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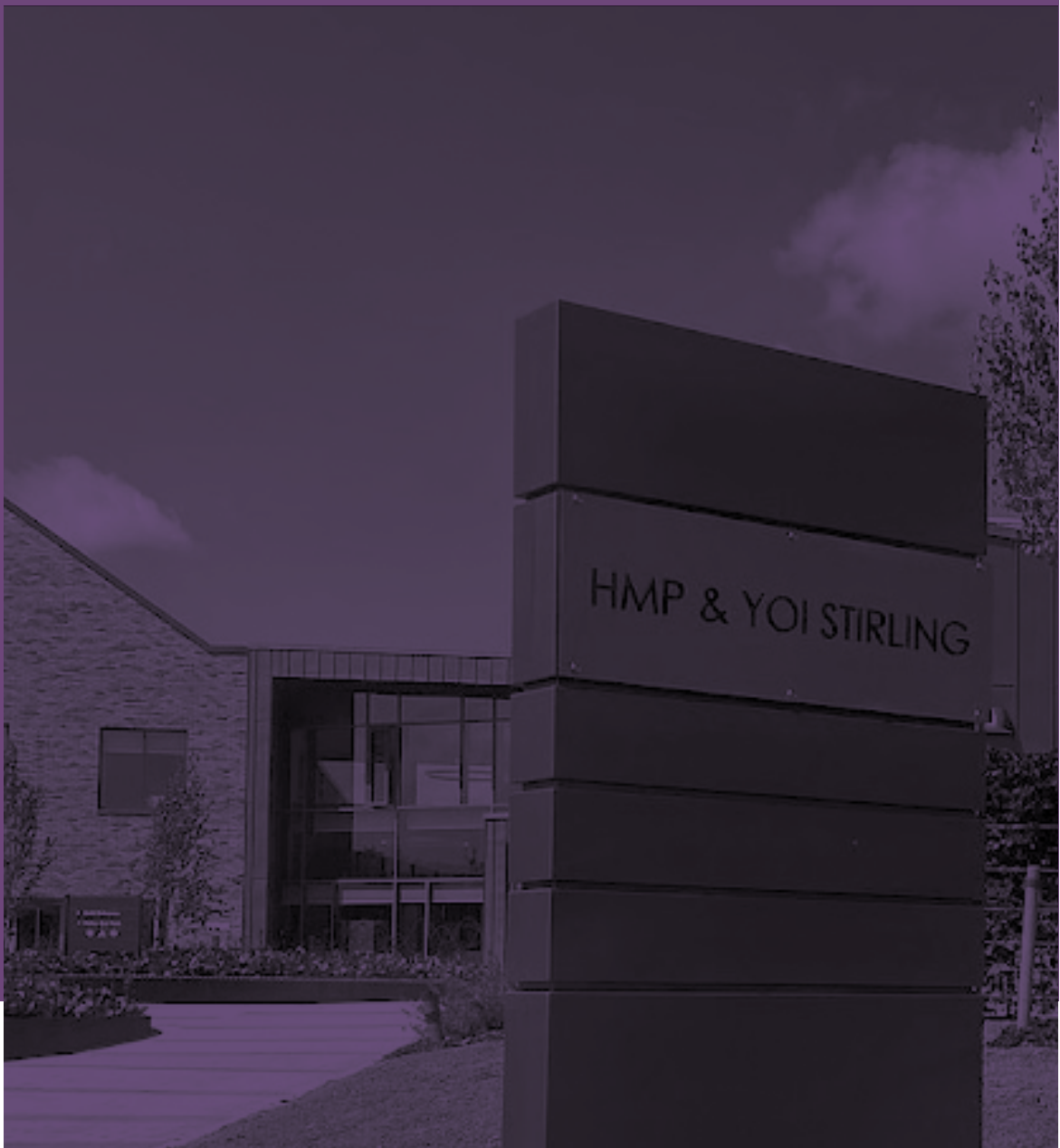
HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

HMP & YOI Stirling

Full Inspection

19 February to 23 February 2024



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Introduction and Background

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

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

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







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

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

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

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

1. A colour coded assessment marker

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

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

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

Key Facts

Role

HMP & YOI Stirling is Scotland's national facility housing remand and convicted young and adult women.

Brief history

HMP & YOI Stirling opened in July 2023, replacing HMP YOI Cornton Vale as the national facility for women imprisoned in Scotland.

Accommodation

There are eight housing units; Primrose, Bluebell, Iris, Myrtle, Begonia, Wintergreen, Thistle and Heather.

Design capacity

It has the design capacity to hold a maximum of 100 individuals, along with a separate mother and baby unit with two spaces.

Date of last inspection

N/A

Healthcare provider

NHS Forth Valley

Learning provider

Fife College

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

In my [Annual Report - 2022-23](#), I wrote that “Scandinavian prisons are often cited as the model for best practice, but I envisage Scotland leading the way when it comes to managing women in custody.”

The inspection of HMP & YOI Stirling occurred within a very short period after it became operational, in June 2023, and already I see that statement coming to fruition. There were many positive aspects of the new HMP & YOI Stirling, and the SPS and partners are to be highly commended for bringing the vision behind the national strategy close to reality.

The modern accommodation without bars on the windows, the campus design and therapeutic environment of the new prison were highly impressive and fully in keeping with the trauma-informed ethos set out in the National Strategy for Women in Custody. It was testament to the Scottish Government and the SPS that learning from previous scrutiny reports, listening to women in their care, and looking at best practice elsewhere has delivered a model of custody that sets the standard for future developments.

Inspectors witnessed some outstanding examples of caring, compassionate staff. Particularly in Wintergreen which houses women with the most complex support needs, but this was true across the prison including the prisoner reception and the Assessment Centre.

The support for vulnerable women was particularly impressive, with good processes for identifying them on admission and providing additional person-centred support, including peer support, and planning throughout their time at the prison. For example, women with additional support needs such as wheelchair users were fully supported to engage in physical and health activities.

We were impressed by the use of speech and language specialists helping those who found it difficult to communicate, and that all allegations of discriminatory behaviour were robustly investigated. Good use was made of translation services for foreign national prisoners, and it was encouraging to see the induction booklet was available in 12 languages. Women were actively encouraged to take part in case management meetings and spoke positively of the experience.

Women were encouraged to suggest improvements and raise concerns with the management team, and we noted change occurring as a result. Indeed, throughout the prison there was a real sense of staff taking time to engage effectively with the women in their care and building up the essential relationships of trust. That no doubt contributed to over 80% of women telling us in our pre-inspection survey that they felt safe.

We were encouraged to see that the new technique for restraint, which does not induce pain, was successfully in use and we look forward to it being rolled out across Scotland.

It was still early in the lifecycle of the new prison and inevitably inspectors identified a number of issues that had either only recently been resolved or were still to be fully addressed. We noted that the establishment had been signed-off as ready for occupation, when in fact there was evidence indicating that a range of issues provided unnecessary challenges at the start for staff, prisoners and in particular the facilities maintenance team.

Many of the design flaws noted on occupation have been resolved but others were still in place, and some require urgent resolution. Inspectors had concerns over a number of potential security issues, including staff's line of sight being compromised in the residential units. The lack of easy access to virtual visit and virtual court technology for those located in the Separation and Reintegration Unit (SRU) was also a concern. A number of other design flaws were also identified including, for example, removable blinds, windows that could be easily broken, and fragile shower walls that broke into shards.

HMIPS regard it as a lost opportunity that a number of technology innovations in use in other establishments had not been included in the design, for example a radio and information channel and in-cell technology.

Insufficient recognition of the ageing demographic and the likelihood of bariatric requirements also raised concerns. Older women with mobility issues may struggle to make their way to the central dining area, across open air paths during inclement weather, and none of the adaptable cells were designed to allow bariatric wheelchair access.

However, the major design flaw was clearly the location of the SRU and high dependency units within the footprint of the establishment. Located within sight and sound of the neighbouring community; this is clearly a matter of concern to them that had already generated significant media attention. We strongly recommend repurposing some elements of the establishment and utilising the purpose-built SRU facilities in other central belt prison establishments that accommodate women.

Education inspectors noted that the range of learning and employment activities needed developed further, while also still encouraging greater participation, and work done with the local authority to improve the library. Aligned to the educational and employment development, is the need to prioritise the development and implementation of a suite of programmes and interventions. To ensure that risks and needs are addressed for all categories and ages of prisoner, and that women are appropriately supported to prepare for release.

In all of our inspections, we are deeply concerned by the risks posed when people arrive late at establishments and HMP & YOI Stirling was no exception. New admissions arriving after the clinical staff had finished for the day were placed on observations with 15-minute maximum contact intervals, by operational staff with no clinical expertise as a precautionary contingency until they could be assessed by a health professional the next day. We regard this situation as unacceptable and urge the SPS and NHS to find an alternative solution.

I have made repeated calls for the cessation of routine body searching in the women's estate, making specific recommendations to review and discontinue this practice in the published inspections of HMP & YOI Polmont as far back as 2018 and of HMP Edinburgh in 2019. I accept that there can be a legitimate role for degrading body searching when it is based on robust intelligence or reasonable grounds for suspicion, but I do not regard it as justifiable when it is based purely on routine random searching of a set percentage of prisoners. I consider this to be disproportionate and unnecessary whilst undermining the trauma-informed approach outlined in the SPS Strategy for Women in Custody 2021-25 as it seeks to:

“Establish conditions that will minimise the damaging effects of past trauma and custody and review and revise all processes and procedures to ensure that they minimise re-traumatisation.”

The SPS should consider whether the current arrangement of using HMP & YOI Stirling as an assessment centre for new admissions, with women often only staying there for short periods of time before being transferred to much older prisons, often with much poorer accommodation, represents the best use of an excellent resource. The buildings and culture are developing into an excellent therapeutic model, and it is unfortunate that population pressures and the resultant churn prevent many women from benefitting fully from such a resource.

Despite these issues, the overarching impression formed by all inspectors was of an establishment with enormous potential heading in the right direction. The SPS are to be congratulated on building such an outstanding modern therapeutic establishment and the management and staff are to be commended for making confident strides towards being world leading in the care and support of vulnerable women. It is a genuinely impressive start.

In total we have made 71 recommendations, but we encourage the SPS, HMP & YOI Stirling and the Scottish Government to focus on the following key recommendations:

Recommendation 2: SPS HQ should consider repurposing HMP & YOI Stirling to ensure that more convicted prisoners can benefit from the therapeutic environment that it has to offer.

Recommendation 3: The Scottish Government must consider how it can offer more high secure beds for women in Scotland with severe mental health issues.

Recommendation 25: HMP & YOI Stirling should only search women where there is intelligence to require it.

Recommendation 29: HMP & YOI Stirling should introduce methods to restrict public observation into the prison.

Recommendation 36: HMP & YOI Stirling and the SPS HQ should ensure a prison radio and information channel is made available on the cell TV to provide up-to-date information, particularly for individuals with learning difficulties or mental health issues.

Recommendation 40: HMP & YOI Stirling should prioritise improvements to the employment and vocational training and accreditation opportunities. These opportunities should be in line with the labour market and better meet the interests and aspirations of the prison population.

Recommendation 60: HMP & YOI Stirling should prioritise the development and implementation of a suite of programmes and interventions to ensure that risks and needs are addressed for all categories and ages of prisoner and that women are appropriately supported to prepare for release.

Recommendation 63: SPS HQ should review the excel sheet used to calculate phone top-ups for foreign nationals and ensure they can also make use of the 200 free minutes to support contact with family abroad (if necessary, scaling back the number of minutes to reflect the higher cost of calls abroad).

Recommendation 64: HMP & YOI Stirling and NHS Forth Valley must work together to ensure that there is a robust process in place to ensure that those people arriving late at the prison receive a formal health screening assessment.

Recommendation 66: HMP & YOI Stirling and GEOAmey must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.

Human Rights Based Approach Overview

Each standard (with the exception of Standard 9) within this inspection is reported through the PANEL approach. We expect establishments to meet the following five principles.

1. **Participation.** Prisoners should be meaningfully involved in decisions that affect their lives.
2. **Accountability.** There should be monitoring of how prisoner's rights are being affected as well as remedies when things go wrong.
3. **Non-Discrimination.** All forms of discrimination must be prohibited, prevented, and eliminated. The needs of prisoners who face the biggest barriers to realising their rights should be prioritised.
4. **Empowerment.** Everyone should understand their rights and be fully supported to take part in developing policy and practices which affect their lives.
5. **Legality.** Approaches should be grounded in the legal rights that are set out in domestic and international laws.

This overview reports on some key areas of concern and good practice. The inspection standards cover these areas in greater detail.

Participation: There were a range of activities demonstrating participation. The reception and admission process encouraged engagement with the Reception Risk Assessment (RRA), and translation services were used to ensure prisoners of all nationalities were able to participate in the admissions process. The admissions booklet informed prisoners about the complaints process and the IPM service, but we would like to see the Prisoner Information Action Committee (PIAC) process added so that prisoners are aware of how they can contribute to improving prison life on arrival.

Once through the admissions process, communication continued to form part of the establishment ethos. From the ability to influence the establishment via PIACs, to encouraging discussion and participation in case conferences, and giving consent for the prison to contact their families. Women and staff agreed improvement suggestions arising from PIACs were generally met, for example, menu choices and visits, and inspectors noted that changes had taken place.

Link Centre staff encouraged women approaching release to engage with key agencies and advocated for them to adopt trauma-informed approaches which would better support women to engage. Women spoke positively about their experience of Integrated Case Management (ICM) processes and the support they received from Link Centre staff and praised efforts to support their participation.

The SPS, GEOAmeY and NHS complaints forms were easily accessible in each residential area. Apart from the physical issues of access for bariatric prisoners, women with additional support needs, such as wheelchair users, were well

supported to engage in physical and health activities. However, the range of work and education opportunities, particularly vocational training and qualifications, were limited and did not allow for greater participation.

Accountability: There was a framework of accountability in the prison, evidenced through a number of examples with some areas requiring improvement. For those being liberated, the prison took account of onward travel arrangements so that important appointments in the community could be attended. In the HMIPS pre-inspection survey, 50% of women stated the complaints process worked well. The complaints process was well advertised in every residential area. Women could freely access complaint forms without the need to discuss the nature of their complaint with staff. From viewing a selection of Prisoner Complaint Forms (PCFs), it was evident that HMP & YOI Stirling complied with the PCF process, mostly adhering to timeframes. Staff were well versed in the process and evidenced a good logging system for assurance purposes.

It was disappointing to note that the Prison Rules were only available in the admission hall, and this needs to be addressed. It is important that the prison allow equal access to all information that women might require to challenge the prison. It was also disappointing to note that the library did not hold copies of Prison Rules or legal text for women. Women had ample opportunity to gain access to the agent's area for legal consultation. However, it was noted that there was only one room for telephone consultations which reduced availability.

A daily review of individuals on Rule 95s was conducted with residential areas.

The Learning Centre staff and Physical Training Instructors ensured that, when highlighted, women who were struggling to engage in these activities were spoken to.

All prisoners have the right to feel safe, and if not the prison should remedy this. In our pre-inspection survey over 80% of those surveyed stated they felt safe, as did those spoken to during the inspection. This is a commendably high score. The prison took a proactive approach to keeping women safe by ensuring that the Intelligence Manager was visible across the establishment. This was practice worthy of sharing as staff, partners and the women who lived in HMP & YOI Stirling stated they were comfortable speaking with him and raising concerns. This was confirmed by the pre-inspection survey which showed over 50% of women would report any incidence of bullying or harassment by staff or other prisoners. The Intelligence Manager spoke with anyone who reported bullying to gain further information and to tackle any underlying issues. The prison also introduced mediation and restorative justice practices to support perpetrators to change their behaviours.

In recognising the importance of keeping women safe, it is imperative that the practice of using 15-minute observations overnight for all admissions arriving after 8.15pm should be reviewed to reduce the trauma of those being incarcerated, particularly those for the first time.

Where a prisoner's right to a family life was affected by being placed on closed visits; this was a decision taken only after significant concerns were raised about

the visitors introducing illicit substances into the establishment. There were only two examples of this practice being applied, and there were appropriate review processes in place to ensure that decisions were reviewed and considered on a regular basis.

At a strategic level, consistent processes to support the systematic monitoring, evaluation and review of services and programmes were not yet established. The range of services on offer did not fully reflect the needs of the prison population, particularly in respect of trauma counselling and youth work services.

The Estates Team had found it difficult since the opening of the prison to carry out their function of service and repair. They were trying their best but were still not in possession of the Assets Register or the specifications for the prison. This should be remedied quickly.

Other areas which could be remedied quickly included ensuring that they could evidence that the menu choices met the recommended calorie intake for women.

It was pleasing to see evidence of the prison responding positively to issues brought to their attention by women and staff.

Non-discrimination and equality: Women were arriving very late at the establishment and there did not appear to be a suitable explanation for this. This led us to believe that women were being treated differently to men in relation to the transport of prisoners from court to prison.

Vulnerable women were identified through the admission process and all staff across the prison demonstrated person-centred approaches to planning and support. Barriers to participation were quickly identified and addressed. There was a robust process for admitting foreign nationals where translation services were often used. The translation services were also well utilised within residential areas and hard copies of important information in a variety of languages was seen throughout the prison.

Individuals who displayed difficulty in understanding were given time and assistance to ensure comprehension. The admission hall had numerous folders in different languages available with the induction package translated. It was also pleasing to note that on admission Foreign Nationals were given the fire evacuation notice in their chosen language. Induction material was also translated into a number of the most common languages.

Disappointingly, menus were not available for those that could not read or write, vegan choices were poor, and there were no menus in other languages, which needs to be addressed.

There was a strong culture of compassion for the women in the care of the prison, regardless of their circumstances and behaviours. There was evidence to show the women facing the biggest barriers to realising their rights were supported by staff, peers, and support services. Speech and language specialists helped those who found it difficult to communicate and the Intelligence Manager investigated all allegations of discriminatory behaviour.

Some women with additional support needs were provided with an extended induction to help engagement with work opportunities. Although young women lived in a separate unit, they were not excluded from participating in groups, Chaplaincy or education with adult women. There were also additional services available to them should they not wish to mix with adult women. However, not all staff were clear about the processes for supporting young people under the Whole System Approach.

We challenge the SPS to provide equality around family contact by allowing foreign nationals to use an appropriate amount of their 200 free minutes to phone family and friends abroad.

Empowerment: The women were provided with lots of helpful information throughout the prison.

A well-structured induction package was offered to all admissions which outlined prisoners' entitlements, choices, and prison processes, such as how to order canteen, make a complaint and how to have their clothing and bedding laundered.

Communication to prisoners of their rights during security processes and disciplinary hearings was clear and courteous, with an emphasis on fostering positive working relationships with the women in their care.

Women provided feedback on the use of the new C&R2 techniques and helped to develop a more trauma-informed approach.

HMP & YOI Stirling had regular PIACs to gather women's suggestions and allowed them to be a part of the decision-making process. Minutes were visible in the residential areas and actions raised were regularly met. Women had the option of a suggestion box in the hall to make changes or proposals for the future.

The recently reintroduced Listeners' Scheme supported peer mentoring, but it was in its early stages. Enhanced case management processes appeared empowering with the woman central to the process. This did not appear to be the case for those serving short-term sentences. A case management process which empowers these women to take ownership of their time in custody would be beneficial. Information and forms being readily available for access to things like visits and referrals helped the women to feel empowered and to take control of decisions that affected them.

Women were aware of the plans made for their release and ICM minutes reflected that women were meaningfully engaged in planning discussions. Women were encouraged and supported to take a lead on actions that were identified through the planning process. Not all staff and prisoners were aware of the full range of services that were available within the prison.

As with the example of mealtimes, there was evidence of the prison consulting the women in their care and adjusting practices which affected their lives.

Legality: No real concerns were identified regarding HMP & YOI Stirling's compliance with Prison Rules and legal rights set out in domestic and international laws. However, some areas could be tightened up.

In most cases staff were mindful of their obligations in adhering to the Prison Rules and the human rights of those they looked after. However, there were instances, out with the control of staff, where rights were breached. An example would be Article 8 of the European Convention on Human Rights (ECHR) – A right to respect privacy and family life – where some women were unable to close their blinds and therefore felt vulnerable when dressing and undressing.

Health and safety legislation was largely adhered to, however a lack of evidence of completed fire drills was of concern.

An emphasis had been placed on the establishment being trauma-informed, and this was evidenced in the creation and implementation of Standard Operating Procedures (SOPs) which were person-centred and human rights based.

Under the Mandela Rule 65, an Imam was appointed should the two Muslim women in HMP & YOI Stirling wish access to one. There had been barriers to one woman having access to a bible in her first language and difficulties accessing texts relevant to the Roman Catholic faith (Mandela Rules 66). Those in custody in HMP & YOI Stirling had their rights to exercise in the fresh air met and often exceeded.

Summary of Inspection Findings



Standard 1 Lawful and Transparent Custody
Satisfactory



Standard 2 Decency
Generally Acceptable



Standard 3 Personal Safety
Satisfactory



Standard 4 Effective, Courteous and Humane Exercise of Authority
Generally Acceptable



Standard 5 Respect, Autonomy and Protection against Mistreatment
Satisfactory



Standard 6 Purposeful Activity
Generally Acceptable



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



Standard 8 Organisational Effectiveness
Satisfactory



Standard 9 Health and Wellbeing
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

In this standard, seven quality indicators were rated as satisfactory and two were rated as generally acceptable giving an overall rating of satisfactory. There are three recommendations for improvement.

In the HMIPS pre-inspection survey, 71% of prisoners said they were treated well in reception on arrival, with 13% reporting being treated badly. Inspectors observed the admissions process and were very impressed with how kind and caring the staff were towards the often very vulnerable women they dealt with. There was a Standard Operating Procedure (SOP) covering the admissions process and staff were knowledgeable about the processes. HMIPS would like to see the two experienced peer mentors being utilised as part of the reception/admissions process.

New admissions tended to arrive after 5.00pm, and it was a regular occurrence for them to arrive after midnight. The reasons for this appeared to be down to the transport provider, GEOAmey, only doing one drop off per day and not always taking the most direct route from court, although women being processed late in the day at court was another factor. The lateness of their arrival resulted in around 50% of women being placed on Talk to Me (TTM). This placed additional pressure on staff to complete 15-minute observations and could be quite traumatic to the women being checked on every 15-minutes until they attended a TTM case conference the next day. GEOAmey must be made aware of the knock-on effect of their escort processes and address the problems caused in partnership with the courts and the SPS contract team. HMP & YOI Stirling were doing a great job of making the admissions process as smooth as possible for the women given the circumstances and lateness of their arrival at the establishment.

There were insufficient staff trained in warrant and sentence calculation and HMP & YOI Stirling need to address this.

HMIPS Standard 1

Lawful and Transparent Custody – Continued

The women were provided with lots of helpful information on their day of arrival and were offered national induction the following day. The core screen and Prisoner Supervision System (PSS) process were very efficient, with paperwork being completed the following day. The national induction process had only recently been embedded and attendance numbers were good. Thistle was a fantastic hall for admissions to arrive at. There was lots of helpful information on display to ensure women were provided with the information they required soon after admission. Inspectors were delighted to see the admissions booklet available in folders in the hall in 11 other languages.

It was unfortunate that the prison had only 90 rooms and that so few convicted women were able to stay there and benefit from the therapeutic facilities. As HMP & YOI Stirling was the receiving prison for all women in Scotland, except for those living in the Northeast/Highlands who went to HMP & YOI Grampian, it had to continually transfer women out to make space for new arrivals. The population was made up of remand, high needs, young people and a transient and relatively small number of convicted prisoners. SPS HQ should consider repurposing HMP & YOI Stirling to ensure that more convicted prisoners can benefit from what HMP & YOI Stirling has to offer.

The staff in Wintergreen were doing a fantastic job and had increased numbers of staff due to the level of care the women required. However, a large number of the women held there were mentally very unwell and required specialist care, which the officers were not trained to provide. The Scottish Government must consider how it can offer more high secure psychiatric units for women in Scotland with severe mental health issues, as the current arrangement is not fair on them or staff.

List of Recommendations

- **Recommendation 1:** HMP & YOI Stirling in conjunction with SPS HQ should take action to ensure they have sufficient staff trained in warrant and sentence calculation.
- **Recommendation 2:** SPS HQ should consider repurposing HMP & YOI Stirling to ensure that more convicted prisoners can benefit from the therapeutic environment that HMP & YOI Stirling has to offer.
- **Recommendation 3:** The Scottish Government must consider how it can offer more high secure beds for women in Scotland with severe mental health issues.

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

In this standard, one quality indicator was rated as good performance and five were rated as generally acceptable performance. There was one example of good practice and 10 recommendations for improvement.

HMP & YOI Stirling is the most recent prison to be opened in Scotland. It was designed to encompass a trauma-informed practice for women in the care of the SPS. It opened in June 2023 and replaced HMP YOI Cornton Vale. It had an operational capacity of 100, including two mother and baby spaces. It also had 17 safer rooms which were not part of the operational capacity.

There were eight units in HMP & YOI Stirling. Each area was named after a flower, chosen by women from the prison estate. Primrose, the Mother and Baby Unit, was unoccupied at the time of the inspection, Bluebell was a Top End facility for those on progression, Iris was for convicted women, Myrtle for those aged Under 21, Begonia was untried women, Wintergreen was a High Dependency Unit, Heather was the SRU and Thistle was the Assessment Centre.

The buildings, residential areas and the women's rooms were very modern, with softer therapeutic design features and an overall ambience akin to that of a Further Education campus. This extended to the grounds, which had large open spaces with grass areas and plant beds. All the rooms were single occupancy, although two rooms could be converted to buddy rooms for those requiring support.

Without distracting from the impressive therapeutic environment, the positive overall feel of the prison, and the good work undertaken by staff, it would be remiss of HMIPS not to highlight a number of issues that could have been avoided.

HMIPS Standard 2 Decency – Continued

The handover from the contractor to the SPS had not been a smooth transition. The evidence report for this standard gives a number of examples where issues could have been avoided, particularly if the Estates Team had been in place during the transition period. There were serious issues with the drainage and heating systems. The Estates Team did not yet have the assets register or the specifications for the prison. This presented issues when ordering items.

It was surprising that a new prison with expected snagging issues did not have operational cover to escort contractors around the prison, which delayed things getting fixed.

The accommodation was unquestionably better than in any other prison apart from the two women's Community Custody Units. However, disappointingly, there were some design flaws that would have made the accommodation even better. The entrances to the toilet and shower were narrow and could result in access issues for some women. It was difficult for staff to observe the whole of the room when required to do so without having to open the door. The blinds, although designed to be anti-ligature with no cords, resulted in some of the women being unable to use them unless they stood on the seating alcove which was a health and safety risk. In some cases, women were not strong enough to pull the blind down and felt vulnerable as people walking past could look in. After eight months in operation there were already some signs of wear and tear with some composite from walls in rooms falling off, creating sharp shards of plaster.

Each room was well kitted out, although the mattresses were very firm. Each residential storeroom contained a sufficient stock of clothing in all sizes as well as a good stock of bedding. Prison issued clothing, including jackets for inclement weather, was found to be in good condition and good quality. All areas had appropriate access to the prison laundry, and in most cases a washing machine in the residential area to wash personal clothes.

The laundry itself had some issues with space and the temperature being too cold for woman to work in due to the air condition system. The prison individualised each person's personal items by labelling their names on them. There was a good level of cleanliness and hygiene throughout the prison and ample opportunity for women to keep their personal spaces clean.

Bio-hazard incidents were the highest we have encountered in any prison. They were dealt with by a small team of four women who had completed the relevant training. Due to the small number of women available to work in the prison, most women had more than one job, and this sometimes put pressure on their workplaces. Women who work should in future be allowed to have a shower before their evening meal.

