



# HMIPS

HM INSPECTORATE OF  
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

## The Bella Centre

Full Inspection

5 to 7 March 2024



## Contents

---

<b>Introduction and Background</b>	<b>02</b>
<b>Key Facts</b>	<b>04</b>
<b>Overview by HM Chief Inspector of Prisons for Scotland (HMCIPS)</b>	<b>05</b>
<b>Human Rights Based Approach Overview</b>	<b>07</b>
<b>Summary of Inspection Findings</b>	<b>10</b>
<b>Standards, Commentary and Quality Indicators</b>	<b>11</b>
<b>Standard 1 - Lawful and Transparent Custody</b>	<b>11</b>
<b>Standard 2 - Decency</b>	<b>13</b>
<b>Standard 3 - Personal Safety</b>	<b>16</b>
<b>Standard 4 - Effective, Courteous and Humane Exercise of Authority</b>	<b>19</b>
<b>Standard 5 - Respect, Autonomy and Protection Against Mistreatment</b>	<b>23</b>
<b>Standard 6 - Purposeful Activity</b>	<b>27</b>
<b>Standard 7 - Transitions from Custody to Life in the Community</b>	<b>31</b>
<b>Standard 8 - Organisational Effectiveness</b>	<b>33</b>
<b>Standard 9 - Health and Wellbeing</b>	<b>35</b>
<b>Annexes</b>	
<b>Annex A</b> Summary of Recommendations	<b>43</b>
<b>Annex B</b> Summary of Good Practice	<b>46</b>
<b>Annex C</b> The Bella Centre - Prison Population Profile as at 25/01/2024	<b>48</b>
<b>Annex D</b> Inspection Team	<b>50</b>
<b>Annex E</b> Acronyms used in this Report (Bella Centre)	<b>51</b>

---

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

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

---

### Location

The Bella Centre is located in the Hilltown area of Dundee.

### Role

The Bella Centre houses low-supervision women and young people.

The Community Custody Units (CCUs) have been designed to provide safe and secure accommodation, which is trauma-informed and gender-specific. The CCUs will support the needs of women who would benefit from closer community contact and access to local services. Women will be supported to live independently in accommodation based on a 'shared house' principle to develop a range of independent living skills, which are reflective of real life.

### Brief history

The Bella Centre became operational in 2022.

### Accommodation

The Centre's accommodation consists of three 'shared houses'.

### Design capacity

The Centre has capacity for 16 individuals.

### Date of last inspection

N/A

### Healthcare provider

NHS Tayside

### Learning provider

Fife College

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

---

The Bella Centre was the first CCU to open following the Commission on Women Offenders Angiolini Report published in 2012. Compiled by the former Lord Advocate, Dame Eilish Angiolini, the report reviewed the experiences of women prisoners in Scotland and proposed practical measures to improve outcomes. The replacement of Scotland's only women's prison, HMP YOI Cornton Vale, and the development of two CCUs holding small numbers of women, addressed some of the concerns raised in the report.

The two women's CCUs provided a distinct alternative to traditional prisons, with a structured therapeutic environment grounded in a trauma-informed and gender-specific approach. Strong collaboration with community services also provided specialised support and community access to help women build independent living skills and confidence to lead lives free from crime.

Bella's design had accommodation in houses with modern kitchens, quiet rooms, and two accessible rooms. The central hub provided a bright, relaxed setting for activities and visits and the central atrium outside was an attractive area to maximise access to fresh air.

The pre-inspection survey was positive, with women feeling safe, respected and supported by their personal officers. There were numerous examples of good practice, and in most situations observed, the inspection team were impressed with the staff and prisoner relationships that had developed. It is testimony to the staff and prisoners that it was showing strong signs of success.

We would still like to see greater autonomy and responsibility being evidenced, reducing the dependency on staff.

Although this report is largely positive, there were areas that gave us concern. There were concerns about inconsistent staff approaches, where the perception was that some things were allowed by some members of staff one day and then prohibited by other members of staff the next day. Routine body searching, which is potentially both retraumatising and degrading, continued, with little derogation for recognising that it contravened the trauma-informed approach evident in the women's strategy, and seemed out of place in such a relaxed environment with little of the security measures common in prisons. It is HMIPS's view that women should not be body searched unless it is intelligence-led, and this should be addressed immediately.

Given the newness of the facility, inspectors were surprised to see that technology had not been invested in, ranging from in-cell technology through to computer access to support educational activities. HMIPS are keen to see this and an increased range of community access, therapeutic and employment opportunities being addressed in the near future.

It is important to note that we recognise that implementing these changes is an ongoing process, and the SPS continued to evaluate and refine its approach, based on evidence and best practice. Their goal remains to create a prison system that supports rehabilitation, reduces reoffending, and addresses the unique needs of women offenders. Within this context, there is a real need to evaluate whether the current security and risk processes are fully aligned to the overarching ethos.

Notwithstanding our concern that some of the security and risk protocols could be inhibiting the women's successful reintegration into the community, the development of the Bella Centre represents another significant milestone on the SPS's journey towards excellence. There is much to admire about the modern, relaxed ambience created by the building, and the ethos of a trauma-informed approach, which is clearly heading toward fruition and is testament to the vision and values of the SPS's national Strategy for Women in Custody 2021-25.

We have made a total of 24 recommendations, and would encourage SPS HQ, the Bella Centre and NHS Tayside to focus on the following:

- **Recommendation 10:** SPS HQ should change the guidelines so that women are only body searched when intelligence indicates there is a need to so, in line with a trauma-informed practice.
- **Recommendation 17:** SPS HQ should provide and expedite the use of IT for educational purposes.
- **Recommendation 18:** The Bella Centre should ensure that there is a clearly articulated plan for the provision of support by external partners. This should be informed by a strategic assessment of women's needs. Consideration should also be given to establishing a stakeholder forum to facilitate the co-ordination of service delivery and the effective sharing of information with partners.
- **Recommendation 24:** NHS Tayside/Health and Social Care Partnership (HSCP) should ensure that checks on emergency equipment are carried out and consistently recorded to ensure that all equipment is within date and ready for use.



## 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.

- **Participation.** Prisoners should be meaningfully involved in decisions that affect their lives.
- **Accountability.** There should be monitoring of how prisoner's rights are being affected as well as remedies when things go wrong.
- **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.
- **Empowerment.** Everyone should understand their rights and be fully supported to take part in developing policy and practices which affect their lives.
- **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

The women were invited to engage in the admissions process via the Reception Risk Assessment (RRA) form, which was completed in a private setting. Reception staff were aware of how to contact translation services should they be required. The induction process informed women about the complaints process and the IPM service. Bella should add information about the weekly 'coffee cup' meeting.

Women enjoyed the freedom in Bella to make up their own shopping list and cook their own food, in marked contrast to closed conditions where they need to pick from a set menu of food options. However, we recommend that all women in the CCUs order their own food until they are able to go into the community.

Although there was a lack of awareness of the SPS Think Twice Policy (TTM), women were able to explain what they would do if they saw someone else being bullied.

Although no adjudications happened during the inspection, paperwork was reviewed, and evidenced a person-centred approach.

Processes were in place to ensure women were consulted about information to be shared back and forwards with their family. A coffee cup meeting took place every Monday that all residents were invited to, where the week's activities were discussed and there was an opportunity to discuss any issues or concerns. Each woman met with their personal officer at the weekend to agree an individual weekly planner and personal officers also encouraged participation in ICMs.

Complaint numbers were low and there were no recurring themes. The complaints process was explained in the information folders in all houseblocks and relevant forms were available in most houseblocks. This needs to be consistent throughout.



Staff encouraged and supported women to participate in and contribute to planning and progression meetings. Women spoke positively about their experience of planning processes and the support they received from both prison and community-based staff.

At a strategic level, it was not clear that the prison was taking ownership for the range of programmes and services being offered. Securing the participation of external agencies were dependent on the proactive engagement of stakeholders and the initiative of individual personal officers. Processes to support the systematic monitoring, evaluation and review of services and programmes were not yet established. There was scope to improve communication and engagement between prison managers and stakeholders.

### **Accountability**

The admission process was relaxed and efficient. Women were provided with information about their entitlements. The liberation process took account of onward travel arrangements and appointments in the community.

Bella had been diligent in following up the initial facility maintenance snagging issues that were identified by staff or raised by the women themselves.

There was good accountability on safety aspects such as checking radios/alarms, but improvements were needed with regards to Health and Safety (H&S).

Cameras checks were logged on SharePoint so First Line Managers (FLMs) and managers were able to check compliance. All searches were logged and were checked by the FLM monthly.

