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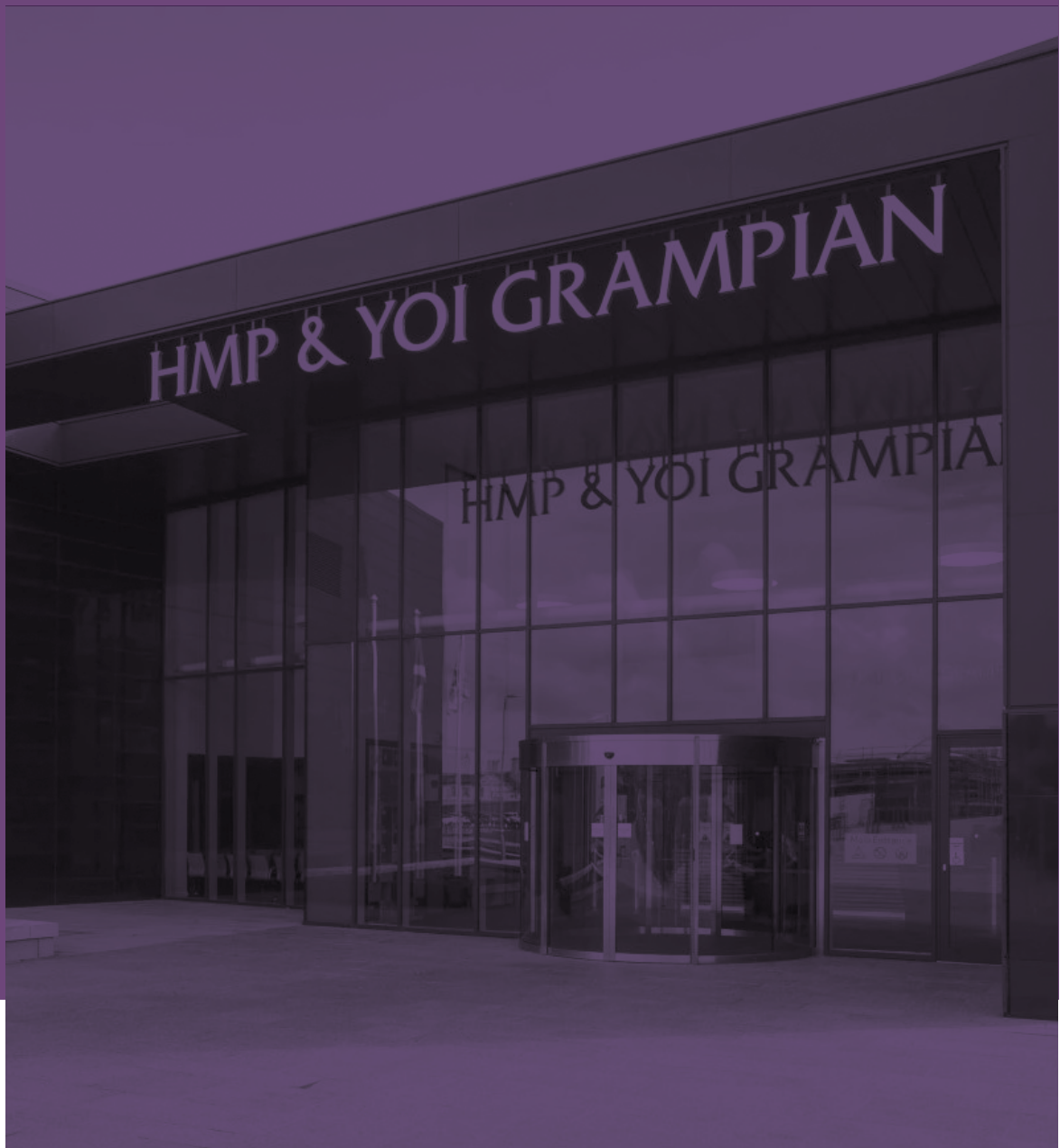
HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

HMP & YOI Grampian

Full Inspection

3 June to 7 June 2024



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Introduction and Background

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

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

The Standards reflect the independence of the inspection of prisons in Scotland and are designed to provide information to prisoners, prison staff and the wider community on the main areas that are examined during 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, Scottish Human Rights Commission, the Care Inspectorate, and guest inspectors from the SPS.

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

1. A colour coded assessment marker

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

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

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

Key Facts

Role

HMP & YOI Grampian is located on the south side of the Aberdeenshire town of Peterhead.

Brief history

It opened on 3 March 2014 and was the first purpose-built community facing prison within Scotland, capable of housing over 500 prisoners, both male and female, adult and young offenders.

Accommodation

It comprised three main accommodation blocks. Banff Hall for female prisoners, Ellon Hall for male prisoners and Cruden Hall which at the time of inspection held no prisoners, Dyce Hall which is the Separation and Reintegration Unit and two Community Integration Units, one for men and one for women.

Design capacity

The establishment design capacity is 552. However, with the closure of Cruden Hall the available contracted places was 474.

Date of last inspection

February 2019.

Healthcare provider

NHS Grampian.

Learning provider

Fife College.

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

HMP & YOI Grampian was designed to be a “community facing prison”, to accommodate male and female prisoners and young offenders from the north of Scotland. It is a modern, light, and airy establishment with some of the best prison accommodation in Scotland. Following an occurrence of serious disorder in its early months, the male young offenders were relocated from Grampian. Since the first inspection in 2015, the accommodation they occupied, Cruden Hall, has remained closed. It is disappointing that some of the highest quality of prison estate in Scotland continues to lie empty, although there are now plans to reopen it to deal with the current overcrowding crisis across the prison estate.

HMP & YOI Grampian also suffers from the same malaise as several other Scottish prisons, an impoverished regime, with almost 40% of the population in our pre-inspection survey claiming that they had less than two hours out of cell each day. In addition, the regime can be restricted further due to staff shortages. The pressure on regime provision is exacerbated by the critical balance of experience versus inexperience as well as the potential for staff redeployment due to the shortcomings of the prison transport provider.

When this inspection took place, HMP & YOI Grampian was one of seven SPS establishments assessed as the highest (Red) status with regard to risk associated with overpopulation and other issues such as staffing vacancies and absence level. We were told that the necessary activity to manage population by transferring prisoners out to other establishments could impact on release planning and this should be avoided where possible.

However, there were a number of areas where HMP & YOI Grampian shines.

Excellent work was being done by the Outreach Team, creating bespoke intervention plans to support any individual who was referred to their services. This was an invaluable resource in forming effective, person-centred relationships with vulnerable prisoners. This extended out into the community, where Outreach staff have supported individuals' attendance at court and accompanied a vulnerable individual being liberated into the care of their guardian. The spiritual needs of prisoners were well catered for by a proactive Chaplaincy Team.

Inspectors were very impressed with the prison library and the sheer volume of activity undertaken by the Librarian. The Case Management Board process for short-term prisoners was facilitating strong multi-agency, person-centred partnership working in release planning and community reintegration. Other impressive developments included the older persons work party in partnership with the charity Stella's Voice and the Care Assistance Programme, where a multi-agency team anticipated and planned for the needs of prisoners who need extra help or specialist equipment. The Virtual Court release process also worked well.

Another highlight was the HMP & YOI Grampian Development Programme and associated staff mentoring arrangements, as well as the new management communication initiatives such as the staff 'coffee cup' meetings and newsletters. The health and safety walk arounds were also visible, and inspectors welcomed staff sessions with an NHS psychologist.

However, recruitment and retention of staff including NHS colleagues were long-standing and ongoing challenges for the prison, and this was compounded by the need to step in and undertake prisoner transport at times when the provider failed, often at short notice. We also found room for improvement in equality and diversity, and we considered that the short “core day” regime operated by the prison should be reviewed alongside other aspects of the regime to ensure there is optimal access for prisoners to activities, especially in the evening and for maximising time out of cell. Greater attention also needs to be given to reviewing the markers for prisoners who need to be kept separate and managing the risk of bullying within the prison.

In summary, the report identifies a number of areas of good practice which are worthy of sharing and which I hope will be taken up by other prisons in Scotland. It also highlights areas where improvements can be made, which will enhance the treatment and conditions for prisoners in HMP & YOI Grampian. Utilising all of its accommodation is a primary imperative for the SPS. We have made 103 recommendations in total but suggest that attention is focussed on the following key recommendations:

Recommendation 9: SPS HQ and HMP & YOI Grampian should take action to avoid the use of contingency cells and prisoners sleeping on mattresses on the floor.

Recommendation 23: HMP & YOI Grampian should develop a review procedure for PR2 ‘enemies’ and ‘keep separate’ risk markers as an ongoing process to ensure continual review and minimise the impact on free access for all prisoners to activities across the prison.

Recommendation 25: HMP & YOI Grampian should ensure consistent application of the Anti-Bullying Strategy process, with appropriate conditions or risk markers created/updated as required and ensure they are still relevant.

Recommendation 26: HMP & YOI Grampian should identify a senior manager to lead on embedding a support system that is fit-for-purpose in identification of those potentially being bullied and implement a robust referral system to the appropriate support network.

Recommendation 36: HMP & YOI Grampian should ensure that staff carry out comprehensive rub down searches at all times.

Recommendation 55: SG and SPS HQ should find ways to improve public transport options for families visiting HMP & YOI Grampian.

Recommendation 60: HMP & YOI Grampian should ensure accredited programme delivery is resumed and that there is sufficient programme staff capacity to support delivery.

Recommendation 69: SPS HQ should support HMP & YOI Grampian to achieve the staffing level necessary to reopen the unused high-quality accommodation in Cruden Hall to help ease overcrowding elsewhere.

Recommendation 78: HMP & YOI Grampian and GEOAmev must ensure patients attendance at secondary care appointments. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.

I look forward to seeing these improvements introduced through the prison's future plans.

HM Inspectorate of Prisons for Scotland will continue to monitor the progress in HMP & YOI Grampian through our Independent Prison Monitors.

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.

There was a broadly positive picture on participation. Regular co-production meetings were taking place across the prison. Prisoners were consulted for example about the content of canteen sheets and menus, Ramadan provision, the library, education and health and cultural events. However, in an attempt to respond positively and quickly to inspection team feedback, changes were made to the mealtimes during the week of the inspection without adequate consultation with prisoners, leading to a degree of discontent. Prisoners were at the core of making decisions relating to their own care and wellbeing with an empathetic approach to Talk to Me (TTM) case conferences. Events were communicated across the prison via the TV information channel. Prisoners and their families were provided with opportunities to participate in case management conferences relating to their sentence planning and progression. Minutes of co-production meetings were put on noticeboards.

It would be helpful, however, to include an update on actions from previous co-production meetings and ensure the admission and induction materials explained the co-production process to inform prisoners at an early stage how they can participate in improving their life in prison. There was no prisoner representation on the Equality and Diversity (E&D) Committee. The complaints process was not well advertised, and forms were not always freely available on all halls. The regime for the hall also needs to be advertised in the halls. Less shouting of names down corridors by staff, and less reliance on closed grille gates, would encourage the development of more positive relationships between staff and prisoners.

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

On arrival at the admissions hall, prisoners were provided with information about their entitlements. Translation services were used to support foreign nationals to understand their entitlements where needed, but there was a lack of literature for them to read and absorb in their own language at their leisure. A dedicated officer met with every prisoner willing to participate in the national induction and made every effort to adapt the presentation to suit their needs.

Prisoners had access to basic entitlements such as clean bedding, toiletries, and access to extra purchases through the prison canteen. However, there was a lack of clothing in smaller and larger sizes, a lack of sufficient wet weather clothing for male prisoners, and difficulty providing towels, cutlery and bowls. In recent months, some prisoners had to sleep on a mattress on the floor, sometimes for periods of up to 34 days. Some cells were in an unacceptable state.

There were a few areas where stronger review and assurance processes were

required. TTM documentation had missing signatures, and a lack of monitoring of outcomes did not help evidence whether the Safer Prison monthly meetings were having a positive impact. A lack of review of 'keep separate' markers resulted in mixed cohorts in the residential areas and unrestricted access to the regime and facilities. Although the Security Team randomly selected several staff alarm units to test the system weekly, there was no record to evidence that each unit was tested within a set period.

Inspectors were impressed by the daily meetings facilitated by the Intelligence Management Unit (IMU) that reviewed the previous 24 hours in the prison and advised the Senior Management Team (SMT) of potential issues that required to be addressed. Health and Safety monitoring systems were robust. Assurance around Use of Force (UoF) was good, with learning reviews being carried out. The prison was proactive and showed flexibility in responding to individual needs when granting temporary release arrangements.

There was some evidence of the development of interventions to meet the needs of prisoners, but the lack of access to accredited programmes was a significant barrier. However, accredited programmes were being reintroduced. The Grampian Asset Profile allowed for early identification of needs, and the innovative case management processes for short-term and untried prisoners fostered person-centred sentence and release planning.

A local E&D strategy and action plan had been developed in response to our 2019 inspection report but focus on this had not been maintained and it was agreed by SMT that the governance of E&D is an area in need of attention. Cross-functional auditing was taking place, and the standard of Prison Resource Library (PRL) reporting had improved through coaching. However, further improvement was required in some areas such as compliance with infection control standards and TTM.

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.

Prisoners that required additional assistance with the admissions process were identified on arrival at reception. The Outreach Team was very effective in identifying vulnerable prisoners and providing bespoke support.

Translation services were available and well used by residential, Integrated Case Management (ICM), prison-based social work (PBSW) and psychology teams, who clearly sought to accommodate neurodiversity and mobility issues. However, more must be done to ensure that restrictions such as Special Security Measures (SSMs) can be explained to foreign nationals through use of the translation line. Prison menus were available in a number of foreign languages. Kosher and Halal menus were available and special dietary needs were catered for through the kitchen. Male prisoners had poorer quality wet weather clothing than the women and had their hoods removed. Transgender prisoners were well-accommodated, taking consideration of their personal circumstances and needs. The prison needs to review the regime for non-offence and offence protection prisoners to ensure greater equity

with that provided to mainstream prisoners. E&D complaints sampled were being dealt with appropriately, but the process was not well advertised. Although foreign national prisoners received a monthly credit to contact their families abroad, they were not able to make use of the free minutes available to all prisoners when calling other countries, which is discriminatory and should be reviewed by SPS HQ.

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

On arrival, prisoners were provided with an Admission Information Pack and taken through a First Night Admissions Checklist, which provided sufficient information to enable prisoners to know their rights. They were also offered a full induction session, usually within the first 24 hours. There was also a good selection of material available in the prison library to help prisoners understand their rights.

The Outreach Team provided a good range of support services to vulnerable prisoners, including specialist counselling, and 85% of their attendees said that this had a positive impact on their mental health.

In most cases, prisoners involved in restrictive measures such as a rule or SSM were provided with the appropriate support and information to understand the process. Each prisoner was informed of their right of appeal through the adjudication process. There was good evidence of self-representation by prisoners involved in Rule 95.

Prisoners were able to participate in case management planning. They understood key processes and had opportunities to express their views on reintegration and release arrangements.

Peer Care Passmen provided practical assistance to people who needed it with tasks such as room cleaning or changing their bedding. Many of the services available in the prison relied upon staff referrals and there were limited opportunities for people in custody to make self-referrals.

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

Prisoners had been accommodated in cells which did not meet the recognised international standards in terms of space. Other prisoners were not provided with a bed. More positively each case where UoF was applied was documented and fully explained, identifying the appropriate UoF used. The use of Rule 95 and SSMs were lawful. The conditions under which someone can be searched were in line with Rule 92 of the Scottish Prison Rules 2011.

The prison followed its legal obligations regarding sentence management, but the delay in re-establishing programmes in HMP & YOI Grampian after the pandemic could have affected the ability of individuals to progress as quickly as they might have expected, potentially breaching Article 5(1) of the European Convention on Human Rights. Challenges were being made by some prisoners' solicitors due to lack of access to programmes and impediments to progression.

In common with some other Scottish prison establishments, the prison was not always able to accommodate convicted and remand cohorts separately as set out in the Prison and Young Offenders Rules (Scotland) 2011. This was due to the prison population exceeding accommodation capacity and the need to keep enemies separated. It was acknowledged by the SMT that equality impact assessments were not routinely considered when new practices, policies or strategies were introduced.

Summary of Inspection Findings



Standard 1 Lawful and Transparent Custody
Satisfactory



Standard 2 Decency
Generally Acceptable



Standard 3 Personal Safety
Generally Acceptable



Standard 4 Effective, Courteous and Humane Exercise of Authority
Satisfactory



Standard 5 Respect, Autonomy and Protection against Mistreatment
Generally Acceptable



Standard 6 Purposeful Activity
Satisfactory



Standard 7 Transitions from Custody to Life in the Community
Satisfactory



Standard 8 Organisational Effectiveness
Satisfactory



Standard 9 Health and Wellbeing
Generally Acceptable

Standards, Commentary and Quality Indicators

Standard 1 - Lawful and Transparent Custody

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

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

Inspection Findings

Overall Rating: Satisfactory

Overview

In this standard all of the quality indicators were rated as satisfactory giving an overall rating of a satisfactory performance. There were no examples of good practice and six recommendations for improvement.

Staff in reception demonstrated empathy when engaging with prisoners to ensure that they understood the reasons for them being sent to the prison and the length of time they were likely to be there.

Once reception staff had completed the admission process, prisoners were moved to the relevant residential area and were provided with key information about the prison regime including the hall routine, how to make requests, arrange visits and how the complaints process worked.

Reception and residential staff had a good understanding of translation services and how to use them. Staff demonstrated a good knowledge of the cell sharing risk assessment (CSRA) process and how to record it on PR2. However, there were no records to confirm that primary and secondary assurance checks were being carried out. It was noted, however, that these checks had recently been introduced through the weekly Business Objects Report for quality assurance by management.

Standard Operating Procedures (SOPs) were seen to be complied with, as was the Reception Risk Assessments (RRAs) and First Night Admission Checklists for both male and female prisoners. Inspectors were content that all prisoners were assessed regarding their ability to understand and had the opportunity to engage with the admissions process.

National induction was delivered by a dedicated officer who was proactive around speaking to all new admissions and encouraging them to attend. There was a high attendance rate for prisoners for the week of and prior to the inspection.

HMIPS Standard 1

Lawful and Transparent Custody – Continued

Inspectors had difficulty finding a consistent and embedded process in respect of how information was provided to prisoners on arrival at HMP & YOI Grampian. There were a number of different information booklets and ways of providing them to prisoners. Some prisoners reported that they had received too much information over a short period of time and that it was heavily duplicated. An example being information in respect of PIN phones appeared on four different documents, formatted in four different ways.

The pre-release processes conducted by the court desk staff and management were robust, ensuring that dates on the warrant had been accurately calculated and that no outstanding warrants were in place. The court desk staff also checked in advance what travel arrangements were required for each prisoner being liberated, particularly if someone was returning to one of the islands.

Inspectors spent time with a prisoner scheduled for release, meeting him at his cell and shadowing him through his journey to release. He reported that he felt prepared for release and was satisfied with the information he had been provided with by the prison. Relationships with staff was evidently good on departure with genuine respect and goodwill being displayed by both residential and reception staff.

List of Recommendations

- **Recommendation 1:** HMP & YOI Grampian should ensure that the Prisoner Framework Policy for X-ray machines is located in the library for prisoners to view if required, and that the prisoner information sheet detailing the legal requirements and exposure risks for the use of the X-ray machine is available in reception in different languages. It should also be embedded into the induction process and added to any information literature.
- **Recommendation 2:** HMP & YOI Grampian should review how information is provided to prisoners on arrival to ensure staff provide consistent information once, thereby reducing the volume of literature and ensuring it is made available in other languages.
- **Recommendation 3:** HMP & YOI Grampian should ensure that the booklet entitled “First Night in Custody” should be updated and renamed to reflect the National Induction process.
- **Recommendation 4:** HMP & YOI Grampian should consider reintroducing peer mentoring throughout the prison including the admission/induction process.
- **Recommendation 5:** HMP & YOI Grampian should ensure that co-production meetings should be added to the admission booklets.
- **Recommendation 6:** HMP & YOI Grampian should ensure that the weekly Business Objects Report for quality assuring CSRAs is promoted and complied with.

Standard 2 - Decency

The prison supplies the basic requirements of decent life to the prisoners.

The prison provides to all prisoners the basic physical requirements for a decent life. All buildings, rooms, outdoor spaces and activity areas are of adequate size, well-maintained, appropriately furnished, clean and hygienic. Each prisoner has a bed, bedding and suitable clothing, has good access to toilets and washing facilities, is provided with necessary toiletries and cleaning materials and is properly fed. These needs are met in ways that promote each prisoner's sense of personal and cultural identity and self-respect.

Inspection Findings

Overall Rating: Generally Acceptable

Overview

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

Overall, the buildings and facilities were well-maintained and fit-for-purpose. Ellon Hall in particular, however, needed maintenance and repainting, with many cells needing repainted and some verging on unacceptable given the level of graffiti on the walls and toilet areas. The safer cells in Ellon Hall were in a particularly bad state of repair, and repainting on these commenced during the week of the inspection.

High prison numbers were a problem, with the result that cells are nearly always fully occupied, and unable to be emptied for repair and repainting. Inspectors were very concerned about the use of both contingency cells and the use of mattresses on the floor of cells designed for single cell occupancy due to high numbers and planned transfers out not happening due to problems with the prison transport contract. This is clearly unacceptable and breached internationally recognised minimum space standards of 6m² of personal space for one person in a single cell and a minimum cell size of 8m² for a double cell with two people. All prisoners should have their own bed.