HMIPS Standard 2 Decency – Continued

The prison supplied a good range of toiletries and personal hygiene materials which were easily accessible, but there was a need to improve the selection of male products for equality. Those in the Industrial Cleaning Party (ICP) should have better access to a toilet.

Catering is a challenge for prisons nationwide, having only £2.95 to spend per day per person. Nevertheless 84% of those responding to our pre-inspection survey said that the food was good, with 55% responding that they always or usually received enough food to eat at mealtimes. The kitchen was located behind the servery in the main dining room and therefore the food was always served at a good temperature, and it was a good quality. This was confirmed by a number of inspectors who observed the food and, in some cases, sampled what was on offer.

The barrows transporting the food to those areas that dined in the residential area were excellent and should be used across the SPS estate.

The downside to the central dining room was that it was in the Hub area and the women had to walk outside from their respective residential areas to reach it. With no covered walkway it meant that in inclement weather women were required to wear rain jackets. When the weather was wet or icy there was a risk of slipping. Those that used walking aids would also find it a challenge which is a health and safety risk. Mealtimes had been split into two sittings and some women reported that at times they felt slightly rushed.

The menus rotated every three weeks and adapted through PIACs. The menus indicated the level of healthiness but the choice for Vegans was poor. Some weeks they only had one choice of evening meal.

For those who were unable to read there were no symbols on the menus to assist in choosing a meal. This was poor as there were women in the prison who struggled to read. It was also disappointing that the menu was not available in other languages.

List of Recommendations

- **Recommendation 4:** HMP & YOI Stirling should ensure that the Estates Team receive the assets register and the specification for the prison immediately.
- **Recommendation 5:** HMP & YOI Stirling should review the roster to allocate staff to escort contractors.
- **Recommendation 6:** SPS HQ must look to replace the air-conditioning system in the laundry.

HMIPS Standard 2

Decency – Continued

- **Recommendation 7:** HMP & YOI Stirling should look at issuing IDs for those requiring access to a toilet in the ICP and when carrying out cleaning duties in other parts of the prisons, so they do not require an escort.
- **Recommendation 8:** HMP & YOI Stirling should ensure that women on work parties or attending the gymnasium are offered a shower before mealtimes.
- **Recommendation 9:** SPS HQ should adopt the food barrows used by HMP & YOI Stirling in all prisons.
- **Recommendation 10:** HMP & YOI Stirling should ensure that the menus offer women the required calories per day.
- **Recommendation 11:** HMP & YOI Stirling should ensure that those on a vegan diet are able to have a choice at every mealtime.
- **Recommendation 12:** HMP & YOI Stirling should ensure that all those involved in serving or handling food complete Royal Environmental Health Institute of Scotland (REHIS) training.
- **Recommendation 13:** HMP & YOI Stirling should increase the number of people able to deliver REHIS training to meet the needs of the prison.

List of Good Practice

- **Good Practice 1:** Each women's name was written on their personal items, so it was returned to the right person.

Standard 3 - Personal Safety

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

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

Inspection Findings

Overall Rating: Satisfactory

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

HMP & YOI Stirling had a dedicated Support and Wellbeing Manager who ensured consistency in the high level of compassion and care provided to those at risk of suicide or self-harm. Positive relationships between staff and women allowed the early detection of warning signs, and good quality safer cells and clothing promoted dignity in care.

Wintergreen Unit provided a higher level of support to the women most at risk of harm and those with the most complex needs. The staff were experienced and caring in their approach, and the use of peer supporters to enable the women to access services out with the unit was worthy of note.

A high percentage of women stated they felt mutual respect with the staff group which permitted the development of strong, trusting relationships. As a result, staff were quick to identify changes in behaviour and a variety of person-centred techniques were used to proactively lower risk. The use of C&R2 techniques along with the work of the dedicated violence and restraint reduction (VRR) manager had reduced the number of traumatic restraints in the prison.

Although the SPS Think Twice Strategy was not well known by the staff or women who resided in HMP & YOI Stirling, the proactive Intelligence Manager ensured any allegation of bullying or harassment were investigated and dealt with.

Victims of bullying or harassment were supported, and restorative justice practices and mediation methods had been used successfully.

Systems and procedures were in place to ensure proportionate and rapid responses could be made in threat to safety situations, and staff felt supported during these incidents. Staff training levels met the national targets and learning sets were used as a means of developing good practice.

HMIPS Standard 3

Personal Safety – Continued

Health and safety legislation was largely observed throughout the prison, however the means of evidencing compliance required development.

List of Recommendations

- **Recommendation 14:** SPS HQ should review the Talk to Me (TTM) policy with the NHS to prevent the automatic use of 15-minute observations overnight.
- **Recommendation 15:** HMP & YOI Stirling should clearly define the purpose of Sunflower and ensure the women accommodated there are provided with adequate support and are not isolated.
- **Recommendation 16:** HMP & YOI Stirling should ensure the interactive screens in Sunflower are fully operational.
- **Recommendation 17:** HMP & YOI Stirling should ensure Think Twice awareness sessions are delivered to staff, prisoners, and partners with specific reference to the completion of suspected bullying reports.
- **Recommendation 18:** HMP & YOI Stirling should provide support to victims of bullying in their existing location rather than moving them.
- **Recommendation 19:** HMP & YOI Stirling should ensure relevant staff are trained in baby resuscitation as outlined in the 2019 Mother and Baby Policy.
- **Recommendation 20:** HMP & YOI Stirling should ensure hand arm vibration and noise assessments are carried out as a matter of urgency.
- **Recommendation 21:** HMP & YOI Stirling should ensure monthly health and safety checks and regular fire drills are completed, monitored, and evidenced.

List of Good Practice

- **Good Practice 2:** The dedicated support and wellbeing manager chaired most case conferences and audited all paperwork which had supported the team to develop consistent and compassionate practices in care.
- **Good Practice 3:** Mental health nurses attended all case conferences, shared pertinent information, and provided regular mental health support within care plans.
- **Good Practice 4:** There were safer cells in most residential areas which allowed women to remain near their support network whilst continuing to access a full regime.
- **Good Practice 5:** The additional support services, higher staff ratio and increase in the provision of mental health and speech and language support services in Wintergreen.
- **Good Practice 6:** The use of peer supporters to encourage women in Wintergreen to engage in activity outwith the residential area.

HMIPS Standard 3 Personal Safety – Continued

- **Good Practice 7:** The use of person-centred techniques used to de-escalate situations and prevent aggression and violence.
- **Good Practice 8:** The VRR manager's inclusion of feedback from speech and language experts, staff and the women involved in restraints to further develop trauma-informed practice.
- **Good Practice 9:** The significant reduction in the number of occasions restraints were taken to the floor.
- **Good Practice 10:** The Intelligence Manager was visible and approachable which encouraged prisoners, staff and partners to report concerns.

Standard 4 - Effective, Courteous and Humane Exercise of Authority

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

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

Inspection Findings

Overall Rating: Generally Acceptable

In this standard, seven quality indicators were rated as satisfactory performance and three were rated as generally acceptable performance. There were three examples of good practice and eight recommendations for improvement. The use of routine body searching as opposed to intelligence led body searching brought this overall rating down.

The implementation of C&R2 had been successful in HMP & YOI Stirling, resulting in fewer restraints leading to the floor, and a more co-operative and trauma-informed interaction with prisoners. Staff training had been prioritised and the use of video recordings utilised to assist in reviews and lessons learned for staff.

The use of the latest technology in body searches had also reduced rub down searches, which were deemed invasive and could be retraumatising for individuals within custody. Staff displayed acute awareness of the need to meet security requirements whilst also ensuring women in their custody were treated humanely and with consideration. However, the prison was routinely body searching women after a visit. It is HMIPS's view that this should cease, and women should only be searched if there is intelligence.

Whilst there are robust Standard Operating Procedures (SOPs) in place, full implementation and completion of paperwork needs addressed. Increased senior management oversight of audits within reception and the Electronic Control Room (ECR) is recommended.

Prisoners had access to their property and cash but reported delays to property from date of request.

HMIPS Standard 4

Effective, Courteous and Humane Exercise of Authority – Continued

The SRU was run well, and as the national facility for women in custody, the staff within HMP & YOI Stirling were often faced with individuals displaying some of the most challenging behaviours, with complex cases to manage. Further work should be conducted to assist with meeting the needs of these individuals, as well as general population management and the day-to-day management of the SRU and Enhanced Needs Unit (ENU) referred to as Sunflower. There was good collaboration between the SPS and NHS staff on case management, with a multidisciplinary approach in place.

List of Recommendations

- **Recommendation 22:** HMP & YOI Stirling should ensure that a member of the Senior Management Team signs off all Use of Force forms (UoF).
- **Recommendation 23:** HMP & YOI Stirling should consider that the SRU cell doors have a hatch system, so that in circumstances where it is deemed more traumatic to use Personal Protective Equipment (PPE), the hatch system can be utilised to engage with the occupant.
- **Recommendation 24:** HMP & YOI Stirling should consider involving staff when deciding special security measures (SSMs) as they are the ones who will manage individuals on a daily basis.
- **Recommendation 25:** HMP & YOI Stirling should not routinely body search women, it should only take place where there is intelligence to require it.
- **Recommendation 26:** HMP & YOI Stirling should ensure that there are sufficient staff rostered at weekends to deal with property requests.
- **Recommendation 27:** HMP & YOI Stirling should ensure that there is an audit process in place for Personal Escort Records (PERs) to ensure compliance with the guidelines.
- **Recommendation 28:** HMP & YOI Stirling should ensure that all Perimeter Intruder Detection System (PIDS) paperwork is completed by the correct staff.
- **Recommendation 29:** HMP & YOI Stirling should look to identify methods to restrict visual observations into the prison.

List of Good Practice:

- **Good Practice 11:** The Intelligence Management Unit's (IMUs) collaboration with the VRR manager to enable reviews, analysis and to share learnings with officer involved in the incident.
- **Good Practice 12:** The Daily Rapid Rundown meetings which reviewed those on TTM, Rule 41 and SSMs.
- **Good Practice 13:** The detailed management plans in the SRU/ENU.

Standard 5 - Respect, Autonomy and Protection Against Mistreatment

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

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

Inspection Findings

Overall Rating: Satisfactory

In this standard, six quality indicators were rated satisfactory and two as generally acceptable. There were four examples of good practice and 10 recommendations for improvement.

In relation to critical information being passed between women and their families, a Standard Operating Procedure (SOP) was in place to explain how to gather and record next-of-kin details. Foreign nationals were also able to provide next-of-kin details on arrival to the establishment. Reception staff used the correct procedure, utilising translation services where necessary.

HMP & YOI Stirling had no Family Contact Officer (FCO) in place, this was concerning as this role is pivotal for families and the women. Inspectors were provided with assurances from First Line Managers (FLMs) that a process was in place should families require to inform prisoners of serious illness or death of relatives. Although with in-cell telephones, the women usually receive this information directly.

Mail was processed as per the SOP. Although it was noted that due to a lack of resources, one hall was taking mail out with the residential unit to process, which prevented staff from photocopying it in view of the women.

All staff had completed trauma-informed training, supported by NHS, before taking up post. Staff reported good relationships with the women during focus groups and the inspection. In the HMIPS pre-inspection survey, 73% of the women said they were treated with respect by staff all or most of the time. This was substantiated by what was heard during the focus groups and observations throughout the inspection. Independent Prison Monitors (IPMs) also commented that SPS staff were the first port of call for support and often resolved issues straight away.

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

There was a well-established personal officer process, with women confirming they knew who their personal officer was. Staff stated they were able to complete their personal officer duties, especially when fully staffed. From the HMIPS pre-inspection survey 72% of women reported that personal officers worked well, and they were very supportive. There were examples of positive relationships, particularly where staff and women interacted in a less formal setting such as playing snooker, doing arts and crafts, completing quizzes or having one-to-one discussions.

Throughout the establishment personal information was kept confidential and stored appropriately. However, there was no clear Subject Access Request (SAR) or Freedom of information (FOI) process. It appeared HMP & YOI Stirling had no dedicated member of staff in charge of logging or answering such requests. Staff and FLMs had minimal knowledge of the process and only one hall had information on the noticeboards pertaining to this, which was the data protection privacy statement.

Prison regime plans were very ad hoc in HMP & YOI Stirling. The only timetable that appeared to be followed was the health and wellbeing timetable. During discussions with women and staff and from Prisoner Information Action Committee (PIAC) minutes, inspectors heard and witnessed how the lack of structure affected their ability to have a consistent, predictable daily routine. However, staff did indicate that there had been an improvement in the orderly running of the establishment following a reduction in staff sickness and more experienced staff returning to the establishment helped with developing positive relationships with the women.

Two PIACs had been held recently in separate halls, which was confirmed by published minutes on prison noticeboards and conversations with staff and women. It was clear from the comprehensive minutes received that some of the actions raised had been met. The prison had developed initiatives such as suggestion boxes where women were able to directly influence what happened in their environment. Noticeboards in the halls were up-to-date and filled with relevant information. Foreign nationals were supported across the establishment with staff demonstrating they had knowledge of how to use translation services. HMP & YOI Stirling had a robust admission process with induction leaflets and other material printed off in numerous languages.

Prison Rules were only available in the admission hall. Furthermore, the library did not hold copies of Prison Rules or legal text for women. Women had ample opportunity to gain access to the agent's area for legal consultation; it was noted, however, that there was only one room for telephone consultations which reduced availability.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

The complaints process was well advertised in every residential area. Staff were well versed in the process and showed inspectors how they log them. In the HMIPS pre-inspection survey, 50% of women stated the complaints process worked well. From viewing a selection of Prisoner Complaint Forms (PCFs), it was evident that HMP & YOI Stirling complied with the PCF process, mostly adhering to timeframes.

Independent Prison Monitor (IPM) posters were displayed in all residential halls and throughout the establishment. The freephone number was added to in-cell telephony lists. Women and staff were aware of IPMs, and it was clear women preferred to speak to them in the residential area rather than utilising the freephone number. IPMs spoke highly of staff and HMP & YOI Stirling and stated they were very helpful and accommodating.

List of Recommendations

- **Recommendation 30:** HMP & YOI Stirling should employ a Family Contact Officer to support links between prisoners and their families.
- **Recommendation 31:** HMP & YOI Stirling should encourage all staff to wear name badges.
- **Recommendation 32:** HMP & YOI Stirling should create an interview room/private area in Myrtle to facilitate private and confidential discussions.
- **Recommendation 33:** HMP & YOI Stirling should appoint a member of staff to develop expertise and take the lead on Subject Access Requests (SARs) and Freedom of Information (FOI) requests.
- **Recommendation 34:** HMP & YOI Stirling should ensure that data protection information is displayed for women in the residential areas, and in a language they understand.
- **Recommendation 35:** HMP & YOI Stirling should provide prisoners with more structure and a timetable to follow in each residential area.
- **Recommendation 36:** HMP & YOI Stirling and the SPS HQ should ensure a Prison Radio and information channel is made available on the cell TV to provide up-to-date information, particularly for individuals with learning difficulties or mental health issues.
- **Recommendation 37:** HMP & YOI Stirling should furnish the noticeboards in reception with relevant up-to-date information for all admissions.
- **Recommendation 38:** HMP & YOI Stirling should ensure that women are invited to attend E&D strategy meetings within the establishment.
- **Recommendation 39:** HMP & YOI Stirling should ensure that the Prison Rules are available in all residential areas and in the library.

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

List of Good Practice

- **Good Practice 14:** The use of the Admission Welfare Assessment to capture immediate details of next-of-kin, especially for foreign nationals.
- **Good Practice 15:** HMP & YOI Stirling completed a 'what to expect in first 24 hours' admission discussion, setting clear standards and boundaries whilst removing potential barriers, for example, learning difficulties, language barriers.
- **Good Practice 16:** A suggestion box in the residential area, allowing the women to share their thoughts and provide input for future changes.
- **Good Practice 17:** Admission packs in reception printed in 12 different languages.

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

In this standard, eight were rated as satisfactory performance, five were rated as generally acceptable performance, two were rated as poor performance giving an overall rating of generally acceptable. There were four examples of good practice and 18 recommendations for improvement.

There were a few employability and training opportunities available, which mainly focused on essential services to support the running of the prison. A prison officer with a focus on delivering life skills programmes was recently in post and beginning to deliver accredited programmes. This was beginning to enhance the work party offer. All work parties were operating under capacity, and a few were not well attended. As a result, the number and type of work party was not sufficiently meeting the needs of all women. A few women in work parties could obtain vocational qualifications. However, beyond the Industrial Cleaning Party (ICP), access to vocational qualifications was not consistently offered across all work parties. Overall, the range and level of vocational training offered to women was limited.

Women were provided with information on available work parties during their induction. Personal officers also promoted employment opportunities and encouraged participation. Those women who were given the chance to attend a work party were consulted on their skills and interests. There were a few examples of prison officers identifying and removing barriers to participation. However, this could be more consistent. A work party application process is in place. However, the work party options available did not always match women's skills and interests. There were a few examples of women being able to move between work parties. However, a few women were in the same work parties for long periods. Overall, the prison could do more to prioritise the needs of women over the needs of the establishment. Similarly, there is more to do to increase the range of work parties relevant to the employment market.

HMIPS Standard 6 Purposeful Activity – Continued

The educational opportunities available in the Learning Centre included induction, English for speakers of other languages, introduction to information technology, discussion and creative writing groups, project-based learning, Scottish studies, history and a Koestler Award group. However, there was more of a focus on themed-based learning. Almost all women highlighted that that they would like to see more choice. Learning Centre staff were responsive to addressing barriers to participation. A few subjects attract accreditation. However, achievement levels were low. Recent relaxations around mixing the prison population had the capacity to increase access to education to more of the prison population. Almost all women stated that prison staff do not always promote education.

The physical education department offered a very good range of physical and health activities to all prison populations, including those with additional support needs. A gym buddy programme was also in place. The gymnasium area was small; however, Physical Training Instructors (PTIs) maximised the use of indoors and outdoors spaces effectively. PTIs also supported satellite gymnasiums, which were located in almost all residential areas. The gymnasium timetable provided women with multiple opportunities to engage in health and fitness activities. The gymnasium provision was popular amongst prisoners. All women completed a Physical Activity Readiness Questionnaire and received an induction prior to engaging in physical exercise. Should barriers to participation be identified, PTIs worked effectively to address these. A questionnaire for women, gathered their views on gym provision.

The library was small and had a limited range of reading material, which included fiction, non-fiction and religious texts. A few books were available in large print or in other languages. There was a small selection of DVDs and newspapers available. However, there were no legal texts or self-help resources. There was a limited supply of reading material in a few residential halls. Overall, the women felt the library resources were limited and could be more relevant to their needs and interests. The Hub and library pass woman kept the library stock well organised and maintained a borrowing record. However, the library was not catalogued, and it was difficult to keep track of resources available. There was no permanent library staff or formal links with the local authority library service or Fife College.

HMIPS Standard 6 Purposeful Activity – Continued

Women participated in a good range of cultural activities and events. They made good use of self-help resources available or self-directed activities. Women had access to a good range of recreational activities. A fellowship group met once a week. Women had access to a wide range of in-cell activity packs and resources. The prison planned and proactively promoted themed events. These events provided women with the opportunity to self-reflect and learn about the importance of self-care and caring for other people. The prison recently reintroduced the Listener's Scheme. Listeners also provided informal peer-mentoring support.

In HMP & YOI Stirling all individuals were offered time in the fresh air for one hour each day unless an incident prevented it from occurring. It was noted that in the good weather many of the units would operate an open-door policy to the exercise space for the duration of the regime day.

The faith services were operating from a shared space in the central area and were awaiting a custom-built area which will no doubt assist them. Church of Scotland and Roman Catholic faiths were well catered for in terms of faith services. There was no Imam on site but one could be contacted as required for the small number of women who were practising Islam. There were some issues noted in terms of access to specific faith texts and bibles in specific languages. Through discussion on the week of inspection resolutions were identified. There was good evidence of the faith services team working well with other disciplines and promoting good information sharing.

The visitor facility was 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. The visitor facility was staffed around visit times but did not have an appointed Family Contact Officer (FCO) which was a limitation to the service offered. The visit room was a comfortable and bright space, but visits were not always well attended. The provision for double visits and alternative visit provision such as virtual visit out with office hours could be improved.

There had been progress to establish therapeutic interventions and whilst it was clear a lot of work had been undertaken, there were gaps in relation to therapeutic interventions for trauma and offence focused interventions for those serving short sentences. The Interventions Team were not fully staffed and were also awaiting the next phase of the build to give them a therapeutic delivery space. The Link Centre housed a range of service providers, interview rooms and meeting spaces. In contrast to the rest of the establishment, the Link Centre felt stark in its decoration and atmosphere.

HMIPS Standard 6 Purposeful Activity – Continued

Finally, case management and parole processes appeared to be functioning as expected for those subject to the enhanced integrated case management process. These case conferences were well attended by personal officers which was good practice. However, case management for those under the age of 18 and those serving short-term sentences was lacking.

List of Recommendations

- **Recommendation 40:** HMP & YOI Stirling should prioritise improvements to the employment and vocational training and accreditation opportunities. These opportunities should be in line with the labour market and better meet the interests and aspirations of the prison population.
- **Recommendation 41:** HMP & YOI Stirling should begin to prioritise the needs of women over the needs of the establishment. There was also a need to increase access to employment and vocational opportunities to the wider prison population.
- **Recommendation 42:** HMP & YOI Stirling and Fife College should review the learning offer to respond to and reflect the needs and interests of the population. This includes level of qualification and progression opportunities to help encourage attendance.
- **Recommendation 43:** HMP & YOI Stirling should promote learning opportunities to women more effectively and encourage their participation in learning to address the low participation rates.
- **Recommendation 44:** HMP & YOI Stirling should continue with plans to develop more formal links with the local authority library service to further assist with cataloguing, managing and rotating library resources.
- **Recommendation 45:** HMP & YOI Stirling should ensure that all prisoners have access to an appropriate and increased range of up-to-date and accessible library resources. This should include resources available through external partners, such as the local authority and Fife College.
- **Recommendation 46:** HMP & YOI Stirling should ensure that the Chaplaincy service provides bibles in a range of languages.
- **Recommendation 47:** HMP & YOI Stirling should ensure that a stock of visit request forms is always available throughout the residential areas.
- **Recommendation 48:** HMP & YOI Stirling should ensure that a process is developed and advertised for the use of the more private visit space.
- **Recommendation 49:** HMP & YOI Stirling should ensure that a provision for double visits is implemented for those travelling long distances.
- **Recommendation 50:** HMP & YOI Stirling should consider the provision of a hot drink's facility in the visit room.
- **Recommendation 51:** HMP & YOI Stirling should ensure that the provision of virtual visits is offered in the early evening and at weekends.
- **Recommendation 52:** YOI Stirling should ensure that there are therapeutic group spaces available.

HMIPS Standard 6

Purposeful Activity – Continued

- **Recommendation 53:** HMP & YOI Stirling should ensure that interventions targeting key risk factors are available for those serving short-term sentences.
- **Recommendation 54:** HMP & YOI Stirling should consider training social work staff in SPS offending behaviour programmes to support the delivery of Ultimate Self
- **Recommendation 55:** HMP & YOI Stirling should consider providing further resource for consolidation and top-up work related to the Ultimate Self programme.
- **Recommendation 56:** HMP & YOI Stirling should ensure that case management processes are implemented for those serving non-statutory/ short-term sentences.
- **Recommendation 57:** HMP & YOI Stirling should ensure that there are clear processes agreed and communicated for the management of young women in custody.

List of Good Practice

- **Good Practice 18:** A gym buddy programme was also in place. PTIs supported gym buddies well in their role to provide peer support to help empower women to take action to improve their health and wellbeing. This holistic support to improve prisoners' health and wellbeing and encouraged wider participation is good practice.
- **Good Practice 19:** Chaplaincy staff detailed on PR2 where pastoral support was being provided and this promoted the sharing of information.
- **Good Practice 20:** Chaplaincy staff liaised with other disciplines to ensure that the pastoral support being offered was not at odds with work being offered by other service providers.
- **Good Practice 21:** Staff continued to maintain contact with a woman engaging in the Ultimate Self programme when she was in the Separation and Reintegration Unit (SRU).

Standard 7 - Transitions from Custody to Life in the Community

Prisoners are prepared for their successful return to the community.

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

Inspection Findings

Overall Rating: Generally Acceptable

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

Sentence and pre-release planning for long-term prisoners was working well via enhanced Integrated Case Management (ICM) processes. All partners worked together effectively to plan for release and staff made significant efforts to encourage women to participate in planning processes. Barriers to engagement were proactively identified and addressed. Women on remand and short-term prisoners serving more than seven days had a pre-release plan prepared by Link Centre staff. Case management processes to support sentence planning for short-term prisoners had not yet been implemented. Staff were not clear or confident about planning processes for young people.

For statutory prisoners, prison staff and Prison-Based Social Work (PBSW) worked collaboratively to ensure that key decisions about progression and release were informed by timely and comprehensive assessments and reports. Community-based social workers and personal officers regularly attended ICM meetings. Processes were also in place to encourage and support family attendance.

A reasonable range of community-based agencies operated via the Link Centre; however, the lack of trauma counselling and youth services were noted as gaps. All partners worked together effectively to identify and address women's needs and prepare them for release. Prisoners and personal officers were broadly aware of the range of services on offer, although all staff noted that the isolated location of the Link Centre made it feel 'invisible' to women. To overcome this, some agencies had adopted an 'outreach' approach, visiting women directly in the units.

HMIPS Standard 7

Transitions from Custody to Life in the Community – Continued

Programme needs were identified via Generic Programme Assessment (GPA) and Programmes Case Management Board processes; however, the range of programmes on offer was limited. This was largely attributed to staffing issues within the intervention team and psychology service. The Ultimate Self accredited offending behaviour programme was not available as a group option and plans to deliver a recently developed Short-Term Intervention Programme had been delayed due to staff absence. Prison, social work and health staff had recently piloted a newly developed course called Decider Skills, designed to improve emotional regulation and problem solving. A second course was being planned. Addiction support, in the form of a Recovery Café, had been running for five weeks and plans were in place to introduce Alcoholics Anonymous (AA) meetings soon.

Whilst interventions staff worked hard to develop the offer, overall, the programme of groups and activities was limited and physical space to host groups was still in development. There were no programmes or interventions available for unconvicted women.

The prison had established good links with services offering support in the community and short-term prisoners had a good awareness of voluntary throughcare support provided by community-based social work teams.

List of Recommendations

- **Recommendation 58:** HMP & YOI Stirling should review security arrangements for the Link Centre to enable Link Centre staff to be freed-up to fulfil their vital role in supporting women to prepare for release.
- **Recommendation 59:** HMP & YOI Stirling should ensure that staff working with young people are trained in the Whole System Approach. Measures should be implemented to check that this approach is being consistently applied.
- **Recommendation 60:** HMP & YOI Stirling should prioritise the development and implementation of a suite of programmes and interventions to ensure that risks and needs are addressed for all categories and ages of prisoner and that women are appropriately supported to prepare for release.
- **Recommendation 61:** HMP & YOI Stirling should implement a clear case management process to support sentence planning for short-term prisoners. Staff should be trained in applying the process and mechanisms developed to check it is consistently applied.
- **Recommendation 62:** HMP & YOI Stirling should ensure that women can attend relevant sections of RMT meetings to present their views.