Staff were aware of the women's rights, for example, the women had access to legal representatives without delay.

Bella could have been more proactive in strategically reviewing the services and activities on offer and addressing any gaps in provision. Operational staff sought and were responsive to women's feedback. As reported under Participation, at a strategic level, it was not clear that the prison was taking ownership for the range of programmes and services being offered. Processes to support the systematic monitoring, evaluation and review of services and programmes were not yet established. There was scope to improve communication and engagement between prison managers and stakeholders.

Some women complained about an inconsistency in the running of Bella, feeling that some things were allowed by some members of staff one day and then prohibited by other members of staff the next day. Bella should seek to promote consistency of approach.

### **Non-discrimination and equality**

There were no issues with discrimination and all of the women had equal access to what was on offer. The accessible rooms for women with disabilities were of a high standard and Bella was putting in additional grab rails to help older women with mobility issues get in and out of showers. Shower seats had also been provided where requested. However, access to the car park for disabled visitors was unsatisfactory.

The positive relationships between staff and the women, and the individualised support, provided a good base for supporting those with protected characteristics or special needs. Both staff and women were aware that there was a zero tolerance to any negative behaviours.

Bella was proactive in providing support to all categories of prisoners, and inspectors did not witness any discrimination or inequality when inspecting this standard. Prisoner/staff relationships were respectful, which contributed to a safe environment.

The Agents' visits process ran smoothly and without delay.

### **Empowerment**

The size of Bella and limited number of women living there, meant it was easy for staff to explain things face-to-face, ensuring the women were all aware of entitlements, opportunities and activities coming up. The women were provided with the information they required during the reception process. The RRA enabled staff to identify women with additional needs.

Bella was geared towards encouraging the women to make the most of their time there and prepare themselves as well as possible for a return to the community.

There was a set of Prison Rules and the Adjudications process available for women if they required it; although not all the women spoken to were aware of this, so it could be advertised better. More also needs to be done to inform women on admission about how to deal with bullying and intimidation and how TTM works.

Women were involved in the development of release plans, and ICM minutes reflected that they more were meaningfully engaged in planning discussions than in other prisons. Managers placed a strong emphasis on developing independence and women were encouraged to take responsibility for their own participation. Whilst the rationale for this approach was understood by the women, some felt that a more supportive and encouraging approach was sometimes required for vulnerable women.

### **Legality**

Staff followed the lawful procedures and completed them in a professional manner. The only concern related to equality for disabled visitors, who might be inhibited from visiting a loved one in Bella due to the difficulties accessing the buzzer if unaccompanied, as the time the barrier for this was limited.

## Summary of Inspection Findings

---



**Standard 1 Lawful and Transparent Custody**  
Satisfactory

---



**Standard 2 Decency**  
Satisfactory

---



**Standard 3 Personal Safety**  
Satisfactory

---



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

---



**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**  
Satisfactory

---



**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

The Bella Centre (known as Bella) did not receive women straight from court. They were transferred from another establishment and must have met the criteria for residing in a CCU before being considered for transfer. Bella interviewed all women identified as potentially suitable to transfer and had lots of helpful information about them before they arrived.

Dependent on staffing levels and agreement with the woman concerned, prospective residents had a familiarisation visit to Bella to help prepare them for the transition. During this visit they were given a tour of the facility, an overview of how it ran and were introduced to some of the women. They were also allocated a personal officer prior to their arrival, allowing them to begin developing a constructive professional relationship to support a smooth transition from closed conditions.

The HMIPS pre-inspection survey told us that all the women were treated very well on arrival at Bella. Once the decision was taken to transfer someone to Bella and a date was agreed, officers from Bella collected them by car from their current establishment and drove them to Bella. They arrived through front-of-house reception and were processed by an operations officer in a room off the reception area. The admission process was fully explained to them, and the officer checked their understanding. Appropriate verification and identification took place and the women proceeded through the security and searching process. They were then taken to the Hub area, which provided a confidential space, to assess their ability to understand and allow them an opportunity to engage in the admissions process via the RRA, and all saw a nurse. The private room at reception was not used as it was too small.

## HMIPS Standard 1

### Lawful and Transparent Custody – Continued

There were no new arrivals during the inspection, therefore inspectors were unable to observe the process in action. Inspectors sampled some RRAs, and they were completed to a high standard, and the appropriate assurance process was in place. The admissions process appeared very efficient, and the women were processed quickly. There were desktop instructions, including the Standard Operating Procedure (SOP) for the admissions process, at the desk at front-of-house to assist less experienced staff. There were also SOPs on returns/transfers and use of translations services, and staff were aware of the process should they need to make use of it.

The Criminal Desk Administrator completed the seven-point warrant check and a recalculation of their critical dates, and confirmed it on PR2. The Administrator would benefit from having another officer trained in Warrant and Sentence calculation as she has no cover. If she took leave, she did all the preparation in advance. All paperwork was stored securely.

On arrival, their allocated personal officer talked them through the 'Bella Centre Information Pack' which provided them with lots of helpful information. If they had not had a familiarisation visit they received a tour of the facility and were introduced to some of the women. The HMIPS pre-inspection survey confirmed that most women were given an induction on arrival. Although they may be told verbally, Bella should consider adding an explanation of the Monday coffee cup meetings to the information pack so that people understand how to contribute to improving life within Bella on arrival.

Women were classified at a closed conditions establishment as they must be low supervision to meet the criteria for living in Bella. Bella was single-room accommodation, therefore there was no requirement for Cell Sharing Risk Assessments (CSRAs) to be undertaken.

Liberation arrangements followed the SPS procedures, with women being supported by their personal officer in partnership with throughcare providers. The Criminal Desk Administrator prepared the liberation paperwork. They informed the cashier and NHS within Bella and notified external agencies. HMP Bella had not had any detainees in error. There were no liberations from Bella during the inspection so inspectors were unable to observe the process in practice. If the Unit Manager is on leave, someone from HMP & YOI Stirling must travel to Bella to sign the liberation book.

#### List of Recommendations

- **Recommendation 1:** SPS HQ and Bella should consider the scope to authorise liberations electronically to avoid someone having to travel across from HMP & YOI Stirling to sign the liberation book.

## 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: Satisfactory

Bella was modern, with lovely comfortable accommodation in the houseblocks, modern kitchen, quiet rooms, and two accessible rooms. The central hub provided a bright relaxed setting for activities and visits. The central atrium outside had plants and provided an attractive area to walk round on warmer days. Bella had opened with a large number of snagging issues recorded and some issues that could have been avoided at the design stage, including boiler rooms with very restricted access for maintenance which was a source of concern if parts needed replaced. The safer cell was not fit-for-purpose when Bella opened, which was a significant design failure, and it had taken three attempts to try to get the safer cell fit-for-purpose. Access to the car park for a driver with limited mobility was problematic due to the location of the buzzer being on the passenger side. The Bella Unit Manager had escalated the concern, and the national estates team were exploring solutions. A workaround was in place with disabled visitors encouraged to alert staff by phone to their need for assistance before their arrival, so staff were geared up to look for the registration plate and raise the barrier when they arrived. Nevertheless, a more robust solution would be preferable. The building could have done with more meeting rooms and a slightly bigger gym. However, in general, there was much to admire about the modern relaxed ambience created by the building, which was testament to the vision and values of the SPS's national Strategy for Women in Custody 2021-25.

## HMIPS Standard 2 Decency – Continued

There was a cleaning schedule with women allocated to clean different parts of Bella, which looked clean and well maintained. Of the 13 women living in Bella at the time of our inspection only 4 had been Royal Environmental Health Institute of Scotland (REHIS) trained. However, nine were being REHIS trained on 18-19 March by the new Catering Manager at HMP & YOI Stirling. The Bella Unit Manager had tried to secure assistance from HMP Perth and HMP Castle Huntly, but they had not been able to help. Cleaning materials were available in all houseblocks so the women could maintain their own rooms and living areas, but the store cupboards were locked, and the women had to ask staff to unlock the cupboards. This was because a large amount of washing powder had gone missing when the facility first opened. Inspectors noted that the same store cupboards were left unlocked in Lilius and wondered if the store cupboards could be left open, if necessary, with a smaller amount of washing powder left there and the main stock held elsewhere. Two members of staff were British Institute of Cleaning Science (BICSc) trained.

Beds were fit-for-purpose, and all bedding was new when Bella became operational in August 2022. The condition of bedding, pillows, etc, was checked when staff complete cell certifications. Each houseblock had its own washing machine and tumble drier. There were further laundry facilities in the central area where towels, and duvets could be washed and dried. Duvets were always cleaned after every change of occupant. Inspectors were surprised that the laundry was being operated by a member of staff rather than offered as a job opportunity for one of the women, although inspectors were told that women did shadow the member of staff.

