had access to appraisals, personal development plans, managerial supervision, and reflective practice. Workforce development was actively supported, with several vacancies filled through the Newly Qualified Nurse Programme, which included structured induction, mentorship, and a 12-week supernumerary period. Staff were also being upskilled in clinical assessment and non-medical prescribing, with further expansion planned. This is good practice.

Despite these positive developments, the GP model remained fragile, with no lead GP in post and continued reliance on locum staff. Similar concerns were identified during the November 2024 inspection of HMP Barlinnie, where GP sessions were delivered by agency staff and no clinical lead was in place. A recommendation was raised due to the risks this posed to service continuity and patient safety. While the HSCP has begun transitioning to an Advanced Nurse Practitioner (ANP) led model supported by a cost-neutral reallocation of the medical budget and the appointment of two clinical ANP leads across four sites, active recruitment for a GP clinical lead remains essential to strengthen medical leadership and ensure safe, sustainable service delivery across the Glasgow prison estate.

The number of individuals placed on MORS was increasing, placing significant pressure on healthcare services. Each placement requires additional assessment,

documentation, and coordination, which affects clinical time and stretches staff capacity. Due to staffing constraints, the HSCP has not yet implemented the national clinical guidance for MORS. The healthcare team continues to follow its previous local process — a pragmatic and risk-aware model operating within existing resources. However, we were told that the HSCP was considering what additional nursing resources would be required to support future implementation of the national guidance.

To mitigate staffing risks, the leadership team implemented short-term measures such as offering additional hours, utilising bank nurses, and exploring cross-site cover. However, reliance on bank staff, particularly for backshifts was not considered sustainable. High use of supplementary staff can affect the overall skill mix and reduce familiarity with the service, which may adversely affect the safety, continuity, and effectiveness of care delivery. The recent recruitment of four primary care nurses was a welcome step and supported the day-to-day running of the service but did not address the additional demands introduced by population growth and the implementation of the MORS clinical guidance.

The service was actively applying the Health and Care (Staffing) (Scotland) Act 2019, including use of the Common Staffing Method to identify staffing risks in real time and ensure clinical advice informs decision-making. This approach supported evidence-based workforce planning and was being used to understand current and future staffing needs, aligning with national expectations for safe and effective care.

**Good practice 20:** Workforce development was actively supported, with several vacancies filled through the Newly Qualified Nurse Programme, which included structured induction, mentorship, and a 12-week supernumerary period. Staff were also being upskilled in clinical assessment and non-medical prescribing, with further expansion planned**.**
**Desired outcome 69:** There is consistent and sustainable medical care across Glasgow prisons and overseen by a designated clinical lead.
**Desired outcome 70:** The HSCP ensures sufficient staffing levels and skill mix meet the needs of a growing prison population.

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

Rating: Good

Healthcare was managed and governed through the HSCPs established governance structures and processes, with clear and visible line management arrangements in place. Staff demonstrated a good understanding of internal reporting lines within the prison. Prisoner healthcare was represented across a range of local forums, partnership meetings, and wider HSCP structures.

There was evidence of an effective and positive culture of joint working between the HSCP and SPS, both at operational and senior management levels. Regular, structured meetings involving SPS frontline managers, the Deputy Governor, and the Governor supported a co-partnership approach to identifying and resolving shared

challenges. This collaborative culture was underpinned by open communication, mutual respect, and a shared commitment to improving outcomes for individuals in prison. This is good practice.

Team meeting minutes reflected structured agendas and regular multidisciplinary attendance, providing a forum for sharing updates, raising concerns, and discussing current challenges. This contributed to a cohesive team environment and supported integrated care delivery.

A recognised NHS electronic system was in place for reporting incidents and adverse events. These were reviewed at governance meetings, where themes and learning were identified and discussed. Complaints and concerns were also reviewed through clinical governance structures, with learning shared at fortnightly team meetings to support continuous improvement.

Multi-agency forums were in place to support collaborative decision-making around patient wellbeing and safety. These forums enabled professionals from different disciplines to work together to ensure a consistent and coordinated approach to care.

However, as described on Q.I. 9.2, despite the strength of the partnership, challenges remained in consistently ensuring individuals were brought to healthcare appointments. This was a known issue that both SPS and HSCP teams had acknowledged and had actively worked together to resolve, recognising its impact on access to care and continuity of treatment.

**Good practice 21:** A strong culture of joint working between the HSCP and SPS, supported by regular structured meetings and open communication at both operational and senior levels, promotes collaborative problem-solving and improves outcomes for individuals in custody**.**


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



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