HMIPS Standard 2 Decency – Continued

The cleanliness throughout the rest of the prison was of a high standard. The Industrial Cleaning Party (ICP) oversaw the training and standards of the general pass prisoners in the main facility area, ensuring the maintenance of high standards. There was a well-maintained cleaning schedule for the whole prison. Within the residential areas, especially Ellon Hall there was a lack of proper British Institute of Cleaning Science (BICSc) cleaning cloths and suitable mop buckets which need to comply with standards. Only approximately 60% of prisoners working as hall pass had received their Pass Awareness Training and measures need to be put in place to remedy this.

Other than when prisoners had to sleep on a mattress on the floor, all prisoners had a bed, mattress, duvet and pillow, and there was a robust cleaning and replacement schedule in place.

The prison had in stock across all the halls a plentiful supply of toiletries and personal hygiene materials, with a comprehensive canteen sheet containing a wide range of products. There was an issue with a lack of towels. Some prisoners were seen to be stockpiling them, meaning that others were finding it difficult to obtain one for themselves. There were also issues around a lack of clothing in smaller and larger sizes, a lack of cutlery and bowls, and inadequate wet weather clothing for male prisoners.

The laundry system worked well with a robust weekly schedule of laundry for kit bags and laundry from throughout the prison.

There was large dissatisfaction among prisoners about the food, both in terms of quality and quantity. Food was not being regularly checked by a Duty Governor. While menus contained allergen advice, nutritional values were not available to ensure that all prisoners were receiving the suitable amount. Standards in hall pantries need to be raised, to ensure that prisoners were wearing suitable clothing, using utensils, and ensuring food hygiene standards.

Inspectors were concerned that prisoners were potentially not being served food for some 15 hours between the evening meal and breakfast the following day. This was too long for those that could not afford to buy goods from the canteen.

List of Recommendations:

- **Recommendation 7:** HMP & YOI Grampian should ensure that there is a robust and workable schedule for the painting of cells, hall walls and cell doors, to maintain a reasonable standard of décor throughout, with immediate attention given to cell walls currently covered in graffiti.

HMIPS Standard 2 Decency – Continued

- **Recommendation 8:** HMP & YOI Grampian should ensure that all safer cells are decorated and cleaned to an appropriate standard, and then maintained accordingly.
- **Recommendation 9:** SPS HQ and HMP & YOI Grampian should take action to avoid the use of contingency cells and prisoners sleeping on mattresses on the floor.
- **Recommendation 10:** HMP & YOI Grampian should ensure that all pass prisoners have received Pass Awareness Training.
- **Recommendation 11:** HMP & YOI Grampian needs to ensure that satisfactory cleaning products are available in all the halls to enable prisoners and passmen to clean the area to BICSc standards.
- **Recommendation 12:** HMP & YOI Grampian needs to ensure that the prison has in stock and in circulation a sufficient number of towels to meet demand.
- **Recommendation 13:** HMP & YOI Grampian needs a robust system in place to ensure adequate ordering and supply of prison issue clothing, in all required sizes.
- **Recommendation 14:** HMP & YOI Grampian needs to ensure that suitable, hooded, wet weather jackets are available to all prisoners.
- **Recommendation 15:** HMP & YOI Grampian should ensure that food is tasted daily by a Duty Governor.
- **Recommendation 16:** HMP & YOI Grampian should provide the nutritional values of meals.
- **Recommendation 17:** HMP & YOI Grampian should ensure that prisoners working in the pantries are wearing suitable clothing, using the utensils provided, and adhering to all food hygiene processes.
- **Recommendation 18:** HMP & YOI Grampian needs a robust system in place to ensure adequate ordering and supply of prison-issued eating utensils.

List of Good Practice

- **Good Practice 1:** The officer from the Industrial Cleaning Party oversees all the passmen in the Facilities building to ensure high standards are maintained.
- **Good Practice 2:** The use of Reiber Insulated Hot Boxes Containers for Halal food during Ramadan.

Standard 3 - Personal Safety

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

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

Inspection Findings

Overall Rating: Generally Acceptable

Overview

In this standard, one quality indicator was rated satisfactory performance, four were rated generally acceptable performance and two were rated poor performance. There were two examples of good practice and fourteen recommendations for improvement.

TTM was implemented appropriately; however secondary assurance checks did not appear to have identified incomplete records in live documents. This should be addressed by clearly annotating the failures to record correctly and identifying what actions are required to improve the completion of required documentation. The case conferences that were attended demonstrated a person-centred approach to the decisions made.

There was excellent work being conducted by the Outreach Team, creating bespoke intervention plans to support any individual who was referred to their services. This extends out into the community where Outreach staff have supported individuals' attendance at court, or in another instance to accompany a vulnerable individual whilst liberated to the charge of their guardian. This was truly outstanding work.

At the time of the inspection, potential victims of bullying were referred through the Think Twice Suspected Bullying Report (SBR). However, this was actioned through Tactical Taskings which did not always capture if the victim was provided the appropriate support, nor if the victim had been referred on for further support.

There were several concerns with regards to the levels of competency training across the establishment. Importantly the number of staff trained in First Aid, which questioned whether there were always sufficiently trained staff on duty. Additionally, there were numerous shortages within the Incident Command Team structure, which was heightened as a concern given to distance away support would come from.

HMIPS Standard 3 Personal Safety – Continued

There were potentially a considerable number of personal alarms ‘missing,’ and it was unclear if a record identifying them existed. A further concern was that the system had robust processes for regular testing, but individual alarms could not be traced back to their last activation, potentially meaning the point of failure would only be discovered at the time of live activation.

The Safety Co-ordinators demonstrated a robust audit and assurance process, with both monthly and quarterly inspections having a rotational lead. Behind the inspection sat a comprehensive action tracker with clearly identified timescales and responsibilities should escalation be necessary. However, at the time of the inspection a few managers were out of competency for refresher training.

List of Recommendations

- **Recommendation 19:** HMP & YOI Grampian should ensure that secondary assurance checks clearly identify any incomplete TTM records and record actions to correct any inaccuracies.
- **Recommendation 20:** HMP & YOI Grampian should assess suitability for secure televisions in all safer cells.
- **Recommendation 21:** HMP & YOI Grampian should increase the Outreach Team staffing resource to reduce waiting times for prisoners accessing the excellent support being provided.
- **Recommendation 22:** HMP & YOI Grampian should create an action log from the Safer Prison Monthly Forum Meetings to capture evidence of the strategy’s implementation and “indicators for success.”
- **Recommendation 23:** HMP & YOI Grampian should develop a review procedure for PR2 ‘enemies’ and ‘keep separate’ risk markers as an ongoing process to ensure continual review and minimise the impact on free access for all prisoners to activities across the prison.
- **Recommendation 24:** HMP & YOI Grampian should identify a senior manager who is available to lead a review of the Anti-Bullying Strategy and retain ongoing oversight of the applications of the strategy’s processes.
- **Recommendation 25:** HMP & YOI Grampian should ensure consistent application of the Anti-Bullying Strategy process, with appropriate conditions or risk markers created/updated as required and ensure they are still relevant.
- **Recommendation 26:** HMP & YOI Grampian should identify a Senior Manager to lead on embedding a support system that is fit-for-purpose in identification of those potentially being bullied and implement a robust referral system to the appropriate support network.

HMIPS Standard 3

Personal Safety – Continued

- **Recommendation 27:** HMP & YOI Grampian should ensure that anyone alleged to be the victim of bullying, where possible, should be referred to the Outreach Team for support.
- **Recommendation 28:** HMP & YOI Grampian must ensure that all staff alarms are accounted for, and any testing of alarms are recorded for assurance purposes.
- **Recommendation 29:** SPS HQ must ensure that priority is given to covering the establishment's L&D Manager role, which allows consistency in training planning and delivery.
- **Recommendation 30:** HMP & YOI Grampian should review the First Aid trained staff position and ensure that sufficient cover is always available.
- **Recommendation 31:** HMP & YOI Grampian should ensure that the appropriate number of staff are recruited and trained to fulfil all incident management requirements.
- **Recommendation 32:** HMP & YOI Grampian should ensure that all managers are competent in H&S training.

List of Good Practice

- **Good Practice 3:** The Outreach Team were extremely positive, highly motivated and knowledgeable. Creating bespoke interventions and support for those individuals who required assistance with integration into the establishment or additional support outwith the establishment.
- **Good Practice 4:** The rotation of lead responsible nominee in monthly safety inspections.

Standard 4 - Effective, Courteous and Humane Exercise of Authority

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

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

Inspection Findings

Overall Rating: Satisfactory

Overview

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

HMP & YOI Grampian had good practices in place to support the safety and security of those who worked and lived there. The IMU had a system in place to manage UoF.

The management of Rule 95s was of a satisfactory standard with most prisoners understanding and being involved in the decision-making process.

Each adjudication observed offered a person-centred approach, allowing prisoners time to voice their version of events. Where there were drugs involved support was offered in place of punishments, which were suspended to encourage prisoners to work with those offering support. Eight prisoners were on Special Security Measures (SSM) at the start of the week's inspection, with some being removed during it. However, at least one who had been removed still had their paperwork in the hall folder and was on PR2. Paperwork for SSM was generally good; however, one prisoner did not read English and translation should have been used.

Searching was of a good standard for those observed. But prisoners were not informed why they were being searched which the prison has been asked to consider for decency and respect. It was pleasing to record that the routine body searching of women had been stopped. An area HMCIPS has been campaigning for, for a number of years.

HMIPS Standard 4

Effective, Courteous and Humane Exercise of Authority – Continued

Prisoners had access to their property which was recorded on the prisoner's property card. The establishment had an article allowed in use policy which informed prisoners of their entitlements. However, this was not utilised during cell searches observed. Access to cash was available to all prisoners through canteen and sundry purchases on a weekly basis. But it was still the case that property and cash could not be handed in at the prison. Testing for alcohol and drugs was rated as poor due to the rooms being unfit for purpose or where they were situated. The fact that there was no dedicated testing team reflected the low testing of random and suspicions and concentrated largely on progression.

List of Recommendations:

- **Recommendation 33:** SPS HQ should introduce a separate form to reflect when a Personal Protective Training (PPT) technique is used and who was involved in the incident.
- **Recommendation 34:** HMP & YOI Grampian should encourage all staff to inform a prisoner the reason why they are being searched. Although it does not state this in the prison rules, it is the view of HMIPS that all prisoners should be informed why they are being searched in line with respect and dignity.
- **Recommendation 35:** HMP & YOI Grampian should consider how to minimise the need to body search a person when the body scanner can be utilised.
- **Recommendation 36:** HMP & YOI Grampian should ensure that staff carry out comprehensive rub down searches at all times.
- **Recommendation 37:** HMP & YOI Grampian should introduce a process for receiving property that does not disadvantage any group of prisoners.
- **Recommendation 38:** SPS HQ should ensure a consistent practice of allowing the handing in of property and cash at all prisons to reduce the financial pressures of families and friends.
- **Recommendation 39:** HMP & YOI Grampian should ensure that the area used for mandatory drug testing is suitable for task and in an area that has the least impact on other functions.
- **Recommendation 40:** SPS HQ should ensure that recognised mandatory drug testing training is carried out using recognised trainers and training packages.

Standard 5 - Respect, Autonomy and Protection Against Mistreatment

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

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

Inspection Findings

Overall Rating: Generally Acceptable

Overview

Four quality indicators were rated as satisfactory and four were rated as generally acceptable. The overall rating is generally acceptable because two of the generally acceptable ratings were at the lower end of the scale. There are nine recommendations for improvement and no examples of good practice.

In relation to sharing critical information between prisoners and their families, there was an SOP in place and staff spoken to were knowledgeable about the process.

During the inspection week, inspectors witnessed positive interactions between staff and prisoners. However, the HMIPS pre-inspection survey results were concerning. There were a number of factors that inspectors found that may have contributed to the results of the survey. Mainly that the residential cohort were carrying vacancies and added to this, 50% of residential officers and 67% of residential FLMs had less than two years' experience. Staff shortages affected the continuity of the staffing group on the residential halls, which affected their ability to build relationships with prisoners as they were regularly moved around. Having the grille gates closed was also a barrier to building relationships, as staff were observed congregating around the staff desk and only entered the halls for specific tasks. For staff, frequently having to manage with insufficient numbers, cover roles outside their normal duties, and rosters being covered through overtime affected their mood when dealing with prisoners. There have been long-standing recruitment challenges due to the location of HMP & YOI Grampian and the better pay available in local industries. Staff were also very critical of the national SPS recruitment process which they felt gave a misleading picture of the reality of the job and led to a retention issue.

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

Prisoners' rights to confidentiality and privacy were respected by staff. Staff and prisoners were aware of the process to follow in relation to information security breaches and Subject Access Requests (SARs). Data Protection Privacy Statements were displayed in all halls. There was sufficient space for confidential conversations.

The environment in HMP & YOI Grampian appeared orderly and was reasonably predictable. Staffing shortages affected the day-to-day staffing of the halls and activities were cancelled to staff the residential areas, but otherwise the regime mostly ran as planned. Prisoners were informed of the hall regime via the admissions paperwork, but it was not advertised in the halls. The First Night in Custody Booklet and national induction covered expected behaviours and the orderly room process. Staff organised a translator for those arriving at the prison who did not speak English.

Many prisoners were spending lengthy periods in their cell, and the final lock up time for all prisoners was around 4.30pm. Those that did not go to work or education could be locked up until their exercise or recreation period the following day as all prisoners eat their breakfast in cell. The non-offence protection prisoners in Ellon 2a had the poorest regime as they ate their lunch and dinner in cell, had no access to work and access to education for only 45 minutes per week. There were other opportunities to get out their cell, for example to attend a church service, the gym and some other activities but it was for short periods. If they chose not to engage, they were only open for one hour exercise and 45 minutes recreation. Ellon 1d had a similar regime for the offence-protection prisoners but they were open for lunch and dinner.

According to the HMIPS pre-inspection survey, two-thirds (66%) of respondents said that the prison did not consult prisoners for their opinions on issues such as food, canteen and healthcare. Only 16% of respondents felt that the prison did consult prisoners, and that things sometimes or often changed as a result. Co-production meetings appeared to be taking place regularly. The content of the discussion appeared to be more weighted towards the prison sharing information and updates with prisoners, rather than prisoners raising potential areas for improvement. HMP & YOI Grampian may wish to consider HMP YOI Polmont's good practice process where they had suggestion forms in the document holders on the wall in residential areas, giving prisoners the opportunity to put forward items for discussion at future co-production meetings. HMIPS would also like to see an update on the actions from the previous meeting discussed and recorded. This would let prisoners see that things are changing because of these meetings and may help improve the perception of prisoners in the pre-inspection survey.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

The noticeboards would benefit from being reviewed to make them more informative, better laid out and standardised throughout the residential areas. Any events were advertised via a poster on noticeboards and the prison TV information channel. The TV channel was run by the prison radio and was an effective method of reaching all prisoners.

The prison rules were available in all residential halls and the prison library. The library held a variety of legal texts and there was a notice on the wall advising prisoners what was available. They could be printed off in different languages if required.

The HMIPS pre-inspection survey informed us that most respondents (80%) reported that the complaints system worked quite badly or very badly. The SPS complaints process was explained to prisoners in the First Night in Custody booklet. However, it did not include equality and diversity complaints, and the complaints process was not advertised on noticeboards in any of the residential areas. There were also no complaints boxes on the halls to prevent prisoners having to hand them to staff, which may be off-putting for some. HMP & YOI Grampian must also ensure Prisoner Complaint Forms (PCFs) are freely available in each residential hall as many of the halls did not have them available. There were also no envelopes available on any of the halls for prisoners to place confidential PCF2 complaints in, and there were inconsistent practices between the halls in relation to this. There were no Equality and Diversity Forms (EDFs) in any of the residential halls. The SPSO complaints process was well advertised throughout the establishment.

According to the HMIPS pre-inspection survey, only 56% of respondents said they knew what the role of an IPM was, and 50% said they knew how to contact an IPM. The majority of respondents (62%) said they had never tried to contact an IPM. However, IPM posters were displayed in all residential halls and throughout the prison, and the contact number was on prisoners in-cell phone. Prisoners and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and they knew how to contact them. IPMs completed 105 visits to the prison in the last year and dealt with 153 requests from prisoners, which was above the national average.

HMIPS Standard 5

Respect, Autonomy and Protection Against Mistreatment – Continued

List of Recommendations

- **Recommendation 41:** HMP & YOI Grampian should consider the results of the pre-inspection survey and the inspection and review the potential barriers to improving staff/prisoner relationships.
- **Recommendation 42:** SPS HQ should review their recruitment process, and the training offered to new recruits. HMIPS are hearing from many new recruits and existing staff during our inspections that it is not offering a realistic description of the role, and it is affecting their ability to retain staff nationally.
- **Recommendation 43:** HMP & YOI Grampian should display the regime in each hall.
- **Recommendation 44:** HMP & YOI Grampian should address the clash between the 45-minute education session and lunch in Ellon 1d and 2a, and review the regime being provided to offence-protection prisoners in Ellon 1d and non-offence protection prisoners in 2a, to allow them access to work and education in line with the rest of the prisoner population.
- **Recommendation 45:** HMP & YOI Grampian should ensure that an update on actions from co-production meetings are communicated to all prisoners, and that all prisoners are encouraged to submit items for discussion at future meetings. They should also update the admission booklets to provide an explanation of co-production meetings to new arrivals.
- **Recommendation 46:** SPS HQ should update the national induction slides to include information about PIACs/co-production meetings.
- **Recommendation 47:** HMP & YOI Grampian should review the noticeboards in residential areas to make them more consistent and informative.
- **Recommendation 48:** HMP & YOI Grampian should advertise the SPS complaints process and have all complaints forms, including EDFs and envelopes, readily available in all residential areas. It should also install complaints boxes to prevent prisoners having to approach staff when making a complaint.
- **Recommendation 49:** HMP & YOI Grampian should update the FNIC booklet with the most up-to-date Independent Prison Monitoring poster.

Standard 6 - Purposeful Activity

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

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

Inspection Findings

Overall Rating: Satisfactory

Overview

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

The prison offered a good range of employment opportunities in well-equipped workshops to match the age, ability and preference of most prisoners. Overall, prisoners had good access to employment and training opportunities except for non-offence protection prisoners. A good range of employability certificates were offered to prisoners; however, the range of vocational training qualifications was limited.

The prison induction was comprehensive and helped prisoners to find opportunities for paid work and training. The labour allocation policy was clear, fair and applied to all eligible prisoners. One example of good practice was the older persons work party which provided practical activities for those prisoners who could not join work parties.

The Education Centre provided a welcoming, bright and comfortable environment for prisoners to engage in learning. It was well-equipped with a good range of learning resources. Prisoners were motivated and engaged in the learning activities and appreciated the opportunity to improve their skills and knowledge. However, the range of subjects offered to prisoners was limited and some prison populations had fewer scheduled opportunities to attend education.

HMIPS Standard 6

Purposeful Activity – Continued

Almost all prisoners had good access to high-quality sporting and fitness facilities, including at weekends. Prisoners made good use of the well-equipped facilities including a large sports hall, outdoor football pitches, and the gymnasium with a wide range of exercise and training equipment. However, there were limited opportunities for prisoners to reflect on their lifestyle and health through diet, and the delivery of training opportunities and qualifications for prisoners had stopped as staff training and qualifications had elapsed.

The prison library offered a welcoming environment for prisoners and was staffed by a full-time librarian employed by the local authority and attendance was high. Library staff worked well with external agencies to support prisoners with their health and wellbeing. The librarian promoted wider engagement with reading and literature through an innovative activity called Book Bingo which encouraged prisoners to read a wider genre of materials and is good practice.

The prison offered a wide range of recreational and cultural activities in collaboration with partners from local and national organisations, and prisoners were encouraged to attend these activities. Many prisoners were successful in the Koestler Awards Scheme, with a number of entrants achieving gold and platinum awards. A few prisoners had been trained as peer mentors and as Listeners to support other prisoners.

The prison had built additional time into the regime to escort prisoners to the exercise yards to ensure they got their full hour's fresh air, but need to ensure all outdoor jackets have hoods to encourage access to fresh air when it rains. The Multi-faith Team was a particular strength, providing a good range of services and events throughout the week and impressive support for foreign nationals, as well as running Sycamore Tree restorative justice themed events.

A commitment to promote family contact was another area of strength, with a good range of family focussed events, a bright welcoming visits room and one of the best visitor hubs anywhere in the Scottish Prison estate. However, it was difficult for visitors relying on public transport to get to HMP & YOI Grampian and the Scottish Government and SPS should work together to address that.

HMIPS Standard 6 Purposeful Activity – Continued

The excellent Outreach Team supported those identified by residential staff as being particularly vulnerable, working with them to address needs and, if necessary, referring them for specialist counselling. The prison had also created a dedicated Health and Wellbeing role, which ran breathing and relaxation classes for prisoners. It was disappointing, however, that Cognitive Stimulation Therapy classes ('Brain Gyms') for older prisoners at risk of cognitive impairment had stopped with the ending of Action 15 funding for mental health initiatives.