All rooms were en suite, providing access to toilets and showers at all times, with a bath in each houseblock. Every new admission got access to personal hygiene items such as toothbrush, toothpaste, soap and sanitary products. Women got the chance to purchase items off the main canteen list and a beauty product sheet, and other items could be purchased by those on community access or handed in to those not on community access.

The women were allowed to wear their own clothes and do their own laundry. However, if required, a good range of donated clothing and footwear was also available, along with a stock of more traditional SPS-issued clothing, including new fleeces which had recently arrived. Clothing could also be purchased by those getting community access or handed in to those that do not get community access.



## HMIPS Standard 2 Decency – Continued

The women were provided with £38.50 for their weekly shop and staff facilitated online shopping from Tesco for them. It was disappointing that the women were not allowed to go out to do their own shopping, which had been the original vision when the CCUs were first envisaged. All shopping sheets were sent to the catering manager at HMP & YOI Stirling for assurance that they were making well balanced choices, although that post had only been filled relatively recently and personal officers had tried to perform the same checks when the post was vacant. The shopping lists looked at by inspectors suggested women were making fairly healthy choices. The women cooked their own meals but would have liked to have the opportunity to cook communally. Prior to their arrival at Bella all residents were supposed to undertake REHIS training to ensure they could cook safely for themselves, but this was not occurring at the time of our inspection, with nine women awaiting REHIS training.

### List of Good Practice

- **Good Practice 1:** Notwithstanding some individual design flaws, the ambience and design of the accommodation and central hub at Bella were of a high standard embedding the vision and values set out in the SPS's national Strategy for Women in Custody.

### List of Recommendations

- **Recommendation 2:** SPS HQ must work with Bella to improve access to the car park for disabled visitors.
- **Recommendation 3:** The Bella Centre should ensure that the store cupboards in the residential areas are left unlocked so women can access them without needing to ask, if necessary, with smaller quantities of any items that keep going missing.
- **Recommendation 4:** The Bella Centre should ensure that the laundry in the main admin block should be operated by one of the women living in Bella as a designated job.
- **Recommendation 5:** SPS HQ and the Bella Centre should review the scope to allow more women to go out to shop in the community if they wish and allow the women to cook communally if they wish.

### 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

Up until recently Bella did not have a safer room, only a secure room which was not suitable for women on TTM. However, this was being rectified during the inspection. Since the Centre opened records showed that only one woman had been placed on TTM and was therefore transferred to HMP & YOI Stirling via the hospital. This put pressure on the night shift who had to arrange the transfer. Going forward having a safer room will be a huge benefit. It would have negated the need to transfer the woman as she returned two days later having come off TTM.

Eighty percent of staff were in competency for TTM. Ordinarily this would be a concern but with low levels of staff, one or two out of competency significantly affected the numbers. However, it is important that all staff who have contact with women in the Centre are within competence.

Bella invested a large amount of time and resources into minimising the risk of harm or abuse from others, through a multidisciplinary meeting called the Women's Case Management Board (WCMB). The WCMB discussed individuals who could potentially transfer to Bella, including any risk or issues that may disrupt the dynamics of the Centre. The WCMB put in place appropriate support measures prior to a transfer to ensure the transition was successful. All women sign a Resident Agreement agreeing to behave in a positive manner and they were challenged if required.

The Bella management met weekly to discuss issues that had been highlighted the previous week, including any intelligence and took the appropriate action required to minimise negative behaviours. Those displaying negative behaviours had a Risk Management Team (RMT) meeting and discussed the adverse circumstance report (ACR). This report was used to evaluate changes in a prisoner's circumstance or behaviour which suggested a potential change in risk, and to consider future management and suitability for community access. Positive behaviours are recorded using a positive circumstance report (PCR).

### HMIPS Standard 3 Personal Safety – Continued

All respondents to the HMIPS pre-inspection survey said they felt safe most or all the time at Bella. There was very little evidence of any bullying, intimidation or harassment being reported at Bella. Records showed that only one person had been transferred back to closed conditions due to her behaviour. However, there was no evidence that anti-bullying was discussed on admission with the women and this needs addressed. Some staff had a lack of knowledge of the SPS Think Twice Policy to deal with bullying but were able to deal with issues at the lowest level by challenging those displaying negative behaviours and support those that were on the receiving end.

Staff carried radios that had alarms built into them and alarms were on the walls around the Centre. There was adequate staff cover if women wished to talk to staff in the Electronic Control Room (ECR). There were adequate checks in place for both radios/alarms and the ones on the wall. When a wall alarm is activated a panel in the ECR directs staff to the exact location of the activation. However, radio alarms did not have beacons which meant ECR staff had to remain vigilant to where staff were.

Due to the minimal camera coverage in the houses, staff were required to inform the ECR when they entered and left the houseblocks, which makes it easier for the ECR to identify when a staff member pressed their alarm in a house. There were a number of SOPs to inform staff how to deal with emergencies.

Bella did not have a full-time H&S Co-ordinator on site. There was a safety tracker on SharePoint that listed a number of actions, but most were past their target date. There was no evidence of the Unit Manager carrying out routine H&S walk arounds. There was evidence of fire drills taking place, the last being February 2024, and there were dates on a tracker for future fire drills. There were fire risk assessments carried out for the residential buildings that indicated no person with disabilities resided. This was not the case during the inspection, so this will need reviewed. There was no Personal Emergency Evacuation Plans (PEEPs) register. However, there was at least one woman that would require assistance in the case of an evacuation. The PEEPs assessment was completed during the inspection, but it should have been done two weeks previously when she arrived. There was no H&S action plan or a H&S statement of intent that explained the responsibilities of all that worked and lived in Bella.

Fire notices were in all the rooms and throughout the buildings. Fire evacuation signs were clearly visible. Potential slip hazards were also visible around the Centre. All the houses had a fire suppressant system. The Bella Centre was a self-evacuation site where the door to the house automatically opened in the event a fire alarm was activated.

## HMIPS Standard 3

### Personal Safety – Continued

The lead H&S Co-ordinator was based in HMP & YOI Stirling, and support was provided from HMP Castle Huntly therefore inspectors were unable to discuss H&S matters on site. There seemed to be a disconnect between the co-ordinator and Bella which was evidenced by a number of issues around updating trackers and lack of evidence of H&S processes and audits. The H&S Co-ordinator had only just taken up post therefore we have made a general recommendation that will be reviewed six months following publication of the report.

#### List of Recommendations

- **Recommendation 6:** The Bella Centre must ensure that on admission women are told about the TTM Strategy and the Think Twice Policy and are given an explanation of how it works.
- **Recommendation 7:** The Bella Centre should ensure all staff working with women are knowledgeable on the Think Twice Policy and know what action to take when they encounter this type of behaviour.
- **Recommendation 8:** The H&S Co-ordinator should undertake a full review of H&S processes at the Bella Centre, including the PEEPs register, at their earliest opportunity to ensure everyone living and working there are kept safe.

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

---

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

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

### Inspection Findings

#### Overall Rating: Satisfactory

All respondents to the HMIPS pre-inspection survey said they felt safe most or all the time at Bella. The majority said they felt safe all the time.

No respondents said they had personally experienced victimisation (bullying, abuse, threats or assault) by staff or other women in the Centre. All respondents said they would or probably would report this type of behaviour if witnessed.

This standard would have been rated good had it not been the case that women were body searched prior to a room search and regularly when returning from community access. Although not observed, staff and women said they were not routinely searched if undertaking a progression mandatory drug test.

There had been no Use of Force undertaken since the Bella Centre opened. If there was a requirement, then C&R2 would be used which was non-pain inducing practices. All staff were fully compliant in C&R2 and 71.4 % of FLMs were compliant in the supervising role. Eighty percent of those requiring Personal Protection Training (PPT) were compliant. As there has been no record of Use of Force at Bella this was not of great concern but does need addressed.

There is no Separation and Reintegration Unit (SRU) at Bella. There was a secure room that a person could be held in for a short period of time, which was being converted to a safer room during the inspection. When finished it could be used to secure someone under Rule 95 for a short period of time until a transfer could be arranged. All those placed on Rule 95 would transfer to HMP & YOI Stirling.

## HMIPS Standard 4

### Effective, Courteous and Humane Exercise of Authority – Continued

There were no adjudications during the inspection and only six had taken place since Bella opened. In all cases the punishments for those found guilty were not punitive. Only two were given a punishment and three were given cautions. Not all the adjudications were for breaking rules within Bella, some were for incidents during community access. On reading the adjudication paperwork the women were given the chance to have their say and it was facilitated in a person-centred way.