HMIPS Standard 7 Transitions from Custody to Life in the Community – Continued

List of Good Practice

- **Good Practice 22:** Link Centre staff effectively engaged with remand and short-term prisoners to develop plans for release and co-ordinate these in partnership with relevant agencies. This was benefitting women's transition to the community.
- **Good Practice 23:** Interventions officers had sought to take an evidence-based approach to the development of the Recovery Café, consulting with women and drawing on good practice models being delivered nationally.

Standard 8 - Organisational Effectiveness

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

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

Inspection Findings Overall Rating: Satisfactory

In this standard, two quality indicators were rated as good performance, five were rated as satisfactory performance, and one was rated as generally acceptable performance, giving an overall rating of satisfactory.

There were two examples of good practice and one recommendation for improvement.

The prison performed well against this standard. The formal governance system around the Equality and Diversity agenda was reasonably well embedded and it was particularly pleasing to see that induction booklets had been translated into many different languages. Moreover, a caring and compassionate culture for all in their care, regardless of their individual circumstances or behaviours, was evident among all staff. However, we believe it is unfair that foreign nationals who may have no family or friends in the UK are not permitted to make use of the 200 free minutes available to all prisoners in Scotland to phone abroad. While we recognise the number of minutes might need to be scaled down to reflect the higher cost of calls abroad, we encourage the SPS to address this inequality around family contact.

HMIPS Standard 8 Organisational Effectiveness – Continued

The ambience and therapeutic design of the new prison was highly commendable and testament to a learning organisation; the culmination of a prolonged process of listening to women in HMP YOI Cornton Vale and looking at best practice from around the world. It was encouraging to see the prison was working closely with SPS partners across the women's estate to promote consistency and share best practice and facilitating visits from a wide range of individuals and other organisations with an interest in the criminal justice system. However, the SPS did not seem to have learnt from the opening of new prisons previously in that the prison appeared to have been operationalised before it was ready. The first few weeks of operation had been frustrating for staff and women in their care with adjustments to the regime and full access to the Learning Centre only achieved in January. The prison also had to amalgamate new staff with some of the previous HMP YOI Cornton Vale staffing group into one cohesive team, which was a challenge but had been successfully achieved by the time of our inspection.

Business review processes had been impacted by the loss of the Business Improvement Manager and temporary promotion of their successor, but HMP & YOI Polmont was providing some temporary support, and the issue was expected to be resolved soon.

The prison had struggled with a high level of staff sickness soon after opening, but this had been brought back down to more acceptable levels through robust attention to attendance management policies. Training stats and core competencies were generally at an acceptable level and good performance was being recognised.

Noise levels in the Separation and Reintegration Unit (SRU) had resulted in complaints from the local community and it seemed to inspectors that the prison should have been designed with the SRU located on the other side of the prison. The prison was engaging with the local community and providing updates on a six-point plan to alleviate their concerns.

List of Recommendations

- **Recommendation 63:** SPS HQ should review the excel sheet used to calculate phone top-ups for foreign nationals and ensure they can also make use of the 200 free minutes to support contact with family abroad (if necessary, scaling back the number of minutes to reflect the higher cost of calls abroad).

HMIPS Standard 8 Organisational Effectiveness – Continued

List of Good Practice

- **Good Practice 24:** The therapeutic design and overall ambience of the prison was exceptionally good and testament to an organisation that had listened to what women in its care wanted, looked at best practice elsewhere, and sought to be leading edge internationally.
- **Good Practice 25:** The proactive engagement with SPS partners in the women's estate and with external stakeholders wishing to visit the prison was impressive.

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

In this standard, eight quality indicators were rated as good, eight were rated as satisfactory, and one was rated as generally acceptable, giving an overall rating of satisfactory. There were 16 examples of good practice and eight recommendations for improvement.

Background

Healthcare in HMP & YOI Stirling was hosted by Falkirk's Health and Social Care Partnership (HSCP) and reported through its governance structures. All developments and activities related to the enhancement and improvement of prison healthcare is monitored and overseen through Prison Healthcare Oversight and Prison Healthcare Workforce Groups. The HSCP have extensive experience of delivering a healthcare service for people in prison, with two other prisons HMP & YOI Polmont and HMP Glenochil currently being hosted by the partnership.

As with any new service inspectors saw that there have been some challenges. However, the leadership team within HMP & YOI Stirling and the HSCP had used learning from inspections of the other prisons in NHS Forth Valley to support good care delivery at HMP & YOI Stirling. There was a clear vision for the delivery of prison healthcare in HMP & YOI Stirling, with staff feeling well trained and supported to deliver a range of healthcare interventions to the population.

Leadership and Governance

The Healthcare Team at HMP & YOI Stirling had a clear vision for prison healthcare which supported person-centred and compassionate care. Staff spoken with described the management team as visible, supportive and approachable. The Healthcare Team in HMP & YOI Stirling was well managed with good operational leadership in place. Communication across all disciplines of staff was effective and staff were focused on the provision of safe and compassionate patient care.

HMIPS Standard 9 Health and Wellbeing – Continued

There was evidence of systems and processes in place to report and learn from incidents and adverse events, including Serious Adverse Event Reviews. Learning from these events was shared by the team leaders and discussed at team meetings. Feedback from patients was gathered using complaint or feedback forms. Information gathered by the patient relations nurse would be fed back to the team and action would be taken as required.

Feedback from staff indicated a good relationship between healthcare and SPS with evidence of joint working. There were several multi-agency forums taking place for professionals to discuss patients' wellbeing and safety with a view to ensuring a consistent collaborative approach was delivered across the establishment.

Like other prisons across Scotland, there were challenges for the Healthcare Team in recruiting and retaining healthcare staff. A Prison Workforce Subgroup meeting was in place to support and help manage the challenges with recruitment. Clear escalation processes were in place for any staffing issues.

Staff received an NHS Forth Valley induction as well as a prison-specific induction and there was evidence that most staff had completed their induction programme. There was good compliance with mandatory training at the time of inspection. Inspectors were told that all registered staff had completed certification of death training. This was a recommendation from the deaths in custody review.

Primary care

Good systems and processes were in place to provide health screening to admissions to HMP & YOI Stirling. This included an assessment of the person's immediate mental and physical health requirements to ensure they were fit for custody. The standardised admission screening tool available on the patient care record system Vision was completed.

HMP & YOI Stirling were aware of the national issue relating to late arrivals at prisons and had systems to monitor and discuss the data relating to this within governance forums.

The healthcare service in HMP & YOI Stirling and the model of care delivery supported accessible and co-ordinated person-focused care. The healthcare service in HMP & YOI Stirling was delivered using Advanced Nurse Practitioners (ANPs), GP and nurse-led clinics and other specialist clinics such as Speech and Language Therapy. This was supported by an out-of-hours service. Referral forms were available for people to self-refer to healthcare and were in easy read, picture format to support patients with literacy difficulties. They were also available in the five most common languages spoken in HMP & YOI Stirling.

HMIPS Standard 9 Health and Wellbeing – Continued

NHS Forth Valley was currently in the process of recruiting a clinical pharmacist and a pharmacy technician to join the pharmacy team at HMP & YOI Stirling. They will work as part of a multidisciplinary team providing support and advice in line with local and national guidelines. Due to the current SPS regime, the last medicine was administered in the early evening during the week and in the late afternoon at the weekends. This meant that some medications were administered out with therapeutic times.

Mental health

The Mental Health Team had a robust caseload management system in place to triage, risk assess and allocate referrals. There was evidence of a collaborative approach between psychiatry, psychology, registered mental health nurses (RMNs), occupational therapy (OT) and Speech and Language Therapy (SaLT) to provide a wide range of support to people with mental health problems with timely assessments and treatment times offered.

Patient care records reviewed were a good standard. All patients on the mental health caseload had up-to-date risk assessments and care plans were patient-centred with evidence of patient involvement in the development, reflecting individual goals for treatment.

Robust systems were in place to monitor referrals and allocate triage with responsive waiting times. RMNs were available to respond to urgent assessments, often on the same day.

A number of multi-agency forums took place for professionals to discuss patients' wellbeing and safety with a view to ensuring a consistent collaborative approach was delivered across the establishment. This reflected the importance of providing a consistent approach to women with complex needs and trauma.

Substance use

The Substance Use and Recovery Team (SRT) at HMP & YOI Stirling had clear pathways in place to deliver services to people dependant on alcohol or substances. Despite the team having a number of vacancies at the time of inspection, patients were being offered assessment and treatment within appropriate waiting times.

Due to high prevalence rates of mental health and substance use issues in the prison population, NHS Forth Valley had registered mental health nurses (RMNs) undertaking all health screening assessments. Screening for substance use would also be undertaken at reception by the RMN who had competency in Patient Group Direction (PGD) guidelines.

HMIPS Standard 9 Health and Wellbeing – Continued

SPS recently introduced a weekly Recovery Café and there were plans to increase provision in line with improved staffing and environmental developments. Inspectors were told initial communications had taken place with community third sector organisations to offer groups such as peer support alcoholics anonymous (AA), but this was yet to be started. While SPS had an appointed recovery officer, the provision to deliver psychological interventions for people with substance use issues was not fully developed, resulting in a limited provision.

Long-term conditions, palliative and end of life care

Patients with long-term conditions were identified as part of the admission health screening process. It was encouraging to see a long-term conditions nurse in post to support the care of patients with long-term conditions in HMP & YOI Stirling.

Patients with long-term conditions had their care managed by the GP, ANP or in nurse-led clinics delivered by the long-term conditions nurse. Links had been made to community and secondary care services to help support the management of patients with long-term conditions.

Care plans were person-centred and outcome-focused and jointly developed with the patient. Patients requiring enhanced care had further assessments completed using NHS Forth Valley's assessment and care plan booklet. A senior rehabilitation support worker was in post who provided a wide range of support for patients, including accessing assistive equipment.

Systems, processes, and policies were in place and links had been established with community services to support the care of patients requiring palliative care.

Infection, prevention and control

The Health Centre and dispensary areas in HMP & YOI Stirling were in a good state of repair and were clean. The clinical equipment was also clean and ready for use. Monthly infection prevention control checks were completed by team leaders and a Standard Operating Procedure (SOP) supported this process.

Staff had access to infection prevention and control information, including the national infection prevention and control manual. Staff inspectors observed were compliant with standard infection prevention control precautions.

Adequate supplies of Personal Protective Equipment (PPE) were in place and stored appropriately.

HMIPS Standard 9 Health and Wellbeing – Continued

List of Recommendations

- **Recommendation 64:** SPS and NHS Forth Valley must work together to ensure that there is a robust process in place to ensure that those people arriving late at the prison receive a formal health screening assessment.
- **Recommendation 65:** HMP & YOI Stirling and NHS Forth Valley should continue to seek ways of improving communication from courts and external services to make the patient assessment process more robust to ensure important patient background information is received in a timely and consistent manner.
- **Recommendation 66:** HMP & YOI Stirling and GEOAmev must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.
- **Recommendation 67:** SPS and staff at HMP & YOI Stirling should investigate options to accommodate a further hospital bed in the second accessible cell.
- **Recommendation 68:** NHS Forth Valley should introduce an audit to monitor the quality and completion of substance use assessments and care plans.
- **Recommendation 69:** SPS and NHS should continue to work together to ensure patients have access to a range of evidence-based psychosocial and psychological interventions to support their recovery.
- **Recommendation 70:** NHS Forth Valley should progress with the publication of clinical prescribing guidance.
- **Recommendation 71:** NHS Forth Valley and HMP & YOI Stirling staff must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.

List of Good Practice

- **Good Practice 26:** Accessible information was provided to patients on arrival to HMP & YOI Stirling including a leaflet on how to access healthcare and a health and wellbeing booklet.
- **Good Practice 27:** Referral forms were available for people to self-refer to healthcare and were in easy read, picture format to support patients with literacy difficulties. They were also available in the five most common languages spoken in HMP & YOI Stirling.
- **Good Practice 28:** All admissions to HMP & YOI Stirling were given an appointment to attend the female sexual and reproductive health and Blood-Borne Virus (BBV) clinic.

HMIPS Standard 9

Health and Wellbeing – Continued

- **Good Practice 29:** The Speech and Language Therapy Team supported SPS with their training programme for control and restraint for residential officers to promote communicating with patients consistently in a trauma-informed way.
- **Good Practice 30:** A range of meetings took place with patient care at the centre to ensure professionals were up-to-date and responding consistently to patient care.
- **Good Practice 31:** A long-term conditions nurse was in post to support the care of patients with long-term conditions in HMP & YOI Stirling.
- **Good Practice 32:** Those patients identified as requiring enhanced care had further assessments completed outlined in NHS Forth Valley's assessment and care plan booklet. Assessments completed included a pressure area skin assessment and MUST (Malnutrition Universal Screening Tool).
- **Good Practice 33:** HMP & YOI Stirling benefits from the input of a senior rehabilitation support worker who provided a wide range of support for patients across various services.
- **Good Practice 34:** The Lead Clinician facilitated training opportunities such as motivational interviewing and addictions training to all healthcare staff.
- **Good Practice 35:** Confirmation of prescribed medications was obtained from the patient's community prescribers and by checking the patient's emergency care summary. This was done with the patient present.
- **Good Practice 36:** Controlled drug register audits were also carried out and findings from audits would be shared with staff to promote learning and encourage good practice.
- **Good Practice 37:** A risk-based approach was in place to protect vulnerable patients when deciding the type and number of medications to be provided on liberation.
- **Good Practice 38:** All women due for release were given dental education and information leaflets, including contact details for their local NHS dentist services.
- **Good Practice 39:** The prison had a patient relations nurse who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the patient's relation nurse was communicated back to the team to share learning from complaints.
- **Good Practice 40:** Staff received an NHS Forth Valley induction as well as a prison-specific induction. New staff were given four weeks of being supernumerary to allow them to complete their induction and familiarise themselves with healthcare delivery and the prison environment.
- **Good Practice 41:** Seizure management training was provided to all healthcare to increase knowledge and understanding about dissociative seizures.

Annex A

Summary of Recommendations

REC NO.	QI NO.	RECOMMENDATION
Standard 1 – Lawful and Transparent Custody		
1	1.3	HMP YOI Stirling in conjunction with SPS HQ should take action to ensure they have sufficient staff trained in warrant and sentence calculation.
2	1.5	SPS HQ should consider repurposing HMP YOI Stirling to ensure that more convicted prisoners can benefit from the therapeutic environment that HMP YOI Stirling has to offer.
3	1.5	The Scottish Government must consider how it can offer more medium secure beds for women in Scotland with severe mental health issues.
Standard 2 – Decency		
4	2.1	HMP YOI Stirling should ensure that the Estates Team receive the assets register and the specification for the prison immediately.
5	2.1	HMP YOI Stirling should review the roster to allocate staff to escort contractors.
6	2.3	SPS HQ must look to replace the air conditioning system in the laundry.
7	2.4	HMP YOI Stirling should look at issuing IDs for those requiring access to a toilet in the ICP and when carrying out cleaning duties in other parts of the prisons, so they do not require an escort.
8	2.4	HMP YOI Stirling should ensure that women on work parties or attending the gymnasium are offered a shower before mealtimes.
9	2.6	SPS HQ should adopt the food barrows used by HMP YOI Stirling in all prisons.
10	2.6	HMP YOI Stirling should ensure that the menus offer the women the required calories per day.
11	2.6	HMP YOI Stirling should ensure that those on a vegan diet are able to have a choice at every mealtime.
12	2.6	HMP YOI Stirling should ensure that all those involved in serving or handling food complete REHIS training.
13	2.6	HMP YOI Stirling should increase the number of officers trained to deliver the REHIS training to meet the needs of the prison.
Standard 3 – Personal Safety		
14	3.1	SPS HQ should review the Talk to Me Strategy to prevent the automatic use of 15 minute overnight observations.

- 15 3.2 HMP YOI Stirling should clearly define the purpose of Sunflower and ensure the women accommodated there are provided with adequate support and are not isolated.
- 16 3.2 HMP YOI Stirling should ensure the interactive screens in Sunflower are fully operational.
- 17 3.4 HMP YOI Stirling should ensure Think Twice awareness sessions are delivered to staff, prisoners, and partners with specific reference to the completion of SBRs.
- 18 3.5 HMP YOI Stirling should provide support to victims of bullying in their existing location rather than moving them.
- 19 3.6 HMP YOI Stirling should ensure relevant staff are trained in baby resuscitation as outlined in the 2019 Mother and Baby Policy.
- 20 3.7 HMP YOI Stirling should ensure noise assessments are carried out as a matter of urgency.
- 21 3.7 HMP YOI Stirling should ensure monthly health and safety checks and regular fire drills are completed, monitored, and evidenced.

Standard 4 – Effective, Courteous and Humane Exercise of Authority

- 22 4.1 HMP YOI Stirling should ensure that a member of the senior management team sign off all UoF forms.
- 23 4.2 HMP YOI Stirling should ensure that the SRU cell doors have a hatch system, so that in circumstances where it is deemed more traumatic to use PPE, the hatch system can be utilised to engage with the occupant.
- 24 4.4 HMP YOI Stirling should consider involving staff when deciding SSMs as they are the ones who will manage individuals daily.
- 25 4.5 HMP YOI Stirling should only search women where there is intelligence to require it.
- 26 4.6 HMP YOI Stirling should ensure that there are sufficient staff rostered at weekends to deal with property requests.
- 27 4.7 HMP YOI Stirling should ensure that there is an audit process in place for PERs to ensure compliance with the guidelines.
- 28 4.10 HMP YOI Stirling should ensure that all PIDS paperwork is completed by the correct staff.
- 29 4.10 HMP YOI Stirling should introduce methods to restrict public observation into the prison.

Standard 5 – Respect, Autonomy and Protection against Mistreatment

- 30 5.1 HMP YOI Stirling should employ an FCO to support links between prisoners and their families.
- 31 5.2 HMP YOI Stirling should encourage all staff to wear name badges.

- 32 5.3 HMP YOI Stirling should create an interview room/private area in Myrtle to facilitate private and confidential discussions.
- 33 5.3 HMP YOI Stirling should appoint a member of staff to develop expertise and take the lead on SARs and FOI requests.
- 34 5.3 HMP YOI Stirling should ensure that data protection information is displayed for women in the residential areas, and in a language they understand.
- 35 5.4 HMP YOI Stirling should provide women with more structure and a timetable to follow in each residential area.
- 36 5.5 HMP YOI Stirling should ensure that a Prison Radio or information channel is made available on the cell TV to provide up to date information, particularly for individuals with learning difficulties or mental health issues.
- 37 5.5 HMP YOI Stirling should furnish the notice boards in reception with relevant up to date information for all admissions.
- 38 5.5 HMP YOI Stirling should ensure that women are invited to attend E&D strategy meetings within the establishment.
- 39 5.6 HMP YOI Stirling should ensure that the Prison Rules and legal texts are available in all residential areas and the library.

Standard 6 – Purposeful Activity

- 40 6.1 HMP YOI Stirling should prioritise improvements to the employment and vocational training and accreditation opportunities. These opportunities should be in line with the labour market and better meet the interests and aspirations of the prison population.
- 41 6.2 HMP YOI Stirling should begin to prioritise the needs of women over the needs of the establishment. There was also a need to increase access to employment and vocational opportunities to the wider prison population.
- 42 6.3 HMP YOI Stirling and Fife College should review the learning offer to respond to and reflect the needs and interests of the population. This includes level of qualification and progression opportunities to help encourage attendance.
- 43 6.3 HMP YOI Stirling should promote learning opportunities to women more effectively and encourage their participation in learning to address the low participation rates.
- 44 6.5 HMP YOI Stirling should continue with plans to develop more formal links with the local authority library service to further assist with cataloguing, managing and rotating library resources.

- 45 6.5 HMP YOI Stirling should ensure that all prisoners have access to an appropriate and increased range of up to date and accessible library resources. This should include resources available through external partners, such as the local authority and Fife College.
- 46 6.8 HMP YOI Stirling should ensure that the chaplaincy service provide bibles in a range of languages.
- 47 6.9 HMP YOI Stirling should ensure that a stock of visit request forms is always available throughout the residential areas.
- 48 6.9 HMP YOI Stirling should ensure that a process is developed and advertised for the use of the more private visit space.
- 49 6.9 HMP YOI Stirling should ensure that a provision for double visits is implemented for those travelling long distances.
- 50 6.10 HMP YOI Stirling should consider the provision of a hot drink's facility in the visit room.
- 51 6.11 HMP YOI Stirling should ensure that the provision of virtual visits is also offered in the early evening and at weekends.
- 52 6.13 HMP YOI Stirling should ensure that there are therapeutic group spaces available.
- 53 6.13 HMP YOI Stirling should ensure that interventions targeting key risk factors are available for those serving short term sentences.
- 54 6.13 HMP YOI Stirling should consider training social work staff in SPS offending behaviour programmes to support the delivery of Ultimate Self.
- 55 6.13 HMP YOI Stirling should consider providing further resource for consolidation and top up work related to the Ultimate Self Programme.
- 56 6.14 HMP YOI Stirling should ensure that case management processes are implemented for those serving non statutory/short term sentences.
- 57 6.14 HMP YOI Stirling should ensure that there are clear processes agreed and communicated for the management of young women in custody.

Standard 7 – Transitions from Custody to life in the Community

- 58 7.1 HMP YOI Stirling should review security arrangements for the Link Centre to enable Link Centre staff to be freed up to fulfil their vital role in supporting women to prepare for release.
- 59 7.2 HMP YOI Stirling should ensure that staff working with young people are trained in the Whole System Approach. Measures should be implemented to check that this approach is being consistently applied.
- 60 7.3 HMP YOI Stirling should prioritise the development and implementation of a suite of programmes and interventions to ensure that risks and needs are addressed for all categories and ages of prisoner and that women are being appropriately supported to prepare for release.

- 61 7.4 HMP YOI Stirling should implement a clear case management process to support sentence planning for short-term prisoners. Staff should be trained in applying the process and mechanisms developed to check it is consistently applied.
- 62 7.4 HMP YOI Stirling should ensure that women can attend relevant sections of RMT meetings to present their views.

Standard 8 – Organisational Effectiveness

- 63 8.1 SPS HQ should review the excel sheet used to calculate phone top ups for foreign nationals and ensure they can also make use of the 200 free minutes to support contact with family abroad.

Standard 9 – Health and Wellbeing

- 64 9.1 SPS HQ and NHS Forth Valley must work together to ensure that there is a robust process in place to ensure that people arriving late at the prison receive a formal health screening assessment.
- 65 9.1 HMP YOI Stirling and NHS Forth Valley should continue to seek ways of improving communication from courts and external services to make the patient assessment process more robust to ensure important patient background information is received in a timely and consistent manner.
- 66 9.2 HMP YOI Stirling and GEOAmev must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.
- 67 9.6 HMP YOI Stirling should investigate options to accommodate a further hospital bed in the second accessible cell.
- 68 9.7 NHS Forth Valley should introduce an audit to monitor the quality and completion of assessments and care plans.
- 69 9.7 HMP YOI Stirling and NHS should continue to work together to ensure patients have access to a range of evidence based psychosocial and psychological interventions to support their recovery.
- 70 9.7 NHS Forth Valley should progress with the publication of clinical prescribing guidance.
- 71 9.8 NHS Forth Valley and HMP YOI Stirling staff must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered within therapeutic timeframes.

Annex B

Summary of Good Practice

REC NO.	QI NO.	GOOD PRACTICE
Standard 2 - Decency		
1	2.3	Each woman's name was written on their personal items, so it was returned to the right person.
Standard 3 - Personal Safety		
2	3.1	The dedicated Support and Wellbeing Manager chaired most case conferences and audited all paperwork, which supported the team to develop consistent and compassionate practices in care.
3	3.1	Mental Health Nurses attended all case conferences, shared pertinent information, and provided regular mental health support within care plans.
4	3.1	There were safer cells in most residential areas which allowed women to remain near their support network whilst continuing to access a full regime.
5	3.2	The additional support services, higher staff ratio and increase in the provision of mental health and speech and language support services in Wintergreen.
6	3.2	The use of peer supporters to encourage women in Wintergreen to engage in activity out with the residential area.
7	3.3	The use of person centred techniques used to de-escalate situations and prevent aggression and violence was impressive.
8	3.3	The VRR manager's inclusion of feedback from speech and language experts, staff and the women involved in restraints to further develop trauma informed practice was commendable.
9	3.3	The significant reduction in the number of occasions restraints were taken to the floor was good practice.
10	3.4	The intelligence manager was visible and approachable which encouraged prisoners, staff, and partners to report concerns.
Standard 4 - Effective, Courteous and Humane Exercise of Authority		
11	4.1	The IMU's collaboration with the VRR to enable reviews, analysis and to share learnings with officer involved in the incident.
12	4.2	The Daily Rapid Rundown meetings which reviewed those on TTM, Rule 41 and SSMs.
13	4.2	The detailed management plans in the SRU/ENU.

Standard 5 - Respect, Autonomy and Protection against Mistreatment

- 14 5.1 The use of the Admission Welfare Assessment to immediately capture details of next of kin, especially for foreign nationals.
- 15 5.4 HMP YOI Stirling completed a 'what to expect in the first 24 hours' admission discussion, setting clear standards and boundaries whilst removing potential barriers, for example learning difficulties and language barriers.
- 16 5.5 A suggestion box in the residential area, allowing prisoners to share their thoughts and provide input for future changes.
- 17 5.6 The admission packs in reception printed in 12 different languages.

Standard 6 - Purposeful Activity

- 18 6.4 A gym buddy programme was also in place. PTIs supported gym buddies well in their role to provide peer support to help empower women to take action to improve their health and wellbeing. This holistic support to improve prisoners' health and wellbeing and encouraged wider participation is good practice.
- 19 6.8 Chaplaincy staff detailed on PR2 where pastoral support was being provided and this promoted the sharing of information.
- 20 6.8 Chaplaincy staff liaised with other disciplines to ensure that the pastoral support being offered was not at odds with work being offered by other service providers.
- 21 6.13 Staff continued to maintain contact with a woman engaging in the Ultimate Self programme when she was in the SRU.

Standard 7 - Transitions from Custody to Life in the Community

- 22 7.1 Link Centre staff effectively engaged with remand and short term prisoners to develop plans for release and co ordinate these in partnership with relevant agencies. This was benefitting women's transition to the community.
- 23 7.3 Interventions officers had sought to take an evidence based approach to the development of the Recovery Café, consulting with women and drawing on good practice models being delivered nationally.

Standard 8 - Organisational Effectiveness

- 24 8.2 The therapeutic design and overall ambience of the prison was exceptionally good and testament to an organisation that had listened to what women in its care wanted, looked at best practice elsewhere, and sought to be leading edge internationally.
- 25 8.7 The proactive engagement with SPS partners in the women's estate and with external stakeholders wishing to visit the prison was impressive.

Standard 9 – Health and Wellbeing

- 26 9.1 Accessible information was provided to patients on arrival to HMP YOI Stirling including a leaflet on how to access healthcare and a health and wellbeing booklet.
- 27 9.2 Referral forms were available for people to self refer to healthcare and were in easy read, picture format to support patients with literacy difficulties. They were also available in the five most common languages spoken in HMP YOI Stirling.
- 28 9.3 All admissions to HMP YOI Stirling were given an appointment to attend the female sexual and reproductive health and BBV clinic.
- 29 9.4 The Speech and Language Therapy Team supported the SPS with their training programme for C&R 2 for residential officers to promote communicating with patients consistently in a trauma informed way.
- 30 9.5 A range of meetings took place with patient care at the centre to ensure professionals were up to date and responding consistently to patient care.
- 31 9.6 A long term conditions nurse was in post to support the care of patients with long-term conditions in HMP YOI Stirling.
- 32 9.6 Those patients identified as requiring enhanced care had further assessments completed outlined in NHS Forth Valley's assessment and care plan booklet. Assessments completed included a pressure area skin assessment and MUST (Malnutrition Universal Screening Tool).
- 33 9.6 HMP YOI Stirling benefits from the input of a senior rehabilitation support worker who provided a wide range of support for patients across various services.
- 34 9.7 The Lead Clinician facilitated training opportunities such as motivational interviewing and addictions training to all healthcare staff.
- 35 9.8 Confirmation of prescribed medications was obtained from the patient's community prescribers and by checking the patient's emergency care summary. This was done with the patient present.
- 36 9.8 Controlled drug register audits were also carried out and findings from audits would be shared with staff to promote learning and encourage good practice.
- 37 9.8 A risk based approach was in place to protect vulnerable patients when deciding the type and number of medications to be provided on liberation.
- 38 9.9 All women due for release were given dental education and information leaflets, including contact details for their local NHS dentist services.