Communication between PBSW, Psychology, the ICM Co-ordination Team and residential staff was good, which assisted with the operation of an individualised approach to case management. Prisoners were provided with opportunities to participate in ICMs, and progression focussed Risk Management Teams (RMTs). PBSW had a high caseload and Psychology were down against their staffing complement. This affected their ability to support the initial and annual ICM processes and could lead to delays, but pre-release planning was always prioritised. The Speech and Language Therapy Team were providing training for staff on how to identify and interact with neuro-divergent prisoners.

Unfortunately, inspectors were not able to observe an RMT or MAPPA case conference, but the prison management team were content with the quality of the input provided by external partners to both processes. The casework reports provided for ICMs and RMTs which inspectors reviewed were of a good quality. The inability to run any programmes in HMP & YOI Grampian since the pandemic was disappointing as it impacted both on individuals' ability to progress and the prison's ability to ensure risk factors had been addressed prior to release. However, it was encouraging to see the first programme was due to resume in July.

List of Recommendations:

- **Recommendation 50:** HMP & YOI Grampian should ensure staff training for physical education staff is up-to-date and staff are qualified to support prisoners to achieve sports and fitness qualifications.
- **Recommendation 51:** HMP & YOI Grampian should ensure that Physical health and fitness activities are linked more clearly to awareness raising and programmes for healthy living, well-being, nutrition and mental health.
- **Recommendation 52:** HMP & YOI Grampian should seek to reopen the tea bar in the visits room with a Barista style coffee machine to support development of employability skills.
- **Recommendation 53:** SPS HQ should fulfil their planned repairs to the visitor hub roof.

HMIPS Standard 6

Purposeful Activity – Continued

- **Recommendation 54:** SPS HQ should work with Aberdeenshire Council and Aberdeen City Council to secure the long-term sustainability of the Visitor Hub.
- **Recommendation 55:** SG and SPS HQ should find ways to improve public transport options for families visiting HMP & YOI Grampian.
- **Recommendation 56:** The NHS and SPS HQ should work together to see if funding can be secured to re-establish the Cognitive Stimulation Therapy classes ('Brain Gym') for older prisoners at risk of cognitive impairment.
- **Recommendation 57:** HMP & YOI Grampian should ensure that OLRs get the opportunity to attend an RMT in person.

List of Good Practice

- **Good Practice 5:** The older persons work party in partnership with the charity Stella's Voice.
- **Good Practice 6:** The Book Bingo initiative that encouraged prisoners to read a wider genre of materials.
- **Good Practice 7:** The prison had built additional time into the regime timetable for escorting prisoners to the exercise yards to ensure they got their full hour outside.
- **Good Practice 8:** The provision of blocks of specialist counselling for prisoners who need it was commendable, as was the creation of a dedicated Health and Wellbeing post running breathing and relaxation classes for prisoners.
- **Good Practice 9:** The training for staff in neurodiversity provided by the Speech and Language Therapy Team, which should be evaluated for potential use in other prisons.
- **Good Practice 10:** The monthly meeting between residential staff and Psychology Case Managers to review all OLR cases was a good way of ensuring all teams were aware of plans for these prisoners and any developments regarding risk management.

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

Overview

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

HMP & YOI Grampian proactively supported prisoners in their return to the community, working collaboratively with a range of agencies, both in custody and in the community. Collaborative working was positive between ICM staff, PBSW, Multi-Agency Public Protection Arrangements (MAPPA), prison psychology, programmes staff, and the Outreach Team. Transitions planning and multi-agency collaboration was particularly comprehensive and strong for short-term prisoners. The prison facilitated access for a range of support agencies to meet prisoners' needs.

Enhanced ICMs were well-embedded, with meetings focused on the needs of each prisoner and an emphasis on participation. Personal officer participation in the ICM process was less well-established.

Programme needs were identified via Generic Programme Assessments (GPAs) and Programme Case Management Boards (PCMBs); however, the range of programmes on offer was limited and transferring to other establishments was a significant barrier for the HMP & YOI Grampian population. This was in the process of being addressed by the reintroduction of accredited programmes later this year, although this remained subject to national waiting lists.

The process for sending those leaving prison to rehabilitation was well-established, and the Outreach Team provided follow-up contact. Vulnerable women were supported upon release by the Outreach Team where appropriate.

HMIPS Standard 7

Transitions from Custody to Life in the Community – Continued

List of Recommendations

- **Recommendation 58:** SPS HQ should consider replicating HMP & YOI Grampian's Case Management Board for short-term prisoners, the Remand Case Management Process, and the Virtual Court Release Process across the estate.
- **Recommendation 59:** HMP & YOI Grampian should ensure all personal officers are enabled to provide reports for and attend ICMs.
- **Recommendation 60:** HMP & YOI Grampian should ensure accredited programme delivery is resumed and that there is sufficient programme staff capacity to support delivery.
- **Recommendation 61:** HMP & YOI Grampian should ensure all transfers are in the best interest of the prisoner and do not impede a successful transition to the community nor the maintenance of community and family supports.

List of Good Practice

- **Good Practice 11:** The Case Management Board process for short-term prisoners. This was facilitating strong multi-agency, person-centred partnership working in release planning and community reintegration.
- **Good Practice 12:** The Remand Case Management Process for untried prisoners. This was addressing a significant gap in the general provision and continuity of support for people on remand.
- **Good Practice 13:** The Virtual Court Release Process meant that people released at very short notice had some key practical supports in place for returning to the community.
- **Good Practice 14:** The monthly OLR review meeting between prison psychology and residential staff fostered effective collaborative working and early identification of escalating risk.
- **Good Practice 15:** The Outreach Team was an invaluable resource in forming effective, person-centred relationships with vulnerable prisoners and providing some practice support for women upon release.

STANDARD 8 - ORGANISATIONAL EFFECTIVENESS

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

Overview

In this standard two quality indicators were rated as good performance, four were rated as satisfactory, one was rated as generally acceptable and one quality indicator was rated as poor, resulting in an overall rating of satisfactory. There were two examples of good practice and eleven recommendations for improvement.

The Governor and Deputy Governor were fairly new in post, and some staff were positive about their interactions with them as well as the communications they received. However, other staff were unaware of staff meetings happening and did not feel well informed. An appropriate Annual Delivery Plan was in place. Again, some staff were familiar with it, but others were not, saying they did not have time to read all emails or material on SharePoint. In the plan, there was a clear emphasis on the wellbeing of prisoners and on delivering a wide range of services with a collaborative approach. Partnership working was a clear strength, and an impressive range of in-reach services were available.

HMIPS Standard 8 Organisational Effectiveness – Continued

An element of the establishment plan was to reopen unused, high-quality accommodation to help ease overcrowding. However, the recruitment of staff required to take this forward was proving consistently difficult. When this inspection took place HMP & YOI Grampian was one of seven SPS establishments assessed as the highest (Red) status regarding risk associated with overpopulation and issues with staffing levels, and GEOAmev not being able to facilitate transfers timeously. There were 19 vacancies across the operational staffing groups. Recruitment and retention of staff including NHS staff were long-standing and ongoing challenges for the prison. This was compounded by the need to step in and undertake prisoner escorts at times when the provider failed, often at short notice. In this context inspectors could see that it was difficult for staff to undertake their duties as supportive personal officers in some areas.

The management team were coping with these shortages whilst continuing to balance delivery of innovative services such as an outreach service to help support prisoners with additional needs. In addition, the limited level of staff experience was an issue for the senior team. In recognition of this a staff development programme and mentoring scheme were in place, and inspectors considered these to be effective responses to the issue.

The prison had good arrangements in place to recognise excellent staff performance. Relationships between professional groups were positive and levels of training competence were generally high. However, in common with other prisons, inspectors found that compliance with the SPS appraisal system needed to be improved.

Inspectors also found room for improvement in equality and diversity, and we considered that the short “core day” operated by the prison should be reviewed alongside other aspects of the regime to ensure there is optimal access for prisoners to activities, especially in the evening and for maximising time out of cell. There were robust arrangements in place and enshrined within the published regime to ensure that everyone received at least one hour in the open air daily in line with their statutory entitlement.

List of Recommendations

- **Recommendation 62:** HMP & YOI Grampian should reinvigorate their strategic approach to Equality and Diversity.
- **Recommendation 63:** HMP & YOI Grampian should ensure that a full Equality and Diversity committee including prisoner representation, and an action plan is put in place and meets regularly.

HMIPS Standard 8 Organisational Effectiveness – Continued

- **Recommendation 64:** SPS HQ should support HMP & YOI Grampian and have a wider role in assuring compliance with this Equality and Diversity obligation.
- **Recommendation 65:** SPS HQ should review the allocation of telephone credit to ensure it does not discriminate against foreign nationals.
- **Recommendation 66:** HMP & YOI Grampian should ensure that all information provided to people in custody should be routinely translated and issued in accessible formats where required.
- **Recommendation 67:** HMP & YOI Grampian should develop their management information systems to ensure that improvements made in response to HMIPS, and other recommendations are sustained and monitored.
- **Recommendation 68:** HMP & YOI Grampian should consider extending the core day regime and include this in the Annual Delivery Plan.
- **Recommendation 69:** SPS HQ should ensure there is improved cover for the Learning and Development Manager post at the earliest opportunity.
- **Recommendation 70:** SPS HQ should support HMP & YOI Grampian to achieve the staffing level necessary to reopen the unused high-quality accommodation in Cruden Hall to help ease overcrowding elsewhere.
- **Recommendation 71:** SPS HQ should evaluate the current staff appraisal system to assess its value in the current Scottish Prison Service.
- **Recommendation 72:** HMP & YOI Grampian should implement self-referral arrangements to allow people in prison to access services through their own volition to develop their self-efficacy. Information detailing the range of services, their purpose and their qualifying criteria should be made available to all.
- **Recommendation 73:** HMP & YOI Grampian should liaise with Operations Directorate at corporate level to underpin the decision to accommodate remand and convicted cohorts together with an agreed derogation.
- **Recommendation 74:** The SPS Board should consider the wider recognition of population pressures where remand and convicted prisoners are forced to co-locate.

List of Good Practice

- **Good Practice 16:** The Care Assistance Programme approach in which a multi-agency team anticipates and plans for the needs of prisoners who need extra help or specialist equipment was noted good practice.
- **Good Practice 17:** The local recruitment activity delivered at HMP & YOI Grampian.

Standard 9 - Health and Wellbeing

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

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

Inspection Findings

Overall Rating: Generally Acceptable

Overview

In this standard, one quality indicator was rated as good, four were rated as satisfactory, nine were rated as generally acceptable and three were rated as poor, giving an overall rating of generally acceptable. There are six examples of good practice and 29 recommendations for improvement.

HMIPS undertook the last full inspection of HMP YOI Grampian in February 2019. During the inspection, several concerns were raised regarding the provision of healthcare within the establishment. In October 2019, a joint HMIPS follow up visit was carried out to HMP YOI Grampian to assess what progress had been made implementing the recommendations from the action plan since the 2019 inspection. During the return visit, inspectors saw that efforts had been made to strengthen and develop the health service delivery within HMP YOI Grampian. Inspectors saw that progress had been made towards meeting many of the recommendations from the 2019 inspection, such as the development of new processes and pathways of care, improved training and support for staff, recruitment and stabilising links with other services across the Partnership. It is therefore disappointing that during this inspection, inspectors saw that many of these positive changes have not been sustained with a recurrence of old and new challenges directly impacting on healthcare delivery.

An overall poor grading was considered, but inspectors were reassured that some of the challenges in health care delivery had been identified prior to the inspection with improvement action being taken. Inspectors were also assured by the immediate actions taken during the inspection to address areas of concern. However, follow up inspection activity will be required to review progress made against the areas of concern identified and the recommendations made during this inspection.

Healthcare provision in HMP YOI Grampian was provided by Aberdeenshire Health and Social Care Partnership (HSCP). The Chief Officer of the Aberdeenshire HSCP reports to the Aberdeenshire Integration Joint Board and to the Chief Executives of NHS Grampian and Aberdeenshire Council.

HMIPS Standard 9 Health and Wellbeing – Continued

The HCSP has a vision for prison healthcare within HMP YOI Grampian, they describe providing a sustainable service and delivering trauma informed compassionate care. However, during the inspection, inspectors saw there was a lack of clear management and nursing structure within the prison to deliver this vision. The HCSP was reviewing the operational leadership and management structure within the Health Centre, a lead nurse had been appointed to provide professional and operational leadership to all the nursing teams in HMP YOI Grampian. Their priority was to develop more integrated working across specialities in the prison which would support person-centred care. Not all staff that inspectors spoke with were aware of the leadership structure and the intended vision of the HCSP to support the delivery of healthcare at HMP YOI Grampian.

Like other prisons across Scotland, there were challenges for the Healthcare Team in recruiting and retaining healthcare staff. The service had reviewed its vacancies and recruitment process to be more structured, with updated job descriptions and adverts. A prison workforce review had been started but was paused after the previous service manager left their post. At the time of the inspection, there was no date for the workforce review to restart.

Primary care

Systems and processes were in place for admissions to HMP YOI Grampian. This included an assessment of the person's immediate mental and physical health requirements to ensure they were fit for custody. All women were offered a pregnancy test on admission. There was a pregnancy protocol available to all staff, which outlined a pathway for pregnant women from admission to the prison and throughout their stay in HMP YOI Grampian. However, inspectors saw this required to be reviewed as information contained in the protocol was not up to date and did not provide the correct guidance for healthcare staff within the prison.

The standardised health screening tool used as part of the screening process ensured every patient at risk of self-harm or suicide was assessed. Patient information was collated in paper format before it was inputted on to the electronic Vision system. Input of this information was sometimes not carried out until the following day and by a different nurse; this was a concern due to the risk of losing important patient information when copying over to the Vision system.

All patients were seen by the GP the day after admission, who carried out a full medical assessment that included the patient's past medical history and any long-term conditions. Medicine reconciliation was completed by the GP during the assessment.

HMIPS Standard 9 Health and Wellbeing – Continued

Referral forms were available for people to self-refer to healthcare and were in easy read, picture format to support patients with literacy difficulties. However, these were not available in other languages for patients where English was not their first language and at the time of the inspection, self-referral forms were not available in all the residential areas.

Some patients had missed their secondary care appointments, such as hospital and nurse specialists, due to variations in the performance of the prisoner transport provider, GEOAmev. This is a national issue and has been previously escalated by HMIPS to the Cabinet Secretary for Justice and Home Affairs. HMP YOI Grampy an continues to collate and present this data at the national prisoner healthcare network and supports patients who have missed appointments to be reappointed.

SPS and healthcare staff identified any patients requiring social care. The SPS provided social care through a regulated care agency. However, no methods of sharing information on the patients current or changing care needs were in place, to ensure that they were being regularly reviewed.

Mental Health

HMP YOI Grampy an did not have a robust system for the delivery of mental health services with no SOP in place for the Mental Health Team. This resulted in the health team making decisions and taking actions without clear guidelines, resulting in barriers for staff and patients in accessing and receiving mental health care in the prison. In addition to a lack of care plans, there were no standard risk assessments in place for patients on the mental health caseload.

Inspectors were concerned there was no formalised process in place to manage and risk assess referrals. Inspectors reviewed referrals and saw there were 150 referrals outstanding that had been triaged; however, there was no indication of the date referral was received, level of priority or timescales for patients to be seen. This was raised during the inspection with the HSCP, and immediate action was taken to review outstanding referrals and provide additional staff to complete mental health assessments. Inspectors also wrote to the HSCP to formally raise these concerns, to seek further assurance and request an update on the improvement actions taken.

Patients accessed clinical psychology on an individual and group basis. Waiting times for individual assessment were within the 18-week target.

HMP YOI Grampy an held a weekly multidisciplinary team (MDT) meeting which the Senior Management Team (SMT) also attended and was well represented by both healthcare staff and SPS staff.

HMIPS Standard 9 Health and Wellbeing – Continued

Psychology provided staff sessions including reflective practice sessions with SPS staff, a range of training for nursing staff such as motivational interviewing and psychological informed care training.

Substance misuse

A process was in place to identify patients with alcohol or substance dependence on arrival to the prison and if clinically indicated, were provided a prescription of appropriate medication. Community prescriptions were confirmed within 24-hours of admission.

Robust processes were in place to follow up new patients by harm reduction workers 24 to 72 hours following admission ensuring the early identification and commencement of opiate substitute therapy (OST). However, inspectors saw that not all patients on the Substance Use Team (SUT) caseload were receiving follow up appointments and reviews of their care. There was a lack of any standardised risk assessment and care planning being used by the team. Take home naloxone kits were available to all patients on liberation. Peer led groups were available such as Alcoholic Anonymous (AA) and Narcotics Anonymous (NA).

There was evidence that work had commenced on the implementation of the Mediation Assisted Treatment (MAT) standards with patients having access to a range of OST with their choice being considered.

Following a review of the Substance Use Service (SUS) in the prison, NHS Grampian and Aberdeenshire HSCP were in the process of supporting improvement in the operating processes across the team, with a temporary senior nurse appointed to support the changes.

Long-term conditions, palliative and end of life care

Patients with long-term health conditions were identified as part of the admission health screening and when patients were reviewed by the GP the day after admission. A long-term conditions register was in place with patients' care managed by the GP or one of the nurse-led clinics. Links made with the community and secondary care services helped to support the management of the long-term conditions.

While care plans viewed were person-centred and outcome focused, they had not been signed by the patient to show they had agreed to the plan of care or had been uploaded onto the patients' electronic record system.

HMIPS Standard 9 Health and Wellbeing – Continued

Systems and processes were also in place to support patients identified as requiring palliative care and end of life care. The service had a palliative and enhanced care register. If patients required palliative care services, there were key operational documents and guidance in place to support staff with this.

Infection, prevention and control

All areas, where healthcare was delivered, were in a good state of repair and were clean. Clinical equipment was also clean and ready for use. Staff were knowledgeable regarding standard infection control precautions and had adequate supplies of PPE. Inspectors were told monthly infection prevention and control (IPC) checks and audits were completed. However, the only recorded audit seen was the hand hygiene audit in February 2024. Inspectors saw a recent IPC report carried out by external NHS Grampian staff and were encouraged to see that actions highlighted

had been completed or were being addressed. Infection control compliance was reported through Aberdeenshire's HSCP governance structure.

List of Good Practice:

- **Good Practice 18:** The Outreach Team take referrals from various sources including SPS, social work, outside agencies, health care and peer mentors. They were also able to refer onto outside agencies when patients were being liberated.
- **Good Practice 19:** The Speech and Language Therapist was able to support patients with communication or language difficulties. They were also able to provide educational information for patients, healthcare staff and SPS staff.
- **Good Practice 20:** Psychology provide Staff sessions including reflective practice sessions with SPS staff, a range of training for nursing staff such as motivational interviewing and Psychological informed care training.
- **Good Practice 21:** There was a risk-based approach to protect vulnerable patients when deciding the type and number of medications to be provided on liberation.
- **Good Practice 22:** On liberation prisoners were given a toothbrush and toothpaste and signposted to local NHS dental services.
- **Good Practice 23:** Patient satisfaction regarding healthcare appointments was encouraged and obtained using a survey with a range of facial expressions.

HMIPS Standard 9 Health and Wellbeing – Continued

List of Recommendations:

- **Recommendation 75:** NHS Grampian and Aberdeenshire HSCP should ensure that all admission information is accurately recorded directly into the electronic clinical records to prevent the risk of errors in copying information from paper-based records.
- **Recommendation 76:** NHS Grampian and Aberdeenshire HSCP should ensure referral forms are in the most common languages spoken at HMP YOI Grampian and are available for all patients to access.
- **Recommendation 77:** NHS Grampian and Aberdeenshire HSCP should ensure that patients are informed of the progress of each self-referral and the expected waiting time for access to services.
- **Recommendation 78:** HMP YOI Grampian and GEOAmev must ensure patients attendance at secondary care appointments. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.
- **Recommendation 79:** NHS Grampian and SPS and the social care provider should have a formal process in place to discuss and review care being delivered to patients receiving social care.
- **Recommendation 80:** NHS Grampian and Aberdeenshire HSCP should ensure that checks on emergency equipment are carried out effectively and consistently recorded to ensure that all equipment is within date and ready for use.
- **Recommendation 81:** NHS Grampian and Aberdeenshire HSCP should ensure that patients have access to smoking cessation services to support them become nicotine free.
- **Recommendation 82:** NHS Grampian and Aberdeenshire HSCP should develop and adhere to a SOP which outlines the agreed roles and functions for the mental health service in the Prison.
- **Recommendation 83:** NHS Grampian and Aberdeenshire HSCP must ensure all patients receiving care from the Mental Health Team have a risk assessment and care plan in place.
- **Recommendation 84:** NHS Grampian and Aberdeenshire HSCP should evaluate the effectiveness of changes implemented to the liberation and transfer process.
- **Recommendation 85:** NHS Grampian and Aberdeenshire HSCP should ensure that patients with long-term conditions are reviewed in a structured manner and yearly reviews and checks are completed consistently.