No women in Bella were subject to a Special Security Measure (SSM) as they would not then fit the criteria to transfer there.

Records confirmed that all rooms were searched as per SPS guidelines. Inspectors did not observe a room search but were talked through the procedure by staff.

All women were subjected to a full body search prior to their room being searched. Full body searches were also carried out on admission and liberation and a ratio of 1:5 for those returning from access to the community. As the numbers accessing the community were small, the same women were subjected to a full body search on a regular basis. It is HMIPS's view that women should not be body searched unless it is intelligence-led to fit with trauma-informed practice, and this should be addressed immediately.

Women kept most of their property in their rooms. There was a storage room where women's property that was not required was stored in a sealed box. Women could easily access it to check or withdraw property. There was a recording system for property linked to a property card in the reception room and for valuables which were held in a safe.

Like all other prisons, families could transfer money to SPS HQ which was then distributed to the appropriate prison. Once received, the cashier in Bella transferred the money into the women's account. The cashier dealt with any cash sent in by letter. However, they would not accept cash handed in at front-of-house which seemed strange, particularly where visitors were not able to transfer funds electronically. Women were also allocated a sum of money weekly so they could order their own food.

## HMIPS Standard 4

### Effective, Courteous and Humane Exercise of Authority – Continued

The default position at Bella was that all women on escorted leave would not be handcuffed. If returning to a closed prison this would be risk assessed. Where a woman was escorted to an outside appointment, staff carried a 'cuff pouch' containing handcuffs and a closet chain. Staff were given autonomy to handcuff an individual where the situation deemed it necessary. On returning to Bella the staff member submitted a report on the incident, and if appropriate an RMT to discuss the ACR took place to decide what action would be taken.

Mandatory drug tests took place for progression/parole and where there was a suspicion. Women attending a mandatory drug test on suspicion were subjected to a full body search, but not all women were body searched if the test was required for progression.

Bella had a fit-for-purpose mandatory drug testing room apart from the door to the toilet area where the sample was provided. The door was very low and did not protect the person's dignity. A door like that in Liliac should be fitted to provide a more trauma-informed environment. Inspectors were not able to observe a live test but were content with the process. All records were in order, with 64 mandatory drug tests having taken place since Bella opened. Alcohol testing was carried out using a breathalyser. Testing was carried out for those with community access and home leave at a ratio of 1:5, or where there was a suspicion that they were under the influence of alcohol.

There was excellent camera coverage throughout the grounds and buildings. Coverage in the houses was more limited but acceptable due to minimum risk and staff were able to track any movements. The staff in the ECR were extremely competent in working the camera system and were able to demonstrate an excellent knowledge of which cameras cover which area.

The screens were small, and although the staff were resigned to dealing with them efforts should be made to mirror the screens that the Liliac Centre are planning to install. Cameras were checked every day for faults and any issues were placed on the agility system to be fixed as a priority.

The camera coverage was such that staff in the ECR were able to observe the whole of the perimeter. The perimeter was also checked by staff regularly and this was observed by an inspector. The perimeter was also checked at least every hour during the night shift. All patrols were logged on SharePoint and could be accessed by FLMs and the Unit Manager for assurance.



## HMIPS Standard 4

### Effective, Courteous and Humane Exercise of Authority – Continued

No delivery vehicles entered the sterile area at Bella. All drivers reported to the front-of-house to sign-in and sign-out. If the vehicle was in to deliver women's food shopping or pick up refuge, then an operations officer escorted it to the side of the building. A camera was always positioned on them.

#### List of Recommendations

- **Recommendation 9:** The Bella Centre should at its earliest opportunity ensure the FLMs and those requiring PPT attend training.
- **Recommendation 10:** SPS HQ should change the guidelines so that women are only body searched when intelligence indicates there is a need to so, in line with a trauma-informed practice.
- **Recommendation 11:** The Bella Centre should consider accepting cash at the front-of-house, particularly as they accept cash received in the mail.
- **Recommendation 12:** The Bella Centre should look to change the door in the mandatory drug testing room to one like that found in the Liliac Centre to provide dignity to the person using it.

## 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 relation to sharing critical information between women and their families, staff and women spoken to know the process.

In the HMIPS pre-inspection survey the majority of respondents reported being treated with respect by staff all the time, whilst the remainder said they were treated with respect most of the time. All respondents reported that they had a personal officer, and the majority reported that their personal officer was helpful, including more than half who said their personal officer was 'very helpful'. This was evident during the inspection where inspectors observed that the relationships and interactions between staff and the women were respectful. This was also highlighted by the IPM who had seen some good examples of positive relationships. IPMs reported that many women had mentioned how well staff treated them and how approachable they were.

The women signed a Resident Agreement on arrival that informed them of acceptable behaviour within Bella. Staff and women reported that in most cases behaviour was challenged at the lowest level. This was evident by the number of adjudications that had taken place since Bella opened.

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

According to the HMIPS pre-inspection survey, most women reported that they were consulted on issues that affected them like food, canteen and healthcare. A weekly coffee cup meeting took place on a Monday in the Hub and was attended by staff and women. There was a standard agenda where they discussed any issues from the previous week, what they would like to be involved in during the upcoming week and distribution of work tasks. Minutes of the meetings were available in a folder in the Hub area. Most respondents to the pre-inspection survey felt that things did sometimes or often change because of consultation. There was evidence of this in the minutes of the weekly coffee cup meeting with a new visit session being added.

The women's right to confidentiality and privacy were respected by staff. Staff were aware of the process in relation to information security breaches and Subject Access Requests (SARs), and the data protection and privacy notice was displayed in the Hub. However, the SAR request forms were not readily available, and Bella should consider adding them to the houseblock information folders. There was sufficient space for confidential conversations in the houseblocks. There were not many rooms available for these conversations in the communal area, but it was quiet enough that conversations could be had without being overheard. Women reported that staff had taken them to a private room to break bad news or speak to them on other private matters. The process for handling mail ran smoothly. It was secure and offered privacy to the women who received their mail the same day.

During the inspection, inspectors felt that Bella was very relaxed and orderly. There was no weekly regime, other than lock-up times. Inspectors were told that personal officers met with each woman at the weekend to develop an individual weekly planner. It included community access, booked visits, healthcare appointments and activities, etc. It was uploaded to SharePoint and a copy was given to the individual. Although we were told that the ethos was about the women taking on more responsibility for the daily activities, inspectors felt that staff could be more proactive in encouraging them to engage. On one day during the inspection external providers were in attendance and only one woman attended at the start with another joining later. Bella may want to consider putting up a general noticeboard in the communal area to share information including events and activities.

Inspectors expected to see a TV information channel up and running and better use of IT, such as a kiosk system; given that it was a brand-new facility. HMIPS are interested to know what the plans are for the future in relation to this.

## HMIPS Standard 5

### Respect, Autonomy and Protection Against Mistreatment – Continued

The Prison Rules were available where the adjudications took place. Staff spoken to said they could be provided on request, but we would like to see them readily available in areas where women do not have to ask to see them, in the library or Hub. Women spoken to did not know where they were. Bella may wish to consider adding something to the information folders in the houseblocks to inform women how they can access them.

If the women wished to speak with legal representatives, staff made the appointment for them or allowed them to make a phone call from the staff office, and they were offered a confidential space to meet with them.

The HMIPS pre-inspection survey informed us that the majority of women felt that the complaints system worked quite or very well, although some respondents reported that it worked quite or very badly. Bella may wish to investigate the reasons for this.

The complaints process, the route to the Scottish Public Services Ombudsman (SPSO) and complaints forms were readily available in the information folders in most of the houseblocks. Bella should ensure there are stocks available in all houseblocks. The Bella information pack also contained a page on complaints. Inspectors were told that the Bella Centre PCF1 process was that women handed the form to an officer to pass to the FLM to investigate. This was not a confidential process. The women should either be provided with an envelope or have the facility to hand it directly to the FLM. The paperwork was held by the Business Improvement Manager at HMP & YOI Stirling. Complaints were dealt with at the lowest level, which was evident by only two complaints having been submitted in the last six months. They both appeared to have been handled correctly and within timescale. If there was an Internal Complaints Committee (ICC), the paperwork was returned so that the ICC could take place. This could put pressure on meeting the timescales for an ICC.

There were IPM posters displayed throughout Bella. According to the HMIPS pre-inspection survey, all respondents knew the role of the IPMs, and more than half said they knew how to contact an IPM. Women and staff spoken to during the inspection knew who the IPMs were and said they were visible. IPMs reported that there were very few official requests and most of the issues raised with them were an easy fix. The Bella information pack mentioned the IPM service which helped to raise awareness.