- 39 9.13 The prison had a patient relations nurse who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the patient's relation nurse was communicated back to the team to share learning from complaints.
- 40 9.16 Staff received an NHS Forth Valley induction as well as a prison specific induction. New staff were given four weeks of being supernumerary to allow them to complete their induction and familiarise themselves with healthcare delivery and the prison environment.
- 41 9.16 Seizure management training was provided to all healthcare to increase knowledge and understanding about dissociative seizures.

Annex C

Summary of Ratings

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

QI 4.7	Generally Acceptable
QI 4.8	Satisfactory
QI 4.9	Satisfactory
QI 4.10	Generally Acceptable

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

Standard 6 – Purposeful Activity	Generally Acceptable
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QI 6.1	Generally Acceptable
QI 6.2	Generally Acceptable
QI 6.3	Poor
QI 6.4	Satisfactory
QI 6.5	Poor
QI 6.6	Generally Acceptable
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	Satisfactory

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

Standard 8 – Organisational Effectiveness	Satisfactory
QI 8.1	Satisfactory
QI 8.2	Good
QI 8.3	Generally Acceptable
QI 8.4	Satisfactory
QI 8.5	Satisfactory
QI 8.6	Satisfactory
QI 8.7	Good
QI 8.8	Satisfactory
Standard 9 – Health and Wellbeing	Satisfactory
QI 9.1	Satisfactory
QI 9.2	Satisfactory
QI 9.3	Good
QI 9.4	Good
QI 9.5	Good
QI 9.6	Good
QI 9.7	Generally Acceptable
QI 9.8	Good
QI 9.9	Satisfactory
QI 9.10	Satisfactory
QI 9.11	Satisfactory
QI 9.12	Satisfactory
QI 9.13	Good
QI 9.14	Satisfactory
QI 9.15	Satisfactory
QI 9.16	Good
QI 9.17	Good

Annex D

HMP & YOI Stirling - Prison population profile as at 26/01/2024

Status	Number of prisoners	%
Untried Male Adults	0	0
Untried Female Adults	30	36
Untried Male Young Offenders	0	0
Untried Female Young Offenders	1	1
Sentenced Male Adults	0	0
Sentenced Female Adults	39	46
Sentenced Male Young Offenders	0	0
Sentence Female Young Offenders	1	1
Recalled Life Prisoners	1	1
Convicted Prisoners Awaiting Sentencing	11	13
Prisoners Awaiting Deportation	1	1
Under 16s	0	0
Civil Prisoners	0	0
Home Detention Curfew (HDC)	2	

Sentence	Number of prisoners	%
Untried/ Remand	43	51
0 – 1 month	0	0
1 – 2 months	0	0
2 – 3 months	0	0
3 – 4 months	0	0
4 – 5 months	3	4
5 – 6 months	0	0
6 months to less than 12 months	7	8
12 months to less than 2 years	8	10
2 years to less than 4 years	5	6
4 years to less than 10 years	6	7
10 years and over (not life)	0	0
Life	10	12
Order for Lifelong Restriction (OLR)	0	0

Age	Number of prisoners	%
Minimum age:	18	
Under 21 years	3	4
21 years to 29 years	7	8
30 years to 39 years	32	38
40 years to 49 years	26	31
50 years to 59 years	11	13
60 years to 69 years	2	2
70 years plus	3	4
Maximum age:	79	
Total number of prisoners	84	

Annex E

Inspection Team

Wendy Sinclair-Gieben, HMIPS

Kerry Love, HMIPS

Calum McCarthy, HMIPS

Eilidh Smith, HMP & YOI Grampian

Jemima Estabrook, HMP Edinburgh

Emma Robertson, SPS HQ

Robert Hynd, Education Scotland

Ann Kivlin, Education Scotland

Adele Stevenson, SPS HQ

Heather Irving, Care Inspectorate

Stephen Sandham, HMIPS

Jamie Thomson, HIS

Sophie Dias Cavaco, HIS

Elaine Rogerson, HIS

Helen Samborek, HIS

Maureen Scott, HIS

Mr Bala Subbiah, Pharmacist, HIS

Liz Taylor, HIS

Annex F

Acronyms used in this report

AA	Alcoholics Anonymous
AARG	Addictions Assessment and Referral Group
ACR	Adverse Circumstance Report
AHP	Allied Health Professional
ANP	Advanced Nurse Practitioner
BBV	Blood-Borne Virus
BICSc	British Institute of Cleaning Science
BIM	Business Improvement Manager
CCAAT	Combined Care Assurance Audit Tool
C&R	Control and Restraint
C&R2	Control and Restraint 2
CBSW	Community-Based Social Work
CCTV	Closed-Circuit Television
CCU	Community Custody Unit
COSHH	Control of Substances Hazardous to Health
CRAFT	Clinical Risk Assessment Framework for Teams
CSRA	Cell-Sharing Risk Assessment
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DWP	Department of Work and Pensions
ECAMHS	Essential Child and Adolescent Mental Health Services
ECHR	European Convention on Human Rights
ECR	Electronic Control Room
ENU	Enhanced National Unit
E&D	Equality and Diversity
FCO	Family Contact Officer
FLM	First Line Manager
FNIC	First Night in Custody
FOI	Freedom of Information
GCHSCP	Glasgow City Council Health and Social Care Partnership
GIC	Governor-in-Charge
GPA	Generic Programme Assessment

HAV	Hand Arm Vibration
HCA	Healthcare Assistant
HDC	Home Detention Curfew
H&S	Health and Safety
HMCIPS	His Majesty's Chief Inspector of Prisons for Scotland
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
HMP	His Majesty's Prison
HSCP	Health and Social Care Partnership
ICM	Integrated Case Management
ICP	Industrial Cleaning Party
IMU	Intelligence Management Unit
IPM	Independent Prison Monitor
LIM	Local Incident Management
LTP	Long-Term Prisoner
MAPPA	Multi-Agency Public Protection Arrangements
MAT	Medication Assisted Treatment
MET	Medical Emergency Training
MORS	Management of an Offender at Risk from any Substances
MUST	Malnutrition Universal Screening Tool
NAIT	National Autism Implementation Team
NPM	National Preventive Mechanism
NMP	Non-Medical Prescriber
NRT	Nicotine Replacement Therapy
OLR	Order for Lifelong Restriction
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitute Therapy
OT	Occupational Therapy
PANEL	Participation, Accountability, Non-discrimination and Equality, Empowerment, and Legality
PBSW	Prison-Based Social Work
PCF	Prisoner Complaint Form
PDP	Personal Development Plan
PEEP	Personal Emergency Evacuation Plan

PER	Personal Escort Record
PGD	Patient Group Direction
PIAC	Prisoner Information Action Committee
PIDS	Perimeter Intruder Detection System
PNL	Professional Nurse Lead
PPE	Personal Protective Equipment
PPT	Personal Protection Training
PR2	Prisoner Records Version 2
PRL	Prison Resource Library
PSS	Prisoner Supervision System
PTI	Personal Training Instructors
QI	Quality Indicator
REHIS	The Royal Environmental Health Institute of Scotland
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RMN	Registered Mental Health Nurse
RMT	Risk Management Team
RRA	Reception Risk Assessment
SAR	Subject Access Request
SAER	Serious Adverse Event Review
SaLT	Speech and Language Therapy
SBAR	Situation, Background, Assessment, and Recommendation (SBAR)
SBR	Suspected Bullying Reports
SME	Subject Matter Expert
SOP	Standard Operating Procedure
SPICT	Supportive and Palliative Care Indicators Tool
SPS	Scottish Prison Service
SRT	Substance Use and Recovery Team
SRU	Separation and Reintegration Unit
SSM	Special Security Measure
STP	Short-Term Prisoner
TTM	Talk to Me
UoF	Use of Force
WCMB	Women's Case Management Board
YOI	Young Offender Institution

Evidence Report

Quality Indicators

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

Rating: Satisfactory

According to the HMIPS pre-inspection survey, 71% of those who responded said they were treated well in reception on arrival, with 13% reporting being treated badly.

HMP & YOI Stirling is the receiving establishment for women Scotland-wide, except for women from the Northeast/Highlands who are admitted to HMP & YOI Grampian. It is also the national facility for young women and children over the age of 16 and provides the only option for women who require to be held in a Separation and Reintegration Unit (SRU), with the exception of HMP & YOI Grampian, and for those who have complex needs and mental health issues.

New admissions to the prison tended to arrive after 5.00pm, and it was a fairly regular occurrence for them to arrive after midnight. On checking the Personal Escort Records (PERs) for the previous month, this was due to women either appearing in court late in the day, GEOAmev only doing one drop off per day to HMP & YOI Stirling, and regularly dropping them off last, sometimes visiting male establishments further away first rather than taking the most direct route from the court. This evidenced that women were being treated differently to male prisoners. The NHS nurses finished at 9.00pm therefore saw the last admission between 8.00pm and 8.30pm. This resulted in around 50% of admissions being placed on Talk to Me (TTM) and 15-minute observations, until they could be seen in a TTM case conference the following day. This placed additional pressure on staff to complete the observations but more importantly could be quite traumatic for the women having their sleep disrupted by being checked on every 15 minutes. This was particularly disturbing for those who had never been in a prison before or had mental health issues. GEOAmev must be made aware of the knock-on effect of their escort processes and address the problem in conjunction with the court system and the SPS contracts team.

The prison reception area was a bright, spacious and comfortable area. There was adequate space to safely process and accommodate all prisoners, with admissions and liberations being processed at different times.

There were three staff members working in reception during the day, but one was regularly reallocated to another area of the prison to cover absences. However, this did not affect the efficiency of the team who had found ways to work around this. The reception First Line Manager (FLM) was the Duty OPS FLM, who was responsible for many other operational tasks and was based at front-of-house, which was quite a distance away from the prisoner reception. Most staff working in reception were inexperienced and would benefit from the FLM being located closer to them.

Inspectors observed the admissions process and want to emphasise how kind and caring the staff were towards the often very vulnerable women they dealt with. Many of the women were visibly upset and had mental health issues, and the reception

staff took time to provide them with reassurance that they would be looked after well whilst in the establishment. Inspectors spoke to women who had recently been admitted and they were positive about their experience and the staff working in reception.

There was a Standard Operating Procedure (SOP) covering the admissions process. Inspectors observed staff following the instructions within them and PR2 was updated appropriately. Reception staff were able to talk knowledgeably about the admissions process.

The women were brought off the GEOAmev van one at a time and processed at the staff desk. If more than one arrived at the same time, the others were placed in a pre-search holding area until they could be searched and processed, and then placed in a post-search area awaiting the Reception Risk Assessment (RRA).

Once initial checks and searching were completed, the women were taken into a private room to assess their ability to understand and then provided with an opportunity to engage in the admissions process via the RRA. The officers that were observed completed the interview in a caring, friendly and supportive manner, providing reassurance where necessary, for example how to ask for help if needed once they arrived in the residential area. As part of the RRA all women were seen by a nurse in a dedicated room in reception. Inspectors sampled RRAs and picked up that staff were not always recording the outcome of a visit to court, so it was not clear whether there had been a change of circumstance, and they should see a nurse. Senior Managers had picked this up during assurance checks so this should improve.

Women were offered a sandwich and fruit if they were hungry whilst waiting to be allocated to or return to a cell. Admissions were processed within the 60-minute time limit.

There were two experienced peer mentors in the establishment. HMIPS would like to see them being utilised as part of the reception/admissions process. Women, particularly those being admitted to custody for the first time, may benefit from speaking with them.

Staff were aware of how to access translation services.

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

Inspectors were pleased to see the SPS national induction booklet available in lots of languages within reception. Admissions were also given the fire evacuation notice in their chosen language. There was very little information on the walls in the holding rooms. HMP & YOI Stirling may wish to review this to make them more interesting and informative. There was a TV on the wall for women to watch but no information

loop. HMP & YOI Stirling should consider introducing a radio station or information channel.

On arrival at their allocated hall, women were taken through the First Night in Custody (FNIC) checklist and given sufficient information about the establishment and their hall. On Myrtle and Thistle, the following day a member of staff provided them with an admissions booklet in their chosen language and talked through the key points. They were also provided with a cell inventory to sign, telephone instructions and a phone sheet to add numbers, instructions on how to send in money and a visit request form. In Wintergreen, they went through the FNIC checklist and shared as much information as possible, depending on the person's mental state. Late admissions were taken to the appropriate hall by a member of the reception team who, as a minimum, took them through a FNIC checklist and informed them what would happen that night and the following day.

As reported in QI 1.1, the peer mentors could play a role in this process.

Information about Prisoner Information Action Committees (PIACs) should be added to the admissions booklet so that the women are aware at an early stage how to contribute their views to improving prison life.

Core screen process was very efficient, with paperwork completed the day following admission and staff could add referrals to PR2 straight away. The form was then passed to the Link Centre.

Prisoners spoken to were content with the information provided to them during the admission process.

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

Rating: Generally Acceptable

The SOP for the admissions process covered the identification and registration of prisoners, and reception staff were observed to complete this process as per the guidance. This included checking the PER and querying any issues/concerns with the escorting staff, completing the seven-point warrant check and confirming the prisoner's identity using the warrant for reference.

There were insufficient staff trained in warrant and sentence calculation. With only three of 12 reception staff trained and eight in total for the establishment. This was due to issues getting people onto the warrant training as courses were not being run as often, but also some staff failing it and having to wait for a place to redo it. There had been occasions when there was no one trained on a night shift, but luckily no late admissions were received. HMP & YOI Stirling need to take action to ensure they have sufficient staff trained.

The PER should identify any special needs, including risk factors and the RRA provided a further opportunity for this. PR2 was updated as appropriate, and the

warrant was passed to the Court Desk the following day to be confirmed. See QI 1.7 for more about this process.

As stated previously, staff were aware of and utilised translation services where needed.

Recommendation 1: HMP & YOI Stirling in conjunction with SPS HQ should take action to ensure they have sufficient staff trained in warrant and sentence calculation.

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

Rating: Satisfactory

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

The staff in Thistle, Myrtle and Wintergreen completed the Prisoner Supervision System (PSS) paperwork on the day of admission or the following morning, and the process was running smoothly. All new admissions to the prison were automatically placed on a high supervision level prior to the assessment interview. It was reviewed within six months and then annually.

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

All admissions were allocated to the Thistle Assessment Centre, except for young people who went to Myrtle and women with high needs who went to Wintergreen. Reception staff liaised with the relevant hall manager to arrange for their arrival. If reception staff were unsure about whether a woman should be located in Wintergreen, the Wintergreen hall manager went to reception to meet with the woman and made a decision.

Whilst in Thistle, the women had their needs assessed and staff developed an initial care management plan to enable allocation within the women's estate. A population management transfer form was completed, and the transfer database was updated. For long-term prisoners (LTPs) the Assessment Centre FLM sent transfer requests to population managers in the wider prison estate and short-term prisoners' (STPs) locations were decided via a Women's Case Management Board (WCMB).

It was unfortunate that the prison had only 100 rooms and that so few convicted women were able to stay there and benefit from the facilities. Because HMP & YOI Stirling was the receiving prison for all women in Scotland, except for HMP & YOI Grampian, it had to continually transfer women out to make space for new arrivals. The population was made up of remand, high needs, young people and a transient and relatively small number of convicted prisoners. SPS HQ should

consider repurposing HMP & YOI Stirling to ensure that more convicted prisoners can benefit from what HMP & YOI Stirling has to offer.

The staff in Wintergreen were doing a fantastic job and had increased numbers of staff due to the level of care the women required. However a large number of the women held there were mentally very unwell and required specialist care, which the officers were not trained to provide. The Scottish Government must consider how it can offer more medium to high secure psychiatric beds for women in Scotland with severe mental health issues, as the current arrangements are not fair for the women or staff.

Recommendation 2: SPS HQ should consider repurposing HMP & YOI Stirling to ensure that more convicted prisoners can benefit from the therapeutic environment that HMP & YOI Stirling has to offer.

Recommendation 3: The Scottish Government must consider how it can offer more medium secure beds for women in Scotland with severe mental health issues.

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

Rating: Satisfactory

HMP & YOI Stirling was all single cell accommodation except for two sets of two single rooms that interconnected. To date these rooms had not been used therefore there was no requirement for Cell Sharing Risk Assessments (CSRAs) to be completed.

However, there was a SOP available covering the CSRA and assurance process should it be needed.

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

Rating: Satisfactory

Reception staff completed an initial calculation. The following morning the Court Desk calculated the critical dates for convicted warrants and confirmed them on PR2. It was double-checked by a second member of the team and an assurance check was completed by the team manager.

There were good relationships with the clerks at the relevant courts should staff need to query something. As stated in QI 1.3, there were insufficient numbers of staff trained in Warrant and Sentencing Calculation within the establishment.

Prisoners were notified of their critical dates via a pro forma that was placed in an envelope and sent to them via the internal mail within 24 hours of arrival, unless there was a query which could cause a delay. This was done daily, so women were notified of their dates the day after admission.

All paperwork was held securely and there was a retention policy in place.

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

In the HMIPS pre-inspection survey, of those that could remember only 47% said they were offered an induction on arrival at HMP & YOI Stirling.

There was a SOP covering the induction process and another covering the Assessment Centre process.

The local and national induction process had only recently been embedded which may explain the results of the survey. However, now that it was up and running attendance had been good. The national induction tracker records began on 8 January 2024, except for a record of entries for 12 December 2023, and for that month only five (18%) had refused out of 28 admissions. It was not compulsory to attend and many of the women were returners who had recently attended or did not want to do it again.

Apart from young women, who were placed in Myrtle and those with high needs who were placed in Wintergreen, all admissions to HMP & YOI Stirling were placed in Thistle, the Assessment Centre, for up to 14 days.

Thistle was a fantastic hall for admissions to arrive at. There was lots of helpful information on display to ensure women were provided with the information they required soon after admission. Inspectors were delighted to see the admissions booklet available in folders in the hall in 11 other languages.

See QI 1.2 for further information on what was provided to them by way of a local induction. National induction was offered to all women the day after arrival. The exception to this was Wintergreen who could deliver national induction but had not done so. They stated the reason for this was that most were too unwell to sit through it. This may well be the case, but inspectors felt there were some women located in Wintergreen that they had interacted with who could have attended at least some of it. Foreign nationals were also unable to participate in the SPS national induction due to it not being available in other languages. However, the admissions booklet contained lots of helpful information that they could read at their leisure.

Had induction been up and running longer, this QI would have been assessed as Good.

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

Rating: Satisfactory

Inspectors were unable to observe a liberation during the inspection but staff within the Court Desk and reception were able to clearly explain the liberation processes, and there were SOPs available to guide them through it.

The Court Desk completed the final check of critical dates for prisoners being liberated. They also notified relevant external agencies. All liberation dates were entered into a liberations book once the date was calculated following admission to the establishment. A liberation scroll was printed off a day in advance of a liberation taking place and checked against the liberation book, the warrant and PR2. The liberation scroll was double checked and signed off by the Duty Manager.

Reception staff collected all completed documentation from the Court Desk the day before the liberation was due to take place and stored it in a safe in the reception area. They also retrieved any property from the storeroom within reception. The Cashier took any money and travel warrants to reception the day before and it was also placed in the valuable's cupboard. Prisoners left the prison via the Family Hub.

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

Rating: Generally Acceptable

HMP & YOI Stirling was a modern prison that opened in June 2023. It was designed to encompass a trauma-informed practice to accommodate women in the care of the SPS. There were eight units in HMP & YOI Stirling, each with a specific purpose from a Separation and Reintegration Unit (SRU) to a Mother and Baby Unit.

Every room had two intercoms, one for contacting staff in emergencies and one for general enquiries. There were six accessible rooms, one of which contained a hospital bed. There were 17 safer rooms and two interconnecting rooms designed as buddy rooms to assist with supporting those in crisis, although they had not yet been utilised.

Each room had a small safe to hold medication, which was opened via a combination lock set by the occupant. However, the safes were not large enough to hold court reports or letters.

It was an impressive prison, with therapeutic features and a pleasing ambience akin to that of a Further Education campus. However, there were some underlying issues found during the inspection which was disappointing.

As with any new build, there was an expectation that there would be some snagging issues that would need addressed. However, some significant issues had arisen, for example, issues with the drains. Shortly after the prison opened the drains became blocked. The Estates Team established that there were significant obstructions in the

main drain such as curb stones and rubble. Items flushed down the toilets such as paper, underwear and sanitary products were being caught on these obstructions causing the blockages, and they had to be cleared manually. Another example was a 35-metre length of drainage pipe that had been fitted at the wrong angle so the water could not flow away and had to be replaced. Another drain had a significant dip which held water so needed to be fixed. However, this had been signed-off as fit-for-purpose. There were other examples, such as the ground heat source pump that had not worked since October 2023 and has proved difficult to fix. This resulted in gas being used to run the boiler to heat the prison, which was neither financially nor environmentally appropriate.

Although the Estates Team had a robust plan in place to carry out annual maintenance, it had proved to be challenging. They had yet to be provided with a full list of assets and set of specifications for the buildings, which created problems with ordering new items. An example of this was a smashed window in a room and the Estates Team were unable to order a replacement as they had no specification, and therefore had to go back to the main contractor. It was surprising to learn that there was no estates transition team in place prior to the hand over, as some of these major issues may have been identified earlier and fixed before the prison was accepted by the Women's Strategy Team.

Getting contractors on site within the prison to address issues had also been a challenge, as the prison had not been provided with escort cover on its roster. The operations group tried to support escorts by releasing staff on an ad hoc basis where they could or by paying ex gratia. However, this was not always possible, and contractors had been turned away, resulting in work not being completed. If estates do not get escort cover this will prolong the snagging process, and it will only get worse as the building gets older.

When asked about the requirement for new business cases, inspectors were surprised to hear that the Estates Team had been asked to obtain a cost for maintenance of the gardens. HMIPS is concerned this would take work away from the work party of 10 women and an officer, particularly in an area of work that can support the well-being of the women employed to maintain the inner grounds. Holding onto more convicted women in HMP & YOI Stirling would address this.

Although the Estates Team were almost fully staffed, it was a challenge due to the pay structure which is not competitive with outside companies. This is a national issue.

As you would expect from a prison that had been open for approximately eight months, most of the rooms were of good quality and well-kept. However, some of the rooms had already been extensively damaged and showed signs of wear and tear. During the inspection six rooms in one unit were out of use. Another example of wear and tear or possibly a design defect was the wall between the sink and the shower near the ceiling, where the composite was falling off creating a sharp shard of plaster. It appeared that the damage was caused by the continual impact of the shower door closing.

There were other design faults highlighted by the women, staff and the Independent Prison Monitors (IPMs). Each room was self-contained with a toilet and shower

which was divided by a wall panel and a saloon type door. The entrances to the toilet and shower were narrow and could result in access issues for some women. The window blinds, designed to be anti-ligature therefore held on by magnets so as not to take a person's body weight, also meant there were no cords to lower or raise the blinds. This caused some women difficulty as they had to stand on the seating area to reach the blind and reported they were not strong enough to pull the blind down or raise it up. This was a health and safety issue. If a sink needed replaced due to damage then the whole unit required to be removed, including the electrics and plumbing, which was an expensive job. The sinks and toilets regularly overflow. Officers were also unable to carry out full observations of cells as they could not see the shower or toilet area from outside the room. The system designed to turn off the water and electricity in a room often did not work. There were issues with the toilet sensor which could be manipulated to keep the toilet flushing and therefore flood the room.

Recommendation 4: HMP & YOI Stirling should ensure that the Estates Team receive the assets register and the specification for the prison immediately.

Recommendation 5: HMP & YOI Stirling should review the roster to allocate staff to escort contractors.

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

There was a good level of cleanliness and hygiene observed throughout the prison. In most residential areas cleaning materials were available and adequate time was allowed for the women to keep their personal living space clean. There was a higher level of bio-hazard cleaning required in comparison to other prison establishments, with over 300 requests since the prison opened.

The staff booked a 'bio-clean' through the Industrial Cleaning Party (ICP). During the inspection, the ICP consisted of four women who were all bio-hazard trained. Out of the four, one was fully employed within the ICP the other three had jobs but could be called out if required. Two members of the bio-hazard team attended each job. The call-out was based on a rota system to ensure fairness as there were payments for attendance, with the amount of bonus dependent on the severity of the bio-hazard. Due to the amount of bio-cleans there was a lot of pressure on other work parties to supply cleaners at regular intervals which affected their output.

Although the prison and the women claimed they had been trained in British Institute of Cleaning Science (BICSc), staff were unable to produce records. There were cleaning schedules and job descriptions that reminded women of their tasks, but there was lack of formal training to ensure women understood how to use chemicals and equipment to prevent cross-contamination. The only training delivered recently was Bio-hazard.

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

Rating: Generally Acceptable

Each room was kitted out with a mattress, pillow, towel and duvet. There was sufficient stock in the stores. All bedding was in good condition and there was a timetable to ensure all areas had appropriate access to the prison laundry.

The prison laundry was small with a low roof, but despite this the room was cold. This was due to an open vents air conditioning system that sucked in the air from the outside. This is clearly a design flaw. Records kept indicated that since it opened there were only two occasions where the temperature was at the required level of 16 degrees centigrade to work in. On some occasions the women only stayed long enough to fill the laundry machines and were returned to their residential areas because of the low temperatures.

Despite a decent sized room with tea making facilities for those working in the laundry, inspectors were told that they used the corridor leading to the laundry to sit in as it was warmer. Space was of a premium, but with no table to fold laundry a small table and a converted bin was being utilised, so some reconfigurations would be helpful. There were two ironing stations that were only used to iron cooks' whites. If one was removed it would allow more space.

Another design flaw was the access and ingress of the laundry. Currently the one-way system where dirty laundry entered the room and clean laundry left could not be used, as this meant prisoners accessing the sterile area. They therefore used the area also for dining, and although the laundry bags were sealed this was not suitable.

Following the movement of an occupant, the bedding and quilts from the room were sent to the laundry and returned to the area it came from. Although there were some complaints that laundry was not returned to the area of origin, evidence was provided that in most cases this did happen.

All prisoners working in the laundry were trained to appropriate levels.

There was a robust checklist for those wishing to use their own bedding, including checking fire retardancy. The woman's name was labelled to each personal item to ensure it was returned to the right person after being cleaned, which was good practice as it reduced claims for lost property.

Assurance was carried out by following Standard Operating Procedures (SOPs), observation by managers and the completion of the National Prisons Resource Library (PRL).

Recommendation 6: SPS HQ must look to replace the air-conditioning system in the laundry.

Good Practice 1: Each woman's name was written on their personal items, so it was returned to the right person.

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

Rating: Generally Acceptable

The prison supplied a good range of toiletries and personal hygiene materials, which were easily accessible for those who required them. There was a list available where prisoners could choose to buy their own personal products and this list should be extended to include male products.