HMIPS Standard 9

Health and Wellbeing – Continued

- **Recommendation 86:** NHS Grampian and Aberdeenshire HSP should evidence that patients with long-term conditions have had an explanation regarding their condition and have been involved in planning their care. All paper copy care plans must be scanned onto the patient's care record system Vision.
- **Recommendation 87:** NHS Grampian and Aberdeenshire HSCP should review the caseload management system to ensure there is oversight and regular review of any patients receiving care from the SUT.
- **Recommendation 88:** NHS Grampian and Aberdeenshire HSCP should ensure that individual care plans and risk assessments are in place for all patients receiving care from the SUT team.
- **Recommendation 89:** NHS Grampian and Aberdeenshire HSCP should ensure continuity of care staff should be able to access and update the DAISy system.
- **Recommendation 90:** NHS Grampian and Aberdeenshire HSCP should progress the recruitment of the clinical pharmacist and pharmacy technician without delay.
- **Recommendation 91:** NHS Grampian and Aberdeenshire HSCP should ensure that local governance processes are in place to support the use of non-medical prescribers in HMP YOI Grampian to ensure timely, patient centred prescribing.
- **Recommendation 92:** NHS Grampian, Aberdeenshire HSCP and the SPS should collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.
- **Recommendation 93:** NHS Grampian and Aberdeenshire HSCP should consider introducing an oral health promotion team to provide mouth matters advice to support the dental service and improve patients' outcomes.
- **Recommendation 94:** NHS Grampian and Aberdeenshire HSCP should ensure all guidelines for staff working with pregnant women are aligned with national and local health board policies and guidelines. The policies and guidance should reflect clear roles and responsibilities for staff caring for pregnant women within HMP Grampian.
- **Recommendation 95:** NHS Grampian and Aberdeenshire HSCP should ensure all pregnant women have a written personalised care plan jointly developed between the individual and NHS staff which is consistently reviewed by NHS and SPS staff who work with or support the woman.
- **Recommendation 96:** NHS Grampian and Aberdeenshire HSCP should ensure complaints forms are available in a range of languages to ensure all patients can provide feedback, raise concerns and complain.
- **Recommendation 97:** NHS Grampian and Aberdeenshire HSCP should ensure complaints are responded to as per the timeframes on the policy available to patients.

HMIPS Standard 9 Health and Wellbeing – Continued

- **Recommendation 98:** NHS Grampian and Aberdeenshire HSCP should ensure that complaints and patient's feedback is shared with the wider Healthcare Team to assess, monitor and drive improvement in the quality and safety of the services provided. This includes the quality of the experience for patients using the service.
- **Recommendation 99:** NHS Grampian and Aberdeenshire HSCP should ensure systems and processes are in place to regularly audit infection prevention and control precautions with evidence of compliance and actions when non-compliance is identified.
- **Recommendation 100:** NHS Grampian and Aberdeenshire HSCP should ensure that the prison workforce review is recommenced and that any recommendations are implemented without delay.
- **Recommendation 101:** NHS Grampian and Aberdeenshire HSCP should ensure that there is effective systems and processes in place to support staff wellbeing and effective communication between all staff groups.
- **Recommendation 102:** NHS Grampian and Aberdeenshire HSCP should ensure that learning from incidents and adverse events is shared with all staff to ensure improvements to care and service are put in place.
- **Recommendation 103:** NHS Grampian and Aberdeenshire HSCP should ensure that members of the wider healthcare team are invited to the health centre team meeting so that service issues can be discussed and learning shared.

Annex A

Summary of Recommendations

REC NO.	QI NO.	RECOMMENDATION
Standard 1 – Lawful and Transparent Custody		
1	1.1	HMP & YOI Grampian should ensure that the Prisoner Framework Policy for X ray machines is in the library for prisoners to view if required, and that the prisoner information sheet detailing the legal requirements and exposure risks for the use of the X ray machine is available in reception in different languages. It should also be embedded into the induction process and added to any information literature.
2	1.2	HMP & YOI Grampian should review how information is provided to prisoners on arrival to ensure staff provide consistent information once, thereby reducing the volume of literature and ensuring it is made available in other languages.
3	1.2	HMP & YOI Grampian should ensure that the booklet entitled “First Night in Custody” should be updated and renamed to reflect the National Induction process.
4	1.2	HMP & YOI Grampian should consider reintroducing peer mentoring throughout the prison including the admission/induction process.
5	1.2	HMP & YOI Grampian should ensure that co-production meetings should be added to the admission booklets.
6	1.6	HMP & YOI Grampian should ensure that the weekly Business Objects Report for quality assuring CSRAs is promoted and complied with.
Standard 2 – Decency		
7	2.1	HMP & YOI Grampian should ensure that there is a robust and workable schedule for the painting of cells, hall walls and cell doors, to maintain a reasonable standard of décor throughout, with immediate attention given to cell walls currently covered in graffiti.
8	2.1	HMP & YOI Grampian should ensure that all safer cells are decorated and cleaned to an appropriate standard, and then maintained accordingly.
9	2.1	SPS HQ and HMP & YOI Grampian should take action to avoid the use of contingency cells and prisoners sleeping on mattresses on the floor.
10	2.2	HMP & YOI Grampian should ensure that all pass prisoners have received Pass Awareness Training.
11	2.2	HMP & YOI Grampian needs to ensure that satisfactory cleaning products are available in all the halls to enable prisoners and passmen to clean the area to BICSc standards.

- 12 2.4 HMP & YOI Grampian needs to ensure that the prison has in stock and in circulation a sufficient number of towels to meet demand.
- 13 2.5 HMP & YOI Grampian needs a robust system in place to ensure adequate ordering and supply of prison issue clothing, in all required sizes.
- 14 2.5 HMP & YOI Grampian needs to ensure that suitable, hooded, wet weather jackets are available to all prisoners.
- 15 2.6 HMP & YOI Grampian should ensure that food is tasted daily by a Duty Governor.
- 16 2.6 HMP & YOI Grampian should provide the nutritional values of meals.
- 17 2.6 HMP & YOI Grampian should ensure that prisoners working in the pantries are wearing suitable clothing, using the utensils provided, and adhering to all food hygiene processes.
- 18 2.6 HMP & YOI Grampian needs a robust system in place to ensure adequate ordering and supply of prison issued eating utensils.

Standard 3 – Personal Safety

- 19 3.1 HMP & YOI Grampian should ensure that secondary assurance checks clearly identify any incomplete TTM records and record actions to correct any inaccuracies.
- 20 3.1 HMP & YOI Grampian should assess suitability for secure televisions in all safer cells.
- 21 3.2 HMP & YOI Grampian should increase the Outreach Team staffing resource to reduce waiting times for prisoners accessing the excellent support being provided.
- 22 3.3 HMP & YOI Grampian should create an action log from the Safer Prison Monthly Forum Meetings to capture evidence of the strategy's implementation and "indicators for success".
- 23 3.3 HMP & YOI Grampian should develop a review procedure for PR2 'enemies' and 'keep separate' risk markers as an ongoing process to ensure continual review and minimise the impact on free access for all prisoners to activities across the prison
- 24 3.4 HMP & YOI Grampian should identify a senior manager who is available to lead a review of the Anti-Bullying Strategy and retain ongoing oversight of the applications of the strategy's processes.
- 25 3.4 HMP & YOI Grampian should ensure consistent application of the Anti-Bullying Strategy process, with appropriate conditions or risk markers created/updated as required and ensure they are still relevant.
- 26 3.5 HMP & YOI Grampian should identify a Senior Manager to lead on embedding a support system that is fit for purpose in identification of those potentially being bullied and implement a robust referral system to the appropriate support network.

- 27 3.5 HMP & YOI Grampian should ensure that anyone alleged to be the victim of bullying is referred to the Outreach Team for support where possible.
- 28 3.6 HMP & YOI Grampian must ensure that all staff alarms are accounted for, and any testing of alarms are recorded for assurance purposes.
- 29 3.6 SPS HQ must ensure that priority is given to covering the establishment's L&D Manager role, which allows consistency in training planning and delivery.
- 30 3.6 HMP & YOI Grampian should review the First Aid trained staff position and ensure that sufficient cover is always available.
- 31 3.6 HMP & YOI Grampian should ensure that the appropriate number of staff are recruited and trained to fulfil all incident management requirements.
- 32 3.7 HMP & YOI Grampian should ensure that all managers are competent in H&S training.

Standard 4 – Effective, Courteous and Humane Exercise of Authority

- 33 4.1 SPS HQ should introduce a separate form to reflect when a PPT technique is used.
- 34 4.5 HMP & YOI Grampian should encourage all staff to inform a prisoner the reason why they are being searched. Although it does not state this in the prison rules, it is the view of HMIPS that all prisoners should be informed why they are being searched in line with respect and dignity.
- 35 4.5 HMP & YOI Grampian should consider how to minimise the need to body search a person when the body scanner can be utilised.
- 36 4.5 HMP & YOI Grampian should ensure that staff carry out comprehensive rub down searches at all times.
- 37 4.6 HMP & YOI Grampian should introduce a process for receiving property that does not disadvantage any group of prisoners.
- 38 4.6 SPS HQ should ensure a consistent practice of allowing the handing in of property and cash at all prisons to reduce the financial pressures of families and friends.
- 39 4.8 HMP & YOI Grampian should ensure that the area used for mandatory drug testing is suitable for the task and in an area that has the least impact on other functions.
- 40 4.8 SPS HQ should ensure that recognised mandatory drug testing training is carried out using recognised trainers and training packages.

Standard 5 – Respect, Autonomy and Protection against Mistreatment

- 41 5.2 HMP & YOI Grampian should consider the results of the pre-inspection survey and the inspection and review the potential barriers to improving staff/prisoner relationships.

- 42 5.2 SPS HQ should review their recruitment process, and the training offered to new recruits. HMIPS are hearing from many new recruits and existing staff during our inspections that it does not offer a realistic description of the role, and it is affecting their ability to retain staff nationally.
- 43 5.4 HMP & YOI Grampian should display the regime in each hall.
- 44 5.4 HMP & YOI Grampian should address the clash between the 45 minute education session and lunch in Ellon 1d and 2a and review the regime being provided to offence protection prisoners in Ellon 1d and non offence protection prisoners in 2a, to allow them access to work and education in line with the rest of the prisoner population.
- 45 5.5 HMP & YOI Grampian should ensure that an update on actions from co-production meetings are communicated to all prisoners, and that all prisoners are encouraged to submit items for discussion at future meetings. They should also update the admission booklets to provide an explanation of co production meetings to new arrivals.
- 46 5.5 SPS HQ should update the national induction slides to include information about PIACs/co-production meetings.
- 47 5.5 HMP & YOI Grampian should review the noticeboards in residential areas to make them more consistent and informative.
- 48 5.7 HMP & YOI Grampian should advertise the SPS complaints process and have all complaints forms, including EDFs and envelopes, readily available in all residential areas. It should also install complaints boxes to prevent prisoners having to approach staff when making a complaint.
- 49 5.8 HMP & YOI Grampian should update the FNIC booklet with the most up to date Independent Prison Monitoring poster.

Standard 6 – Purposeful Activity

- 50 6.4 HMP & YOI Grampian should ensure staff training for physical education staff is up to date and staff are qualified to support prisoners to achieve sports and fitness qualifications.
- 51 6.4 HMP & YOI Grampian should ensure that Physical health and fitness activities are linked more clearly to awareness raising and programmes for healthy living, well-being, nutrition and mental health.
- 52 6.10 HMP & YOI Grampian should seek to reopen the tea bar in the visits room with a Barista style coffee machine to support development of employability skills.
- 53 6.10 SPS HQ should fulfil their planned repairs to the visitor hub roof.
- 54 6.10 SPS HQ should work with Aberdeenshire Council and Aberdeen City Council to secure the long term sustainability of the Visitor Hub.

- 55 6.11 SG and SPS HQ should find ways to improve public transport options for families visiting HMP & YOI Grampian.
- 56 6.13 The NHS and SPS HQ should work together to see if funding can be secured to re establish the Cognitive Stimulation Therapy classes ('Brain Gym') for older prisoners at risk of cognitive impairment.
- 57 6.15 HMP & YOI Grampian should ensure that OLRs get the opportunity to attend an RMT in person.

Standard 7 – Transitions from Custody to life in the Community

- 58 7.1 SPS HQ should consider replicating HMP & YOI Grampian's Case Management Board for short term prisoners, the Remand Case Management Process, and the Virtual Court Release Process across the estate.
- 59 7.2 HMP & YOI Grampian should ensure all personal officers are enabled to provide reports for and to attend ICMs.
- 60 7.3 HMP & YOI Grampian should ensure accredited programme delivery is resumed and that there is sufficient programme staff capacity to support delivery.
- 61 7.4 HMP & YOI Grampian should ensure all transfers are in the best interest of the prisoner and do not impede a successful transition to the community nor the maintenance of community and family supports.

Standard 8 – Organisational Effectiveness

- 62 8.1 HMP & YOI Grampian should reinvigorate their strategic approach to equality and diversity.
- 63 8.1 HMP & YOI Grampian should ensure that a full Equality and Diversity committee including prisoner representation, and an action plan is put in place and meets regularly.
- 64 8.1 SPS HQ should support HMP & YOI Grampian and have a wider role in assuring compliance with this obligation.
- 65 8.1 SPS HQ should review the allocation of telephone credit to ensure it does not discriminate against foreign nationals.
- 66 8.1 HMP & YOI Grampian should ensure that all information provided to people in custody should be routinely translated and issued in accessible formats where required.
- 67 8.2 HMP & YOI Grampian should develop their management information systems to ensure that improvements made in response to HMIPS, and other recommendations are sustained and monitored.
- 68 8.3 HMP & YOI Grampian should consider extending the core day regime and include this in the Annual Delivery Plan.
- 69 8.4 SPS HQ should ensure there is improved cover for the Learning and Development Manager post at the earliest opportunity.

- 70 8.5 SPS HQ should support HMP & YOI Grampian to achieve the staffing level necessary to reopen the unused high quality accommodation in Cruden Hall to help ease overcrowding.
- 71 8.6 SPS HQ should evaluate the current staff appraisal system to assess its value in the current Scottish Prison Service.
- 72 8.7 HMP & YOI Grampian should implement self-referral arrangements to allow people in prison to access services through their own volition to develop self-efficacy. Information detailing the range of services, their purpose and their qualifying criteria should be made available to all.
- 73 8.7 HMP & YOI Grampian should liaise with Operations Directorate at corporate level to underpin the decision to accommodate remand and convicted cohorts together with an agreed derogation.
- 74 8.7 The SPS Board should consider the wider recognition of population pressures where remand and convicted prisoners are forced to co locate.

Standard 9 – Health and Wellbeing

- 75 9.1 NHS Grampian and Aberdeenshire HSCP should ensure that all admission information is accurately recorded directly into the electronic clinical records to prevent the risk of errors in copying information from paper-based records.
- 76 9.2 NHS Grampian and Aberdeenshire HSCP should ensure referral forms are in the most common languages spoken at HMP YOI Grampian and are available for all patients to access.
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- 83 9.5 NHS Grampian and Aberdeenshire HSCP must ensure all patients receiving care from the Mental Health Team have a risk assessment and care plan in place.
- 84 9.5 NHS Grampian and Aberdeenshire HSCP should evaluate the effectiveness of changes implemented to the liberation and transfer process.
- 85 9.6 NHS Grampian and Aberdeenshire HSCP should ensure that patients with long-term conditions are reviewed in a structured manner and yearly reviews and checks are completed consistently.
- 86 9.6 NHS Grampian and Aberdeenshire HSCP should evidence that patients with long-term conditions have had an explanation regarding their condition and have been involved in planning their care. All paper copy care plans must be scanned onto the patient's care record system Vision.
- 87 9.7 NHS Grampian and Aberdeenshire HSCP should review the caseload management system to ensure there is oversight and regular review of any patients receiving care from the SUT.
- 88 9.7 NHS Grampian and Aberdeenshire HSCP should ensure that individual care plans and risk assessments are in place for all patients receiving care from the SUT.
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- 92 9.8 NHS Grampian, Aberdeenshire HSCP and the SPS should collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.
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- 94 9.10 NHS Grampian and Aberdeenshire HSCP should ensure all guidelines for staff working with pregnant women are aligned with national and local health board policies and guidelines. The policies and guidance should reflect clear roles and responsibilities for staff caring for pregnant women within HMP Grampian.

- 95 9.10 NHS Grampian and Aberdeenshire HSCP should ensure all pregnant women have a written personalised care plan jointly developed between the individual and NHS staff which is consistently reviewed by NHS and SPS staff who work with or support the woman.
- 96 9.13 NHS Grampian and Aberdeenshire HCSP should ensure complaints forms are available in a range of languages to ensure all patients can provide feedback, raise concerns and complain.
- 97 9.13 NHS Grampian and Aberdeenshire HCSP should ensure complaints are responded to as per the timeframes on the policy available to patients.
- 98 9.13 NHS Grampian and Aberdeenshire HSCP should ensure that complaints and patient's feedback is shared with the wider Healthcare Team to assess, monitor and drive improvement in the quality and safety of the services provided. This includes the quality of the experience for patients using the service.
- 99 9.15 NHS Grampian and Aberdeenshire HSCP should ensure systems and processes are in place to regularly audit infection prevention and control precautions with improvement actions taken when non-compliance is identified.
- 100 9.16 NHS Grampian and Aberdeenshire HSCP should ensure that the prison workforce review is recommenced and that any recommendations are implemented without delay.
- 101 9.16 NHS Grampian and Aberdeenshire HSCP should ensure that there is effective systems and processes in place to support staff wellbeing and effective communication between all staff groups.
- 102 9.17 NHS Grampian and Aberdeenshire HSCP should ensure that learning from incidents and adverse events is shared with all staff to ensure improvements to care and service are put in place.
- 103 9.17 NHS Grampian and Aberdeenshire HSCP should ensure that members of the wider healthcare team are invited to the health centre team meeting so that service issues can be discussed and learning shared.

Annex B

Summary of Good Practice

REC NO.	QI NO.	GOOD PRACTICE
Standard 1 - Lawful and Transparent Custody		
1	2.2	The officer from the Industrial Cleaning Party oversees all the passmen in the Facilities building to ensure high standards are maintained.
Standard 2 - Decency		
2	2.6	The use of Reiber Insulated Hot Boxes Containers for Halal food during Ramadan.
Standard 3 - Personal Safety		
3	3.2	The Outreach Team were extremely positive, highly motivated and knowledgeable. Creating bespoke interventions and support for those individuals who required assistance with integration into the establishment or additional support out with the establishment.
4	3.7	The rotation of lead responsible nominee in monthly safety inspections.
Standard 6 - Purposeful Activity		
5	6.2	The older persons work party in partnership with the charity Stella's Voice.
6	6.5	The Book Bingo initiative that encouraged prisoners to read a wider genre of materials.
7	6.7	The prison had built additional time into the regime timetable for escorting prisoners to the exercise yards to ensure they got their full hour outside.
8	6.13	The provision of blocks of specialist counselling for prisoners who need it was commendable, as was the creation of a dedicated Health and Wellbeing post running breathing and relaxation classes for prisoners.
9	6.14	The training for staff in neurodiversity provided by the Speech and Language Therapy Team, which should be evaluated for potential use in other prisons.
10	6.15	The monthly meeting between residential staff and Psychology Case Managers to review all OLR cases was a good way of ensuring all teams were aware of plans for these prisoners and any developments regarding risk management.

Standard 7 – Transitions from Custody to Life in the Community

- 11 7.1 The Case Management Board process for short term prisoners. This was facilitating strong multi-agency, person-centred partnership working in release planning and community reintegration.
- 12 7.1 The Remand Case Management Process for untried prisoners. This was addressing a significant gap in the general provision and continuity of support for people on remand.
- 13 7.1 The Virtual Court Release Process meant that people released at very short notice had some key practical supports in place for returning to the community.
- 14 7.2 The monthly OLR review meeting between prison psychology and residential staff fostered effective collaborative working and early identification of escalating risk.
- 15 7.5 The Outreach Team was an invaluable resource in forming effective, person centred relationships with vulnerable prisoners and providing some practice support for women upon release.

Standard 8 – Organisational Effectiveness

- 16 8.1 The Care Assistance Programme approach in which a multi-agency team anticipates and plans for the needs of prisoners who need extra help or specialist equipment was noted good practice.
- 17 8.8 The local recruitment activity delivered at HMP & YOI Grampian.

Standard 9 – Health and Wellbeing

- 18 9.3 The Outreach Team take referrals from various sources including SPS, social work, outside agencies, health care and peer mentors. They were also able to refer onto outside agencies when patients were being liberated.
- 19 9.4 The Speech and Language Therapist was able to support patients with communication or language difficulties. They were also able to provide educational information for patients, healthcare staff and SPS staff.
- 20 9.5 Psychology provide Staff sessions including reflective practice sessions with SPS staff, a range of training for nursing staff such as motivational interviewing and psychological informed care training.
- 21 9.8 There was a risk-based approach to protect vulnerable patients when deciding the type and amount of medications to be provided on liberation.
- 22 9.9 On liberation prisoners were given a toothbrush and toothpaste and signposted to local NHS dental services.
- 23 9.17 Patient satisfaction regarding healthcare appointments was encouraged and obtained using a survey with a range of facial expressions.