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

### List of Recommendations

- **Recommendation 13:** The Bella Centre should ensure the process for getting a PCF1 to an FLM is confidential and the forms should be available in every houseblock.
- **Recommendation 14:** The Bella Centre should ensure that the women are either provided with an envelope or have the facility to hand a PCF directly to the FLM and not to a staff member.

## Standard 6 - Purposeful Activity

### Inspection Findings

#### Rating: Generally Acceptable

In part due to the lack of suitable opportunities within the establishment, employment and training for prisoners was limited. A few women were employed as cleaners and a few others accessed opportunities in the community, for example in a local café. The women had a weekly consultation with their personal officer regarding work opportunities, which ranged from window cleaning to litter picking. Due to their age a few women residing in Bella were not required to work. Bella should reach out to local groups and organisations in Dundee to extend the work offer.

The majority of women felt that they had easy access to jobs. Discussions took place with personal officers to ensure that those who were able to work could participate. The prison offered a few employment opportunities to women that reflected the needs of the prison. A few women gained experience and skills through vocational training.

The prison did not have a separate area for educational activities, but they had an area allocated to them at specific times. Classes and groups took place in the Hub area which was bright and welcoming. Tutors employed by Fife College engaged with the women twice a week to gauge their interests. Each woman taking part in education had a Personal Action Plan where their goals were set and reviewed regularly. Most women also completed a screening for literacy and numeracy, and a few received intensive additional support with literacy and numeracy. Learning packs and other resources were provided for in-cell learning, and a few women were making use of this service. Each woman was offered an induction to education when they arrived. However, a few indicated that they were not interested in education classes, but would participate in talks and discussion groups, for example International Women's Day and MacMillan Cancer fundraising.

Fife College offered a good range of education courses based on the women's needs. These include Scottish Qualifications Authority (SQA) courses in communication, numeracy, personal development, nutrition and understating mental health. As they were required to cook for themselves in Bella, a few women participated in cookery classes. This helped them gain new skills and experience that they could use on release from custody. The women were consulted regularly about the range and content of the educational offer.

The prison had a small gym, which was too small for the size of equipment. A few women used the gym regularly, but the cramped conditions were limiting. A few had sought solutions, for example, by moving the exercise bikes outside when the weather was suitable. The outdoor space was attractive, and the women used the area for relaxing and exercising. They had developed a 'daily mile' to encourage walking in the fresh air.

## HMIPS Standard 6 Purposeful Activity – Continued

The prison did not have a separate library. A small range of books and DVDs from Dundee City Council libraries were available for women to borrow from bookshelves in the Hub area. Most women indicated that they borrowed books and DVDs regularly. The current range of books were suitable for the cultural and religious background of the population.

A range of cultural and recreational activities were on offer in the Hub area. This includes events and celebrations such as International Women's Day. The women were encouraged to express themselves through creative activities. As a result, examples of artwork had been included in the STIR magazine which is distributed across the prison estate.

Women were free to move around Bella and had access to fresh air throughout the day. The main central atrium was a lovely area to sit and relax in, or walk round, but relatively limited in size. Unlike Lillas, Bella did not provide rain jackets, so the women had to use their own waterproofs when it was wet, but boots and personal protective equipment (PPE) clothing were available for work party roles outside.

A Church of Scotland Chaplain attended Bella on a Thursday and Sunday, and a Roman Catholic Chaplain was about to begin attending once a week. Hillbank Church also came in two evenings a week. Bella indicated it would be able to access the support of an Imam via SPS HQ were that needed.

The visits timetable provided good opportunities for family contact, with two-hour sessions running five times a day during weekdays and three times a day at the weekends. Bella could accommodate up to three separate visits at a time. The visits took place in the Hub area that was also used for group activities, which had created noise issues for the visitors. As a result, Bella had recently stopped offering visits when it clashed with group activities. However, there were still plenty of opportunities for the number of women living there and the women were informed on a Monday of any 'blocked' visit slots.



## HMIPS Standard 6 Purposeful Activity – Continued

The Hub provided a very relaxed setting for visits, with women having the opportunity to make tea or coffee for their visitors and share biscuits or cakes they had baked in their houseblock. The area outside the Hub had some features that would appeal to young children, and contained seating for visits to take place outside when the weather was good. Staff adopted a deliberately low-key approach to security which was appropriate. The family members with whom inspectors talked to spoke very positively about the way they were treated by staff. Bella also had virtual visit technology, which was not used extensively but was clearly being used by several women. There were no facilities for closed visits. Staff could not recall any family members ever being refused visits on arrival, but occasionally one would appear to be potentially under the influence of alcohol and be subject to greater supervision when in the visit area.

Inspectors observed a session being run by Recoverzine, where the women were making bird feeders using fir cones, lard and a mixture of seeds and grains. The women enjoyed the session. Other activities being run at Bella included an RSPB nature project, a mindfulness session, yoga, jewellery making, dance groups and Dundee Rep Theatre. In general, however, at least at the time of our visit, Bella was providing a more limited range of therapeutic activities than the Liliac Centre. Inspectors recognised that the women need to be able to find things to occupy their time and give a sense of purpose, as they will have to do that when back in the community. Nevertheless, inspectors felt that a wider range of purposeful and therapeutic activities would still be beneficial, particularly for those likely to be there for longer.

Each woman had their own personal officer and a 'back up.' Weekly plans and longer-term support plans were developed by personal officers with input from the women. Family members were invited to attend case conferences and participation rates were good. Staff were able to explain how PR2 helped generate dates for ICMs, and the work that was done prior to an ICM to review notes of previous ICMs and any agreed action points. Women were encouraged to talk about what had changed or improved since their previous ICM. Attendance by Prison-Based Social Work, Community-Based Social Work, NHS and personal officers was good. They took account of the shift pattern of the personal officers when arranging ICMs.

## HMIPS Standard 6

### Purposeful Activity – Continued

All women were briefed by staff before RMTs and advised of the outcome following it. However, there was no opportunity for women to engage directly with the RMT. Although it is clearly important for some parts of the RMT discussion and deliberations to be confidential and held in private, women should be given the opportunity to put their case directly to the RMT if they so wish. The RMT case documentation inspected was of a good standard and the meeting observed was run effectively.

#### List of Good Practice

- **Good Practice 2:** The Hub area provided a lovely welcoming setting for visits, and supervision of visits was done sensitively.

#### List of Recommendations

- **Recommendation 15:** The Bella Centre should seek to increase the range of therapeutic activities.
- **Recommendation 16:** The Bella Centre should ensure that those women who wish it should be given the opportunity to contribute directly to the RMT discussion.
- **Recommendation 17:** SPS HQ should provide and expedite the use of IT for educational purposes.

## Standard 7 - Transitions from Custody to Life in the Community

---

Prisoners are prepared for their successful return to the community.

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

### Inspection Findings

#### Overall Rating: Satisfactory

Staff and agencies operating within the prison were clear about their role and responsibility in supporting the development of plans. For long-term prisoners, partnership working to support sentence and pre-release planning was working well but there was scope to strengthen collaborative planning processes for short-term prisoners. A range of external partners were making a valuable contribution to addressing women's needs, however there was limited strategic oversight of the work of stakeholders, or the range of services being provided.

For statutory prisoners, prison staff and prison-based social workers worked collaboratively to ensure that key decisions about progression and release were informed by timely and comprehensive assessments and reports. Community-based social workers regularly attended ICM meetings. Processes were also in place to support family attendance. Personal officers were actively encouraged to attend and contribute to planning meetings and had a good understanding of the important role they played in helping women prepare for liberation. Minutes of ICM and RMT meetings reflected a clear consideration of risk and need.

A range of community-based services were visiting Bella to support women to prepare for release. This was providing women with access to advice around housing and finances and recovery from addictions. In addition, a variety of groups and activities designed to build skills and establish community connections were being offered by external stakeholders. Staff placed a strong emphasis on encouraging women to be independent and take responsibility for their own participation. However, some women found this level of ownership difficult, suggesting that some individuals needed more support to build their confidence.

Staff understood the importance of planning and preparation for release and worked to ensure that women were engaged in the planning processes. Women approaching release were clear about who to turn to for help and support within the prison environment, but also who would be available to support them in the community.

## HMIPS Standard 7

### Transitions from Custody to Life in the Community – Continued

Bella did not offer any services to women after their release, but they had established links with several agencies that offered throughcare support. Short-term prisoners had a good awareness of voluntary throughcare support provided by community-based social work teams.