Each room had its own toilet and shower. As mentioned in QI 2.1, the size of entrances to the shower and toilet could be challenging for some. There were no hooks to hang a towel on when going for a shower or washing at the hand basin. This meant women had to leave the shower area to dry themselves and if they were unable to close their blinds, see QI 2.1, this made them feel vulnerable. The SRU was in a similar position with the blinds, and where it was deemed unsafe to allow a blind the public could look in from beyond the fence. It was surprising that they had not used blinds built as they had in the main offices. There was nowhere to hang clothes as the clothes rails had been designed to be anti-ligature and had blocks on them so traditional clothes hangers did not fit. However, the prison was looking at alternative hangers during the inspection.

The ICP workshop had no toilet therefore women had to wait until an officer returned to gain access to one. Some women working in the area said this could be a challenge. There was an electronic door that could be used by the women if they had a pass, but they were not allowed to use this to gain access to the toilet facilities. Women reported that this had recently been changed as they originally all had passes. As low category prisoners, inspectors were surprised that they did not have photographic IDs to allow them to move about the prison in a secure way, similar to what we see in other prisons. Not having ID passes also meant that staff had to escort them when they cleaned the hub at the weekend and when attending bio-hazards.

It was surprising to note that women from work parties such as ICP and the gardens were not afforded a shower before mealtimes. There was also limited access to a shower at the gymnasium, so more women did not have a shower before meals.

Recommendation 7: HMP & YOI Stirling should look at issuing IDs for those requiring access to a toilet in the ICP and when carrying out cleaning duties in other parts of the prisons, so they do not require an escort.

Recommendation 8: HMP & YOI Stirling should ensure that women on work parties or attending the gymnasium are offered a shower before mealtimes.

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: Good

Prison issued clothing was found to be in good condition and storerooms contained a sufficient stock of clothing in all sizes. Prisoners reported that they knew the process for requesting clothing and received it with little or no delay.

Outdoor jackets were of a very good standard. Although most observed were size large they were fit-for-purpose.

Convicted prisoners were allowed their own clothes but were only permitted to wear them after they finished work or after their dinner.

See QI 2.3 for more information about the Laundry. Most residential areas had washing machines to wash personal items.

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: Generally Acceptable

Eighty-four per cent of those responding to our pre-inspection survey said that the food was good, 55% responded saying they always or usually received enough food at mealtimes. This was confirmed by a number of inspectors who observed meals. Some inspectors were invited to taste the food and were very complimentary. However, it is a constant challenge to all prison catering departments to produce a high standard of food and a decent menu considering the £2.95 per day per person, and the increase in food prices.

For those areas that served meals from a hot plate or in the case of the SRU from a food barrow, the food was transported in modern food trolleys which were excellent. Each trolley had hot and cold storage compartments that kept the condition of food to a good standard and should be rolled out across all establishments.

Most women attended the main dining room in the Hub area of the prison. This meant women had to go outside to reach the main dining room. There was no covered walkway therefore in inclement weather the women required to put on rain jackets. When the weather was wet or icy there was a risk of slipping and those using walking aids would find it a challenge.

There were two sittings for meals in the dining room, one for remand and one for convicted prisoners, with the young people also encouraged to attend. The original plan was that everyone would eat at the same time, but this changed. The consequence of this was that some women complained they were slightly rushed to eat their meals.

The main servery was close to the kitchen therefore the quality of food in relation to temperature was good. The menus were varied, rotating every three weeks and adapted through PIACs. The menus indicated the level of fat, sugar and salt content for each choice and whether it was suitable for a vegan or vegetarians by colour coding. However, for those following a vegan diet, two out of the three weeks they only had one choice for evening meal and the third week on four days they had a choice. There was no evidence that those following a vegan diet got additional supplements such as nuts to complement their diet. The pregnant women were offered extra yoghurt and fruit daily.

For those with literacy needs there were no symbols on the menus to assist them in choosing a meal. There was evidence that a number of women could not read as they requested assistance during our pre-inspection surveys. It was disappointing that the menu was not available in other languages, although the catering manager did say they would get them translated.

Like other prisons, the catering manager did not use the Saffron system that the SPS has in place to enable menus to reflect the appropriate number of calories required for a person on a daily basis. Despite a note on the menus stating that women should consume around 2,000 calories per day, as per 'Eat well' guidance the prison was unable to evidence if the menu was in line with that guidance. This is a national issue and needs addressed.

There had been very few cultural events so far, however it was early days. Women made comment on how well the prison had done with festive meals, which were funded by the Governor due to no funds being available to the catering department.

Women mentioned they sometimes felt intimidated at mealtimes due to the number of staff attending and that it was not trauma-informed. Inspectors observed this on a number of occasions and there were as many as 14 staff in the area, albeit for a short time due to a handover between regimes and residential staff.

The kitchen was very clean and training records were up-to-date for the eight women working in the kitchen. All women working in the kitchen were trained in the recognised food hygiene course named The Royal Environmental Health Institute of Scotland (REHIS). This is compulsory for all those handling food. However, it was found that some women working in the residential serveries had not been trained. Although some women were helping with servery duties to assist with their mental health and self-esteem they should be REHIS trained. However, this was not possible due to resources with only one person trained to deliver the course. This needs to be reviewed.

There were some robust risk assessments carried out in the kitchen. A good example of that was the knife record, where women checked their names in and out on the tool checklist.

With the upcoming celebration of Ramadan, the kitchen department was investing in new flasks and the only Muslim woman in custody was being offered the opportunity to cook her own food.

Recommendation 9: SPS HQ should adopt the food barrows used by HMP & YOI Stirling in all prisons.

Recommendation 10: HMP & YOI Stirling should ensure that the menus offer the women the required calories per day.

Recommendation 11: HMP & YOI Stirling should ensure that those on a vegan diet are able to have a choice at every mealtime.

Recommendation 12: HMP & YOI Stirling should ensure that all those involved in serving or handling food complete REHIS training.

Recommendation 13: HMP & YOI Stirling should increase the number of officers trained to deliver the REHIS training to meet the needs of the prison.

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

Rating: Good

HMP & YOI Stirling had a significantly higher percentage of people being cared for under the Talk to Me (TTM) Strategy compared to other establishments. Good relationships led to a proactive approach in recognising warning signs, and the staff often knew how best to support individuals in times of crisis.

HMP & YOI Stirling had a dedicated Support and Wellbeing Manager who co-ordinated the TTM process, arranging and chairing most case conferences and auditing all paperwork. The Unit Manager noted a significant increase in the quality of paperwork since the Support and Wellbeing Manager was appointed and a live check further evidenced a good standard. Case conferences were of a very high standard with the compassion and experience of the team evident throughout. Of particular note was the time taken for each case conference which allowed the person to tell their story in their own time. Family contact was supported and most of those being cared for under the strategy were given good access to a full regime. Transitional plans were regularly completed and were of a good standard. Mental health nurses attended the case conferences, contributed to the care plans and there was good information sharing between the organisations.

There were ample high quality safer cells with integrated televisions in most of the residential areas, which allowed the women to remain near their support network if it became necessary for them to move to safer accommodation. There was a good supply of safer clothing and the prison had arranged to have more appropriately sized safer clothing made for the women.

As reported in QI 1.1, regardless of the outcome from the initial TTM assessment all late admissions were placed on overnight observations. In January, 14 late admissions were subjected to 15-minute checks overnight with only one remaining on a TTM care plan following a case conference. Women reported these observations to be intrusive, frightening and that they had prevented them from sleeping. This process should be reviewed as a matter of urgency.

Good Practice 2: The dedicated support and wellbeing manager chaired most case conferences and audited all paperwork, which supported the team to develop consistent and compassionate practices in care.

Good Practice 3: Mental health nurses attended all case conferences, shared pertinent information, and provided regular mental health support within care plans.

Good Practice 4: There were safer cells in most residential areas which allowed women to remain near their support network whilst continuing to access a full regime.

Recommendation 14: SPS HQ should review the Talk to Me (TTM) policy with the NHS to prevent the automatic use of 15-minute overnight observations.

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

Rating: Good

Women presenting with complex needs or heightened vulnerability were allocated to Wintergreen; a custom designed 19-bedroom unit with a higher ratio of experienced staff members.

Wintergreen had its own dispensary, dining area, accessible and safe cells, and the regime was designed to allow supported access to activity. There was a drop-in speech and language session and a high presence of mental health nurse support. Support agencies visited Wintergreen to work with women who struggled to leave the unit, but those who could were encouraged to engage out with the hall alongside peer supporters, which was good practice.

Sunflower was a three-bedroom unit described as a quiet place for women with complex needs who would benefit from some time out of Wintergreen. There were large interactive screens in the rooms that could provide television, family photographs, games and therapeutic activity however none were operating fully, and one did not work at all. Both women in Sunflower were isolated on a Rule 95 and were supervised by staff from Heather, indicating the unit was more of an extension to the Separation and Reintegration Unit (SRU) than a supported time out facility.

There was evidence of additional supports for people with protected characteristics, with transgender individuals participating in and contributing to their case conference and care plans. Women who indicated literacy issues were supported by staff to complete forms, canteen sheets, write letters and attend activities. There were folders containing several forms in different languages.

There was no protection status at HMP & YOI Stirling which ensured no groups were isolated or endured significant restrictions to accessing the regime.

Good Practice 5: The additional support services, higher staff ratio and increase in the provision of mental health and speech and language support services in Wintergreen.

Good Practice 6: The use of peer supporters to encourage women in Wintergreen to engage in activity out with the residential area.

Recommendation 15: HMP & YOI Stirling should clearly define the purpose of Sunflower and ensure the women accommodated there are provided with adequate support and are not isolated.

Recommendation 16: HMP & YOI Stirling should ensure the interactive screens in Sunflower are fully operational.

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

Rating: Good

There was an underlying atmosphere of mutual respect between the staff and prisoner group, with over 75% of women reporting they were treated with respect all or most of the time. These strong relationships allowed the staff to know and understand the women they were working with, which allowed them to identify changes in behaviour. Staff were proactive in lowering risk factors by using a person-centred approach. A variety of actions to deal with escalating behaviours were witnessed including distraction through activity, taking adequate time to listen to concerns and supporting the women to go for a walk outside. Of the women surveyed, 80% stated they felt safe in HMP & YOI Stirling.

C&R2 was being used in HMP & YOI Stirling and its implementation and development was supported by a dedicated Violence and Restraint Reduction (VRR) Manager. Each incidence of violence or restraint was analysed, and lessons learned were implemented. The VRR manager sought input from speech and language specialists to improve the communication style of staff involved in removals to minimise the traumatic impact. The VRR Manager also interviewed women who had been restrained to offer support and gain feedback to improve processes further, which was an example of good practice.

Good Practice 7: The use of person-centred techniques used to de-escalate situations and prevent aggression and violence.

Good Practice 8: The VRR manager's inclusion of feedback from speech and language experts, staff and the women involved in restraints to further develop trauma-informed practice.

Good Practice 9: The significant reduction in the number of occasions restraints were taken to the floor.

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

Rating: Satisfactory

Due to the small unit sizes and good staff relationships, perpetrators of bullying were quickly identified, and appropriate action was taken.

Despite some posters being present staff were unaware of the SPS 'Think Twice' Strategy or the Suspected Bullying Reports (SBRs), however they could talk through the measures and actions taken to deal with situations involving bullying. First Line Managers (FLMs) were more aware of the strategy and three examples of completed SBRs were provided.

The Intelligence Manager took a proactive approach and was highly visible across the establishment. This was practice worthy of sharing as staff, partners and the women who live in HMP & YOI Stirling stated they were comfortable speaking with him and raising concerns. Survey results showed over 50% of women would report any incidence of bullying or harassment by staff or other prisoners. The Intelligence Manager spoke with anyone who reported bullying to gain further information and to tackle any underlying issues. Over 25% of women surveyed stated they had been abused, bullied, threatened, or assaulted by other prisoners.

Mediation and restorative justice practices had been used to support perpetrators to change their behaviours, and in one extreme case a Rule 95 was used to deal with a prolific perpetrator to keep the victims safe.

Recommendation 17: HMP & YOI Stirling should ensure Think Twice awareness sessions are delivered to staff, prisoners, and partners with specific reference to the completion of suspected bullying reports.

Good Practice 10: The intelligence manager was visible and approachable which encouraged prisoners, staff, and partners to report concerns.

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

Rating: Satisfactory

The examples provided of investigations into suspected bullying were complete with action plans and outcomes. FLMs and Unit Managers of the area were all informed of the situation to monitor and provide support, and there was good communication with the victims throughout the investigations. On one occasion the alleged bully had moved establishment, but in two examples the victim had been moved.

HMP & YOI Stirling did not have a protection regime therefore this was not an option available to victims. Restorative justice practice and mediation had been used and there was good access to mental health nurse support.

Bullying for medication had been highlighted as an ongoing issue. The Intelligence Manager had worked alongside NHS colleagues to change the medication issue process and had reduced the opportunity for perpetrators to identify victims.

Recommendation 18: HMP & YOI Stirling should provide support to victims of bullying in their existing location rather than moving them.

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

Rating: Satisfactory

There were up-to-date SOPs that covered the required response to staff alarms and code red or blue incidents. Although the staff responding varied from those outlined in the SOP, there was a good level of response and staff felt supported in threat to safety situations. Training figures for emergency response, first aid, first on the scene and C&R met the national targets. There was no provision of baby resuscitation training which should be addressed as this was deemed an essential requirement within the 2019 Mother and Baby Policy. Patrol staff carried Uzi cutters on their person to cut any ligatures and reported them to be a good improvement from the fish knives previously used.

The alarms and radios were tested weekly and initial glitches had been resolved. The establishment's contingency plans were up-to-date and HMP & YOI Stirling had a Local Incident Management (LIM) training week prior to opening. The VRR manager completed learning sets following incidents and there was an adequate number of staff trained in operational support team roles.

Recommendation 19: HMP & YOI Stirling should ensure relevant staff are trained in baby resuscitation as outlined in the 2019 Mother and Baby Policy.

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

Rating: Satisfactory

The training figures for health and safety topics met the national targets, and there were an adequate number of fire marshals in the establishment.

Control of Substances Hazardous to Health (COSHH) assessments had been completed and risk assessments and safe systems of work were available. Hand Arm Vibration (HAV) and noise risk assessments had not yet been completed.

Evidence was provided of rolling action plans which were formulated from monthly health and safety walk throughs. However, some were completed sporadically, and a

database of monthly completions would have provided assurance. The area checklists used were comprehensive, and the Governor regularly inspected all areas.

Fire extinguisher checks were completed by operational staff, but there was no evidence provided of the completion of live fire drills.

Accident investigations were completed timeously.

Recommendation 20: HMP & YOI Stirling should ensure hand arm vibration and noise assessments are carried out as a matter of urgency.

Recommendation 21: HMP & YOI Stirling should ensure monthly health and safety checks and regular fire drills are completed, monitored, and evidenced.

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

Rating: Generally Acceptable

Use of Force (UoF) undertaken within HMP & YOI Stirling was in line with SPS Rule 91 of the Prisons and Young Offenders Institution (Scotland) Rules 2011 and Standard Operating Procedure (SOP) Use of Force.

HMP & YOI Stirling reported positive application and outcome of C&R2 after an initial spike in UoF when the establishment was initially opened. Trend analysis conducted by the Intelligence Management Unit (IMU) attributed this period of unsettlement to an increase of new women and staff to the establishment.

No UoF was witnessed during the inspection, but footage was reviewed in the IMU. The IMU were able to evidence video recording of planned removals, with excellent quality footage. Footage observed showed staff involved display high levels of professionalism and compassion towards the women and their needs, seeking to de-escalate at the earliest opportunity.

The IMU held UoF forms and recorded CCTV on the IMU database, sharing removals with the Violence and Restraint Reduction (VRR) SharePoint site to enable reviews, analysis and to share learning with officers involved.

A sample of the UoF forms were reviewed, with a number of them missing Head of Operations (or equivalent) sign-off.

At the time of the inspection, C&R2 training compliance was at 100%, with Supervising Officer at 72% and Personal Protection Training at 81.6%. All staff were able to speak confidently and informatively on the benefits of implementing C&R2 methods and were cognisant of taking a trauma-informed approach to UoF and application of restraints.

Recommendation 22: HMP & YOI Stirling should ensure that a member of the senior management team sign off all Use of Force (UoF) forms.

Good Practice 11: The IMU's collaboration with the VRR manager to enable reviews, analysis and to share learnings with officer involved in the incident.

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

Rating: Satisfactory

HMP & YOI Stirling is the national facility Separation and Reintegration Unit (SRU) for the female population across the SPS estate. It has four SRU cells, all of which were in use at the time of the inspection, holding individuals under Rule 95.

Due to demands placed on the SRU, the Enhanced National Unit (ENU/Sunflower) had also been placed under its day-to-day management, resulting in an 'extension' to the SRU. This area was managed via a combination of Wintergreen and SRU staff, resulting in some complications regarding the regime management and physical access.

The SRU was bright, clean and professionally managed, with a therapeutic open-air area. Although staff reported low uptake in its use, possibly due to concerns regarding line of sight onto the neighbouring housing estate. Staff also raised concerns over line of sight within the unit, and the placing of the SRU within the establishment. None of the cell doors in the SRU had a hatch facility. Although this was based on trauma-informed practice there were circumstances where not having that facility increased the person's trauma. For example, where the occupant posed a serious threat to staff and any time the door was opened staff had to wear Personal Protective Equipment (PPE) including using a shield. This could be more traumatising than using a hatch. Managed carefully and without the hatch being used as the default position, it could benefit the occupant in this situation as it would allow staff to engage with the occupant without wearing PPE. Recommending that a hatch system is introduced does have a caveat that it is used in extreme circumstances and only used when it benefits the occupant.

The SRU staff were able to articulate the management plans confidently and clearly for everyone under their care and were able to evidence PR2 and hard copies of daily narratives, weekly plans, and monthly reviews where applicable. Staff spoke expressively of taking a trauma-informed approach and were keen to identify possible underlying triggers for challenging behaviours.

Within Wintergreen and the ENU, there were a number of individuals held on Rule 41, Special Security Measures (SSMs) or Talk to Me (TTM). These cases were reviewed at the 'Daily Rapid Rundown,' a meeting chaired by the areas FLM, with healthcare and officers present. This enabled daily multidisciplinary reviews of everyone within the residential area, ensuring any changes to behaviours or identified needs were addressed.

Recommendation 23: HMP & YOI Stirling should ensure that the SRU cell doors have a hatch system, so that in circumstances where it is deemed more traumatic to use Personal Protective Equipment (PPE), the hatch system can be utilised to engage with the occupant.

Good Practice 12: The Daily Rapid Rundown meetings which reviewed those on TTM, Rule 41 and SSMs.

Good Practice 13: The detailed management plans in the SRU/ENU.

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

Rating: Satisfactory

Disciplinary hearings were held in a specified office in the SRU area, with the option to hold them in specific residential areas if deemed necessary. The office was bright, clean and separate from other areas.

Inspectors observed three orderly rooms with the Head of Residential as the adjudicator. In each case, an individualised and person-centred approach was taken, with all staff present displaying positive and supportive engagement with the individuals involved. In one case, where the prisoner refused to attend, the adjudicator went to see the individual to speak with them directly.

In each case, the process was clearly explained, and the prisoners were assisted in participating. Consideration was given when it came to mitigation, with the adjudicator clearly familiar and informed with each individual and their previous behaviours.

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

Rating: Satisfactory

It would be beneficial for staff involved in the management of individuals placed on SSMs, especially within the SRU, ENU and Wintergreen to have input to these measures, as they have the regular contact and interaction with them. Due to issues out with HMIPS control only live SSMs were reviewed, and they were to a satisfactory standard. Due to no further reviews, despite a recommendation, this quality indicator was rated as satisfactory.

Recommendation 24: HMP & YOI Stirling should consider involving staff when deciding special security measures (SSMs) as they are the ones who will manage individuals on a daily basis.

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

Rating: Satisfactory

Inspectors observed searches within reception and post-visits. Each search was carried out by two staff in accordance with searching guidelines. However, it was disappointing that HMP & YOI Stirling routinely searched women after visits rather than searches taking place due to intelligence.

The atmosphere within reception during searches was incredibly positive, with staff creating an efficient, yet kind and person-centred environment. Each search was conducted in a professional manner, with respect and dignity shown during each stage. The use of technology, particularly the body scanner, had a positive impact with staff recording a reduction in the use of full body searches.

When a room was searched, the woman was taken to reception where they were body scanned to reduce full body searching. Only where there was an indication that the person might have something secreted was a full body search undertaken.

Due to circumstances during the week of the inspection no room searches were observed but records showed that all searching was completed.

Recommendation 25: HMP & YOI Stirling should only search women where there is intelligence to require 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

Access to property and valuables was controlled within reception. The property storage area was suitable, but the storage units did not facilitate optimal use of space, resulting in unnecessarily cramped shelves. The valuables were secured in a lockable room behind the front desk, but at the time this door was propped open.

Recording of property and valuables was checked and logged onto property cards, with valuables sealed and tagged.

Access to property was meant to be conducted at weekends, but staff informed inspectors that reception was often closed at weekends due to staff shortages and redeployment, meaning that they would try to meet requests during the week when possible. The HMIPS pre-inspection survey identified lack of access to property was a concern for prisoners with 54% feeling it worked badly.

Recommendation 26: HMP & YOI Stirling should ensure that there are sufficient staff rostered at weekends to deal with property requests.

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

Rating: Generally Acceptable

Inspectors observed women leaving and returning to reception under escort, with GEOAmev and Police Scotland facilitating.

The security FLM completed PERs and risk assessment documents, and there was evidence of an individualised approach to considering personal risks and significant factors. The security FLM showed inspectors the packs escorting officers were sent out with and spoke of the hand cuff risk assessment process and that these were never used on pregnant individuals. A review of completed PERs identified some issues, with many of the documents incomplete. They were either missing details of the escorting officer receiving their briefing, or completion of the escort on return to the establishment, with no FLM signatures or dates.

Recommendation 27: HMP & YOI Stirling should ensure that there is an audit process in place for Personal Escort Records (PERs) to ensure compliance with the guidelines.

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

Rating: Satisfactory

Inspectors were unable to observe any mandatory drug testing or a walkthrough of the process due to a lack of availability of trained staff.

At the time of the inspection, there were six officers trained in mandatory drug testing, however only one was on shift at the time.

The mandatory drug testing area was located between reception and the Health Centre, with records stored on SharePoint. No alcohol testing was conducted at HMP & YOI Stirling. Testing was conducted for risk management or suspicion.

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

General movement throughout the establishment was controlled by the Electronic Control Room (ECR), with excellent use of intercom systems requiring staff to identify themselves before allowing access.

Radio communication was utilised to manage prisoner movement. Due to the layout of the establishment and variety of prisoner categories, prisoner movement was separated out.

The morning route movements were, unusually for the inspection team, controlled by the IMU FLM.

Inspectors observed numbers check which were carried out satisfactorily.

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

Rating: Generally Acceptable

Staff used appropriate equipment to search vehicles, completed all necessary paperwork, checked identities and gave clear instructions to drivers for the placing of items within the lockers.

There were up-to-date records for vehicles entering and leaving the prison, with clear communication between the vehicle lock and ECR.

Internal perimeter checks were observed and recording of the Perimeter Intruder Detection System (PIDS) checks were held within the ECR. A random audit of these checks was conducted, and inspectors found that not all records were being countersigned by the appropriate FLM.

The security FLM was able to show inspectors randomly generated staff search lists and details of when these searches had been conducted.

Whilst the establishment had been built with therapeutic conditions in mind, there was concern over the line of sight that members of the public have into the establishment and protecting the privacy and security of women within HMP & YOI Stirling. Individuals could clearly be observed moving about either the open areas, or in some case, within their rooms.

Recommendation 28: HMP & YOI Stirling should ensure that all Perimeter Intruder Detection System (PIDS) paperwork is completed by the correct staff.

Recommendation 29: HMP & YOI Stirling should introduce methods to restrict public observation into the prison.

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

Rating: Satisfactory

A Standard Operating Procedure (SOP) was in place to explain how to obtain and record next-of-kin details. Staff followed this process and annotated details on the admission welfare assessment completed in reception on arrival. This assessment followed the prisoner to the admission hall where it was logged. The information was not only recorded on PR2 but securely stored in the area they resided in.

Foreign nationals were also able to provide next-of-kin details on arrival to the establishment, and reception staff used the correct procedure, utilising global languages to translate details.

Women were given one number on their phone list on admission, no matter the time of arrival. Those who arrived after 9.00pm were still provided with this option and spoke highly of this process as it enabled them to gain family contact on their first night of admission allowing family contact at an extremely distressing time.

Through discussions with women and staff, it was noted that if an individual was not able to contact their family due to communication issues from earlier in custody, staff did their utmost to permit a phone call from the SPS office phone which would be supervised. This was witnessed first-hand during the inspection.

There was a SOP in place for the management of prisoners' correspondence. Staff adhered to the process in all halls, and women were content with the process to receive family correspondence. However, it should be noted that due to a fault with the photocopier in one hall staff were unable to photocopy mail in front of the women. This had to be completed in reception. A fully working photocopier should be a priority to adhere to data protection, Prison Rules and the rights of the women.

HMP & YOI Stirling has no Family Contact Officer (FCO). This was concerning as it is a pivotal role for families and prisoners. The FCO role promotes the sharing of critical information as well as providing a supportive mechanism for families and prisoners throughout their time in custody.

First Line Managers (FLMs) reported that a SOP was in place should any civilians need to contact the establishment because of a death or seriously ill relative. However, due to in-cell telephony systems there had been no requirement recently to use this process as residents were informed directly.

Family attendance at Risk Management Team (RMT) meetings and Integrated Case Management (ICM) meetings was encouraged and a family member attended a recent ICM in January.

Recommendation 30: HMP & YOI Stirling should employ a Family Contact Officer to support links between prisoners and their families.

Good Practice 14: The use of the Admission Welfare Assessment to capture immediate details of next-of-kin, especially for foreign nationals.

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

Rating: Satisfactory

All staff had completed trauma-informed training, supported by the NHS, before taking up post. During staff focus groups, staff reported having good relationships with the women, but said it was sometimes difficult to put trauma-informed training

into practice without compromising staff safety. There had been times when following a full trauma-informed approach to handle agitated women appeared to increase the risks to staff. In addition, 73% of women who responded through the pre-inspection survey said they were treated with respect by staff all, or most of the time. This correlated with comments at the focus groups and observations throughout the inspection. Independent Prison Monitors (IPMs) also commented SPS staff were the first port of call for support and often resolved issues straight away.

There was a well-established personal officer process in place. This included a document shared with all staff which provided prisoner details, their admission date and the secondary personal officer. Women confirmed they knew who their personal officer was, and staff stated they were able to complete their personal officer duties, especially when fully staffed. From the HMIPS survey, 72% of the women said personal officers worked well and they were very supportive.

HMP & YOI Stirling had also seen the introduction of C&R2 techniques, based around the principle of non-pain inducing restraint, restraint reduction and proactive work with prisoners showing regular episodes of distress. Staff use their trauma-informed training and person-centred approach, to safely move prisoners without having to go to ground.

The Separation and Reintegration Unit (SRU) held weekly SRU management meetings, attended by Head of Residential, Violence Reduction FLM, and SRU staff to discuss the wellbeing of prisoners located in the SRU and plans going forward. It was evident SRU staff were able to identify a person's cues and clues very quickly and they were keen to reduce levels of Personal Protective Equipment (PPE) as soon as practically possible.

There were examples of positive relationships, particularly where staff and women spent more time together playing snooker, doing arts and crafts, completing quizzes or having one-to-one discussions with them.