Annex C

Summary of Ratings

Standard/QI	Standard Rating/QI Rating
Standard 1 – Lawful and Transparent Custody	Satisfactory
QI 1.1	Satisfactory
QI 1.2	Satisfactory
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Satisfactory
QI 1.7	Satisfactory
QI 1.8	Satisfactory
QI 1.9	Satisfactory
Standard 2 – Decency	Generally Acceptable
QI 2.1	Generally acceptable
QI 2.2	Generally acceptable
QI 2.3	Satisfactory
QI 2.4	Generally acceptable
QI 2.5	Generally acceptable
QI 2.6	Generally acceptable
Standard 3 – Personal Safety	Generally Acceptable
QI 3.1	Generally acceptable
QI 3.2	Satisfactory
QI 3.3	Generally acceptable
QI 3.4	Poor
QI 3.5	Generally acceptable
QI 3.6	Poor
QI 3.7	Generally acceptable
Standard 4 – Effective, Courteous and Humane Exercise of Authority	Satisfactory
QI 4.1	Generally acceptable
QI 4.2	Satisfactory
QI 4.3	Satisfactory
QI 4.4	Generally acceptable
QI 4.5	Generally acceptable
QI 4.6	Generally acceptable

QI 4.7	Good
QI 4.8	Poor
QI 4.9	Satisfactory
QI 4.10	Good

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

Standard 6 – Purposeful Activity	Satisfactory
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QI 6.1	Satisfactory
QI 6.2	Satisfactory
QI 6.3	Good
QI 6.4	Generally acceptable
QI 6.5	Good
QI 6.6	Good
QI 6.7	Satisfactory
QI 6.8	Good
QI 6.9	Satisfactory
QI 6.10	Good
QI 6.11	Satisfactory
QI 6.12	Satisfactory
QI 6.13	Good
QI 6.14	Satisfactory
QI 6.15	Satisfactory

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

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

Standard 9 – Health and Wellbeing	Generally Acceptable
QI 9.1	Generally acceptable
QI 9.2	Poor
QI 9.3	Good
QI 9.4	Generally acceptable
QI 9.5	Poor
QI 9.6	Generally acceptable
QI 9.7	Generally acceptable
QI 9.8	Generally acceptable
QI 9.9	Generally acceptable
QI 9.10	Generally acceptable
QI 9.11	Satisfactory
QI 9.12	Satisfactory
QI 9.13	Generally acceptable
QI 9.14	Satisfactory
QI 9.15	Satisfactory
QI 9.16	Generally acceptable
QI 9.17	Poor

Annex D

Inspection Team

Wendy Sinclair-Gieben, HMIPS

Stephen Sandham, HMIPS

Calum McCarthy, HMIPS

Kerry Love, HMIPS

Graeme Neill, HMIPS

Jacqueline Clinton, HMIPS

John Shanks, SPS

Graham Bell, SPS

Ian Beach, Education Scotland

Sarah Halliwell, Education Scotland

Rania McGoran, Care Inspectorate

James Thomson, Health Improvement Scotland

Elaine Rogerson, Health Improvement Scotland

Helen Samborek, Health Improvement Scotland

Annex E

Acronyms used in this report

AA	Alcoholics Anonymous
ADP	Alcohol Drug Partnership
BBV	Blood Borne Virus
BICSc	British Institute of Cleaning Science
CBSW	Community-Based Social Work
CBT	Cognitive Behavioural Therapy
C&R	Control and Restraint
CIU	Community Integration Unit
COWS	Clinical Opiate Withdrawal Scale
CSRA	Cell Sharing Risk Assessment
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
ECR	Electronic Control Room
E&D	Equality and Diversity
FLM	First Line Manager
FNIC	First Night in Custody
GPA	Generic Programme Assessment
HCSW	Healthcare Support Worker
H&S	Health and Safety
HSCP	Health and Social Care Partnership
HIS	Healthcare Improvement Scotland
HMP	His Majesty's Prison
HMCIPS	His Majesty's Chief Inspector of Prisons for Scotland
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
ICM	Integrated Case Management
ICP	Industrial Cleaning Party
IMU	Intelligence Management Unit
IPC	Infection Prevention Control
IPM	Independent Prison Monitor
L&D	Learning and Development
MAPPA	Multi-Agency Public Protection Arrangements

MAT	Medication Assisted Treatment
MORS	Management of Offenders at Risk due to any Substance
NA	Narcotics Anonymous
NMP	Non medication prescribers
NRT	Nicotine Replacement Therapy
OLR	Order for Lifelong Restriction
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OT	Occupational Therapist
PANEL	Participation, Accountability Non-Discriminatory, Empowerment and Legality
PBSW	Prison-Based Social Work
PCF	Prisoner Complaint Form
PCMB	Programme Case Management Board
PDP	Personal Development Plan
PEEP	Personal Emergency Evacuation Plan
PIAC	Prisoner Information Action Committee
PPT	Personal Protective Training
PR2	Prisoner Records Version 2
PRL	Prison Resource Library
PTI	Physical Training Instructor
REHIS	Royal Environmental Health Institute of Scotland
RMT	Risk Management Team
RMN	Registered Mental Health Nurse
RRA	Reception Risk Assessment
ROSH	Risk of Serious Harm
SaLT	Speech and Language Therapy
SBR	Suspected Bullying Report
SMT	Senior Management Team
SOP	Standard Operating Procedure
SPSC	Scottish Prison Service College
SPICT	Supportive and Palliative Care Indicators Tool
SPS	Scottish Prison Service
SRU	Separation and Reintegration Unit

SSM	Special Security Measure
SSOW	Safe System of Work
SUS	Substance Use Service
SUT	Substance Use Team
TARL	Throughcare Assessment for Release on Licence
TTM	Talk to Me
UoF	Use of Force
YOI	Young Offender Institution

Evidence Report

Quality Indicators

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

Rating: Satisfactory

The HMIPS pre-inspection survey found that just under half of respondents (48%) said they were treated well in reception on arrival at HMP & YOI Grampian, a further 38% reported as being treated “neither well nor badly” and 14% reported being treated badly.

The reception received prisoners directly from Aberdeen and other local courts in the Northeast of Scotland, as well as from other prison establishments. Like most prisons, new admissions tended to arrive once court business had concluded for the day, after 4pm.

Inspectors were satisfied that reception staff were professional and knowledgeable about the admissions process. They demonstrated this by leading inspectors through a prisoner’s journey from arrival into reception to being taken to a residential hall. Some admissions and returns from court were observed and the SOP covering the process was followed, with PR2 being updated appropriately throughout. On arrival, prisoners were escorted from the GEOAmev van one at a time and placed in holding cells, separating mainstream and protection prisoners.

Once initial checks and searching was completed, the prisoner was taken into a private room to assess their ability to understand and allow them an opportunity to engage in the admissions process, via the RRA form. If necessary, language services were utilised at this point via a speaker phone located in the room. The SPS SPIN computers were available with access to PR2 allowing the personal details of the prisoner to be recorded or where appropriate updated during the interview. Inspectors observed some of these interviews and found that staff encouraged the prisoner to share key information to allow them to make an informed judgement as to how the prisoner was feeling and coping with the circumstances of being in prison. At end of the interview an informed decision was made regarding the prisoner being required to be placed on TTM. An RRA was completed for all prisoners returning from court. This allowed staff to take account of any changes of circumstances and any additional needs that may have arisen from the court process. Inspectors checked a number of RRAs and were satisfied they met the required standard.

Sampling of files indicated that all prisoners covered by the RRA were seen by a nurse. To ensure confidentiality there was a dedicated private room within reception for nursing staff to undertake the necessary medical assessments. At the time of inspection there was no nurse based in the reception. When a nurse was required, reception staff made a request, and a nurse would be taken from other duties in the prison to attend. This often caused time delays in the prisoner reception process due to competing daily demands on the nurse service.

Prisoners arriving over mealtime were provided with a hot meal prepared and frozen by the kitchen.

All staff were observed to be engaging and professional when interacting with prisoners. Inspectors spoke with a number of male and female prisoners who had recently been admitted, including foreign nationals. All were positive about the reception process and their interaction with staff. All were satisfied that they had sufficiently understood the questions that had been asked of them and the important information provided to them in the custody information booklet. All were positive about the use of language services.

HMP & YOI Grampian has recently been provided with a powerful X-ray body scanner, for use with adult male prisoners to detect if they were attempting to conceal items internally. It was found that no prisoner information sheet was displayed in the area to allow a prisoner to read fully to understand the legal requirements and exposure risks prior to using the machine. This was brought to the attention of reception staff and was immediately addressed but was only available in English. This statement clearly stated that the Prisoner Framework Policy for X-ray machines could be found in full in the prison library, but on checking this was not the case. It should also consider that this information is included in any induction process or information literature.

Recommendation 1: HMP & YOI Grampian should ensure that the Prisoner Framework Policy for X-ray machines is in the library for prisoners to view if required, and that the prisoner information sheet detailing the legal requirements and exposure risks for the use of the X-ray machine is available in reception in different languages. It should also be embedded into the induction process and added to any information literature.

1.2 On admission, all prisoners are provided with information about the prison regime, routine, rules and entitlements in a form that enables the prisoner to understand.

Rating: Satisfactory

In the 2019 HMIPS inspection report, a recommendation was made to expand the peer mentoring process available to females in Banff Hall to the rest of the prison. Inspectors found that it had stopped altogether following the COVID-19 pandemic and had not been reinstated. With waiting times in the reception area frequently exceeding the 60 minutes detailed in the SOP, it would be of great benefit to have peer mentors spending time with new admissions. This would allow the answering of questions and provision of general support while they wait for further assessments or transfer to the residential halls. It would enhance information sharing on arrival and contribute to reducing anxiety, and as such risk in the reception area.

There was only one piece of prisoner information that inspectors were made aware of in reception that was available in other languages, and this was the "Admission Information" document. All reception staff were, however, aware of translation services and how to access them for communicating the reception process, a check of phone records found that these services were being regularly utilised by staff. (See QI 1.5)

On arrival at their allocated residential hall, both male and female prisoners were taken through the “First Period in Custody” checklist and given sufficient initial information about the establishment and their hall. Some key information such as fire evacuation was available in different languages, but this whole process was completed through language line if the prisoner was non-English speaking. The first period in custody process was not available to non-English speaking prisoners in a paper format. Inspectors were satisfied that the information was being communicated in real time via use of language line, but there was no literature other than fire action notices and menus for non-English speaking prisoners to digest in their own time. A check of the number of times language line was used by the prison was carried and the volume of calls seemed to reflect this.

Inspectors were content that prisoners were receiving essential information in relation to their stay, however there was inconsistency in what information literature was distributed by who and when. For example, in reception the “Admission Information” document was available in 18 languages, some staff gave this to prisoners and some staff did not, as they did not know it existed. Ellon Hall provided a “Prisoner Handbook” to prisoners on arrival on their first night and Banff Hall had a similar but different document that contained further information. When national induction was delivered, within the 72 hours of arrival, another handbook entitled “First Night in Custody Booklet” was handed out with both new and duplicate information. This booklet should be reviewed as some information held within it was outdated, such as the Independent Prison Monitoring poster.

Inspectors had difficulty finding an embedded process in respect of how information was provided to prisoners on arrival at HMP & YOI Grampian. Some prisoners reported that they had received too much information over a short period of time, and it was heavily duplicated. An example being information in respect of PIN phones appeared on the four different documents listed above, formatted in four different ways.

All the above, except for the “Admission Information” document, were not available in any language other than English.

It was noted that there was no information about co-production meetings provided to new admissions, this should be added to the admissions booklets so that all prisoners are aware at an early stage how to contribute their views to improving prison life.

The following day a dedicated member of staff carried out the core screening process and delivered national induction. If a custody arrived on a Friday this was carried out on the Monday morning. Prisoners spoken to were content with the information provided to them during the admission process.

Recommendation 2: HMP & YOI Grampian should review how information is provided to prisoners on arrival to ensure staff provide consistent information once, thereby reducing the volume of literature and ensuring it is made available in other languages.

Recommendation 3: HMP & YOI Grampian should ensure that the booklet entitled "First Night in Custody" should be updated and renamed to reflect the National Induction process.

Recommendation 4: HMP & YOI Grampian should consider reintroducing peer mentoring throughout the prison including the admission/induction process.

Recommendation 5: HMP & YOI Grampian should ensure that co-production meetings should be added to the admission booklets.

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

Rating: Satisfactory

On arrival at HMP & YOI Grampian prisoners did not exit the custody vehicle until staff had checked that the seven legal points on the warrant were correct, to ensure the legal detention of each prisoner and that they were fit to be admitted. PR2 was updated as appropriate, and the warrant was then passed to the Criminal Desk.

The admissions process SOP details the identification and registration of prisoners, and reception staff were observed to complete the admissions process in line with this. Inspectors observed staff checking the Prisoner Escort Records (PERs) on arrival for any special needs or risk, and a number of PERs were later selected at random by inspectors who found them to be in order.

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

Rating: Satisfactory

All key information relevant to the classification of prisoners was obtained during the reception admission process and recorded by staff on PR2. This was seen to be in keeping with the admissions SOP with all new admissions to the prison being automatically placed on a high level of supervision prior to the assessment interview, this was reviewed within six months and then annually. The Prisoner Supervision System (PSS) process appeared to be running as it should.

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

Rating: Satisfactory

Male and female prisoners during their first night in custody were in a dedicated area within their respective residential halls. They were then interviewed by a member of staff as part of their first period in custody assessment, where prisoner handbooks and associated paperwork was handed out. This included essential information such as cell sharing, menus, in-cell phones and mental health support.

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

Rating: Satisfactory

A number of cells were selected at random by inspectors that had two prisoners sharing. It was found that CSRAs had been completed for all, and both staff and FLMs demonstrated a good working knowledge of how to complete them on PR2.

During the inspection of 2019 it was recommended that primary and secondary assurance checks of the CSRAs could be better evidenced by management.

A review of live CSRAs forms part of the daily checks carried out by a First Line Manager (FLM). This is usually completed by the evening duty FLM, but inspectors were unable to find any activity log or similar to evidence that this was being complied with. One FLM did demonstrate where a number of CSRAs that had been returned to staff for amendment by them. Other FLMs reported that they did not routinely check the validity of live CSRAs. Inspectors were informed that a short time before the inspection, a weekly Business Objects Report had been created where residential unit managers will check all CSRAs and return them if that are not of sufficient standard. This was clearly in the process of bedding in as not all were aware of it.

Recommendation 6: HMP & YOI Grampian should ensure that the weekly Business Objects Report for quality assuring CSRAs is promoted and complied with.

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

Rating: Satisfactory

Inspectors found that prisoners spoken to were aware of their liberation dates. Reception staff advised prisoners on arrival of their release date, and if this was found to be incorrect after verification by the prison court desk the prisoner received a letter without delay advising them of the error.

Staff reported a good relationship with partner agencies in respect of the calculation of liberation dates or warrant identifications. A recent example was a change in the administrative process that provided a more robust exchange of information between the prison and the courts.

Reception staff consisted of 11 officers and three FLMs. Eight were fully trained in warrant calculations, one had started training and two had recently moved to the post. These numbers allowed the reception to operate effectively.

Court desk staff were aware of the process for dealing with a liberation in error and demonstrated this to inspectors, the last error occurred in 2019.

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

Rating: Satisfactory

The prisoner survey reported that of those who could remember, just under two-thirds (64%) of respondents said they were offered an induction on arrival.

On admission, male prisoners were located on Ellon Hall 1, where residential staff completed a first period in custody interview. They were provided with a prisoner handbook detailing a number of essential pieces of information in relation to their stay. A similar process was in place for women in Banff Hall. However, if a custody arrived in any hall after evening staff had finished duty, this process was carried out the following morning.

Induction staff carried out both core screen questioning and national induction within 72 hours of admission. Global Services were used to provide language translation services to assist communication with non-English speaking prisoners.

National induction was not mandatory. Inspectors found that residential staff encouraged prisoners to attend this by informing them of its importance, and this was encouraging as attendance levels were high. It was seen that over the previous two weeks of the 14 that required induction an impressive 13 attended.

Inspectors witnessed the delivery of national induction and found it lasted around one hour depending on the level of engagement. It was of good quality and informative. Any foreign national prisoners, those with a disability or other difficulties were catered for as best as possible using language line and other resources.

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

Rating: Satisfactory

Inspectors wanted to examine the whole process of liberation and observe what level of practical assistance was provided to ensure a positive facilitation of transition.

Court desk staff confirmed the liberation date in advance along with any outstanding warrants that may affect that date. Release details including the intended residential address were added by court desk staff to PR2 to prepare any special travel arrangements, including to island locations.

Inspectors met a prisoner scheduled for release at his cell door and shadowed him through his journey to release. He reported that he felt prepared for release and was satisfied with the information he had been provided with by the prison. Relationships with staff were evidently good on departure, with genuine respect and goodwill being displayed by both residential and reception staff. On arrival at reception his identity was checked, and his property returned to him.

Black drawstring bags were provided for his property and a discharge grant was issued. He was escorted by reception staff to the agents visits area where his valuable items were returned to him, and he was met by DWP who provided him with funds and made relevant appointments.

He was then handed into the care of front-of-house staff who checked his identity before being released through the main public exit of the prison. Inspectors were satisfied that the prisoner was content with the process and how he had been prepared and dealt with throughout the release process.

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

Rating: Generally Acceptable

HMP & YOI Grampian opened in March 2014, and is therefore still a relatively new building, which was evident in the fabric and facilities of the establishment. Overall, the buildings were well-maintained to the appropriate standard and were fit-for-purpose. This was particularly true in the administration building, visits and the main facility building. Buildings were well lit, warm and ventilated.

The accommodation halls, however, were in some need of maintenance, especially Ellon Hall. Here many cells required repainting, with some cells verging on unacceptable with the amount of graffiti displayed on the walls and within the toilet area. The four safer cells within Banff Hall were in reasonable condition, even the cell that was being prepared for redecoration. However, two of the cells had stains on the walls which should have been identified by staff and cleaned. Only one of the cells had a secure television fitted to the wall, which staff advised was of benefit to anyone located there.

Most concerning was the safer cells within Ellon Hall that were found to be in extremely poor condition, both cleanliness and the décor required to be addressed as a matter of urgency. In one cell, an explicit depiction of a prison officer was found along with a written allegation of inappropriate behaviour. These cells were not conducive for occupation by vulnerable individuals in time of crisis, however, during the inspection redecoration of all safer cells in Ellon commenced. Only one cell was found to have a secure television fitted and it was not known why all cells did not have this facility.

Most of the painting work was being carried out by VT painters. However, the constant high number of prisoners meant that cells were rarely unoccupied long enough for painting work to be undertaken, and the 'bubble' system (a system used to keep prisoner cohorts apart) further exacerbated the issue with prisoners only being able to enter a cell for a limited time each day, which meant that the process took longer than if painters were able to have access for a whole day at a time. A proposal to have prisoners within each landing trained to paint cells was being delayed by issues regarding the safe storage of paint within the hall.

It was evidenced that 50 cells had been painted in the past year, with 30 to 35 listed on the "Agility" maintenance system as requiring repainting. Painting work was also

being carried out in Cruden Hall in preparation for a possible reopening. Dyce Hall was also in reasonably good décor.

All cells contained an enclosed toilet and shower. In a number of cells, however, shower curtains did not reach to the floor, allowing for water to egress into the main cell area. Cells were fitted with lockable safes, and internal call points. Not all cells were fitted with curtains.

Ellon Hall had three accessible cells, and Banff Hall had two. These cells were generally clean and appropriate for use for those with limited mobility, which was confirmed by one disabled prisoner who was in a wheelchair. Banff Hall also had two mother and baby cells, which were of a high standard and met the needs of women who were pregnant or had a small baby. At the time of the inspection, both rooms were occupied by pregnant prisoners.

The Estates Team had a full complement of staff and were able to evidence a comprehensive programme of maintenance. Of the planned preventative maintenance schedule, 7% of tasks were overdue. Some of these were due to difficulties in finding external contractors to quote for a job, and others were external tasks which depended on good weather. Staff had been working overtime to complete these outstanding requirements.

Since April 2024, Agility evidenced that 96.7% of reactive job tasks had been completed on time. Staff and prisoners knew how to raise concerns and commented that issues they raised were dealt with timeously.

Inspectors had been informed that prior to the inspection HMP & YOI Grampian had been operating at levels above design capacity, resulting in the need for contingency cells to be utilised. All cells that bunk beds were placed in were designed for single occupancy. In addition to these, additional spaces were created by placing mattresses on the floor of other single cells. Over the 12-month period prior to the inspection this had occurred on 36 occasions, for periods between two to 34 nights. This is clearly unacceptable, falling short of the internationally recognised minimum space standards of 6m² of personal space for one person in a single cell and 8m² for a double cell with two people, and in terms of the inadequate accommodation being offered. Every effort should be made to ensure that this does not re-occur.

Recommendation 7: HMP & YOI Grampian should ensure that there is a robust and workable schedule for the painting of cells, hall walls and cell doors, to maintain a reasonable standard of décor throughout, with immediate attention given to cell walls currently covered in graffiti.

Recommendation 8: HMP & YOI Grampian should ensure that all safer cells are decorated and cleaned to an appropriate standard, and then maintained accordingly.

Recommendation 9: SPS HQ and HMP & YOI Grampian should take action to avoid the use of contingency cells and prisoners sleeping on mattresses on the floor.

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

Rating: Generally Acceptable

The cleanliness throughout the main prison buildings was of a high standard. The ICP consisted of nine prisoners, who were working towards full certification with BICSc, with passes in five out of the nine specialisms, which had resulted in external employers showing interest in offering employment to prisoners on release.

As well as having responsibility for the cleaning of large surface areas and main corridors and concourse within the prison, the ICP also oversaw the cleaning in the main Facilities Building, including the gymnasium, Education, the Links Centre, and Multi-faith area. ICP workers reported to the ICP officer daily before being sent to their designated area. This ensured that training was kept up-to-date and that high standards of cleanliness were being maintained in these areas. This demonstrated good practice.

There was a well-maintained cleaning schedule for the whole prison, including a deep cleaning rota including carpets and chairs. During the inspection there was a programme of jet-washing external areas being undertaken.