#### List of Recommendations

- **Recommendation 18:** The Bella Centre should ensure that there is a clearly articulated plan for the provision of support by external partners. This should be informed by a strategic assessment of women's needs. Consideration should also be given to establishing a stakeholder forum to facilitate the co-ordination of service delivery and the effective sharing of information with partners.
- **Recommendation 19:** The Bella Centre should ensure that external agencies operating within the Centre are provided with clear information about policies and procedures, particularly in relation to security, and that staff consistently apply these.
- **Recommendation 20:** The Bella Centre should ensure that the case management process for women on short-term sentences includes clear guidance on the roles and responsibilities associated with the preparation of pre-release plans.

## 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

Bella had a representative on the HMP & YOI Stirling Equality and Diversity (E&D) Committee who contributed to development and implementation of the draft E&D Strategy which covered Bella as well as Stirling and Lillas. Inspectors were not able to interview any women with protected characteristics during our short inspection, but a few issues left concerns. Some staff spoken to were unclear how to access translation services for foreign nationals, but indicated they would have time to prepare appropriately for the arrival of a foreign national including consideration of whether translation services were needed. The challenges facing disabled drivers accessing the car park when visiting Bella should be addressed (see Standard 2).

Bella took part in the allocated schedule of internal audit PRLs. However, they were not able to provide copies of all the PRL audits requested by inspectors. Any actions resulting from scrutiny reports would be recorded on the action tracker held centrally by HMP & YOI Stirling's Business Improvement Manager (BIM) and progress discussed in the Business Review meetings. The Bella Manager participated in the Business Review meetings, and the key objectives associated with the delivery plan were pinned up at various places around Bella for staff to see, as well as being emailed to staff.

As with HMP & YOI Stirling the development of a modern facility like Bella itself demonstrates the commitment of the SPS to learn from best practice elsewhere and aspire to lead the way in the care and treatment of women. However, it was disappointing to see that some of the same design flaws with HMP Lillas regarding safer cells, etc, also affected HMP Bella. SPS should learn from these experiences when designing any new CCUs.

## HMIPS Standard 8 Organisational Effectiveness – Continued

The training stats for Bella indicated good levels of compliance with refresher training in core competencies, with 100% compliance for C&R refresher training, 80% for PPT and TTM and 88% for E&D refresher. The main exceptions were Fire Response (47%) and Emergency Response (59%).

It was a small cohesive team which understood and respected the roles played by others in Bella. They operated a rotating FLM shift pattern, with one FLM on early, back and night shifts each day, so FLMs became familiar with all aspects of the running of Bella. Although the atmosphere among staff in Bella seemed positive during our visit, the People Survey results indicated some tensions between staff and line managers had existed at the time the survey was completed. The Bella Manager acknowledged that there had been issues but felt these had been addressed. A meeting was scheduled for the Governor to discuss the People Survey results with FLMs and thereafter with the wider staffing group.

Absence management, poor performance and recognition of good performance were largely handled by HMP & YOI Stirling. At the time of inspection, no nominations for Governor commendations had been submitted but one was being actively considered. Potential code of conduct issues had been investigated but had concluded that there was no case to answer.

The Bella Manager attended the Tayside Criminal Justice Group and the CCU had engaged with the communications and media team in SPS HQ to promote the work done by Bella.

### List of Recommendations

- **Recommendation 21:** The Bella Centre should ensure that staff know how to access translation services.

## 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, there were eleven examples of good practice and four recommendations for improvement.

#### Leadership and Governance

Healthcare at Bella was managed and governed through the HSCPs established governance structures and processes. The Senior Leadership Team covers HMP Perth and HMP Castle Huntly and hold leadership and management responsibility for the Bella Centre. Operational leadership was provided by the primary care senior nurse.

An in-reach model of healthcare delivery is used and health professionals from HMP Castle Huntly and HMP Perth attend the Bella Centre when required from Monday to Sunday between 7.00am to 5.00pm. At the time of the inspection, people had access to GP, dental, optician and podiatry services in the community.

Inspectors saw good compliance with mandatory training, which included: equality, diversity, human rights, and infection, prevention and control. Most staff had completed the confirmation of death training. As with the appraisal and personal development plan (PDP), the team leader for each team was responsible for ensuring staff had completed their mandatory training.

Incidents and adverse events were reported using DATIX risk management database reporting system. We were told that these would be discussed at the governance meeting, with feedback and learning being shared with staff at team meetings or with the individual if more appropriate.



## HMIPS Standard 9 Health and Wellbeing – Continued

Complaints and feedback at Bella were managed in line with NHS Tayside's Feedback and Complaints policy. A clear governance structure for reporting and responding to complaints and feedback was in place. Staff responsible for managing complaints had received appropriate training. Inspectors were advised complaint forms should be available to patients within their houses, however, at the time of inspection these were not visible in the residential areas. However, we were told complaint forms were available on request. It is important patients know how to complain about healthcare services and have the required forms to do so.

### Admission process

Robust processes were in place to ensure all patients transferred to Bella have health screening completed by a registered nurse. Health screening identified any immediate or pre-existing healthcare needs. Healthcare staff had access to healthcare information on the Vision record from the transferring prison to ensure continuity of care. Where healthcare needs were identified, patients were offered referrals to the appropriate healthcare service.

Inspectors were told that following discussion, occupational therapy familiarisation visits had been arranged for three patients prior to their transfer. This ensured appropriate accommodation and any needs were identified to support a smooth transfer to Bella. This is good practice.

Healthcare staff assess the risk for patients transferred to Bella in line with TTM. Bella did not have a safer cell. See Standard 3.

### Primary care

Primary care was delivered predominately using a nurse-led model. The GP service was provided by a local medical practice in the community, where patients attended for face-to-face appointments. Healthcare staff could contact the GP for medical advice and support from Monday to Friday.

Referral forms were seen to be written in a clear and simple language. However, these were not in picture format to support patients with literacy difficulties or available in other languages. At the time of the inspection, self-referral forms were not easy to locate within the residential areas.

A lockable box was seen outside the Health Centre for patients to confidentially post their self-referral forms. Self-referrals were collected daily and triaged by the registered nurse.

Patients were informed that their referral had been received and an appointment made with the requested service. At the time of the inspection, the waiting times to see a GP or attend a clinic were good and patients were offered timely appointments.

## HMIPS Standard 9 Health and Wellbeing – Continued

Healthcare administration staff forward any hospital appointments directly to the patient and plan escorts for patients with SPS.

There was a clear process to ensure that staff were trained in basic life support. Emergency equipment, which included an automated external defibrillator, oxygen and suction unit, was accessible and ready for use. Emergency drugs were in date. However, there were items within the emergency bags out-of-date, for example, saline sachets. There was evidence of emergency equipment being checked daily; however, this was not consistently recorded.

Bella benefits from the input of an Occupational Therapist (OT) who provided a wide range of support for patients. All prisoners transferred to Bella were given an information leaflet about the OT service and were given an appointment to meet with the OT. The OT worked closely with patients to improve access to services and help patients with everyday activities, for example, self-care, leisure, and work. This is good practice.

The GP supported the care of emergencies in hours, Monday to Friday, whilst the NHS Tayside GP Out-of-Hours Service or the 999-ambulance service was available out of hours.

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

Systems and processes were in place to support early identification of long-term conditions during the transfer process.

Long-term conditions were managed by the GP and non-medical prescriber (NMP), with input from NHS Tayside specialist nurses.

Planned care was documented using the Situation, Background, Assessment, and Recommendation (SBAR) model and was available in the patient's electronic Vision record. Inspectors saw evidence of reviews being updated with patient involvement.

At the time of the inspection to Bella, no patients were receiving palliative or end of life care. However, there were systems, processes, and procedures in place, should patients require palliative care support.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Health improvement

Health improvement, prevention and promotion information and services were available to patients at Bella. All prisoners were offered screening for blood-borne virus (BBV) as part of the health screening process on transfer to the prison.

Substance use caseworkers facilitated scheduled appointments and a drop-in clinic for patients at Bella to access services including smoking cessation, harm reduction, dry blood spot testing and health education. Naloxone training and kits were available to patients including access to a service that delivers kits to the patient's home address. There was evidence of this being used in practice for patients going on home leave; this is good practice promoting access to naloxone.

All prisoners were given information about how to access sexual health services during their stay in Bella. Patients can self-refer to the Health Centre for sexual health screening at any time.

### Mental health

Patients have access to psychiatry, psychology, mental health nurses and OT. A range of treatment and interventions were delivered and were available with patients being offered timely appointments. This includes guided self-help, safety and stabilisation, psychological education and relapse prevention.