Some staff did not wear name badges in the establishment and HMP & YOI Stirling should encourage all staff to wear them to break down barriers, establish relationships, and increase accountability.

Recommendation 31: HMP & YOI Stirling should encourage all staff to wear name badges.

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

Rating: Generally Acceptable

HMP & YOI Stirling had adequate rooms available for staff and women to hold private and confidential conversations in most of the residential settings. The rooms were well used for an abundance of reasons. It was noted during the inspection that Myrtle Hall did not have these facilities and the standard practice was to discuss personal and private matters in the overspill areas.

Throughout the establishment personal information was well protected and stored appropriately. At the desk areas, information such as Talk to Me (TTM) books, pro formas and menus were kept secure and out of sight. This affirmed that officers and FLMs were conscious of women's rights, and data protection rules by keeping such information secure.

However, there was no clear Subject Access Request (SAR) or Freedom of information (FOI) process. HMP & YOI Stirling had no dedicated member of staff accountable for logging or answering such requests. Staff indicated SPS HQ and HMP & YOI Polmont were dealing with SARs and FOI requests for HMP & YOI Stirling. Officers and FLMs in residential areas had minimal knowledge of the process and only one hall had information on the noticeboards pertaining to this, which was the data protection privacy statement. The induction package included information concerning FOI requests, but it was limited and encouraged the women to approach staff, whose knowledge of SAR and FOI processes was in practice limited. This may breach SPS information management policies including, UK Data Protection Act (2018) and Freedom of Information (Scotland) Act 2002

Concerns were raised by staff about handovers and sharing information with staff at the desk areas as they were so close to the cell doors. This limited the amount of information they could share without having to utilise a room.

A SOP was in place for management of women's correspondence and staff were able to explain this process. Women were provided with their mail on the same day. On checking the legal correspondence process, it was clear staff were well-versed and all counterparts were signed by the officer, FLM and the woman. This was completed at the desk area one at a time, providing privacy to the individual receiving mail.

Women were always able to speak to staff about confidential matters, even when locked up. The in-cell call system allowed them to contact staff at any time, especially with emergencies. The cell certification checks were completed and recorded, allowing staff to confirm they worked correctly.

Recommendation 32: HMP & YOI Stirling should create an interview room/private area in Myrtle to facilitate private and confidential discussions.

Recommendation 33: HMP & YOI Stirling should appoint a member of staff to develop expertise and take the lead on Subject Access Requests (SARs) and Freedom of Information (FOI) requests.

Recommendation 34: HMP & YOI Stirling should ensure that data protection information is displayed for women in the residential areas, and in a language they understand.

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

Rating: Generally Acceptable

Thistle Assessment Centre provided women with information on what to expect in the first 24 hours which was good practice. This involved one-to-one discussions, which helped to remove any barriers and begin the process of building positive relationships and ensuring women understood the expected behaviours. This was particularly helpful for foreign nationals or those with literacy issues.

Prison regime plans were very ad hoc and lacked consistency and the only timetable that seemed to be followed was the health and wellbeing timetable. During discussions with women and staff, inspectors heard and witnessed how the lack of structure affected their ability to have a consistent, predictable daily routine. Attendance at education, library, hairdressers, events or appointments was sporadic. This was due to the women's lack of prior knowledge about these events and sometimes only being told in the morning what was available. This was also highlighted by IPMs. There was some predictability around the women in Iris (convicted) who always worked externally from their residential areas but did highlight concerns as did the IPMs about the unpredictability of their regime with timings for lock up, etc, being inconsistent.

The HMP & YOI Stirling environment was still very positive regardless of minimal opportunities or a regime in place. Staff provided the upmost care for the individuals in their area and utilised a person-centred approach. It must be noted that HMP & YOI Stirling holds some of the most complex, mentally unwell women in the prison estate. They manage them appropriately, encouraging and supporting everyone. All staff had completed trauma-informed training and where possible utilised these skills. Staff also understood their limits and demonstrated this by using external agencies and partners, such as NHS colleagues and addictions agencies, for the more serious mental health problems some women exhibit.

Staff indicated that there had been an improvement in the orderly running of the establishment due to a reduction in staff sickness and more experienced staff returning to duty. There was a general feeling that in recent times, less experienced staff resulted in a more turbulent environment when trying to maintain good order and discipline.

Recommendation 35: HMP & YOI Stirling should provide women with more structure and a timetable to follow in each residential area.

Good Practice 15: HMP & YOI Stirling completed a 'what to expect in the first 24 hours' admission discussion, setting clear standards and boundaries whilst removing potential barriers, for example learning difficulties and language barriers.

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: Satisfactory

The pre-inspection survey reported that only 38% of the women said they were asked their opinion on issues affecting them in prison, and that issues raised were sometimes or often changed because of this consultation. After discussions with staff and women, inspectors were made aware of two Prisoner Information Action Committees (PIACs) that were held recently on separate halls. This was substantiated by published minutes on the prison noticeboards. It was clear from the comprehensive minutes that some of the actions raised had been met. This included adding cheesy pasta to the canteen and getting a multi-games table in the hall. Canteen staff confirmed they often got requests from FLMs following PIACs, and it was evident they updated and changed products on prisoners' requests. See Standard 1 re a recommendation about adding PIACs to the induction package.

One hall had a suggestion box that was well used. Inspectors witnessed women requesting more arts and crafts within the hall. This was followed through straight away and colouring in sheets, quizzes and activity sheets were provided. Staff recently used the common good fund to purchase prizes at Christmas for competitions. It was also used to subsidise canteen prices with the rising cost of items. The member of staff covering the finance manager post was able to show recent applications to the common good fund.

Inspectors witnessed a focus group in Myrtle where the visits FLM was investigating ways to support them to gain more visits, as unfortunately they attended limited sessions. The women were very vocal and raised concerns about travelling time and distance for their family.

Noticeboards in the halls were up-to-date and filled with lots of relevant information, ranging from complaint procedures, IPMs, NHS advertisements, Health and Wellbeing timetable, PIAC minutes, global languages information, canteen listings, etc. There was limited information on the noticeboards in reception, an area where information was key and clear to see.

There was no prison radio or information channel for the TV. Staff and women stated they would find out verbally about any changes, updates or information regarding their time in custody.

There was a recent Equality and Diversity (E&D) strategy meeting held however no women were invited. It would be beneficial for women to get the option to attend E&D strategy meetings and have their input.

Recommendation 36: HMP & YOI Stirling and the SPS HQ should ensure a Prison Radio or information channel is made available on the cell TV to provide

up-to-date information, particularly for individuals with learning difficulties or mental health issues.

Recommendation 37: HMP & YOI Stirling should furnish the noticeboards in reception with relevant up-to-date information for all admissions.

Recommendation 38: HMP & YOI Stirling should ensure that women are invited to attend E&D strategy meetings within the establishment.

Good Practice 16: A suggestion box in the residential area, allowing the women to share their thoughts and provide input for future changes.

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 the national or international parliaments.

Rating: Satisfactory

The induction package stated that Prison Rules were held in residential settings and the prison library. However, on investigation they were only to be found in the admission hall. The staff in the other residential areas stated they would print Prison Rules off SharePoint for women who requested them. The library did not hold Prison Rules or legal text for woman. Prison Rules and legal text should be available for women and notices should be visible around the establishment advising where to find them without having to ask a member of staff.

Foreign nationals were supported across the establishment with staff having knowledge and experience of global languages. Thistle Hall had a variety of folders about the induction package in many languages, allowing women the options to read on arrival. Fire evacuation forms were available in many languages should they require. All halls had a language directory on the noticeboard. Inspectors witnessed staff assisting women with literacy difficulties, helping them complete specific forms.

The positive staff and women's relationships aided any potential barriers to accessing information. Staff were always visible in the hall and often seen having one-to-one discussions with individuals. It was clear staff utilised the person-centred approach and supported individuals where possible.

Agent's visit was a small area in the establishment. There were only two members of staff, and it was very isolated from other sections of the establishment. However, it was utilised throughout the week by Shine, social work, lawyers and court appearances, virtual and closed visits were also held in this area. There was only one room available for phone consultations, which could sometimes reduce appointments. HMIPS would recommend another similar room to allow more access. Agent's visits were available in 30-minute slots for six hours a day Monday to Friday, therefore ample opportunities for appointments. Staff and women both stated there had not been issues arranging or receiving appointments in agent's visits.

Recommendation 39: HMP & YOI Stirling should ensure that the Prison Rules and legal texts are available in all residential areas and in the library.

Good Practice 17: Admission packs in reception printed in 12 different languages.

5.7 The prison complaints system works well.

Rating: Satisfactory

The HMIPS pre-inspection survey told us that 50% of women felt that the complaints system worked well. Staff were aware of the process and able to show inspectors how to log Prisoner Complaint Forms (PCFs). Women stated they had used the process, however both women and staff reported that officers endeavoured to resolve issues straight away to reduce escalation.

Following the examination of a selection of PCFs it was evident timescales were primarily met and complaints were answered on time. In the last six months 35 PCF1s and 39 PCF2s were submitted. At the time of the inspection one PCF had passed the deadline and awaited a response. On investigating further, it was evident that HMP & YOI Stirling resolved complaints at the first stage. Only three disciplinary appeal forms had been submitted and two had been referred to the Scottish Public Services Ombudsman in the last six months.

PCFs, NHS and GEOAmev complaint forms were readily available in every hall, with a complaints section in each residential unit. Women stated that staff would assist them where required to make complaints. The complaints process was present in the induction package for all admissions.

At the time of inspection, no Internal Complaint Committees (ICCs) were due to take place, however upon checking recent paperwork there had only been three ICCs in the last six months.

5.8 The system for allowing prisoners to see an independent prison monitor works well.

Rating: Satisfactory

The HMIPS survey showed that 55% of respondents said they knew what the role of an IPM was, and 47% said they knew how to contact an IPM. IPM posters were visible throughout the establishment including the residential areas. IPM information had recently been added to the induction package, giving prisoners information about them on admission.

The IPM number was automatically added to the in-cell telephony system, allowing prisoners to utilise this service at any time. IPMs stated in the last six months 14 requests had been received. There were messages left on the IPM freephone number and 11 of them were from an IPM being approached during a visit to the establishment. This appeared to be more effective than the formal freephone request process.

IPMs said frontline SPS staff appeared aware of the process and actively helped prisoners to contact IPMs. IPMs also stated frontline SPS staff were their first port of call and usually gave effective support. They spoke highly of staff and the Senior Management Team (SMT) and found them very helpful and accommodating when visiting HMP & YOI Stirling.

Staff and women spoken to were aware of IPMs and stated they had seen them in the residential areas recently. Two individuals confirmed they spoke to them at length the last time they were in.

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

Rating: General Acceptable

There were few employability and training opportunities available, which mainly focused on essential services to support the running of the prison. This included laundry, pass, industrial cleaning, kitchen, gardening and hairdressing. A prison officer with a focus on delivering life skills programmes was recently in post and beginning to deliver accredited programmes. For example, the Royal Environmental Health Institute of Scotland (REHIS) in partnership with the NHS. This was beginning to enhance the work party offer. Of the total prison population of 90, only 29 women were offered a work party, and they were mainly convicted women residing in Iris. Of these 29, there were seven women not engaging in a work party. Overall, only a quarter of the population were participating in employment and no women were accessing work placements. All work parties were operating under capacity, and a few were not well attended. As a result, the number and type of work party was not sufficiently meeting the needs of all women. The prison would benefit from reviewing their policy to enable all prison populations access to employability and vocational opportunities. This would also help to increase the current capacity of work parties to deliver essential services.

A few women in work parties could obtain vocational qualifications such as the British Institute of Cleaning Science (BICSc), bio-hazard cleaning, manual handling and REHIS. However, beyond the Industrial Cleaning Party (ICP), access to vocational qualifications was not consistently offered across all work parties. Overall, the range and level of vocational training offered to prisoners was limited. There was potential for prison staff and Learning Centre staff to work collaboratively to increase access to employability and vocational accreditation.

Recommendation 40: HMP & YOI Stirling should prioritise improvements to the employment and vocational training and accreditation opportunities. These opportunities should be in line with the labour market and better meet the interests and aspirations of the prison population.

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

Rating: General Acceptable

Women were provided with information on available work parties during their induction. Personal officers also promoted employment opportunities and encouraged participation. Women who were offered a work party were consulted on their skills and interests. There were a few examples of prison officers identifying and removing barriers to participation. For example, a few women with learning difficulties were provided with verbal instructions and additional induction. However, this could be more consistent. A work party application process was in place. These applications were reviewed, and women were matched to a work party through an allocations board process. However, the work party options available did not always match women's skills and interests.

A few women attending work parties were learning new skills, which were supporting their readiness for progression to employment. It was also helping those with existing industry experience to keep their knowledge and skills up-to-date, and in line with employment expectations.

There were a few examples of women being able to move between work parties. However, a few were in the same work parties for long periods. All women welcomed access to a wider range of employment and vocational training opportunities.

It was recognised that there had been challenges in establishing a new prison. This had resulted in an increased focus on the security and safety of the population. As a result, this had been a contributor to the limited number and variety of employment opportunities available for the women.

Recommendation 41: HMP & YOI Stirling should begin to prioritise the needs of women over the needs of the establishment. There was also a need to increase access to employment and vocational opportunities to the wider prison population.

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

Rating: Poor

The educational opportunities available in the Learning Centre included induction, English for speakers of other languages, introduction to information technology, discussion and creative writing groups, project-based learning, Scottish studies, history and a Koestler Award group. There were a few women completing Open University courses. A few subjects attracted accreditation, ranging from Scottish Credit Qualification Framework level two to five. However, achievement levels were low. There was more of a focus on themed-based learning, which took place regularly, on topics such as random acts of kindness and international friendship

day. These were well attended by most of the prison population. The opportunity to mix the prison population within the Learning Centre had only recently been introduced. These changes were too recent to demonstrate any positive impact on women's increased engagement in learning. However, the change did have the capacity to increase access to education to more of the prison population.

All residential halls had access to education for a minimum of one session per week. Despite this the pre-inspection survey indicated that only 42% said that it was easy to access education which was confirmed by the women during the inspection. Learning Centre staff were responsive to addressing barriers to participation. This included working with women on a one-to-one or group work basis, within the Learning Centre or in residential areas. Women on remand only had access to art. Almost all women highlighted that art was the most common activity and that they would like to see more choice. A few younger women also noted that they found the learning to be repetitive. The Learning Centre gathered feedback from women on their views on Learning Centre provision. Almost all women who were involved in a work party highlighted that there was difficulty in accessing education. This was due to being too busy with their work. A few women were struggling with continuing their education after transferring from other establishments. Almost all women stated that prison staff did not always promote education. Therefore, women were not always aware of what was on offer.

Recommendation 42: HMP & YOI Stirling and Fife College should review the learning offer to respond to and reflect the needs and interests of the population. This includes level of qualification and progression opportunities to help encourage attendance.

Recommendation 43: HMP & YOI Stirling should promote learning opportunities to women more effectively and encourage their participation in learning to address the low participation rates.

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

Rating: Satisfactory

The physical education department offered a very good range of physical and health activities to all prison populations, including those with additional support needs. The gymnasium area was small; however, Physical Training Instructors (PTIs) maximised the use of indoors and outdoors spaces effectively. PTIs also supported satellite gymnasiums, which were located in almost all residential areas. The gymnasium timetable provided women with multiple opportunities to engage in health and fitness activities. These activities were available each weekday, early morning, in the evening and at weekends. Gymnasium activities included breakfast clubs and morning walks, health and wellbeing programmes, workshops and gym activities, such as gym circuits, table sessions and certificated tournaments. A star player

award recognised achievements, such as in football and certificated programmes such as the heart start programme were also in place.

The gymnasium provision was popular amongst women. The morning walks were providing a pathway to progression to running up to five kilometres. This activity was part of the NHS Couch to 5km programme. The PTIs had a strong commitment to continuous professional development, which supported an expansion of gym activities to continue to meet the needs of the wider prison population. For example, a few PTIs were completing instructor training to deliver Spin and Zumba sessions. The partnership with NHS had resulted in the introduction of the Choose to Lose, a weight loss and health education programme.

A Health and Wellbeing Strategy was in place, which set out measures of engagement at three, six and 12-month intervals. This allowed women with shorter sentences to engage in activities and progress. All women completed a Physical Activity Readiness Questionnaire and received an induction to the health and fitness centre before engaging in physical exercise. Should barriers to participation be identified, PTIs worked effectively to address these. For example, women who were wheelchair users were supported in their cell, in their residential area or outdoors. A questionnaire for women, gathered their views on gym provision. For example, what they enjoyed the most and how the gym could improve. As a result, quieter sessions were introduced for those prisoners who required one-to-one sessions.

A gym buddy programme was also in place. PTIs supported gym buddies well in their role to provide peer support to help empower women to take action to improve their health and wellbeing.

Good Practice 18: A gym buddy programme was also in place. PTIs supported gym buddies well in their role to provide peer support to help empower women to take action to improve their health and wellbeing. This holistic support to improve prisoners' health and wellbeing and encouraged wider participation is good practice.

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

Rating: Poor

The prison library was in the Hub. Women accessed the library based upon a timetable, which was displayed in all residential areas. The library was open Monday to Friday, with five afternoon sessions and two morning sessions, each lasting one hour and forty-five minutes. Although every residential hall had access to a minimum of one session per week with Iris and Begonia having access to two sessions, this conflicted with the findings of the pre-inspection survey which reported that only 39% said they were able to go to the library at least once in the previous week.

The library was small and had a limited range of reading material which included fiction, non-fiction and religious texts, the majority of which was donated. A few

books were available in large print or in other languages. There was a small selection of DVDs which women could borrow for viewing in residential halls. Newspapers including Good News and Inside Time were available for viewing. However, there were no daily newspapers, magazines, legal texts or self-help resources or books that women could request and read on the premises. There was a limited supply of reading material in a few residential halls. Overall, the women felt the library resources were limited and would prefer a wider range of resources relevant to their needs and interests.

The Hub and library pass woman kept the library stock well organised and maintained a borrowing record. However, the library was not catalogued, and it was difficult to keep track of resources available. There was no permanent library staff or formal links with the local authority library service or Fife College. This limited the opportunities for women to access support, guidance and a wider range of library resources.

Recommendation 44: HMP & YOI Stirling should continue with plans to develop more formal links with the local authority library service to further assist with cataloguing, managing and rotating library resources.

Recommendation 45: HMP & YOI Stirling should ensure that all prisoners have access to an appropriate and increased range of up-to-date and accessible library resources. This should include resources available through external partners, such as the local authority and Fife College.

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

Rating: General Acceptable

Women participated in a good range of cultural activities and events which contributed positively to prison life and reflected the wide range of interests and abilities. Women made good use of self-help resources available or self-directed activities, which helped them to respond positively with emotional challenges. This included the use of creative writing, which helped them with self-expression and to overcome mental health challenges. However, there were no self-help resources or books available in the library. Women had access to a good range of recreational activities such as bingo, arts and crafts, board games, a mini gym, pool table and a communal television in each of the residential areas. A fellowship group met once a week. Women had access to a wide range of in-cell activity packs and resources, such as crosswords, Sudoku, colouring and puzzles, some of which were provided by the Learning Centre staff.

The prison planned and proactively promoted themed events, such as Bereavement Week, International Friendship Day, Holocaust Memorial Day and Random Acts of Kindness. These events provided women with the opportunity to self-reflect, learn about the importance of self-care and caring for other people. However, there were

opportunities to extend this provision, to ensure that all women, including those with barriers to participation, had access.

The prison recently reintroduced the Listener's service. This provision was supported by The Samaritans, who met with the trained listeners twice a month. Listeners also took on the role of peer-mentors on an informal basis. They supported new women and assisted others when they needed additional support. However, there was scope to increase the number of trained listeners. In addition, to a more planned approach to train and support peer-mentors more formally.

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

The pre-inspection survey had reported that only 61% were able to spend at least one hour outdoors in the fresh air every day with 8% reporting that they never had the opportunity for this. However, during the inspection women confirmed that they had the opportunity for time in the fresh air most days. In areas where this was observed there was a good uptake. For example, in Thistle, six individuals out of the seven in the unit took the opportunity for exercise, one was ill. Exercise lasted approximately 30 minutes because the women wanted to come inside due to the inclement weather. Women in Iris indicated variable uptake in terms of time in the fresh air over the winter months, but those who had been in custody since last summer indicated that they made good use of the garden/exercise spaces in the good weather. It was noted that in the good weather they often had much more than just one hour outside, with staff often allowing the unit door to be open. The layout at HMP & YOI Stirling made such arrangements possible and this was good practice, but understandably could not be replicated in larger establishments.

The pre-inspection results may have been influenced due to times when access to fresh air was not possible due to staff shortages or incidents within the prison which staff confirmed. The women were sympathetic to staff but also noted that when facing long days locked up it can feel claustrophobic. These women also commented that the exercise spaces were very small, and they much preferred the time at PT with the health and wellbeing staff, as they had much more open space to exercise in.

The women had access to waterproof jackets, and they appeared to be in good condition. The uptake in exercise in the convicted population was variable and sometimes lower than the remand population.

6.8 Prisoners are assisted in their religious observances.

Rating: Satisfactory

The religious services team were awaiting a custom-built space but were operating from a room in the central hub. Staff and women alike were complimentary of the current space but were looking forward to having the dedicated space. The women

interviewed suggested that it would be beneficial to have small private quiet spaces for religious observance/prayer in addition to the communal space and made this suggestion for the new Chaplaincy building.

Roman Catholic and Church of Scotland faiths were well catered for in terms of faith services with two of each per week. The Chaplaincy Team advised that they typically had small numbers of Muslim women in custody and did not have an onsite Imam but could access one if required. Women in custody were complimentary of the Team and were broadly able to access support as required. PR2 was being utilised where Chaplaincy services had provided pastoral care which was good practice for the sharing of information. There was also evidence of the Chaplaincy Team liaising with mental health and the Link Centre to ensure the pastoral support they were offering was appropriate to the individual woman's needs. This was evidence of good practice. The Chaplaincy Team were also conducting reading groups and outreach sessions in the residential areas and had ambitions to set up a film club; they were visible throughout the establishment.

There was an issue raised in terms of getting access to religious texts. One woman had trouble getting access to a bible in her first language. There was also an issue with a small number of women getting access to a specific religious text because it was not held by the establishment, and they were not allowed to have it sent in due to protocols in place with paper/mail being sent in. A discussion with Chaplaincy services during the inspection week identified solutions. It appeared that with the religious texts the Chaplaincy had not been aware of the issue as the women had discussed it with their personal officer and were advised of the process of sending mail/property and the officer had not been aware that the Chaplaincy could source the required texts.

The Chaplaincy Team worked within the central hub area and Link Centre to bring additional services into the prison. Prison fellowships were working with the Link Centre Team and there were plans to bring Sycamore Tree and Alpha groups too. It was, however, highlighted that there was not currently a referral or process to sift referrals and ensure that referrals being made were appropriate. That said, chaplaincy staff were working informally with other disciplines to determine the suitability of the work they were offering.

Recommendation 46: HMP & YOI Stirling should ensure that the Chaplaincy service provide bibles in a range of languages.

Good Practice 19: Chaplaincy staff detailed on PR2 where pastoral support was being provided and this promoted the sharing of information.

Good Practice 20: Chaplaincy staff liaised with other disciplines to ensure that the pastoral support being offered was not at odds with work being offered by other service providers.

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

Of those who were aware of the availability of in-person and video visits, 69% reported that the prison gave them access to in-person visits every week. Fifty-eight per cent said they got weekly video visits. This was confirmed during our inspection where most women in custody spoke positively about access to visits and the experience itself. At times there were no printed visit request forms available due to a broken printer, but staff were normally able to assist.

Staff in the visits area thought that it was a good space but at times the large pieces of furniture could block lines of sight. They suggested that this could cause some security concerns. There was a small room that could be used for more private meetings, or for those with additional needs, but it was more difficult for staff to supervise this area unobtrusively. Staff indicated that women could ask for access to it, but some women did not know they could do so.

The garden space with play equipment attached to the visits area had not been used due to inclement weather over the winter. This facility had the potential to offer a good opportunity for women to engage with child visitors in a more child friendly manner. However, some staff had concerns about the additional oversight responsibility that would be placed on them.

Child bonding visits took place on weekends. Overall, these were positively received. There was one report where a woman in custody felt staff were overly focused on security to the detriment of her and her child's privacy. There were two other reports where a woman thought staff did not always effectively balance the privacy and security aspects well.

Double visits were available but not advertised. Staff advised that women could request these, and they would be considered at the manager's discretion. An FLM advised that a policy for double visits had been drafted and plans to promote this if it is approved.

Visits ran in the afternoons with an evening session on a Monday, Wednesday and Friday. Children's visits run on the morning at the weekend with additional sessions later in the day. Uptake of visits was at a relatively low level compared to other prison establishments.

It was noted that young women in Myrtle were not making good use of visits and rarely took a visit. Women in Myrtle were asked about this, and they advised that they were choosing not to take visits and had been offered various opportunities. There was also evidence of focus groups having taken place to see what could be done to increase their uptake of visits.

Recommendation 47: HMP & YOI Stirling should ensure that a stock of visit request forms is always available throughout the residential areas.

Recommendation 48: HMP & YOI Stirling should ensure that a process is developed and advertised for the use of the more private visit space.

Recommendation 49: HMP & YOI Stirling should ensure that a provision for double visits is implemented for those travelling long distances.

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

Rating: Satisfactory

The family visit centre was a bright, comfortable and welcoming space. There were lots of posters, leaflets and signs to advise families about financial, practical and emotional support available to them. The family visit 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. There was also health promotion information and free toothpaste and toothbrush packs available for children. Visitors arriving were offered a hot drink in the family visit centre.

There were also cold drinks and snacks available in the visit area but no hot drinks. A small servery was well appointed but not currently in use. Staff and prisoners suggested a vending machine for hot drinks would be appreciated.

There was no FCO in post at the time of the inspection and this post was being covered on rotation which meant that there was no consistency of service. See recommendation in QI 5.1. A situation occurred whereby a visitor was not allowed to hand in property due to not having the right paperwork and was having to return the following day. If there had been an FCO in place they would have contacted the reception who hold the original pro forma and the situation could have been dealt with timeously with no extra expense and wasted time for the visitor.

Visitors spoke highly of their experience and how they had been treated by staff. They described being treated compassionately and respectfully. A small number of women in custody indicated that they felt as though staff did not always balance security and privacy well; suggesting they would stand too close or listen to conversations. In the visit session observed, staff respected distance and privacy but at the same time maintained good order.

Recommendation 50: HMP & YOI Stirling should consider the provision of a hot drink's facility in the visit room.

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 ran from the Link Centre and were available up until 3.00pm on weekdays only. There were three working terminals. At times in the recent past only two were working according to meeting minutes reviewed.

One woman interviewed made use of these to maintain family contact with those located outside the UK. Virtual visits did not appear to be available on the weekends or after the day shift due to staffing of the Link Centre. Women expressed a desire for virtual visits to be available in the evenings and weekends.

The Email a Prisoner Scheme was available and was promoted in the establishment and in the visitor's hub. This provided an alternative method of family contact from face-to-face visits. Women in custody also had the pin phone system they could use from their rooms to maintain contact with family members.

Accumulated visits or inter-prison visits were also available in line with SPS processes.

Recommendation 51: HMP & YOI Stirling should ensure that the provision of virtual visits is also offered in the early evening and at weekends.

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

It was indicated that closed visits were not routinely used. Since the time of opening in 2023, information from the Intelligence Management Unit (IMU) showed that only two women had been made subject to closed visits. There were appropriate meetings, documentation and review processes in place for the use of closed visits. Responsibility for management of this process sat at a senior management 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.