The ICP officers were responsible for receiving orders for cleaning materials from the residential halls and preparing these for collection.

There were 11 prisoners (five female and six male) trained and serving on a rota to respond to Biohazards effectively. The prison had three Biohazard trolleys and ample Biohazard kits available.

Prisoners working as passmen in halls were also trained by the ICP staff, whenever hall staff informed them of new appointments. Training logs showed that approximately 60% of pass prisoners had been trained in Pass Awareness Training. Due to the 'bubble' system in operation within the prison, pass training required the ICP shed to be closed to the main work party, which partly explained this low figure. This needs to be remedied by the prison.

Within the residential halls cleaning products were not always available. Proper colour coded BICSc standard cloths had been removed from both halls and replaced by disposable sanitary wipes. In many sections the dispensers for these were empty. These wipes are not to standard nor suitable for cleaning cells and surfaces, and cloths should be reinstated.

In Ellon Hall, the mechanism for wringing the Kentucky mops had been removed for security reasons. This meant that those cleaning the large hall areas had to use small mops, which are not according to BICSc standard for properly cleaning large floor areas, nor consistent with the prison's own Safe Systems of Work (SSOW) for pass prisoners. If the wringers are not to be reintroduced, a suitable alternative needs to be found.

While most sections within the hall had suitable cleaning chemicals, in Ellon Hall especially, many of the dispensary machines were damaged. Sinks and toilets were generally brown stained.

Prisoners and staff both claimed that suitable time was given to allow prisoners to clean their own cells.

Good Practice 1: The officer from the Industrial Cleaning Party oversees all the passmen in the Facilities building to ensure high standards are maintained.

Recommendation 10: HMP & YOI Grampian should ensure that all pass prisoners have received Pass Awareness Training.

Recommendation 11: HMP & YOI Grampian needs to ensure that satisfactory cleaning products are available in all the halls to enable prisoners and passmen to clean the area to BICSc standards.

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

Rating: Satisfactory

Notwithstanding the issue reported in QI 2.1 of prisoners sleeping on a mattress on the floor rather than a bed, at the time of inspection all prisoners had a bed, mattress and pillow. There was a sufficient supply of new mattresses in stock, and most mattresses inspected seemed to be in good condition, although some were nearing the end of their life cycle and looking thin. However, there was a mattress tracker to indicate when mattresses were due for a replacement and hall staff confirmed that mattresses had been replaced at their specified time. Mattresses were replaced approximately every four years in Ellon Hall. Hall staff in Banff advised that all mattresses had been replaced over the last two years.

Every prisoner had a duvet and pillow and there was a good supply of duvets in stock. There was a cleaning schedule in place for the laundering of duvets, whereby duvets are laundered three times a year.

There was also a good supply of bedding, although some prisoners complained at the lack of fitted sheets.

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

Rating: Generally Acceptable

The prison had in stock, across all the halls, a plentiful supply of toiletries and personal hygiene materials, including feminine products for women in Banff Hall.

There was a comprehensive canteen sheet with a large selection of both male and female toiletries and hygiene materials contained within it. Monthly co-production meetings afforded prisoners in both halls the opportunity to request specific items. There was a three-month rotation of brands and additional items could be requested and purchased from Superdrug. Although canteen sheets did not contain allergen or vegan advice, hall staff had access to this information on SharePoint if a prisoner requested that information. Hall staff were able to produce this when requested by inspectors.

The HMIPS pre-inspection survey results showed that 90% of respondents believed that they could obtain all the toiletries they needed from either the prison stocks, through the canteen, or a combination of both.

Both staff and prisoners complained about the lack of towels for prisoners. Staff suggested that part of this problem lay with prisoners' stock-piling towels for their own use. Whatever the cause this seemed to be a major source of stress within the prison, to prisoners and staff alike, and therefore needs to be rectified.

Recommendation 12: HMP & YOI Grampy needs to ensure that the prison has in stock and in circulation a sufficient number of towels to meet demand.

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

Rating: Generally Acceptable

Prisoner clothing overall seemed to be in good condition, and stores were well-stocked in the main sizes. Staff commented on the lack of availability of smaller and larger sizes. Prison-issued underwear was often in low supply. HMP & YOI Grampy need to ensure that there is a sufficient supply of clothing in all sizes. Prisoners could also wear their own clothing, allowing for a sense of personal identity.

There was a variety of jackets for outside exercise. While the women in Banff had access to waterproof jackets, these had been replaced in Ellon Hall for the men, who had a mixture of fleeces for cold weather and shower-proof cagoule-type jackets for the rain. These, however, all had the hoods cut off, and therefore offered no real protection from the rain. Given that female prisoners and workers had hoods, there seemed to be no good reason for the removal of the hoods for male prisoners for exercise. While most men stated that they had a fleece and cagoule in possession, some stated that they did not. HMP & YOI Grampy needs to ensure that suitable wet weather jackets are available to all prisoners.

Throughout the work sheds prisoners wore suitable clothing and PPE, including safety boots. Whites were worn in the kitchen. Outside workers had suitable clothing for their tasks.

The laundry system worked well. Banff had their own washing machines, and a laundry pass working there, but the tumble dryers were not sufficient and so clothes were sent to the laundry for drying. Women in the baby unit had access to non-biological detergent. Enhanced prisoners in Ellon 1B and 3B also had their own washing machine and tumble dryer.

The laundry operated with on average eight prisoners per session, although staff stated that the optimum would be 10 to 12. Some sessions allowed remand prisoners to work also. All prisoners had received basic training. There was a robust weekly schedule of laundry for kit bags and laundry from throughout the prison. Ellon kitbags were washed three times a week and normally returned on the following day. All were tagged and logged on PR2. Kit bags were generally in good condition.

Recommendation 13: HMP & YOI Grampian needs a robust system in place to ensure adequate ordering and supply of prison issue clothing, in all required sizes.

Recommendation 14: HMP & YOI Grampian needs to ensure that suitable, hooded, wet weather jackets are available to all prisoners.

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

Rating: Generally Acceptable

The HMIPS pre-inspection survey results showed that 60% of respondents described the food available at HMP & YOI Grampian as quite bad or very bad. Only 3% of respondents believed it to be very good, while the remaining 37% believed it to be quite good. In terms of quantity, the responses were evenly divided: 33% reported always or usually getting enough to eat at mealtimes, a further third (34%) reported sometimes getting enough to eat, and the final third (33%) reported rarely or never getting enough to eat.

Records showed that food was not being tasted daily by a Duty Governor. HMP & YOI Grampian need to implement a process to ensure that this is done daily, as per legislation.

The meals were rotated every three weeks, with a winter and summer menu option that changed to coincide with the clock change. Prisoners generally remained on the same three-week menu choice, although they could make changes if they wish. The menu sheets contained allergen advice on the rear side and were available in a number of foreign languages.

Like all SPS prisons, HMP & YOI Grampian had access to the "Saffron" catering management software to ensure they were delivering nutritious, allergen aware food to prisoners, but this was not utilised due to costs. Menu choices were decided locally by the kitchen staff. Nutrition advice should be made available to allow prisoners to make an informed choice about their meals.

Menu provision was regularly discussed at the monthly co-production meetings with the catering manager present, and minutes demonstrated that amendments had been made in response to prisoner suggestions and requests. Special diets for prisoners with health concerns that required a substantial adjustment were provided for following consultation with both the prisoner and the NHS to ensure that these met with the specific requirements. During the week of inspection, amendments were made to give two pregnant prisoners additional nutrients.

Prisoners requiring a cultural or religious diet were seen to have a separate menu that met their dietary needs. Provision was made for Ramadan, with food being provided in Reiber Insulated Hot Boxes which were of top quality. These were good practice, and to be preferred to the normal provision of food presented in flasks.

There was only one prisoner on a Kosher diet at the time of the inspection. Evidence provided to inspectors demonstrated that prisoners who requested a Kosher diet underwent a period of examination while waiting for the Kosher diet to be fully implemented, which included assessing canteen choices. This was not the correct process, and prisoners should not be required to prove their authenticity. Following discussion with the Offender Outcomes Unit Manager and the Catering Manager, the process was changed to the inspectors' satisfaction.

Overall, cleanliness of the kitchen and storage areas was very good, and cleaning logs were accurate. Staff working in the kitchen were adequately trained. Two staff had Diplomas in Advanced Food Hygiene, while the rest were trained to Intermediate level. All staff, bar one, had an SVQ Level 2 in Food Preparation and Cookery. Prisoners had all received an Introduction to Food Hygiene, with some going on to receive Royal Environmental Health Institute of Scotland (REHIS) (Elementary Food Hygiene) award through the training kitchen in conjunction with Greene King. Eleven such qualifications had been obtained in April 2024.

Hall pantries were checked weekly by kitchen staff and records were kept. Inspectors found that, with one or two exceptions, whites were not being worn in the pantry areas by prisoners serving food. Gloves were being worn, but prisoners were observed doing things other than serving food while wearing the gloves, which negates their effectiveness. Utensils were not routinely used, and prisoners were often observed serving food with their gloved hands. Officers advised inspectors that prisoners found this easier. Apart from food hygiene considerations, this makes it harder to measure the correct quantity of food that should be served.

Records were provided to demonstrate that food temperature checks were being carried out, but during the week of inspection inspectors needed to remind staff to do this on a number of occasions. There was an SSOW in place for prisoners working in pantries, but when asked no prisoner claimed to be aware of it. HMP & YOI Grampian needs to ensure that those working in the pantries adhere to all food hygiene processes, to ensure food is protected from contamination.

Although regimes times suggest that evening meals are served from 4.20pm onwards, during the inspection prisoners were observed being served meals as early as 4pm. Given the current regime in the prison, inspectors were concerned that prisoners were potentially not being served food for a period of 15 hours or more,

between evening meal and breakfast. This was too long for those prisoners who could not afford to buy goods from the canteen.

In some sections, inspectors noticed that there was a shortage of plates and especially cutlery. It was accepted that cutlery could easily be washed down cell sinks while being cleaned, which was causing shortages. HMP & YOI Grampian should ensure that all prisoners have a full set of cutlery, plates and bowls.

Good Practice 2: The use of Reiber Insulated Hot Boxes Containers for Halal food during Ramadan.

Recommendation 15: HMP & YOI Grampian should ensure that food is tasted daily by a Duty Governor.

Recommendation 16: HMP & YOI Grampian should provide the nutritional values of meals.

Recommendation 17: HMP & YOI Grampian should ensure that prisoners working in the pantries are wearing suitable clothing, using the utensils provided, and adhering to all food hygiene processes.

Recommendation 18: HMP & YOI Grampian needs a robust system in place to ensure adequate ordering and supply of prison issued eating utensils.

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

Rating: Generally Acceptable

Interviews with staff demonstrated that a good underlying knowledge of the TTM process was systemic. A review of documentation demonstrated a good standard of entries relating to those managed under the process. However, even with secondary signed assurance, one set of documents (two books for one named individual) were found to have numerous signatures missing from the countersigning manager.

At the time of the inspection, there were only a few individuals being managed under TTM, a couple of whom had refused to engage in the process. Some case conferences were observed and there was a clear underlying empathic approach to the care of everyone. One of which, the attending nurse conducted their medical review with the prisoner in front of inspectors and other staff, this should have been a confidential discussion. However, throughout both observed case conferences a person-centred approach was taken.

A review of the staff training figures for TTM reported that 93.2% of staff were competent. This was reflected in the knowledge demonstrated by staff, however all staff in contact with prisoners should be fully trained.

The four safer cells within Banff Hall were in reasonable condition, even the cell that was being prepared for redecoration. However, two of the cells had stains on the walls which should have been identified by staff and cleaned. Only one of the cells

had a secure television fitted to the wall, which staff advised was of benefit to anyone located there.

Most concerning was the safer cells within Ellon Hall that were found to be in extremely poor condition, both cleanliness and the décor required to be addressed as a matter of urgency. In one cell, an explicit depiction of a prison officer was found along with a written allegation of inappropriate behaviour. These cells were not conducive for occupation by vulnerable individuals in time of crisis, however, during the inspection redecoration of all safer cells in Ellon commenced and was completed prior to the end of the inspection. Only one cell was found to have a secure television fitted and it was not known why all cells did not have this facility.

Recommendation 19: HMP & YOI Grampian should ensure that secondary assurance checks clearly identify any incomplete TTM records and record actions to correct any inaccuracies.

Recommendation 20: HMP & YOI Grampian should assess suitability for secure televisions in all safer cells.

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

Rating: Satisfactory

HMP & YOI Grampian had a wide range of evidence that ensure individuals who had a risk of harm or abuse were managed appropriately. The documentation demonstrated that transgender prisoners were well-accommodated, taking consideration of their personal circumstances and needs. Additionally, information provided evidenced that staff had identified a new admission who previously had been incarcerated on an offence-protection charge, and actions were taken that ensured this individual's safety.

The Outreach Team demonstrated the tracking and monitoring systems to inspectors that record the journey travelled by those who are referred to and engaged with the services. The depth and range of support services was excellent, with the staff creating bespoke management plans for everyone and engaging with external partners to provide interventions that were unavailable within the establishment. Feedback from attendees showed that 85% reported a positive impact on their mental health due to the engagement with the Outreach Team.

Recommendation 21: HMP & YOI Grampian should increase the Outreach Team staffing resource to reduce waiting times for prisoners accessing the excellent support being provided.

Good Practice 3: The Outreach Team were extremely positive, highly motivated and knowledgeable. Creating bespoke interventions and support for those individuals who required assistance with integration into the establishment or additional support out with the establishment.

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

Rating: Generally acceptable

HMP & YOI Grampian had a Safer Prison Strategy that detailed processes for addressing both violent incidents, behaviour and bullying incidents or allegations. Monthly meetings chaired by the IMU FLM reviewed all violent incidents and suspected bullying reports from the previous month. Tactical Taskings were identified and conducted, however these were only recorded in the Tactical Tasking Log. It would be beneficial if the Safer Prison monthly meeting tracked actions and outcomes to evidence that the work and/or decisions made by the group were having a positive impact on the strategy's objectives.

Separately, every weekday morning, the IMU reviewed the previous 24 hours of intelligence reports and advised senior management of potential issues that required to be addressed. These were addressed and allocated on immediacy of the threat and the logistics for tactical taskings. This appeared to be a robust reactive approach to timeously dealing with dynamically changing situations and issues as staff become aware of them.

Feedback from all grades of staff reported that 'keep separate' risk markers were having an extreme impact on the regime. A number of prisoners were effectively displaced from some areas due to being unable to associate with others. This could lead to multiple movements of prisoners to ensure that all 'keep separate' requirements were met. This was part of the reason that remand and convicted prisoners were co-located on halls, as well as offence-protection prisoners with mainstream. The number of 'keep separates' was also having a detrimental effect on the ability of prisoners to have full access to the regime and facilities. There is a need for more regular reviews of 'keep separates'.

Recommendation 22: HMP & YOI Grampian should create an action log from the Safer Prison Monthly Forum Meetings to capture evidence of the strategy's implementation and "indicators for success."

Recommendation 23: HMP & YOI Grampian should develop a review procedure for PR2 'enemies' and 'keep separate' risk markers as an ongoing process to ensure continual review and minimise the impact on free access for all prisoners to activities across the prison.

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

Rating: Poor

HMP & YOI Grampian reported and identified bullying through the Intelligence Reporting System. The IMU tasked the FLM for the area that intervention(s) were required, with outcomes fed back to the IMU through the Tactical Tasking Notice.

Further evidence through reviews of SBRs showed that alleged perpetrators were consistently challenged through an interview with the FLM. However, this appeared to be the extent of any interventions. No evidence could be found that clearly demonstrated that perpetrators were supported in changing their behaviours.

During the inspection, a review of PR2 was conducted for the risk marker 'bully'. Six prisoners currently held in HMP & YOI Grampian were identified. However, these markers appeared to be historic, ranging from two that were applied in 2010 to the last one applied in 2021. All the prisoners were short-term sentences, except for one who was on remand, which meant that these markers were applied during previous periods in custody. Furthermore, review of a sample of recent SBRs discovered that risk markers were not being applied appropriately, missing the opportunity to add narratives of relevant behaviours to prisoners' records. Potentially, staff conducting reports on a prisoner may not be aware that their behaviours have been inappropriate and arrive at a decision which is not fully informed.

Recommendation 24: HMP & YOI Grampian should identify a senior manager who is available to lead a review of the Anti-Bullying Strategy and retain ongoing oversight of the applications of the strategy's processes.

Recommendation 25: HMP & YOI Grampian should ensure consistent application of the Anti-Bullying Strategy process, with appropriate conditions or risk markers created/updated as required and ensure they are still relevant.

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

Rating: Generally Acceptable

HMP & YOI Grampian identified potential victims of bullying through the Think Twice SBR. A number of these were reviewed, and there were limited actions or outcomes captured relating to the support provided to the victims of bullying. Additionally, a review of PR2 uncovered only three prisoners with risk markers as 'victim of bullying'. However, in two instances the marker was created during a previous period of custody and was not updated on the individual's return.

The routine updating of PR2 with pertinent conditions or risk markers did not appear to have been conducted. This missed the opportunity to ensure that the relevant narratives were captured and accessible to staff. It also created the potential risk of

victims missing the opportunity of support services or activities which may be beneficial to their welfare.

The Outreach Team advised of one individual who was the victim of bullying that had been referred to their services due to other triggers. The support and actions of the Outreach Team not only addressed the initial referral triggers, but proved to also have a positive impact on reducing the individuals risks to being bullied.

Recommendation 26: HMP & YOI Grampian should identify a Senior Manager to lead on embedding a support system that is fit-for-purpose in identification of those potentially being bullied and implement a robust referral system to the appropriate support network.

Recommendation 27: HMP & YOI Grampian should ensure that anyone alleged to be the victim of bullying is referred to the Outreach Team for support where possible.

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

Rating: Poor

There was a robust system for response to emergencies and officer alarms within the establishment. The protocol for staff response was known by all staff who were asked about it. The response was observed in operation during the inspection and worked according to the SOP.

However, a review of the officer alarms and the processes for maintenance of them raised concern. There were originally 350 officer alarms when the establishment opened in 2014. The process for recording alarms that were condemned or missing did not start until 2018. At the time of the inspection, it was advised that 20 were condemned, with a further 30 reported as missing. Faulty units were identified through staff noticing them, and the units were passed to the Security Manager who submitted an Agility Report for a batch of faulty units, stated as bundles of 20. The Estates Team could complete minor repairs, with more intricate work requiring return to the supplier, but none were out for repair at the time of the inspection. Concerningly, a recent Nightshift Report was reviewed, which documented the count of the officer alarms with a total of 217 units held in the charging ports. Given the numbers held by the Security Manager, currently less than 20, or known condemned units, documented as 20, it would appear that significantly more than 30 alarms were unaccounted for.

There were multiple robust processes for testing the alarm system. However, actual individual alarm units appeared not to be routinely checked or tested for operation. The Security Team randomly selected several alarm units to test the system, but there was no record or guarantee that each unit was tested within a set period by the

Security Team. This meant that potentially a failure of the unit may only be discovered on live activation which is a grave concern.

Training records were reviewed, but unfortunately at the time of the inspection the Learning and Development (L&D) Manager was absent. There was some assistance to the establishment from the L&D Manager at HMP Inverness, but this was not ideal. The L&D Managers for all SPS establishments were managed through the SPS College (SPSC), but there appeared to be little oversight or assistance to the establishment from the SPSC at the time of the inspection.

With regards to the achievement of all related training, some key critical training required improved. Fire Response and Fire Awareness online refresher were two where additional focus was required. On First Aid at Work, three separate documents were provided with four different figures on the number of trained staff. One document claimed that overall, the number of staff competent in this role had dropped from 52 to just 13. It is essential that there are sufficient staff trained to ensure that first aid is always available. A decision to train FLMs in First Aid to ensure cover at key times appeared pragmatic. However, it left concerns about the capability of FLMs to conduct first aid whilst managing an incident. Also, given the disparity between the figures it would be beneficial for a holistic review to be undertaken of the establishment's needs and current capabilities.

There was a dedicated Command Room, and all staff interviewed demonstrated a good understanding of the protocols or procedures to be followed in the event of an incident, whether minor or major. The ECR staff had exceptional knowledge however, on the occasion when observations were conducted, they appeared severely understaffed in relation to their work demands.

Unfortunately, the figures provided for staff trained in Operation Readiness roles was disappointing. Most roles showed that there were shortages of trained staff to cover the requirements, with the most concerning being those staff trained in Mutual Aid, where only 10 of a required 19 were within competence. Given the establishment's location, it is essential that there are enough trained staff in all roles to ensure that any initial incident can be contained and managed until support arrives, if necessary. The Head of Operations was aware of the current situation and was looking to engage with the L&D Manager, when they return to post, to raise the achievement of staff trained in these key Mutual Aid roles.

Recommendation 28: HMP & YOI Grampian must ensure that all staff alarms are accounted for, and any testing of alarms are recorded for assurance purposes.

Recommendation 29: SPS HQ must ensure that priority is given to covering the establishment's L&D Manager role, which allows consistency in training planning and delivery.

Recommendation 30: HMP & YOI Grampian should review the First Aid trained staff position and ensure that sufficient cover is always available.

Recommendation 31: HMP & YOI Grampian should ensure that the appropriate number of staff are recruited and trained to fulfil all incident management requirements.