Processes were in place to triage and allocate referrals with patients being seen generally within one week depending on clinical need. Standardised care plans and risk assessments were available to use to capture patients' holistic needs and reflect individualised goals whilst at Bella.

A robust clinical psychology provision was available to patients with processes in place to capture feedback to help inform service improvements. This is good practice. Positive feedback had been obtained, including patients experience of care, helping patients understand their diagnosis, develop coping strategies and have a positive impact on their recovery in preparation for liberation.

Whilst several third sector organisations also provided one-to-one and group support, there was evidence of good communication between the healthcare team and services complimenting NHS provision.

There was good joint working across the multidisciplinary team. Informal meetings took place to discuss patients who may also be receiving care from the Substance Use Team. There was scope to formalise joint working arrangements if the number of patients receiving care increased.

## HMIPS Standard 9 Health and Wellbeing – Continued

Processes were in place to ensure referrals were made to Community Mental Health Teams to provide follow-up care for patients on liberation, with sharing of appropriate information such as discharge summaries and clinic letters.

The service identified there was potential to develop the provision at Bella tailored to individual needs.

### Substance use

Patients with alcohol or substance use dependence were identified by the registered nurse undertaking the initial health screen on transfer and were referred to the Substance Use Team if required. Processes were in place for information from the transferring prison to be made available and any ongoing treatment was communicated for continuity of care. As part of the planning of transfers, health needs were discussed at the WCMB meetings.

A range of evidence-based, recovery-focused psychosocial and psychological interventions were available on an individual and group basis. Processes were in place for referrals to be triaged and patients seen within 21 days. Standardised assessments and recovery care plans were available to identify patient's individual needs and goals. Third sector organisations such as 'We are with you' also provided input to compliment the provision delivered by NHS Tayside.

All patients were offered a pre-liberation appointment. Onward referrals to community teams were discussed at the appointment and it provided an opportunity to provide harm reduction to patients including naloxone kits and safety planning.

### Dental health

All dental care for patients at Bella was provided offsite by the Public Dental Service. Patients requiring dental treatment were facilitated to attend appointments and an escort was provided by SPS if required.

Routine appointments and dental treatments would be offered to everyone at Bella. This is good practice. Some treatments would be adapted for those on shorter sentences.

People who had dental treatments in progress and were being liberated would have their details passed to their local public or community dental services to ensure their treatment could continue. This is good practice.

There were clear processes in place for patients to access emergency dental care in and out of hours.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Medical and pharmacy service

The governance and management of medicines in Bella was supported by a specialist clinical pharmacist, a senior pharmacy technician and a pharmacy technician. The technicians were aware of who to contact when the pharmacist was absent. This is good practice.

A process was in place to review a person's medicine Kardex before they were transferred to Bella. This allowed medicines to be reconciled, the Kardex to be rewritten and ensured a supply of medication was available when the person arrived at Bella. This is good practice. The pharmacist and a non-medical prescriber also held a weekly clinic to review all new admissions and their Kardex's.

A proactive approach to in-possession medication at Bella was described. This meant that most medications including Schedule 3 or 4 controlled drugs were in-possession. This approach encouraged people to manage their own medication in preparation for liberation. This is good practice.

There were robust systems and processes in place to ensure medications were handled safely and stored securely.

Systems were in place to ensure that patients received their supervised medications and opiate substitute therapy (OST) would be given before going to court. Patients would be given their in-possession medications to take with them to court.

A GP10 prescription was completed for a month's supply of medicines, this would be less for those going on home leave. A risk-based approach based on the vulnerability of the person was taken to guide the frequency of dispensing of the months' supply of medication. This is good practice. People also received a discharge summary along with the GP10 discussed with the patient. People being liberated were also given information regarding registering with a GP.

## HMIPS Standard 9 Health and Wellbeing – Continued

### Infection, prevention and control

The treatment room and dispensary areas within Bella were tidy, visibly clean and in a good state of repair allowing effective cleaning. All near patient equipment was also in a good state of repair, clean and ready for use. PPE was available and stored appropriately.

Healthcare staff reported that the standard of cleaning was acceptable. Cleaning was carried out by Bella prisoners, following the cleaning schedule drafted by NHS Tayside's domestic manager.

External infection prevention and control assurance was provided by NHS Tayside and at the last visit in November 2023, they did not identify any issues. Infection control compliance was monitored and reported through NHS Tayside's Business and Governance Group.

Healthcare staff observed were compliant with standard infection prevention control precautions and were knowledgeable about infection control.

### List of Good Practice

- **Good Practice 3:** Occupational therapy familiarisation visits were arranged for patients to support the transfer to Bella and ensure a smooth transition for patients.
- **Good Practice 4:** Accessible information was provided to patients on arrival to Bella, including a healthcare information booklet.
- **Good Practice 5:** Bella benefits from the input of the occupational therapy service that provided a wide range of therapeutic supports for patients.
- **Good Practice 6:** Naloxone kits and training were available to patients including access to a service that delivers naloxone kits to the patient's home address in preparation for home leave and liberation.
- **Good Practice 7:** Processes were in place to obtain feedback from patients to help inform service improvements.
- **Good Practice 8:** Routine appointments and dental treatments would be offered to all people at Bella.
- **Good Practice 9:** People who had dental treatments in progress on liberation would have their details passed to their local public or community dental services to ensure their treatment could continue.
- **Good Practice 10:** The pharmacy technicians were aware of who to contact when the pharmacist was absent.
- **Good Practice 11:** A process was in place to review a person's medicine Kardex's before they were transferred to Bella. This allowed medicines to be reconciled, the Kardex to be rewritten and ensured a supply of medication was available when the person arrived at the Bella.

- **Good Practice 12:** A proactive approach to in-possession medication at the Bella was described. This meant that most medications including Schedule 3 or 4 controlled drugs were in-possession. This approach encourages people to manage their own medication in preparation for liberation.
- **Good Practice 13:** A risk-based approach based on the vulnerability of the person was taken to guide the frequency of dispensing of the month's supply of medication for those patients being liberated or going on home leave.

#### List of Recommendations

- **Recommendation 22:** NHS Tayside/HSCP should ensure that complaint forms are readily available to ensure all patients can provide feedback, raise concerns and make a complaint.
- **Recommendation 23:** NHS Tayside/HSCP should ensure referral forms are available in picture format and in the most common languages spoken at Bella.
- **Recommendation 24:** NHS Tayside/HSCP should ensure that self-referral forms are made available for all patients to access.
- **Recommendation 25:** NHS Tayside/HSCP should ensure that checks on emergency equipment are carried out and consistently recorded to ensure that all equipment is within date and ready for use.

## Annex A

### Summary of Recommendations

REC NO.	
<b>Standard 1 – Lawful and Transparent Custody</b>	
1	SPS HQ and Bella should consider the scope to authorise liberations electronically to avoid someone having to travel across from HMP YO1 Stirling to sign the liberation book.
<b>Standard 2 – Decency</b>	
2	The SPS HQ must work with Bella to improve access to the car park for disabled visitors.
3	The Bella Centre should ensure that the store cupboards in the residential areas are left unlocked so women can access them without needing to ask, if necessary, with smaller quantities of any items that keep going missing.
4	The Bella Centre should ensure that the laundry in the main admin block should be operated by one of the women living in Bella as a designated job.
5	SPS HQ and the Bella Centre should review the scope to allow more women to go out to shop in the community if they wish and allow the women to cook communally if they wish.
<b>Standard 3 – Personal Safety</b>	
6	The Bella Centre must ensure that on admission women are told about the TTM Strategy and the Think Twice Policy and are given an explanation of how it works.
7	The Bella Centre should ensure all staff working with women are knowledgeable on the Think Twice Policy and know what action to take when they encounter this type of behaviour.
8	The H&S Co-ordinator should undertake a full review of H&S processes at the Bella Centre, including the PEEPs register, at their earliest opportunity to ensure everyone living and working there are kept safe.



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

- 9 The Bella Centre should, at its earliest opportunity ensure the FLMs and those requiring PPT attend training.
- 10 SPS HQ should change the guidelines so that women are only body searched when intelligence indicates there is a need to so, in line with a trauma-informed practice.
- 11 The Bella Centre should consider accepting cash at the front of house, particularly as they accept cash received in the mail.
- 12 The Bella Centre should look to change the door in the mandatory drug testing room to one like that found in the Liliac Centre to provide dignity to the person using it.

**Standard 5 – Respect, Autonomy and Protection against Mistreatment**

- 13 The Bella Centre should ensure the process for getting a PCF1 to an FLM is confidential and the forms should be available in every houseblock.
- 14 The Bella Centre should ensure that the women are either provided with an envelope or have the facility to hand a PCF directly to the FLM and not to a staff member.