There had been no visitors banned since the time of opening, but processes were in place for this eventuality. There was also 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

At the time of inspection there were four posts for interventions staff but only one member of staff actively in post. This member of staff had worked hard to establish a Recovery Café and other recovery focused supports. They were also facilitating an offending behaviour intervention on an individual basis with support from a psychologist. It was good practice that staff continued to maintain regular contact with this woman whilst she was held in the SRU.

Ultimate Self is the accredited offending behaviour intervention for women in SPS custody but there were no trained staff currently in post. A delay on training was due to resourcing pressures. At the time of inspection, however, women in HMP & YOI Stirling serving long-term sentences were still being assessed for interventions and their cases considered at a Programme Case Management Board. They were being placed on a national waiting list and could transfer to HMP & YOI Polmont to access the Ultimate Self intervention. At the time of the inspection one woman was awaiting a generic programme assessment and no women were waiting for access to the Ultimate Self Programme. Several women in HMP & YOI Stirling had already completed Ultimate Self.

Social work staff indicated that they were keen to be involved in delivery of the Ultimate Self Programme but there had been no programme training delivered by SPS to allow them to do so, and contractual factors may pose a barrier to the sustainability of this. Social work staff along with NHS partners were delivering a short intervention focusing on 'decider skills.' This appeared to have been well received. There were limited opportunities for women serving short-term sentences to address risk factors associated with their offending. There was a desire to roll-out a short-term modular intervention, but resources had so far been a barrier to this.

Staff members highlighted that they thought there was a gap in terms of support or therapy for trauma, such as trauma counselling or specific therapies. This was highlighted by several staff members over several different areas and professions. There was a desire to offer psychological therapies given the link between trauma and offending but resourcing pressures had been a barrier to this. At the time of inspection some psychological therapy was being offered by the NHS and a grief support service was also available in the Link Centre.

Link Centre staff were working with women and other partner agencies. There were good working relationships between staff working in the Link Centre, partners and women in custody. However, the Link Centre meeting rooms and set-up were not conducive to making women aware of services or promoting a safe therapeutic space. The rooms were not soundproof and felt quite clinical compared to elsewhere in the establishment. At the time of inspection there were also a lack of therapeutic group spaces although it is understood that this will be available in the next phase of the build.

Therapy was a popular service but those who had a knowledge of HMP & YOI Polmont expressed the desire for Paws for Progress to be replicated in HMP & YOI Stirling. The Chaplaincy Team had plans to deliver the Sycamore Project in HMP & YOI Stirling, this is a restorative justice intervention. Chaplaincy were keen to ensure that referrals for this were given consideration by a review process to ensure that they were appropriate.

Young women in Myrtle spoke about experiencing boredom during the day due to there being little to do. They said that the opportunities offered to them included going to the gym or education. There was some uptake of this but for large parts of the week the young women were in the hall. There were positive engagements with young women and staff in the unit; however, they were observed to be supporting young women by playing pool and doing jigsaws.

The Life Skills area had only recently got up and running, and whilst much of the service it offered lay in other areas of inspection it was noteworthy that as well as practical skills it was clear the class was also supporting the development of social and relational skills, particularly for those in Wintergreen and Myrtle units where sessions were adapted for the individual needs of those attending.

Good Practice 21: Staff continued to maintain contact with a woman engaging in the Ultimate Self programme when she was in the Separation and Reintegration Unit (SRU).

Recommendation 52: HMP & YOI Stirling should ensure that there are therapeutic group spaces available.

Recommendation 53: HMP & YOI Stirling should ensure that interventions targeting key risk factors are available for those serving short-term sentences.

Recommendation 54: HMP & YOI Stirling should consider training social work staff in SPS offending behaviour programmes to support the delivery of Ultimate Self.

Recommendations 55: HMP & YOI Stirling should consider providing further resource for consolidation and top-up work related to the Ultimate Self programme.

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 enhanced Integrated Case Management (ICM) process was working well. All women interviewed who were managed under this system knew what it was, and documentation on PR2 confirmed meetings were taking place and onward referrals were being made. Family were being invited to attend these meetings either in person or virtually. In the four meetings held in the two months prior to the

inspection, one had family members in attendance although all were provided with the opportunity to invite family. The enhanced ICM meetings were well attended by personal officers.

Short-term and non-statutory case management reflected a mixed picture. There had been short-term and remand case management processes developed and some staff had been trained, but this process was not yet operational. However, all convicted women were receiving a basic core screen on admission and were seen by a social worker within seven days. All women had a plan for release and had contact with Link Centre within the first few days of admission. Contact with Link Centre staff was clearly documented on a woman's PR2 record and Link Centre staff were well regarded by the women interviewed.

Case management processes for young women under eighteen were unclear. It was suggested that the Whole Systems Approach was being led by personal officers and so other processes did not apply. However, personal officers in Myrtle were not aware of the Whole Systems Approach when asked. One young woman in Myrtle reported that she had been part of the enhanced ICM process and had attended an ICM meeting to discuss her sentence planning. PR2 confirmed she was engaged in the enhanced ICM process.

Progression to the Liliac and Bella Centre was primarily driven by the Centres. The Community Custody Units (CCUs) were managing a database and were "pulling through" women who met their criteria. The RMT was observed during the inspection week which had cases which had been progressed to the CCUs and were discussing the women's ongoing progression and management. The RMT meeting was well attended by professionals and detailed contributions were discussed. The meeting minutes reviewed contained a good level of detail and carefully balanced risk management and opportunity for progression. There were plans agreed at the meeting to communicate the outcome of the meeting to the woman.

Recommendation 56: HMP & YOI Stirling should ensure that case management processes are implemented for those serving non-statutory/short-term sentences.

Recommendation 57: HMP & YOI Stirling should ensure that there are clear processes agreed and communicated for the management of young women in custody.

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

Rating: Satisfactory

RMT meetings were being held fortnightly at HMP & YOI Stirling and these meetings covered this facility as well as the two CCUs. The CCUs were proactive in their case management for those in their care as well as identifying those suitable to transfer there and those suitable for progression. At the RMT meeting observed and from

minutes observed on PR2, there was good input from MAPPA partners such as community-based social work and Police Scotland. There was good availability in the CCUs so there did not appear to be a delay to access a space.

With regards to parole there were no hearings during the week of the inspection. However, a sample of cases from the previous three months were reviewed which indicated that plans were in place to support individuals and work at a pace that was appropriate to their mental health or other needs. Unlike what we have seen in some other establishments, opportunities for parole did not appear to be adversely affected by lack of opportunities for progression or access to intervention.

Home Detention Curfew (HDC) was being operated in line with nationally agreed SPS processes. There were monthly HDC review meetings which had oversight of the process, figures and cases being considered. There was an audit process in place as well as a decision review process. It appeared to be well managed. There were no prisoners in HMP & YOI Stirling with an Order for Lifelong Restriction (OLR) sentence at the time of the inspection.

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

HMP & YOI Stirling effectively collaborated with agencies to ensure women had suitable release plans in place to support their transition to the community. Link Centre staff were well known to staff, women and partners across the establishment, and had developed relationships with key contacts in the community. Agencies working in the Link Centre were clear about their role and responsibilities and reported that partnership working was very good. The co-location of services supported effective and timely communication and information sharing, however, prison staff and partners noted that the location and function of the Link Centre made engagement with women more challenging. Link Centre staff were often restricted to the office base as they were required to provide security for visiting agencies. This limited their capacity to engage with women directly. The space did not allow the Link Centre to function as a social hub providing women the opportunity to engage with community-based services. The range of services on offer did not include any trauma counselling or youth specific services. Given the profile of the population, these were identified as gaps.

Sentence and pre-release planning processes for statutory prisoners worked well. Prison-Based Social Work (PBSW) and Integrated Case Management (ICM) staff worked jointly to encourage prisoners to meaningfully engage in planning processes and barriers to participation were quickly identified and addressed. Women spoke very positively about their experience of attending planning meetings and the quality of the support they received.

Women on remand or short-term sentences were supported by Link Centre staff to prepare a release plan providing access to important advice and support. Plans to introduce Crossroads and C Me case management approaches for this group of

women had not been implemented and the associated planning documentation appeared quite onerous.

Personal officers understood the importance of pre-release planning and were appropriately engaged. They were not clear about case management processes, particularly in relation to young offenders. Staff and women were not always clear about the range of support services that were available via the Link Centre.

Good Practice 22: Link Centre staff effectively engaged with remand and short-term prisoners to develop plans for release and co-ordinate these in partnership with relevant agencies. This was benefitting women's transition to the community.

Recommendation 58: HMP & YOI Stirling should review security arrangements for the Link Centre to enable Link Centre staff to be freed-up to fulfil their vital role in supporting women to prepare for release.

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

Rating: Generally Acceptable

Enhanced ICMs for statutory prisoners at HMP & YOI Stirling were co-ordinated by experienced staff with a good knowledge of the process and a focus on making women central to case management. ICM co-ordinators arranged pre-meeting discussions with women to ensure that they understood the process and purpose of meetings. Meetings were often undertaken with PBSW to support a joint approach and to minimise the need for women to tell their story twice. Attendance of prison-based and community-based social workers at ICM meeting was very good. Family members were also routinely encouraged and supported to attend.

HMP & YOI Stirling staff worked closely with PBSW and psychology services to ensure that case management was informed by timely assessments. Although there was no dedicated psychologist at HMP & YOI Stirling, cover was provided by the national team and staff reported that they were able to access helpful advice and support when required. ICM and RMT minutes were comprehensive and reflected a clear consideration of risk and need.

Processes to support Standard ICMs had been developed but were not yet implemented. Similarly, case management processes had been developed for Young People, but staff were not clear or confident about how and when these should be applied, and they were not consistently being delivered.

Personal officers knew the women well and actively encouraged participation in pre-release planning meetings. Case records within the Community Integration Plan were variable in quality, but generally provided useful information about the day-to-day needs and presentation of women.

Recommendation 59: HMP & YOI Stirling should ensure that staff working with young people are trained in the Whole System Approach. Measures should be implemented to check that this approach is being consistently applied.

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

Access to programmes within HMP & YOI Stirling was limited. Generic Programme Assessments (GPAs) were appropriately completed but no accredited interventions were available within the prison. Initial plans for the establishment had included the implementation of a Short-Term Intervention Programme for Short-Term Prisoners (STPs), a psycho-educational programme for remand prisoners, and a reflective supervision model for staff. Due to capacity issues within psychology services, none of this work had been implemented at the time of inspection. One woman had been undertaking the Ultimate Self offending behaviour programme on a 2:1 basis, but to complete the programme in a group setting, women had to transfer to HMP & YOI Polmont. Intervention Officers were keen to support the delivery of accredited programmes but had been unable to access training which would enable them to do so.

Interventions to support recovery for women with experience of substance use had been slow to develop. Thoughtful work had been undertaken to develop a Recovery Café. This had been developed in consultation with prisoners and drew on learning from community-based colleagues. The café had been running for five weeks and was well received, but at the time it was only available to convicted prisoners. Plans were in process to offer AA meetings soon. Staff were not clear about who held responsibility for ensuring that women were supported to maintain contact with addictions services in the community. For many women, the lack of access to addiction supports presented a significant break in continuity between custody and the community.

Progress in developing interventions was hindered by staffing issues, with only one Intervention Officer in post from an initial team of four. Recognising the gaps, social work, health and programme staff worked together to develop a course to support the development of skills in problem solving, coping and emotional regulation (Decide Skills). One course was successfully piloted in December 2023, and plans were in place for a second course. Again, this course was only available to convicted women. Life skills sessions were commencing at the time of inspection.

Notwithstanding the lack of access to programmes, for long-term prisoners, the enhanced ICM process enabled women and community-based social work staff to consider ongoing treatment needs and identify access to similar opportunities in the community, where they were required.

Good Practice 23: Interventions officers had sought to take an evidence-based approach to the development of the Recovery Café, consulting with women and drawing on good practice models being delivered nationally.

Recommendation 60: HMP & YOI Stirling should prioritise the development and implementation of a suite of programmes and interventions to ensure that risks and needs are addressed for all categories and ages of prisoner and that women are being appropriately supported to prepare for release.

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

Rating: Generally Acceptable

In the main, women were supported to contribute to the development of a release plan. Link Centre staff met with all women within 72 hours of admission to triage immediate needs, explain the planning process and make them aware of the services that were available through the Link Centre.

On liberation, untried women received a release plan including important information and advice, as well as a letter from the Department of Work and Pensions (DWP) about their benefit entitlement and how to access it.

All convicted women had a pre-release meeting with Link Centre staff six to eight weeks before liberation to identify their community integration plan. Significant efforts were made by Link Centre staff to put in place supports which took account of women's vulnerabilities and trauma. Their efforts were supported by the work of community-based social work and Shine mentors, who engaged with prisoners prior to release, to help them make plans for the transition back to the community. Processes were in place to ensure that women being liberated had a seven-day supply of prescribed medication where required. All staff confirmed that women were still routinely being released on a Friday which made transitions to the community more challenging.

Sentence planning for statutory prisoners worked well via ICM. Assessments were completed timeously and helped to identify relevant interventions. The Risk Management Team (RMT) process operated effectively, and key agencies were involved. Women described being included in planning, being able to understand key processes and feeling that their experiences were listened to and heard. Women were encouraged to attend and participate in ICM meetings but were not routinely invited to attend RMT meetings. Link Centre staff worked hard to ensure that release plans were in place for STPs, however, case management processes to prepare these women for release were not well developed and personal officers were not clear about their role. This meant that the key role personal officers had to play in supporting planning was not being maximised.

Recommendation 61: HMP & YOI Stirling should implement a clear case management process to support sentence planning for short-term prisoners.

Staff should be trained in applying the process and mechanisms developed to check it is consistently applied.

Recommendation 62: HMP & YOI Stirling should ensure that women can attend relevant sections of RMT meetings to present their views.

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

Rating: Satisfactory

As with other establishments, HMP & YOI Stirling was not directly delivering any service to women once liberated. Shine Women's Service provided a routine presence in the prison to build relationships with women to support the transition from custody to the community. As well as offering ongoing, community-based support for up to six months, mentors were able to offer practical assistance around release including gate pick-ups and the provision of essential items such as food, toiletries and a mobile phone.

There was a consistent effort to offer voluntary throughcare from community-based social work teams to STPs. Although take-up of this was limited, there was a good awareness among prisoners of this offer and the role that third sector agencies could play in supporting them after release.

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

Rating: Satisfactory

The prison had developed a draft Equality and Diversity (E&D) Strategy which was close to being finalised. An E&D guidance manual had also been developed, based on one in use in another prison, and an E&D Committee was now meeting regularly. Eighty-seven per cent of staff had completed their online E&D refresher training and the prison had plans to embed its E&D agenda further through the appointment of E&D ambassadors among the staff group, with a champion for each houseblock. The prison was in the process of ordering new noticeboards for each houseblock specifically for E&D information but the prison's ability to communicate E&D issues was inhibited by the unavailability of a prison information channel at the time of our inspection. It is to be hoped that issues surrounding its operation can be resolved quickly.

The prison was aware that low use had been made of translation services, so they had issued a reminder to staff about its availability. However, staff with whom inspectors spoke were aware of the translation services and how to access them, and there was evidence that translation services had indeed been used to support a recent case conference with a foreign national. As indicated in Standard 1, the availability of induction booklets in a wide variety of languages was a very positive development.

Although the prison was providing foreign nationals with some top-up to their phone allowance to help maintain contact with family abroad, three issues concerned inspectors. The first was that the excel sheet used to calculate the top-up had not been updated since 2012 and needs reviewed to ensure it meets SPS guidelines. Secondly, some women were frustrated that they might not qualify for the top-up if they had any relation in the UK, even if they were in fact estranged from that relative. Thirdly, the 200 free minutes available to all women cannot be used to phone family abroad. This does not seem equitable in terms of its impact on promoting family contact for UK and foreign nationals. We urge SPS HQ to ensure the 200 free minutes can be used by foreign nationals to support contact with family outside the UK.

The prison was still to formalise a Cultural Events Calendar, but an Events Committee was being set up to oversee that and the prison had already promoted a Grief Awareness Week, and a very successful themed life skills cooking event involving two foreign nationals. Planning was under way to celebrate International Women's Day on 8 March.

Recommendation 63: SPS HQ should review the excel sheet used to calculate phone top-ups for foreign nationals and ensure they can also make use of the 200 free minutes to support contact with family abroad (if necessary, scaling back the number of minutes to reflect the higher cost of calls abroad).

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

Rating: Good

As HMP & YOI Stirling is a new prison, many of the findings from inspection reports on the old HMP YOI Cornton Vale prison were not relevant.

However, the development of the new women's strategy and HMP & YOI Stirling was in part a direct consequence of the SPS learning lessons from previous scrutiny body reports, and best practice internationally in the care and treatment of women, particularly in relation to the provision of therapeutic environments. The SPS is indeed to be commended for that and the development of such modern therapeutic environments.

The prison was also able to provide evidence of recent Prison Resource Library (PRL) internal audit reports that had been carried out on the new prison, and the Business Review process will track progress with implementation of action against internal and external scrutiny reports on the new establishment.

Good Practice 24: The therapeutic design and overall ambience of the prison was exceptionally good and testament to an organisation that had listened to what women in its care wanted, looked at best practice elsewhere, and sought to be leading edge internationally.

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: Generally Acceptable

Quarterly Business Review meetings with the Director of Operations at SPS HQ took place and the prison was able to provide notes of such meetings. The Business Improvement Manager (BIM) at HMP & YOI Polmont had been providing support with the preparation of papers and circulation of notes of these meetings. HMP & YOI Stirling's own BIM post became vacant, and their new BIM was temporarily promoted to cover other duties. This resulted in a temporary reduction in capacity to support business review functions, including note taking and recording of meetings. With the assistance of HMP & YOI Polmont the production of management information around key performance indicators has continued. It was anticipated that this short-term capacity issue around BIM support would be resolved once permanent appointments in promoted posts had been secured.

There was evidence of the Governor clearly communicating the priorities to the prison and welcoming the efforts made by staff during a difficult launch period. A number of staff praised the visibility and role played by the previous Deputy Governor.

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

All staff with whom inspectors spoke were clear about the contribution they were expected to make to the running of the prison, but it was clear that the opening of the new prison had been a tough period for the whole prison. Front line staff in particular recalled difficult early days when the regime was constantly being tweaked, which was difficult for both staff and the women residing there.

HMP & YOI Stirling was generally at a reasonable level of compliance with core training competencies at the time of the inspection, while still being short of the target levels. A number of competencies sat around about the 70% mark such as Fire Awareness, Fire Response, Safe Working, but compliance levels for C&R2 were much higher and several staff were very positive about the new C&R techniques.

The prison had started to introduce a staff development programme, with monthly mentoring meetings with First Line Managers (FLMs) and regular meetings with the Learning and Development Manager. The prison had 10 people acting up into promoted roles, so the programme was initially largely geared towards this group. It would be widened out to others in due course and tweaked in response to feedback from participants.

Contingency plans were in place under 14 headings as per normal SPS arrangements and had been updated to reflect developments at the new prison, with paper copies available in the event of a failure of the electronic document storing system.

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

Rating: Satisfactory

SPS staff worked well with NHS and other external partners, with the sense of one united team where staff understood the roles played by colleagues in other areas. Residential staff escorted the women across to the Hub for dining and other events, helping to promote engagement with staff there, and there was no sense of divisions or tensions between different groups of staff or houseblocks. There had been disagreements formally recorded between management and the trade union side over some key issues when the prison first opened, but tensions had dissipated, and relationships had improved at the time of our inspection. HR and Learning and Development Managers said that relationships between their two functions were good but saw scope to work more closely together in future and with the Health and Safety Officer.

Management encouraged staff to engage in a number of charity events to raise money for good causes and encourage staff to work together with different staff groups.

The results of the People Survey had been relatively positive given the timing of the survey against the challenges faced in the initial period of opening and the prison was planning action in five key areas to improve the scores for next time.

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

Rating: Satisfactory

The prison recognised good performance through nominations for a number of meritorious awards such as the Butler Trust, Chief Executive's Certificate and Governor's Award. They had submitted one nomination for the Butler Trust and three staff had received commendations from the Governor since the prison opened. Given the challenges in opening a new prison it was perhaps surprising that more award nominations had not been made. The prison had taken part in Hidden Heroes Day to provide recognition internally and externally about the good work done by prison staff at HMP & YOI Stirling. After the first 100 days of the prison being operational the Governor-in-Charge (GIC) had issued a note to all staff praising their efforts.

Along with the rest of the prison estate the prison had introduced a new Performance Feedback Portfolio system which promoted regular dialogue between line managers and staff and the recording of successes and achievements, and constructive evidence-based feedback, for the end of year reporting. There was evidence of the

HR Team reminding staff of the importance of completing performance reviews with staff, but at the time of our inspection the deadline for completing appraisals had not yet been reached. However, the HR team were fully aware that further nudges would be required to achieve a good response rate.

Management had investigated and taken action in a number of misconduct cases, giving confidence that poor performance issues were being tackled. Similarly, absence management procedures had been implemented robustly across the prison, with an absence management meeting every Thursday, and staff sickness rates had almost halved from a peak of 40 a day in August 2023.

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

Rating: Good

The Governor chaired a Women's Estate Deputy Governor's Group which was focused on standardising delivery of the new women's strategy, ensuring processes were being applied in similar ways across the women's estate and sharing of best practice, including development of a new set of quality indicators for the care and treatment of women. This looked a very positive initiative, but the group had only met once so far, so it was early days for evaluating its worth, but the GIC said that it was already helping with the task of identifying women from other establishments who might be suitable for transferring to Liliias and Bella. Staff from HMP & YOI Stirling then visited the women identified to explain more about what would be available to them in Liliias or Bella, and where appropriate would arrange visits to the CCUs so they could see the facilities for themselves.

The opening of the new establishment had inevitably sparked interest from a wide range of external partners at home and abroad and the prison had facilitated visits for Sheriffs, Justices of the Peace, disability groups, social workers from other regions as well as holding open days for SPS and NHS staff. The prison had welcomed visits from individuals and organisations not directly linked to the justice system but with an interest in the welfare of women in custody, including a joint visit from the Moderator of the Church of Scotland and the Roman Catholic Archbishop of St Andrew's and Edinburgh. The Albanian prison service had visited once and were planning a return visit, while the Norwegian prison service was due to visit in March. Given the fact that the new prison had endured a difficult start the willingness to support visits from so many interested organisations was commendable.

Good Practice 25: The proactive engagement with SPS partners in the women's estate and with external stakeholders wishing to visit the prison was impressive.

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

Rating: Satisfactory

Although during the inspection week no excessive noise was heard by the inspection team, households located near to HMP & YOI Stirling had expressed frustration and raised complaints about the noise levels coming out of the SRU. The location of the SRU did indeed seem an unfortunate design decision. The prison management team had been working hard with the assistance of media and communication colleagues from SPS HQ to explain to the local community what they were doing to try to address their concerns. At the time of our inspection the prison had put together an update on a six-point plan aimed at addressing these concerns and had also supported public meetings which had been arranged to discuss these concerns with local residents.

The prison had also supported efforts to raise awareness about the many positive aspects that the design of the new prison brings, often using the stakeholder engagement activities described under QI 8.7, as well as helping to highlight the achievements of the CCUs Bella and Liliias.

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

Good systems and processes were in place to provide health screening to admissions to HMP & YOI Stirling. This included an assessment of the person's immediate mental and physical health requirements to ensure they were fit for custody.

Initial health screening took place in a dedicated treatment room that allowed confidentiality and dignity to be respected. The standardised admission screening tool available on the patient care record system Vision was completed for all admissions that saw a nurse before their finish time of 9.00pm. Late admissions arriving after nursing staff were off duty would not receive a healthcare assessment until the following day. These people were placed on 15-minute observations under the Talk to Me (TTM) Strategy until they attended a case conference. This is a concern due to the risk that SPS would not have the most up-to-date relevant healthcare information to identify if a person was deteriorating or required a healthcare intervention and had not received a health screening by a registered healthcare professional. HMP & YOI Stirling were aware of the national issue of late admissions to prison and had systems to monitor and discuss data relating to this within governance forums. Late admissions were identified as a risk and were recorded on the NHS Forth Valley Corporate Risk Management Register. A robust system was in place to ensure that all arrivals had a full healthcare admission assessment completed by a nurse. A consultation was carried out with a GP or Advanced Nurse Practitioner (ANP) within 24 hours.

Due to high prevalence rates of mental health and substance use issues in the prison population, NHS Forth Valley had RMNs undertaking all health screening assessments. Using skilled and competent RMNs in all health screening assessments helped to ensure that patients at risk of self-harm or suicide were identified through TTM. Screening for substance use would also be undertaken at reception by the RMN who had competency in Patient Group Direction (PGD) guidelines. Using validated withdrawal scales and clinical assessments ensured that people were assessed, and if clinically indicated, were prescribed appropriate medication.

All patients were provided with a leaflet outlining how to access healthcare services and a health and wellbeing booklet. Materials had been developed by the Speech and Language Therapy (SaLT) Team, with a view to being accessible and understandable.

Whilst systems and processes were in place to obtain patients relevant information, inspectors were told there were often inconsistencies in the time taken to receive patient information highlighting any risks or concerns from court or external services. This could have a potential detrimental impact on a patient's assessment, identifying any underlying healthcare conditions, and any potential interventions required. As a national facility, most prisoners admitted to HMP & YOI Stirling were not from the NHS Forth Valley area which added to the complexity of obtaining information in a timely manner. Inspectors were told there was continued engagement with all parties concerned to improve communications. This is a concern.

Recommendation 64: SPS HQ and NHS Forth Valley must work together to ensure that there is a robust process in place to ensure that people arriving late at the prison receive a formal health screening assessment.

Recommendation 65: HMP & YOI Stirling and NHS Forth Valley should continue to seek ways of improving communication from courts and external services to make the patient assessment process more robust to ensure important patient background information is received in a timely and consistent manner.

Good Practice 26: Accessible information was provided to patients on arrival to HMP & YOI Stirling including a leaflet on how to access healthcare and a health and wellbeing booklet.

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

Rating: Satisfactory

The healthcare service in HMP & YOI Stirling and the model of care delivery supported accessible and co-ordinated person-focused care. The healthcare service in HMP & YOI Stirling was delivered using Advanced Nurse Practitioners (ANPs),

GP and nurse-led clinics. If a GP or ANP was not onsite during core hours¹, they could be contacted for advice and support. This was supported by an out-of-hours service.

Certain healthcare conditions, identified during the admission process, were recorded on the SPS prison system to alert SPS staff to a patient's potential enhanced need. For example, a patient's past medical history, any long-term health conditions and those with epilepsy and asthma.

All patients were seen by either the GP or ANP the day after admission, who carried out a full medical assessment that included the patients past medical history and any long-term conditions. Medicine reconciliation was completed during the assessment by the ANP or GP and is reported under QI 9.8. Following the assessment, the ANP or GP would refer the patient on to other services including mental health or addictions if required.

Referral forms were available for people to self-refer to healthcare and were in easy read, picture format to support patients with literacy difficulties. They were also available in the five most common languages spoken in HMP & YOI Stirling. Lockable boxes were seen in the residential areas for patients to confidentially post their self-referrals forms. Inspectors were told that self-referral forms were collected in the morning before being allocated to the appropriate service for triage by a registered nurse.

Patients were informed when their referral had been received and had been added to the requested clinics waiting list. Waiting times were displayed in the Health Centre waiting area and residential areas. At the time of the inspection, the waiting times to see a GP, ANP or to attend a nurse clinic were good, with people being offered timely appointments.