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

Rating: Generally Acceptable

There was robust management of Health and Safety (H&S) within the establishment. The monthly inspections were on a rotational lead between FLMs, and the Unit Managers conducted a quarterly inspection. An annual inspection was completed by a nominated senior manager lead, but also by committee with the H&S Co-ordinator in attendance.

The H&S Co-ordinator maintained a tracker system for monitoring recorded actions against outcomes from monthly, quarterly and annual inspections. The Co-ordinator organised pre-meetings to the scheduled inspections to highlight any outstanding actions that required to be completed prior to the next inspection. However, linked to the noted issues with training, there were a number of operational and non-operational managers out of competence for H&S refresher training. This should be a priority when the L&D Manager role is addressed.

Inspectors found that there were a small number of cells in Ellon Hall where the fire evacuation notices were not in place and some where the notice was not displayed in the language of the occupant.

With regards to Personal Emergency Evacuation Plans (PEEPs), Inspectors were satisfied with the arrangements for creating and logging plans for people who need additional assistance in the event of an evacuation of the residential area.

Recommendation 32: HMP & YOI Grampian should ensure that all managers are competent in H&S training.

Good Practice 4: The rotation of lead responsible nominee in monthly safety inspections.

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

Rating: Generally Acceptable

UoF was undertaken within HMP & YOI Grampian under Rule 91 of the Prisons and Young Offenders Institution (Scotland) Rule 2011. There was an SOP for UoF available to all staff on SharePoint to remind them of the guidance.

HMP & YOI Grampian looked after both men and women, and although the new Control and Restraint (C&R) techniques had been introduced in some prisons it has not yet been introduced at HMP & YOI Grampian. HMIPS look forward to these new

techniques being introduced at the prison as soon as possible, with priority being given to those working with women prisoners.

All records of UoF were stored within the IMU and recorded on the IMU database. Over the last 12 months there had been 192 UoF incidents. Thirty-nine of them were planned removals. UoF was not observed during the inspection so a random sample of UoF forms were checked. In all cases, except one, the Head of Operations reviewed each one for assurances purposes. In general, most forms were completed to a satisfactory standard however there were cases where there could be improvements. Those that evidenced a lower standard included unclear narratives or inconsistent reporting. All forms checked indicated that where it was deemed a 'planned removal' these were recorded. The IMU stored all video footage of each removal, while the Security Manager was responsible for the distribution of the camera. One video recording requested was not able to be opened, which should be resolved. However, the UoF form accompanying the unopened video footage was checked and found to have no concerns.

The form is used to record both the UoF and a PPT strike. Although the form identified that someone had supervised the PPT technique and it had been authorised by a Unit Manager, this did not take place due to the spontaneity of the action by the officer, which was misleading.

In discussions with the Head of Operations, it was revealed that if the form was used as evidence for Police Scotland or at court, then a prison representative would have to explain why the form was completed when neither a supervising officer nor a Unit Manager had been involved. This form is clearly not fit-for-purpose, and a separate form should be utilised for a PPT strike, so there is no ambiguity as to who was involved and would mitigate any need for an explanation why signatories were on the form when they were clearly not involved.

Three samples of the recording of C&R removals were undertaken. Two out of the three caused inspectors a number of concerns regarding how it was managed, and the techniques used. When speaking to the Head of Operations he evidenced his concerns also and had carried out a learning review. From each of these reviews a number of actions were put in place to mitigate future issues including retraining. At the time of the inspection C&R training compliance was 90% with Personal Protection Training at 89%.

Recommendation 33: SPS HQ should introduce a separate form to reflect when a PPT technique is used.

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

Rating: Satisfactory

During the inspection, the SRU (Dyce) was well managed. On the day inspected there were 26 prisoners on either a Rule 95, 95(11) or 95(12) throughout the prison, with nine cells occupied in Dyce. One occupant was carrying out a 'Dirty Campaign' and was seen to be well managed. Those spoken to confirmed that they had attended their case conferences and had submitted their self-representations. All knew why they were on a rule.

In Dyce, they had an impressive daily record sheet which recorded the daily activity. However, only basic information such as who visited or who had been offered their entitlements was noted which was disappointing. If completed fully, the sheet could capture a more in-depth view of how the SRU operated and inspectors urged the staff to populate more information in the sheet. Inspectors also reminded staff of the importance of including a date on the form. Daily narratives for each prisoner were updated on PR2. Part of the information recorded was the visit of the Unit Manager. Although they had attended on the Sunday before the inspection it was disappointing to note that the generally the Duty Manager did not attend Dyce on a Sunday, so prisoners were denied access to a senior manager seven days per week.

All case files were noted on PR2 where a sample were checked to ensure appropriate lawful detention on Rule 95(11) or (12) or 95(1). All were satisfactory.

HMP & YOI Grampy had similar experiences to other prisons in Scotland in dealing with the consequences of the introduction of illicit substances into the prison. This reflected the level of those being managed under the Management of Offenders at Risk due to any Substance (MORS). Data supplied by the prison indicated that there were 521 incidents of MORS in 2023/2024 and up to the current date 36. There had been a decrease year-on-year since 2018/2019 until 2023/2024 where it began to rise. Anyone on MORS was placed on Rule 95(1). Observing the records for those on MORS it was deemed satisfactory. However, due to the length of observations, more than one sheet was required as a record which was stapled to the initial sheet. Inspectors reminded staff that they should complete each sheet, including the person's name and prison number in case the sheets got separated.

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

Rating: Satisfactory

Disciplinary hearings were held in the SRU. The room was adequately sized to hold the adjudications. Two officers attended as well as an FLM. All adjudications were conducted by a Unit Manager who gave assurance and a clear overview to the

prisoner of the process, confirming their understanding. Adjudications were delivered in a person-centred way, allowing the prisoner time to give their version of events.

Those where drugs were involved in the discipline report were offered to attend the recovery services and any punishment suspended. Women who were charged under prison rules had their hearings held in their own hall. Although not observed a number of adjudications were sampled and found to be of good quality. Guidance of the discipline process and prison rules were available in the adjudication room.

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

Rating: Generally Acceptable

At the time of the inspection there were eight prisoners on SSM within the establishment. Inspectors visited a number of those on SSM. Most refused to engage but of the ones that did they claimed they knew why they were on SSM.

Generally, SSM paperwork was in good order and measures were personalised to the individual's risk. One instruction stated that staff should be in the section while the prisoner was open. Inspectors found this unusual as they would expect staff to be in the sections when prisoners were open.

One prisoner was on SSM for an attempted escape but there was no evidence of a strict escapee book to log his movement as we have seen in other prisons. According to staff, he had been removed from his SSM, but the paperwork was still in the SSM folder, and he was still on PR2. When the inspector spoke to the prisoner it was revealed that he was a foreign national whose spoken English was poor, and he could not read English at all. There were no translation services. See Standard 8, QI 8.1 for the recommendation.

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

Rating: Generally Acceptable

On checking the searching of cells, the records showed the prison was on track to complete the searching of each cell three times a year.

In the pre-inspection survey, 40% of those surveyed reported never being given an explanation of why they were searched. Further questioning during the inspection confirmed that of those that had been recently searched none could confirm why they had been searched. Although it does not state this in the prison rules, it is the view of HMIPS that all prisoners should be informed why they are being searched and we would urge the prison to inform all prisoners the reasons for the search prior to it taking place, in line with respect and dignity.

On checking cell searching in Ellon Hall, it was noted that one person was being searched weekly. This was regarding part of his SSM conditions as an Order for Lifelong Restriction (OLR) prisoner. After every search, a report was submitted to

Psychology regarding any significant finds or behaviour linked to his previous offending. Although this seemed to be overly intrusive to the individual, there was a satisfactorily rationale for the searches.

Most cell searching was undertaken at the weekend. Staff recognised that searching should be carried out at different times to increase the chances of finding illicit items and endeavoured to search during the week, but this was a challenge due to staff shortages.

HMIPS have expressed concerns nationally for some time about the routine body searching of women and young people. Although it has been custom and practice at the prison not to routinely body search young people, it has only been recently introduced for women. This new practice was confirmed by an inspector who interviewed a woman, who having had her room searched was not body searched. HMIPS commend HMP & YOI Grampyian for introducing this practice.

Inspectors observed a tactical cell search by the National Tactical Search Unit (NTSU). It was a comprehensive and thorough search carried out in a professional manner. The search took approximately one hour which resulted in a number of items being removed for checking, i.e. DVDs. The prisoner was informed that their belongings would then be returned to the prisoner if appropriate to do so. It was noted however that the prisoner's items 'in use' list was not at the scene, and this would have been helpful to check against the cell's contents. It was noted that within the cell there was a number of duvets and extra bedding, as well as cleaning materials and multiple plastic bin bags. The walls were covered in photos and posters, which had been up for some time, some of which were deemed to be inappropriate images of naked women which were taken down by the search team. Staff should have addressed this during cell certifications.

Inspectors also viewed the searching of a court return. The search was carried out in a professional manner. There was a new body scanner in use which was excellent at picking up concealed objects. However, the person was still subjected to a full body search. When questioned it was explained that the scanner would not pick up every item and there was a limit of scanning the whole body. This could be mitigated by a thorough rub down search and the removal of shoes and socks. Women were not being scanned using the new device due to the current legislation. The old-style scanner that had been used for women was out of action and therefore all women admitted would undergo a full body search. Handheld metal detectors were available throughout the prison if required.

Route movement was observed and all prisoners moving from one area to another were rub down searched and instructed to walk through a metal detector. It was noted that on a number of occasions the rub down searches were poorly executed. On another occasion a prisoner walked through a metal detector in the regimes building but was not searched despite the metal detector going off. Although the officer was female there was a male officer who could have assisted.

Recommendation 34: HMP & YOI Grampyian should encourage all staff to inform a prisoner the reason why they are being searched. Although it does not

state this in the prison rules, it is the view of HMIPS that all prisoners should be informed why they are being searched in line with respect and dignity.

Recommendation 35: HMP & YOI Grampian should consider how to minimise the need to body search a person when the body scanner can be utilised.

Recommendation 36: HMP & YOI Grampian should ensure that staff carry out comprehensive rub down searches at all times.

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

Rating: Generally Acceptable

Inspectors followed the process that the prison uses for receiving, recording and storage of prisoner's personal property, valuables and cash and found that the process was robust and embedded. However, the pre-inspection survey advised that 70% of respondents felt that accessing personal property in HMP & YOI Grampian worked quite or very badly. HMP & YOI Grampian may wish to investigate why prisoners have formed this opinion.

As most admissions arrived in the early to late evening the process for checking and recording property and cash was not observed. However, having walked through the process the inspector deemed the process to be satisfactory. Valuables were logged and placed into a sealed bag and stored in a locked cabinet within the reception area. If the valuables bag was opened this was reordered and the new seal number noted. Checks were carried out by other staff in reception and the FLM throughout the week for assurance purposes.

Property was recorded on admission and prisoners were permitted personal clothing and valuables as per the articles 'in use' list. There was ample storage for the population. Prisoners had the opportunity to check their property after admission through the request system which was mainly dealt with at the weekend. For assurance purposes there was a property check carried out at the weekend by the duty manager.

Prisoners had the opportunity to have clothing sent into the prison through the prisoner request system. Although the process was robust to ensure that the property received was sent in by the nominated person, and HMIPS understand the rationale, it does disadvantage many of those in the prison. Reception staff informed inspectors that to send in property the person must be on the visitors list and have made a face-to-face visit. Considering a significant number of prisoners were from outside the Grampian post code, some were from England or abroad and getting to the prison generally even for locals could be challenging due to the poor bus service and no rail service, a work around is required to ensure fairness and equality. At the time of the inspection, HMP & YOI Grampian were not allowing families or friends to hand in property or cash at the prison.

Cash could be transferred to the SPS using electronic banking or sent through the post either in cash or cheque/postal order. Where cash had been sent in by mail the prisoner got a receipt and the money was placed in their personal cash account. However, if a visitor attempts to hand cash into the prison this was refused. This seemed illogical that a prisoner could have money sent in with no formal identification of the sender, but money was not accepted by someone who could prove who they were.

Property cannot be handed into the prison, although clothes for funerals have been the exception. This puts huge financial burdens on people to pay for delivery which is unwelcome in a climate of a cost-of-living crisis. This practice is not consistent across all prisons, with approximately 30% of prisons still refusing to allow parcels to be handed in. HMIPS continue to recommend that SPS HQ ensure consistent practice nationally, by instructing all prisons to allow the handing in of property, as was the process pre COVID-19.

Recommendation 37: HMP & YOI Grampian should introduce a process for receiving property that does not disadvantage any group of prisoners.

Recommendation 38: SPS HQ should ensure a consistent practice of allowing the handing in of property and cash at all prisons to reduce the financial pressures of families and friends.

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

Rating: Good

The escort provider GEOAmev is the contractor responsible for escorting all prisoners out of HMP & YOI Grampian. However, due to the challenges facing the company, out of the 1,387 booked with the escort provider in 2023/2024, 574 were cancelled. Out of those cancelled, 112 escorts were covered by the prison, which was a remarkable commitment from the staff. Due to no operational cover for escorting, the prison would either take staff off shift, therefore impacting on the good running of the prison, rely on ex gratia or close work sheds which also disrupted the prison regime.

Most of the escorts were for hospital appointments, which if not attended may have had serious consequences to the patient's health, attending funerals or other important appointments. The prison needs to be recognised for the efforts they have made. An unintended consequence was that the prison staff were well versed in carrying out escorts, which meant that there was less risk than sending out staff with little experience. The arranging of an escort was fluid where an FLM was responsible for overseeing the prisoner escort process. Checks were carried out to ensure that the appropriate authority was in place to allow the escort to go ahead. Risk was assessed utilising among other sources PR2. Staff briefings took place prior to the escort leaving the prison, ensuring staff were fully updated on all information required to carry out a safe escort along with the appropriate paperwork. Phones were available along with an escort pack which included handcuffs and important

phone numbers. In most cases handcuffs were applied prior to the escort leaving the prison but there was some evidence that handcuffs were not applied for all escorts, supported by cuffing risk assessments. Assurance checks were carried out by an FLM and then by a senior manager which was recorded on SharePoint.

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

Rating: Poor

Unlike most prisons, HMP & YOI Grampian tested for alcohol using an Alcometer. Generally, this was used for those with access to the community but also where a person was suspected of consuming alcohol within the prison. There was an SOP available to staff to remind them of the process.

There was no dedicated mandatory drug testing team in the prison. HMIPS appreciated the staffing challenges, but there was an over-reliance that mandatory drug tests were carried out by trained staff covering this as a secondary role while on shift. This would account for the lack of suspicion or random testing, particularly on male prisoners.

Due to holding both males and females there were two mandatory drug testing sites. Both had issues either in their layout or where they were situated. For the female prisoners, mandatory drug tests were carried out in their hall. The Mandatory Drug Testing Unit was well laid out with all the necessary equipment and paperwork available. A log was kept of all testing and results. However, it was situated in the same area that was used to distribute medication which was not ideal. During a mandatory drug test, medication would not be able to be distributed and vice versa if medication was being distributed then testing could not start. This could have a real impact where a woman might be waiting for several hours to give a test, so the access to medication would be difficult. However, due to hall numbers testing of women was low. As mentioned, there was no dedicated staff so those trained were also on the hall roster. This was not ideal if again a person was unable to provide a sample for some hours it would impact on the regime. For male prisoners, the testing site was situated in the women's side of reception which was far from ideal. It was also the disabled toilet which had been 'converted' to undertake mandatory drug tests and would be out of use to a disabled person during any testing. The room had a screen to enable some privacy but there was a reflective panel in the upper corner of the room where staff were able to observe a prisoner if they were sitting down on the toilet although not while using the urinal. Paperwork and testing kits were available but as mentioned very little in the way of testing took place. Any testing was reliant on staff from reception which could be challenging particularly if the reception was busy. A work around needs to be looked at to increase testing and reduce the impact of taking staff away from their posts.

HMP & YOI Grampian had undertaken some staff training from external and internal sources. Although HMIPS are not questioning the level of knowledge of existing staff to train others, this is not ideal. Staff may pass on unrecognised work practices and may not be up-to-date with current practices. However, with no support from the

SPS, the prison had limited options as the SPS no longer offered national training and it is down to each prison to ensure staff are trained.

Recommendation 39: HMP & YOI Grampian should ensure that the area used for mandatory drug testing is suitable for the task and in an area that has the least impact on other functions.

Recommendation 40: SPS HQ should ensure that recognised mandatory drug testing training is carried out using recognised trainers and training packages.

4.9 The systems and procedures for monitoring, supervising, and tracking the movements and activities of prisoners inside the prison are implemented effectively and thoroughly.

Rating: Satisfactory

HMP & YOI Grampian's CCTV and movements of prisoners was staffed and managed through the Electronic Control Room (ECR). The quality of the camera coverage was of a good standard in most cases; however, some hall cameras were better than others. There was full coverage of all areas of the prison. There was a secondary ECR in another part of the prison in case of emergencies.

The week of the inspection there were two staff on shift who were very experienced and skilled in the role of ECR officer. The ECR was a busy place and staff worked well dealing with requests to get through doors, allow egress and access to vehicles and answering telephones. On that note, the phone line for those with a concern was also in the ECR which sometimes took up vital time which put extra pressure on the other staff member.

Inspectors observed the movement of prisoners, both as groups and individuals, and it was of a very good standard. It was well-controlled with good communication.

The movement of prisoners to work and return took place four times per day and was supervised by activities FLMS. This was observed and found to be well-controlled. Staff were stationed at various locations along the route as a control mechanism.

Daily checks were carried on the cameras with the records stored in SharePoint, which were accessible to FLMS and senior managers to carry out assurance checks. Any issues with the cameras were addressed through an agile report sent to Estates and was dealt with as a priority. Staff received an e-mail to inform them when the report was submitted and another e-mail confirming when the issues were solved.

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

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

Rating: Good

The checking of all vehicles was carried out to a good standard with staff utilising equipment available. Vehicles did not move from the locked area until the staff checking the vehicles notified ECR staff their checks were complete. All records were up-to-date regarding vehicles entering and leaving the prison.

For those working for GEOAmev, a separate record sheet was used due to the regular visits. There was clear evidence that staff were correctly identified and belongings such as phones were removed from the vehicle and kept in a lockable cabinet.

There were a number of SOPs to assist staff if they required to be reminded of the process, such as how to search a vehicle and what action to take if a person could not be identified.

Delivery of small packages went to the vehicle lock area to be checked and processed before being taken inside the prison. A record was kept of each item accepted by the prison.

Inspectors observed the mailing process within the prison. This had been subject to challenges from prisoners on opening their privileged mail. To minimise the risks of opening privileged mail, HMP & YOI Grampian had in place a robust management system. There were clear processes in place that followed SPS guidelines. The mail person was clearly knowledgeable and organised to a high standard with a number of assurance processes put in place to ensure compliance. Any mail for prisoners was collected by the FLM and signed for on a log which was then returned to the mail room to confirm that the mail had been handed out. This was an excellent almost full proof system if followed correctly.

Internal perimeter checks of the establishment were observed but not an outside perimeter check. These were carried out a number of times a day by the Security Team with support coming from other areas of the operation team where required. A recommendation made in the 2019 report was made where staff carrying out searching within the vehicle lock should ensure all driver areas are searched. This was met during this inspection.

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

Rating: Satisfactory

There was an SOP available to advise staff of the process for informing a prisoner of the death or serious illness of a relative. More often prisoners received this information directly via the in-cell telephone, but the SOP continued to be followed when staff were the first to receive the news. The ECR was the first point of contact for critical information coming into the prison from family/friends. They then informed

the hall FLM and either they or another member of staff delivered the news, dependent on who knew the person best.

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

Staff spoken to were aware of the process and there were sufficient rooms available on the residential halls for confidential conversations to take place. Staff informed inspectors that they would provide prisoners with an emergency pin to allow them to contact family via the hall phone if their in-cell phone was out of credit. The Chaplaincy Team were informed of all deaths/serious illness of a relative and offered support to prisoners.

Prisoner's families were invited to ICMs and RMTs, with their consent.

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

Rating: Generally Acceptable

During the inspection week, inspectors witnessed mostly positive interactions between staff and prisoners. The halls felt safe. However, the HMIPS pre-inspection survey results were concerning. The survey found that only 53% of respondents said they were treated with respect by staff all or most of the time. One in five (20%) said they were rarely or never treated with respect by staff.

A large number of those surveyed chose to leave comments about relationships between prisoners and staff. Whilst a handful of these were positive, the vast majority were negative. Several reported that prisoners were receiving differential treatment from staff with accusations of favouritism. Others felt that poor behaviour was rewarded by greater staff attention and support, whilst the quieter and well-behaved prisoners did not get the support they felt they needed. Some also mentioned that some staff members kept prisoners locked in their cell for longer periods than others on the same hall. There were also reports of bullying.

Prisoners reported that staff spent most of their time behind their desks, forcing prisoners to shout to them if they wanted to ask for something. This tied in with inspectors' observations, which included the poor practice of officers shouting prisoner's names at the top of their voice from the staff desk if they needed them, rather than going onto the hall to speak to them.