**Standard 6 – Purposeful Activity**

- 15 The Bella Centre should seek to increase the range of therapeutic activities.
- 16 The Bella Centre should ensure that those women who wish it should be given the opportunity to contribute directly to the RMT discussion.
- 17 SPS HQ should provide and expedite the use of IT for educational purposes

**Standard 7 – Transitions from Custody to life in the Community**

- 18 The Bella Centre should ensure that there is a clearly articulated plan for the provision of support by external partners. This should be informed by a strategic assessment of women's needs. Consideration should also be given to establishing a stakeholder forum to facilitate the co ordination of service delivery and the effective sharing of information with partners.
- 19 The Bella Centre should ensure that external agencies operating within the Centre are provided with clear information about policies and procedures, particularly in relation to security, and that staff consistently apply these.
- 20 The Bella Centre should ensure that the case management process for women on short term sentences includes clear guidance on the roles and responsibilities associated with the preparation of pre release plans.

### Standard 8 – Organisational Effectiveness

- 21 The Bella Centre should ensure that staff know how to access translation services.

### Standard 9 – Health and Wellbeing

- 22 NHS Tayside/HSCP should ensure that complaint forms are readily available to ensure all patients can provide feedback, raise concerns and make a complaint.
- 23 NHS Tayside/HSCP should ensure referral forms are available in picture format and in the most common languages spoken at Bella.
- 24 NHS Tayside/HSCP should ensure that self-referral forms are made available for all patients to access.
- 25 NHS Tayside/HSCP should ensure that checks on emergency equipment are carried out and consistently recorded to ensure that all equipment is within date and ready for use.

## Annex B

### Summary of Good Practice

REC NO.	
<b>Standard 2 - Decency</b>	
1	Notwithstanding some individual design flaws, the ambience and design of the accommodation and central hub at Bella were of a high standard embedding the vision and values set out in the SPS's national strategy for women.
<b>Standard 6 - Purposeful Activity</b>	
2	The Hub area provided a lovely welcoming setting for visits, and supervision of visits was done sensitively.
<b>Standard 9 - Health and Wellbeing</b>	
3	Occupational therapy familiarisation visits were arranged for patients to support the transfer to Bella and ensure a smooth transition for patients.
4	Accessible information was provided to patients on arrival to Bella, including a healthcare information booklet.
5	Bella benefits from the input of the occupational therapy service that provided a wide range of therapeutic supports for patients.
6	Naloxone kits and training were available to patients including access to a service that delivers naloxone kits to the patient's home address in preparation for home leave and liberation.
7	Processes were in place to obtain feedback from patients to help inform service improvements.
8	Routine appointments and dental treatments would be offered to all people at Bella.
9	People who had dental treatments in progress on liberation would have their details passed to their local public or community dental services to ensure their treatment could continue.
10	The pharmacy technicians were aware of who to contact when the pharmacist was absent.
11	A process was in place to review a person's medicine Kardex's before they were transferred to Bella. This allowed medicines to be reconciled, the Kardex to be rewritten and ensured a supply of medication was available when the person arrived at the Bella.

- 12 A proactive approach to in possession medication at the Bella was described. This meant that most medications including Schedule 3 or 4 controlled drugs were in possession. This approach encourages people to manage their own medication in preparation for liberation.
- 13 A risk-based approach based on the vulnerability of the person was taken to guide the frequency of dispensing of the month's supply of medication for those patients being liberated or going on home leave.

## Annex C

## The Bella Centre - Prison Population Profile as at 25/01/2024

Status	Number of prisoners	%
Untried Male Adults	0	0
Untried Female Adults	0	0
Untried Male Young Offenders	0	0
Untried Female Young Offenders	0	0
Sentenced Male Adults	0	0
Sentenced Female Adults	10	100
Sentenced Male Young Offenders	0	0
Sentence Female Young Offenders	0	0
Recalled Life Prisoners	0	0
Convicted Prisoners Awaiting Sentencing	0	0
Prisoners Awaiting Deportation	0	0
Under 16s	0	0
Civil Prisoners	0	0
Home Detention Curfew (HDC)	0	0

Sentence	Number of prisoners	%
Untried/ Remand	0	0
0 – 1 month	0	0
1 – 2 months	0	0
2 – 3 months	0	0
3 – 4 months	0	0
4 – 5 months	0	0
5 – 6 months	0	0
6 months to less than 12 months	1	10
12 months to less than 2 years	2	20
2 years to less than 4 years	4	40
4 years to less than 10 years	0	0
10 years and over (not life)	1	10
Life	2	20
Order for Lifelong Restriction (OLR)	0	0

Age	Number of prisoners	%
<b>Minimum age:</b>	<b>24</b>	
Under 21 years	0	0
21 years to 29 years	2	20
30 years to 39 years	2	20
40 years to 49 years	3	30
50 years to 59 years	3	30
60 years to 69 years	0	0
70 years plus	0	0
<b>Maximum age:</b>	<b>58</b>	
<b>Total number of prisoners</b>	<b>10</b>	

## Annex D

---

### Inspection Team

**Wendy Sinclair-Gieben**, HMCIPS

**Stephen Sandham**, HMIPS

**Calum McCarthy**, HMIPS

**Kerry Love**, HMIPS

**Sheila Brown**, Education Scotland

**Heather Irving**, Care Inspectorate

**Jamie Thomson**, HIS

**Sophie Dias Cavaco**, HIS

**Elaine Rogerson**, HIS

## Annex E

---

### Acronyms used in this Report (Bella Centre)

<b>ACR</b>	Adverse Circumstance Report
<b>BBV</b>	Blood-Borne Virus
<b>BICSc</b>	British Institute of Cleaning Science
<b>BIM</b>	Business Improvement Manager
<b>CCU</b>	Community Custody Unit
<b>CSRA</b>	Cell-Sharing Risk Assessment
<b>C&amp;R</b>	Control and Restraint
<b>C&amp;R2</b>	Control and Restraint 2
<b>ECR</b>	Electronic Control Room
<b>E&amp;D</b>	Equality and Diversity
<b>FLM</b>	First Line Manager
<b>HIS</b>	Healthcare Improvement Scotland
<b>HM</b>	His Majesty's
<b>H&amp;S</b>	Health and Safety
<b>HSCP</b>	Health and Social Care Partnership
<b>HMCIPS</b>	His Majesty's Chief Inspector of Prisons for Scotland
<b>HMIPS</b>	His Majesty's Inspectorate of Prisons for Scotland
<b>ICC</b>	Internal Complaints Committee
<b>ICM</b>	Integrated Case Management
<b>IPM</b>	Independent Prison Monitor
<b>NMP</b>	Non-Medical Prescriber
<b>NPM</b>	National Preventive Mechanism
<b>OPCAT</b>	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
<b>OST</b>	Opiate Substitute Therapy
<b>OT</b>	Occupational Therapy
<b>PANEL</b>	Participation, Accountability, Non-discrimination, Empowerment and Legality
<b>PEEP</b>	Personal Emergency Evacuation Plan
<b>PCF</b>	Prisoner Complaint Form
<b>PCR</b>	Positive Circumstance Report



<b>PDP</b>	Personal Development Plan
<b>PPE</b>	Personal Protective Equipment
<b>PPT</b>	Personal Protection Training
<b>PR2</b>	Prisoner Records Version 2
<b>REHIS</b>	The Royal Environmental Health Institute of Scotland
<b>RMT</b>	Risk Management Team
<b>RRA</b>	Reception Risk Assessment
<b>RSPB</b>	Royal Society for the Protection of Birds
<b>SAR</b>	Subject Access Request
<b>SBAR</b>	Situation, Background, Assessment, and Recommendation
<b>SCN</b>	Senior Charge Nurse
<b>SOP</b>	Standard Operating Procedure
<b>SPS</b>	Scottish Prison Service
<b>SPS HQ</b>	Scottish Prison Service Headquarters
<b>SPSO</b>	Scottish Public Services Ombudsman
<b>SQA</b>	Scottish Qualifications Authority
<b>SRU</b>	Separation and Reintegration Unit
<b>SSM</b>	Special Security Measure
<b>TTM</b>	Talk To Me
<b>WCMB</b>	Women's Case Management Board



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

© Crown copyright 2024

You may re-use this information (excluding logos and images) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/> or e-mail: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

First published by HMIPS, August 2024

ISBN: 978-1-83601-502-4

Produced for HMIPS by APS Group Scotland  
PPDAS8620111 (08/24)