Some patients had missed their secondary care appointments (such as hospital and nurse specialists) due to variations in the performance of the prisoner transport provider, GEOAmeY. This has been previously escalated by HMIPS to the Cabinet Secretary for Justice and Home Affairs. HMP & YOI Stirling continues to collate and present this data at the national prisoner healthcare network and supports patients who have missed appointments to be reappointed taking into account the impact on individual patients.

If GEOAmeY was unable to provide transport, those appointments identified by healthcare staff as needing prioritised were discussed with SPS staff to see if they could support with transport to the appointment.

At the time of the inspection, there were no patients requiring social care at HMP & YOI Stirling. If this was required, it would be discussed with the prison who would provide social care through a regulated care agency.

¹ HMP & YOI Stirling healthcare staff provide healthcare services between the hours of 7.30am to 9.00pm from Monday to Friday and from 8.30am to 6.00pm on Saturdays and Sundays and from 8.00am to 5.30pm on Saturdays and Sundays.

Healthcare staff were trained to basic life support level. Training records showed most staff were compliant with this training. Emergency equipment, which included automated external defibrillator, oxygen and suction units, was accessible and ready for use, and emergency drugs were in date. There was evidence of emergency equipment being checked daily and emergency equipment checks being audited.

A Standard Operating Procedure (SOP) was in place to support decision-making for emergency or minor injury care. A minor injury referral form was completed and emailed to the urgent care centre by healthcare staff, prior to transfer for treatment. The GP or ANP supported the care of emergencies in hours, whilst out-of-hours, the out-of-hours GP service or 999 ambulance was available.

Recommendation 66: HMP & YOI Stirling and GEOAmev must facilitate patients' attendance at appointments to secondary care. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.

Good Practice 27: Referral forms were available for people to self-refer to healthcare and were in easy read, picture format to support patients with literacy difficulties. They were also available in the five most common languages spoken in HMP & YOI Stirling.

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

Rating: Good

A wide range of accessible health improvement, prevention and promotion information² was available to everyone in HMP & YOI Stirling.

It is recognised within the community that female offenders have disproportionate levels of risk factors for poor sexual health compared to the general population. To proactively engage and support prisoners within HMP & YOI Stirling, all admissions were given an appointment to attend the female sexual and reproductive health and BBV clinic. Healthcare assistant led clinics were held weekly to carry out BBV screening. Primary Care nurses administer hepatitis A and B vaccinations. This allowed the specialist sexual health nurse to focus on more specialised, complex clinical cases.

The sexual health nurse facilitated small focus groups within the residential areas, offering information on smear tests, breast examinations and contraception.

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

² Accessible leaflets provide information in a way that people can understand if they find reading hard.

A range of health promotion and sexual health support material were visible in the residential areas and Health Centre. Condoms were offered to people on release from prison.

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

As referenced in QI 9.1 accessible information leaflets and resources were available promoting access to healthcare services.

Good Practice 28: All admissions to HMP & YOI Stirling were given an appointment to attend the female sexual and reproductive health and Blood-Borne Virus (BBV) clinic.

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

Rating: Good

Staff understood health inequalities and were knowledgeable about the potential barriers that patients could face when accessing healthcare. Staff demonstrated a respectful and professional approach to all patients. Observed interactions with patients were supportive, with staff providing explanations of care while gaining the patient's consent.

All healthcare staff are supported to access trauma-informed practice awareness sessions. More in-depth Psychologically Informed Care (PIC) sessions are delivered by the Psychological Therapies Team for all NHS staff. This allowed staff to develop their understanding of health inequalities and the barriers, stigma and social deprivation that patients may have experienced, and how this can impact on healthcare needs and engagement with services and treatment. There was evidence of trauma-informed practice embedded through staff awareness, observations of delivery of care and a high compliance with training available online. The SaLT Team recently supported SPS with their training programme for control and restraint for residential officers to promote communicating with patients consistently in a trauma-informed way.

Modules on equality and diversity were available online and there was evidence of compliance with these for the majority of staff. Inspectors spoke to staff who were aware of the Equality Act 2010 and information was displayed in the Health Centre.

Good Practice 29: The Speech and Language Therapy Team supported the SPS with their training programme for control and restraint 2 for residential officers to promote communicating with patients consistently in a trauma-informed way.

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

Rating: Good

The Mental Health Team had a robust caseload management system in place to triage, risk assess and allocate referrals. There was evidence of a collaborative approach between psychiatry, psychology, RMNs, occupational therapy and SaLT to provide a wide range of support to people with mental health problems with timely assessments and treatment times offered.

Patient care records reviewed were a good standard. Standardised assessment tools were well completed on the electronic patient care record system, Care Partner. Information was also accessible on Vision to ensure it was available for effective cross-working within the Healthcare Team. Evidence was seen of all patients on the mental health caseload having up-to-date risk assessments, with a prompt on the caseload management system when it was due for review. Care plans were patient-centred with evidence of patient involvement in the development, reflecting individual goals for treatment.

Robust systems were in place to monitor referrals and allocate triage with responsive waiting times. RMNs were available to respond to urgent assessments, often on the same day. A process was in place for routine assessments to be seen within five days. A number of multi-agency forums took place for professionals to discuss patients' wellbeing and safety with a view to ensuring a consistent collaborative approach was delivered across the establishment. This reflected the importance of providing a consistent approach to women with complex needs and trauma.

The Mental Health Team had access to decider skills and safety and stabilisation training which enabled them to deliver evidence-based low intensity psychological interventions on an individual basis. This had also recently been introduced on a group basis. There was evidence of the team trying to support women to develop independent coping skills to support them with emotional regulation, anxiety and sleep management. Sensory interventions were also available with plans in place to develop a sensory area in the future. All staff had completed Essential Child and Adolescent Mental Health Services (ECAMHS) training as part of a mandatory training requirement to promote positive outcomes for children and families.

Patients had access to clinical psychology at HMP & YOI Stirling and were being seen quickly for one-to-one sessions. The Psychology Team also supported the wider Healthcare Team by facilitating forums to discuss complex cases, formulation and offering training opportunities, such as, monthly skills sessions.

Psychiatry appointments were available on a weekly basis. However, for patients requiring urgent review, a process was in place to facilitate a quicker assessment where deemed appropriate.

There was no written policy in place for joint working between the Mental Health and Substance Use Teams, however there was evidence of routine collaborative work

including attending each team's weekly meeting. Senior leadership were made aware by inspectors during the inspection of this gap in policy and planned to formalise joint working.

Whilst there was no formal neurodevelopment pathway in place, inspectors were told links were established with relevant organisations including the National Autism Implementation Team (NAIT), and plans were in place to develop a pathway in line with national best practice. A professional neurodevelopment group was in place and met regularly to look at practice around meeting the needs of patients with neurodevelopmental differences.

At the time of inspection, there were no patients awaiting transfer to mental health secure hospital beds. A SOP was in place for patients requiring assessment and transfer to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003 and how to escalate, where there were delays in transfer. As there is no high secure provision for women in Scotland, women requiring a high secure bed must go to England for care and treatment. This can lead to delays in women being transferred.

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

Good Practice 30: A range of meetings took place with patient care at the centre to ensure professionals were up-to-date and responding consistently to patient care.

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

A long-term conditions nurse was in post to support the care of patients with long-term conditions in HMP & YOI Stirling. This nurse described their ongoing development and support that they received in their role. They were able to describe how patients with long-term conditions were supported and had their care managed appropriately.

A long-term conditions register was in place with patients' care being managed by the GP, ANP or in nurse-led clinics delivered by the long-term conditions nurse. The long-term conditions nurse had made links to community and secondary care services to help support them manage long-term conditions patients.

There was evidence of care plans in place for patients with long-term conditions. Care plans viewed were person-centred and outcome-focused and were completed on paper before being uploaded to the patient's electronic record. Care plans were signed by the patient, indicating they had agreed to them. There was evidence of patient reviews taking place and care plans being updated.

Those patients identified as requiring enhanced care had further assessments completed as outlined in NHS Forth Valley's assessment and care plan booklet. Assessments completed include a pressure area skin assessment and MUST (Malnutrition Universal Screening Tool).

HMP & YOI Stirling had a senior rehabilitation support worker in post who provided a wide range of support for patients across various services. They work closely with patients to improve access to services and support the transition to and from HMP & YOI Stirling. This is good practice. The senior rehabilitation support worker or the Community ReACH Team³ were able to assess patients and obtain assistive equipment, if required, to promote patients' independence.

There were two accessible cells at HMP & YOI Stirling, only one of these cells could accommodate a hospital bed. Due to the potential high care needs of the population, having only one fully accessible cell could potentially impact the prison's ability to provide safe and timely care to prisoners admitted to the prison. This is a concern.

Recommendation 67: SPS and staff at HMP & YOI Stirling should investigate options to accommodate a further hospital bed in the second accessible cell.

Good Practice 31: A long-term conditions nurse was in post to support the care of patients with long-term conditions in HMP & YOI Stirling.

Good Practice 32: Those patients identified as requiring enhanced care had further assessments completed outlined in NHS Forth Valley's assessment and care plan booklet. Assessments completed included a pressure area skin assessment and MUST (Malnutrition Universal Screening Tool).

Good Practice 33: HMP & YOI Stirling benefits from the input of a senior rehabilitation support worker who provided a wide range of support for patients across various services.

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

Rating: Generally Acceptable

The SRT at HMP & YOI Stirling had clear pathways in place to deliver services to people dependant on alcohol or substances. Despite the team having a number of vacancies at the time of inspection, patients were being offered assessment and treatment within appropriate waiting times.

As part of the admissions process described in QI 9.1, patients requiring support with alcohol or substance dependence were identified and if clinically indicated, were prescribed appropriate medication on arrival to the prison. Confirmation of any opiate substitute therapy (OST) was part of the health screening process with access to

³ The Community ReACH Team is part of the Allied Health Professions Rehab Care Group in NHS Forth Valley.

prescribers within 24 hours of admission. This ensured timely continuity and commencement of OST.

A standardised assessment tool was in place with varied versions for remand and convicted patients. This enabled assessment and treatment options to be tailored to the individual's length of sentence and period of engagement.

Assessments and care plans reviewed differed in standard. Some had limited information with no evidence of person-centred goals, patient involvement and lacked review dates, this is a concern. Leadership was aware of the variable standard and had plans to introduce an audit to monitor the quality and completion of assessment and care plans.

All staff in the SRT were competent to undertake required withdrawal monitoring tools. Training opportunities such as motivational interviewing, and addictions training by the Lead Clinician had recently been facilitated which was open to all healthcare staff. A competency framework was being developed for all staff in the SRT which will support new staff with developing their skills and identifying learning needs.

Whilst the SRT had training and aspired to deliver a range of psychosocial interventions, at the time of the inspection there was a significant gap in the delivery of group and peer recovery work available for patients facilitated by NHS or SPS. NHS staff were responding to clinical demands whilst vacancies were being recruited to and planned to develop the therapeutic work available when staffing improved.

HMP & YOI Stirling recently introduced a weekly Recovery Café and there were plans to increase provision in line with improved staffing and environmental developments. Inspectors were told initial communications had taken place with community third sector organisations to offer groups such as AA, but this was yet to be started. While a recovery officer had been appointed, the provision to deliver psychological interventions for people with substance use issues was not fully developed, resulting in a limited provision. It is important for regular meetings to be held between NHS Forth Valley and HMP & YOI Stirling staff to discuss recovery interventions and increase communication with community services. This will ensure a robust recovery provision is available to support patients due to the high risk of substance use.

Inspectors viewed the draft clinical prescribing guidance that was being developed to reflect how Medication Assisted Treatment (MAT) standards and OST was delivered in prisons across NHS Forth Valley. Whilst inspectors were assured NHS Forth Valley were aware of the importance in developing clear guidance to ensure treatment promotes patient choice and addresses the challenges related to treatment of substance use and the potential risks involved; it was important NHS Forth Valley progresses with the publication of the guidance. Staff demonstrated awareness of the MAT standards and a MAT standards group is set up within NHS Forth Valley, this is good practice.

A clear standardised discharge planning tool was in place to promote continuity of care by providing community addictions services with relevant information in

preparation for patients' liberation. This included the early identification of community prescribers and pharmacies and ensuring patients had follow-up appointments arranged in the community.

Only patients on the SRT caseload were offered training in the use of naloxone and were offered take home naloxone kits in preparation for their liberation.

Routine meetings were in place for the SRT to discuss new referrals, patients on the caseload and identify patients to be listed for discussion at the Addiction Assessment and Referral Group (AARG) meeting, with a view to OST prescription changes. As referenced in QI 9.5 the SRT worked closely with the Mental Health Team and attended each team's multidisciplinary meeting. However, there was no formalised joint working policy in place. Leadership were aware of this and planned to formalise this within the policies.

Recommendation 68: NHS Forth Valley should introduce an audit to monitor the quality and completion of substance use assessments and care plans.

Recommendation 69: SPS and NHS should continue to work together to ensure patients have access to a range of evidence-based psychosocial and psychological interventions to support their recovery.

Recommendation 70: NHS Forth Valley should progress with the publication of clinical prescribing guidance.

Good Practice 34: The Lead Clinician facilitated training opportunities such as motivational interviewing and addictions training to all healthcare staff.

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

Rating: Good

NHS Forth Valley was currently in the process of recruiting a clinical pharmacist and a pharmacy technician to join the pharmacy team at HMP & YOI Stirling. They will work as part of a multidisciplinary team providing support and advice in line with local and national guidelines.

Inspectors were told that NHS Forth Valley would like to develop the pharmacy service at HMP & YOI Stirling to deliver a Pharmacy First⁴ service. Patients with queries or concerns regarding their medication could currently discuss these with the Healthcare Team in the first instance. Support was available from the associate director of pharmacy and an existing service level agreement with NHS Tayside could also be used to access advice and support.

As discussed in QI 9.2, medicine reconciliation was carried out as part of the health assessment review by the GP or ANP. Confirmation of prescribed medications was

⁴ Pharmacy First is an NHS service designed to encourage everyone to visit their community pharmacy as the first port of call for all minor illnesses and specific common clinical conditions.

obtained from the patient's community prescribers and by checking the patient's emergency care summary. This was done with the patient present. The ANP or GP prescribed the patient's medication after medicine reconciliation was completed. Prescribing was carried out by either a GP or ANP.

It was encouraging to see that Kardex care bundle audits were completed, and any issues identified with prescribing were discussed with the responsible prescriber. Further to this, controlled drug register audits were also carried out. Inspectors were told that findings from audits would be shared with staff to promote learning and encourage good practice.

Inspectors observed safes were available in cells for patients to safely store in-possession medication. The safes were working and ready for use and no concerns were highlighted regarding their availability.

Healthcare staff told inspectors that an in-possession medication risk assessment was completed for all patients. A multidisciplinary team approach was taken to discuss any issues with compliance.

There were clear and robust systems and processes to ensure all medicines were handled safely and stored securely in line with national and professional guidance and legislation. A Home Office license was in place for the storage of controlled drugs.

Medication was administered three times a day. This was carried out in a calm and organised manner, with the appropriate patient identification checks being completed. Concealment checks were completed where indicated. Observation indicated a supportive and professional relationship between healthcare staff and patients, as well as collaboration between healthcare staff and SPS staff to ensure the medication round was completed efficiently. Patient confidentiality was maintained, and appropriate infection control and prevention measures were used.

Inspectors were, however, concerned to see that due to the current HMP & YOI Stirling regime, the last medicine was administered in the early evening during the week and in the late afternoon at the weekends. This meant that some medications were administered out with therapeutic times.

Drug administration charts and controlled drugs registers were generally well completed, with no overwriting. There was an example of patient centred care, where a patient who felt unable to leave their cell had their medications taken to them and administered at the cell door. Staff ensured that this was carried out safely and in discussion with HMP & YOI Stirling.

Inspectors observed that there were processes in place to ensure that patients received their supervised medication, including OST, before attending court. Patients were issued with either 28 days of their medication or a prescription that could be dispensed in a community pharmacy. There was a risk-based approach to protect vulnerable patients when deciding the type and number of medications to be provided on liberation. Robust processes were in place for patients being liberated or

who may be liberated directly from court to ensure there was no interruption to their OST.

Recommendation 71: NHS Forth Valley and HMP & YOI Stirling staff must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered within therapeutic timeframes.

Good Practice 35: Confirmation of prescribed medications was obtained from the patient's community prescribers and by checking the patient's emergency care summary. This was done with the patient present.

Good Practice 36: Controlled drug register audits were also carried out and findings from audits would be shared with staff to promote learning and encourage good practice.

Good Practice 37: A risk-based approach was in place to protect vulnerable patients when deciding the type and number of medications to be provided on liberation.

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

Rating: Satisfactory

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

Inspectors saw patients could access dental services through self-referral forms. As discussed in QI 9.2, these forms were in easy read, picture format and available in the most common languages spoken at HMP & YOI Stirling. Referrals were emailed daily to the Oral Health Team to triage, and appointments were made, or if appropriate, requests were sent to the Healthcare Team within the prison for immediate assistance. On reviewing dental waiting times, inspectors observed that routine appointments and treatments for convicted prisoners were shorter than the current community waiting times in NHS Forth Valley. A limited dental range of treatment for those patients who were on remand beyond six months was available, including emergency care and root canal treatment.

There was clear prioritisation for emergency appointments and systems were in place for patients to access emergency dental care out-of-hours. Patients could also be seen by primary care staff who could facilitate the prescription of analgesia or antibiotics, if required out with the dental clinics.

There was a Mouth Matters Programme⁵ within the prison which offered one-to-one oral health support and supplied toothbrushes and toothpaste. Weekly Mouth Matters Groups were planned to take place in the residential areas. Information and education posters were seen in the dental and residential areas.

All women due for release were given dental education and information leaflets, including contact details for their local NHS dentist services.

Good Practice 38: All women due for release were given dental education and information leaflets, including contact details for their local NHS dentist services.

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: Satisfactory

Multi-agency meetings were held fortnightly with the Scottish Prison Services (SPS), social work and healthcare staff to discuss, agree, and implement a person-centred plan around the birthing mother.

On reviewing care plans, inspectors saw that they were reflective of the wishes of the mother. NHS Forth Valley had a dedicated Mother and Baby Liaison Nurse who had a clinical background in both mental health and substance use, and experience in safeguarding⁶. There was also evidence within the clinical records of pre-birth assessment and pre-birth case conference activity. Both activities would be led by the local authority the pregnant woman came from prior to being sent to prison. Prior to the expected date of delivery, there was evidence of robust care and communication plans that would be enacted when the woman went into labour.

HMP & YOI Stirling provided all the equipment that both the mother and baby will need in pregnancy and following delivery. This included cots, prams, nappies and clothes. Mothers can choose to bring in their own equipment from home if they prefer. Parenting support was provided during the antenatal period by the midwife and Early Years Worker. In addition to receiving regular reviews by the midwife who attended the prison, women would also attend appointments at the maternity hospital.

Pregnant women, and those who had recently given birth, were offered a range of support and advice on healthcare, contraception, exercise and nutrition as part of their package of care. The women were fully supported to breastfeed, express milk or bottle-feed their babies. They had access to a range of equipment and dedicated rooms to maintain appropriate levels of privacy.

⁵ Mouth Matters is an evidence-informed oral health promotion resource designed to enable health professionals, prison staff and support workers to meet the specific oral health needs of offender populations in Scotland.

⁶ Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means: protecting children from abuse and maltreatment.

For cases where the mother did not have care of their baby; for babies that lived locally, contact would be facilitated by the baby coming into prison to see their parent.

Where the baby lived further away, the mother would be supported to travel and see the baby. However, as discussed in QI 9.2 visits could be cancelled or delayed due to challenges with GEOAmey transport.

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

Rating: Satisfactory

At the time of the inspection, no patients were receiving palliative care in HMP & YOI Stirling. Systems, processes, and policies were in place and links had been established with community services.

The service had a palliative and enhanced care register, key operational documents and guidance in place if patients required palliative care services in the prison. This included a Supportive and Palliative Care Indicators Tool (SPICT), Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documents, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms, and anticipatory care plans.

We were told that multidisciplinary team meetings would take place when required, with representatives from NHS, SPS, Chaplaincy and any other relevant agencies to ensure patients were managed holistically.

As described in QI 9.6, a process was also in place to access any assistive equipment using the Lead Rehabilitation Support Worker or the ReACH Team.

Most of the Primary Care Team staff had completed 'more than the last breath' training, which gave an overview of the physical, psychological, spiritual and social needs of patients with palliative care needs. As part of the induction process all registered staff had completed the national confirmation of death training.

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 at HMP & YOI Stirling had effective processes in place to ensure TTM is implemented to manage people at risk of self-harm or suicide.

The standardised health screening tool was used as part of the screening process to ensure every patient at risk of self-harm or suicide was assessed. A process was in place for RMNs to attend TTM case conferences with evidence of case conferences taking place at the earliest opportunity. Inspectors observed patients being treated

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

As discussed in QI 9.5, there was evidence of collaborative working between the NHS and HMP & YOI Stirling staff to review and manage patients risks. This reflected the importance of providing a consistent approach to women with complex needs and trauma.

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: Good

Complaints, comments, and feedback were managed in line NHS Scotland's complaints policy, with a clear governance structure for reporting and responding to complaints and feedback. A patient relations nurse provided support three to four days a week in the three prisons in NHS Forth Valley. The nurse offered drop-in sessions for patients in HMP & YOI Stirling. Posters were available in the prison to inform patients of this service.

Feedback and complaints forms were available in the residential units and in the patient waiting area within the Health Centre. These forms were clear and easy to understand and were in English. Inspectors were told the forms were available in alternative formats and languages if required, and that patients could be supported by the patient relations nurse or HMP & YOI Stirling personal officer to complete the form. Once completed, the complaints form would be put into a locked box in the halls which were accessed only by nursing staff.

There was evidence that all complaints had been responded to within set timescales or were allocated to professionals to investigate, and patients had received a letter informing them of this.

Information gathered by the patient relations nurse was communicated back to the team with clear processes to regularly share learning from complaints with the Healthcare Team.

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

Good Practice 39: The prison had a patient relations nurse who facilitated focus groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the patient's relations nurse was communicated back to the team to share learning from complaints.

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

Rating: Satisfactory

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

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

All staff spoken with indicated that the relationship between healthcare staff and SPS staff was cohesive and supportive. Communication was good between both staff groups and there was a supportive approach to looking after people in their care. Healthcare staff described their responsibilities to assess, record and report any medical evidence of mistreatment of people in the prison and to offer treatment as required. Staff described the SPS system used to record concerns. All healthcare staff had personal secure access to the electronic systems Vision and Care Partner.

Adverse events were recorded onto the electronic system IR1⁷. These were reviewed by the senior nurse and any learning from adverse events was shared with the teams.

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 dispensary areas in HMP & YOI Stirling were in a good state of repair and could be effectively cleaned. All near patient equipment was also in a good state of repair, clean and ready for use. Adequate supplies of PPE were in place and were stored appropriately. The Health Centre was tidy and visibly clean. Healthcare staff reported that the standard of cleaning was acceptable. Cleaning was carried out by an external company contracted by the prison. Healthcare staff told us that there was a process to escalate any concerns with the standard of cleaning.

A chlorine releasing agent was available for managing blood and body fluid spillages in the Health Centre. Specially trained prisoners managed the blood and body fluid spillages in residential areas.

Monthly infection prevention control checks were completed by team leaders and a SOP supported this process. Inspectors saw the results of a prison care assurance audit carried out on 22 January 2024 that covered some aspects of infection

⁷ System for recording details about patient safety incidents in healthcare settings. These incidents are any unintended or unexpected events that could have caused harm to patients receiving care. By reporting incidents, the healthcare system can learn from mistakes and take corrective actions to prevent similar incidents in the future.

prevention and control. The audit showed good compliance. A staff member was identified to carry out staff skin surveillance and hand hygiene audits were completed monthly. Hand hygiene audit results for January 2024 also showed good compliance. An external infection prevention and control assurance visit was carried out in July 2023 when the prison opened. Inspectors saw from NHS Forth Valley's Infection Control Committee minutes that ongoing external assurance visits had been requested. Infection control compliance was reported through Falkirk's HSCP governance structures.

Staff could access infection, prevention and control information, including the national infection prevention and control manual, on the staff intranet. Staff mandatory training included infection and prevention modules; most staff had completed these modules. Healthcare staff complied with the national uniform policy at the time of inspection. Staff inspectors observed were compliant with standard infection prevention control precautions.

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

Rating: Good

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

There was a proactive approach to identify gaps in staffing which would be covered using bank or agency nurses. Inspectors were shown a daily real time staffing tool based on the common staffing method which will be used from March 2024. Agency nurses were booked for 12-week blocks at a time, to provide consistency to patients and the Healthcare Team. Agency nurses told inspectors that they felt part of the team and were offered the same support as those in substantive posts.

There were clear escalation processes for any staffing issues, and an on-call rota for team leaders was in place to cover the weekend to support staff with operational issues, including staffing.

Like other prisons across Scotland, there were challenges for the Healthcare Team in recruiting and retaining healthcare staff. To address this the senior management team had a Prison Workforce Subgroup meeting to support and help manage the challenges with recruitment. Student nurse placements at HMP & YOI Stirling were supported.

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

A dashboard system was in place that monitored compliance with mandatory and role-specific training courses. This had good compliance at the time of inspection. Inspectors were told that all registered staff had completed certification of death training. This was a recommendation from the deaths in custody review. NHS Forth Valley's neurology department delivered recent training to the healthcare team and SPS on seizure management to increase knowledge and understanding about dissociative seizures.

Appraisals and personal development plans (PDPs) were in place for most staff. Staff were supported through individual management supervision and clinical supervision, which was planned every four to six weeks.

Good Practice 40: Staff received an NHS Forth Valley induction as well as a prison-specific induction. New staff were given four weeks of being supernumerary to allow them to complete their induction and familiarise themselves with healthcare delivery and the prison environment.

Good Practice 41: Seizure management training was provided to all healthcare to increase knowledge and understanding about dissociative seizures.

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 in HMP & YOI Stirling was hosted by Falkirk's HSCP and reported through their governance structures. The overall responsibility for prison healthcare remains with NHS Forth Valley.

The Healthcare Team at HMP & YOI Stirling had a clear vision for prison healthcare which supported person-centred and compassionate care. Staff spoken with described the management team as visible, supportive and approachable. A lead nurse has recently been appointed who will provide professional leadership and support to all the nursing teams in HMP & YOI Stirling. A post was also being developed to provide leadership and to support the governance of Allied Health Professionals (AHPs) who work in the prison.

There was evidence of systems and processes in place to report and learn from incidents and adverse events, including Serious Adverse Event Reviews. Learning from these events is shared by the team leaders and discussed at team meetings.

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

Feedback from patients was gathered using complaint or feedback forms. As described in QI 9.13 the prison had a patient relations nurse who facilitated focus

groups, drop-in clinics and engagement sessions in the halls for prisoners. Information gathered by the patient relations nurse would be fed back to the team and action would be taken as required.

Regular meetings take place between healthcare staff and SPS staff with evidence of minutes. Feedback from staff indicated a good relationship between the two staff groups with evidence of joint working. There were several multi-agency forums taking place for professionals to discuss patients' wellbeing and safety with a view to ensuring a consistent collaborative approach was delivered across the establishment. The Healthcare Team at HMP & YOI Stirling had also developed connections with secondary care clinicians such as opticians, podiatrists, and nurse specialists.



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First published by HMIPS, August 2024

ISBN: 978-1-83601-499-7

Produced for HMIPS by APS Group Scotland
PPDAS8618991 (08/24)