There were a number of factors that inspectors found that may have contributed to the results of the survey. The residential cohort were carrying 7.45 full-time equivalent (FTE) vacancies at officer level and 5.5 FTE vacancies at FLM level. Added to this, 50% of residential officers and 67% of residential FLMs had less than two years' experience. This will take time to address. Staff shortages affected the

continuity of the staffing group on the residential halls, which staff and prisoners reported affected their ability to build relationships and maintain them as staff were regularly moved around. Having the grille gates closed was also a barrier to building relationships. Inspectors observed staff congregating around the staff desk and staff spoken to confirmed they only entered the halls for specific tasks rather than to patrol the halls or interact with prisoners. For staff, frequently having to manage with insufficient numbers or cover roles outside their normal duties, rosters having to be covered through overtime, some posts being left uncovered, and some staff reported to inspectors that they had occasionally worked 24-hour shifts to cover shortages which affected their mood when dealing with prisoners. Having mixed categories on the same hall restricted regimes and being locked up for lengthy periods of time during the day, with final lock up at 4.30pm caused frustration for prisoners.

There have been long-standing recruitment challenges due to the location of HMP & YOI Grampian and the better pay available in local industries. Staff were very critical of the national SPS recruitment process which they felt gave a misleading picture of the reality of the job. This in turn led to a turnover of staff, for whom the reality of working life in HMP & YOI Grampian came as a shock. It was reported that a lot of recently recruited staff had left. With aspirations about the real scope to 'unlock potential and transform lives' quickly evaporating.

In the HMIPS pre-inspection survey, just over half (53%) of respondents said they had a personal officer, while 17% said they did not have one, and 30% said they did not know who their personal officer was. Those who had a personal officer were asked how helpful they were. Half (50%) said their personal officer was helpful, while 15% said their personal officer was unhelpful. A personal officer structure was in place in HMP & YOI Grampian, and staff knew what was required of them. There were lists of personal officers displayed on the hall noticeboards, and two dedicated Case Managers had been introduced to cover the duties of residential staff to allow them to do their personal officer work. However, they were continually pulled away to cover absences/vacancies. Many staff reported the core day was a major challenge, making it impossible to deliver everything that was needed. This along with staff shortages meant it was difficult for personal officers to carry out their roles effectively. It appeared to work well in Banff Hall where there was a higher staff ratio to prisoners and less long-term prisoners, but it was variable in Ellon Hall. Further work is needed to create time for personal officers to carry out their role effectively.

Recommendation 41: HMP & YOI Grampian should consider the results of the pre-inspection survey and the inspection and review the potential barriers to improving staff/prisoner relationships.

Recommendation 42: SPS HQ should review their recruitment process, and the training offered to new recruits. HMIPS are hearing from many new recruits and existing staff during our inspections that it does not offer a realistic description of the role, and it is affecting their ability to retain staff nationally.

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

Rating: Satisfactory

Prisoners were able to always contact staff on confidential matters. When locked in cell they could use their call buttons and there were sufficient rooms available on the residential halls for prisoners and staff to have confidential conversations. Inspectors were informed they worked well and were checked as part of the daily cell certification checks. Any issues were reported to Estates and fixed quickly.

In all but one hall, confidential paperwork such as TTM, was kept behind the staff desk and brought out when needed. In Ellon 1 the live TTM paperwork was out on the staff desk during the day. Although prisoners were mostly behind the grille gate, they were passing the staff desk when entering or leaving the hall and therefore it should be kept out of sight.

Staff spoken to were aware of the process for reporting information security breaches and dealing with SARs. Data protection notices were placed on the noticeboard in all halls following a recent PRL audit, and they advised prisoners how to make a SAR request. Inspectors looked at the information security breaches and SARs for 2023/24, and 98% of SARs were responded to within timescale.

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

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

Rating: Generally Acceptable

The environment in HMP & YOI Grampyian appeared orderly and was reasonably predictable. Staffing shortages affected the day-to-day staffing of the halls and there was an SOP in place that advised how the prison would consider and address these shortages.

Inspectors identified a clash in the regime for the offence-protection prisoners in Ellon 1d and the non-offence prisoners in Ellon 2a, who were given 45 minutes of education that clashed with lunch time. It meant their food was being kept on a hot plate for too long which affected the quality of their meal. This needs to be addressed.

Prisoners were informed of the hall regime via the induction booklet for Banff prisoners and the 'first period in custody prisoner record' in Ellon, but it was not advertised in the halls. The First Night in Custody booklet and national induction covered expected behaviours and the orderly room process. Staff organised a translator for those arriving at the prison who did not speak English, and the discussion included an explanation of the regime and expected standards of behaviour.

There had been a recent change to the regime in Ellon 2a, where the exercise time had been moved from morning to afternoon. Prisoners and staff spoken to in the hall reported that they had not been consulted about the change and did not know why it had happened. HMP & YOI Grampian should ensure it consults both staff and prisoners on potential changes to the regime.

Many prisoners were spending lengthy periods in their cell, and the final lock up time for all prisoners was around 4.30pm. Those that did not go to work or education could be locked up until their exercise or recreation period the following day as all prisoners eat their breakfast in cell. The non-offence protection prisoners in Ellon 2a had the poorest regime as they eat their lunch and dinner in cell, had no access to work and access to education for only 45 minutes per week. There were other opportunities to get out their cell, for example to attend a church service, the gym and some other activities but it was for short periods. If they chose not to engage, they were only open for one hour exercise and 45 minutes recreation. Ellon 1d had a similar regime for the offence-protection prisoners but they were open for lunch and dinner.

Recommendation 43: HMP & YOI Grampian should display the regime in each hall.

Recommendation 44: HMP & YOI Grampian should address the clash between the 45-minute education session and lunch in Ellon 1d and 2a and review the regime being provided to offence-protection prisoners in Ellon 1d and non-offence protection prisoners in 2a, to allow them access to work and education in line with the rest of the prisoner population.

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

Rating: Generally Acceptable

According to the HMIPS pre-inspection survey, two-thirds (66%) of respondents said that the prison did not consult prisoners for their opinions on issues such as food, canteen and healthcare. Only 16% of respondents felt that the prison did consult prisoners, and that things sometimes or often changed as a result. However, co-production meetings appeared to be taking place regularly, with representatives from each hall attending them. The staff attending them was inconsistent and HMP & YOI Grampian should try to standardise this. The minutes of the May meetings were displayed on all hall noticeboards and inspectors were provided with minutes of meetings that had taken place since October 2023. The content appeared to be more weighted towards the prison sharing information and updates with prisoners, rather than prisoners raising potential areas for improvement. HMP & YOI Grampian may wish to consider HMP YOI Polmont's good practice process where they had suggestion forms in the document holders on the wall in residential areas, giving prisoners the opportunity to put forward items for discussion at future co-production meetings. HMIPS would also like to see an update

on the actions from the previous meeting discussed and recorded. This would let prisoners see that things are changing because of these meetings and may help improve the perception of prisoners in the pre-inspection survey.

There was no mention of the co-production meetings in any of the admission information provided to prisoners. HMP & YOI Grampian should include an explanation to make prisoners aware of how they can contribute to improving prison life on arrival. SPS HQ should also include an overview in the national induction slides. This has been a recurring action for them for many years and HMIPS are puzzled as to why it has not been completed.

The noticeboards would benefit from being reviewed to make them more informative, better laid out and standardised throughout the residential areas. Some areas were better than others. Banff's noticeboards contained lots of helpful information, Ellon 1 and 3 were fairly consistent and contained some helpful information, whereas Ellon 2 was pretty poor with no consistency apart from the Fife College noticeboards. The difference was that Ellon 2 did not have an officer allocated to reviewing them. Prisoners raised the content of the noticeboards at the Ellon co-production meeting in February this year.

Any events were advertised via a poster on noticeboards and the prison TV information channel. The TV channel was run by the prison radio and was an effective method of reaching all prisoners.

Inspectors found no information available in other languages on the halls.

Recommendation 45: HMP & YOI Grampian should ensure that an update on actions from co-production meetings are communicated to all prisoners, and that all prisoners are encouraged to submit items for discussion at future meetings. They should also update the admission booklets to provide an explanation of co-production meetings to new arrivals.

Recommendation 46: SPS HQ should update the national induction slides to include information about PIACs/co-production meetings.

Recommendation 47: HMP & YOI Grampian should review the noticeboards in residential areas to make them more consistent and informative.

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

Rating: Satisfactory

The prison rules were available in all residential halls and the prison library. Some halls had signs on the noticeboards advising prisoners how to access them and this should be standardised throughout the residential area.

The library held a variety of legal texts and there was a notice on the wall advising prisoners what was available. They could be printed off in different languages if required.

An SOP was available to staff for the purpose of ensuring foreign nationals who qualified had access to a 10-minute phone call on arrival. The Ellon first night in custody form also prompted staff to check this to allow them to maintain contact with friends and family in other countries. The prison made good use of translation services to communicate with foreign nationals with little to no English.

The process for arranging agents visits and the staff working there confirmed the process ran smoothly and there were sufficient rooms available. However, the area was understaffed, with only two officers for most of the time rather than three. Although prisoners were still able to meet with their lawyers, it could be delayed by a day as the staff had to cap the number of appointments to allow them to complete all the tasks required of them.

5.7 The prison complaints system works well.

Rating: Generally Acceptable

The HMIPS pre-inspection survey informed us that most respondents (80%) reported that the complaints system worked quite badly or very badly.

The SPS complaints process was explained to prisoners in the First Night in Custody Booklet. However, it did not include equality and diversity complaints, and the complaints process was not advertised on noticeboards in any of the residential areas. There were also no complaints boxes on the halls to prevent prisoners having to hand them to staff, which may be off-putting for some.

HMP & YOI Grampian must also ensure complaint forms are freely available in each residential hall as many of the halls did not have them available. There were also no envelopes available on any of the halls for prisoners to place confidential PCF2 complaints in, and there were inconsistent practices between the halls in relation to this. On some areas prisoners asked for an envelope, on other areas staff placed it in an envelope for them removing the confidentiality from the process. There were no EDF complaints forms in any of the residential halls. The SPSO complaints process was well advertised throughout the establishment.

PCF1 and PCF2 complaints numbers had reduced in comparison to previous years, but this could be due to lack of advertisement of the process and a lack of forms being available. The quality of FLM responses to PCF1s and Internal Complaints Committee (ICC) reports was good. Of all PCF1s logged during 2023/24, 63% had been resolved at FLM level, with 37% reaching ICC stage. Just over 9% were responded to late by the FLM and just under 16% were responded to late by the ICC, so the prison may wish to investigate the reasons for this. Of those referred to ICC, almost 22% were upheld, but over half, 65% were overturned. The prison may wish to look at this more closely to identify why such a high figure are being overturned at ICC stage. The Governor upheld 80% of the ICC chair's decisions. There was an audit process in place.

Of the 194 PCF1s logged during 2023/24, the top categories were property (22%) and the regime (12%). These were the same top categories for 2022/23 and HMP & YOI Grampian should investigate the reasons for this.

Only two EDF complaints were made in the last year and one of them did not meet the criteria. HMP & YOI Grampian need to raise awareness of this process amongst both staff and prisoners, advertise the process and ensure forms are available in the residential areas.

Visitor complaint forms were available in the visitor waiting room, but it was not advertised on the walls in the waiting room or visit room. Any complaints received were referred to the Governor in the first instance.

Recommendation 48: HMP & YOI Grampian should advertise the SPS complaints process and have all complaints forms, including EDFs and envelopes, readily available in all residential areas. It should also install complaints boxes to prevent prisoners having to approach staff when making a complaint.

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

Rating: Satisfactory

According to the HMIPS pre-inspection survey, only 56% of respondents said they knew what the role of an Independent Prison Monitor (IPM) was, and 50% said they knew how to contact an IPM. The majority of respondents (62%) said they had never tried to contact an IPM. Of those who had, just over half (52%) said the experience had been helpful, while 6% had found the experience unhelpful, and 17% said they had been unable to contact an IPM when they tried.

IPM posters were displayed in all residential halls and throughout the prison, and the contact number was on prisoners' in-cell phone. Prisoners and staff spoken to during the inspection knew who the IPMs were, said they were visible on the hall, and they knew how to contact them. IPMs completed 105 visits to the prison in the last year and dealt with 153 requests from prisoners, which was above the national average. The hall induction booklet made no mention of IPMs, but it did appear in the First Night in Custody Booklet, albeit it was the old IPM poster that should be updated. HMIPS will consider what further work can be done to raise the profile of IPMs.

Recommendation 49: HMP & YOI Grampian should update the FNIC booklet with the most up-to-date Independent Prison Monitoring poster.

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

Rating: Satisfactory

The prison offered a good range of employment opportunities in well-equipped workshops to match the age, ability and preference of most prisoners. Work parties included catering, laundry, pass, recycling, gardens and charity activities, and participation rates were high. Vocational training activities were offered for industrial cleaning, barbering, painting and decorating, joinery and media. Overall, prisoners had good access to employment and training opportunities, and these were sufficient for most prison populations. However, non-offence protection prisoners were only offered employment options for pass activities on their section and had limited access to training opportunities. See recommendation in QI 5.4.

There was a good range of employability training offered for prisoners to suit their range of abilities and interests, particularly for those aiming to gain certificates useful at release. These included certificates for the BICSc, food safety, CITB, CSCS construction card, forklift and pallet truck operations and waste recycling. However, the opportunity for prisoners to gain vocational training qualifications was limited to Scottish Qualifications and Credit Framework (SCQF) levels 4 and 5 in professional cookery.

The prison collaborated well with education, employers and external partners to support prisoners with employability awards, improve their CV and gain life skills to prepare for liberation. A partnership with Greene King catering company, provided prisoners with the knowledge and skills to work in a commercial kitchen. On successful completion of their SVQ, they were offered full-time employment on release from prison.

Overall, prisoners were consulted about the employment and training opportunities to meet their needs. Prison managers reviewed the scheduling of these opportunities regularly and had plans in place to expand the range of activities and certification in the near future.

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

Rating: Satisfactory

The prison induction was comprehensive and helped prisoners to find opportunities for paid work and training. Prisoners had sufficient opportunities to discuss the employment and training activities available to them. Staff in the library, personal officers and training staff were willing to listen, offer advice and support prisoners to engage in purposeful activity.

The labour allocation policy was clear, fair and applied to all eligible prisoners. However, the opportunities for non-offence protection prisoners to access

employment and training were restricted. See recommendation in QI 5.4. Wherever possible, the prison took account of personal preferences during the labour allocation process, and offered a change to work party if requested and a place was available.

The majority of prisoners were encouraged to take part in employment and training opportunities. The prison made adjustments to help those prisoners with additional needs to take part in activities. One example of good practice was the older persons work party in partnership with the charity Stella's Voice. This provided practical in-cell and in-section activities for those prisoners who could not take part in work shed activities.

Prisoners had sufficient opportunities to discuss the employment and training activities offered by the prison. Prison staff took account of the personal preference of prisoners to help them achieve their training and skills development goals. Wherever possible, the needs of the individual were met over the needs of the establishment. Prisoners who required extra help or encouragement to take part in the employment and training opportunities were supported well by prison staff.

Good Practice 5: The older persons work party in partnership with the charity Stella's Voice.

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

Rating: Good

The Education Centre provided a welcoming, bright and comfortable environment for prisoners to engage in learning. It was well-equipped with a good range of learning resources. The educational activities suited the range of abilities and interests of prisoners, who valued the positive and supportive relationships with their tutors. Staff used project-based teaching approaches effectively to help prisoners achieve their learning goals. Prisoners were motivated and engaged in the learning activities and appreciated the opportunity to improve their skills and knowledge.

The prison highlighted the opportunities for prisoners to attend education during the induction process. A profile tool was used during induction to assess prisoners' skill levels and match them to a suitable level of study. This helped tutors to identify and support prisoners with additional learning needs and develop personal learning plans. These plans were shared with prison staff to support prisoners with their vocational training.

The Education Centre offered a good range of events and projects throughout the year, many in connection with the local community. Artwork produced by prisoners was exhibited in the local museum for friends and family to view.

The Education Centre promoted educational opportunities well through the digital newsletter, and through prison TV and radio. Centre staff delivered leaflets and posters to the residential wings to encourage engagement of prisoners in education

activities. Education Centre staff consulted prisoners about the educational opportunities available through the You Said, We Did campaign and used this feedback to make service improvements. For example, notifying prisoners of their place on the waiting list to attend classes.

The range of subjects offered to prisoners was limited to art, media, history and English for Speakers of Other Languages (ESOL) at levels 2 to 5 on the Scottish Credit and Qualifications Framework (SCQF). Prisoners could complete an Employability Award and practice CV writing and interview techniques which helped them to find employment on their release. A few prisoners studied advanced level qualifications.

All prison populations had access to classes and activities including untried prisoners and attendance at the Education Centre was high. However, some prison populations had fewer scheduled opportunities and female prisoners often preferred to remain in their residential area. Staff provided in-cell activities for prisoners that were unable or unwilling to attend the Education Centre.

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

Rating: Generally Acceptable

Almost all prisoners had good access to high-quality sporting and fitness facilities, including weekends. Prisoners made good use of the well-equipped facilities including a large sports hall, outdoor football pitches, and the gymnasium with a wide range of exercise and training equipment. A few prisoners made use of the satellite gyms in the accommodation blocks. However, the mixed prisoner population in the first night in custody and non-offence protection prisoners had less timetabled opportunities to engage in health and fitness activities. See recommendation in Standard 5. All prisoners who accessed fitness equipment and activities completed an induction.

The prison offered a wide range of physical activities to all prisoner populations such as weights, indoor sports, cardio, a running club and outdoor games such as football. The Physical Training Instructors (PTI) supported prisoners with barriers to participation by making adjustments to help them engage in physical and health activities.

Prisoners were keen to engage in gym activities and attendance levels were high, with almost all prisoners reporting that they had good access. PTIs encouraged prisoner participation by offering extra sessions when timetabled spaces were unfilled. They also transferred groups of prisoners to the Health and Fitness Centre to increase the number of timetabled slots available. PTI planned activities to suit the fitness level, ability and age of prisoners. They took prisoner views into consideration when timetabling fitness activities and consulted prisoners on the choice of opportunities available. Events and fitness challenges were promoted to encourage

participation in health activities by prisoners such as the Run Forever running club, fitness tests, monthly competitions and Tour de Grampian. A few prisoners benefitted from health and well-being sessions linked to exercise and fitness activities. However, there were limited opportunities for prisoners to reflect on their lifestyle health through diet, or external speakers on topics such as steroid misuse.

A few prisoners had gained awards for health and fitness activities in the past year. However, the delivery of training opportunities and qualifications for prisoners had stopped as staff training, and qualifications had elapsed.

Recommendation 50: HMP & YOI Grampian should ensure staff training for physical education staff is up-to-date and staff are qualified to support prisoners to achieve sports and fitness qualifications.

Recommendation 51: HMP & YOI Grampian should ensure that Physical health and fitness activities are linked more clearly to awareness raising and programmes for healthy living, well-being, nutrition and mental health.

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

Rating: Good

The prison library offered a welcoming environment for prisoners and was staffed by a full-time librarian employed by the local authority. Themed calendar events such as Brain Injury Awareness month and Holocaust Remembrance Day were displayed to good effect with references to library texts. Designated SPS staff escorted prisoners from all populations in the residential wings to the library and prisoner attendance was high. A drop-off service was provided for prisoners who were unable to attend the library. Prisoners were consulted about the library service and materials provided, and their views considered.

The library held a wide range of texts, some of which were available in large print, audio book and languages other than English. Prisoners made good use of the extensive range of DVDs, and a choice of newspapers and magazines. Library staff collaborated effectively with the Education Centre to provide textbooks and kits from the local authority to support prisoners' projects. Prisoners could also access magazines, puzzles and relaxation DVDs for use in their cell and prisoners for whom English was a second language were offered weekly newspapers in their own language.

Library staff worked well with external agencies to support prisoners with their health and wellbeing. Activities included a support group for prisoners with early dementia and a recovery hub supported by Alcoholics and Narcotic Anonymous. A good range of self-help materials encouraged prisoners to develop independent coping mechanisms. Almost all female prisoners took part in a bespoke reading group which catered for their needs.

The librarian promoted wider engagement with reading and literature through an innovative activity called Book Bingo. This initiative encouraged prisoners to read a wider genre of materials and is good practice. Another initiative, Reading around the World, celebrated the quantity of reading undertaken by the prison population.

Good Practice 6: The Book Bingo initiative that encouraged prisoners to read a wider genre of materials.

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

Rating: Good

The prison offered a wide range of recreational and cultural activities in collaboration with partners from local and national organisations. Prisoners were encouraged to attend these activities, and they also hosted events for prison staff, such as the Robert Burns supper.

The prison recognised and celebrated national and local events, such as International Women's Day, Movember and Peterhead Scottish week. The prison kitchen often provided themed meals for prisoners to mark calendar events. The Education Centre encouraged prisoners to take part in cultural events such as Remembrance Day and Black History month.

Noticeboards in the Life Skills work shed advertised employment and training opportunities for prisoners, who could also practice for their driving theory test. Female prisoners in the Charity work shed made cloth bags cut from scraps of recycled clothes to raise money for a local cancer charity.

Many prisoners were successful in the Koestler Awards Scheme with a number of entrants achieving gold and platinum awards. The prison was proactive in celebrating the achievement of prisoners through awards ceremonies, family events, entries in the prison newsletter and through prison television and radio channels.

A few prisoners had been trained as peer mentors to encourage prisoners to attend the Education Centre, apply for jobs and to discourage substance abuse. A peer listening service was also available to support prisoners.

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

Rating: Satisfactory

All prisoner groups were able to access fresh air every day if they wished. HMP & YOI Grampian had built an extra five minutes into the regime timetable for escorting prisoners to exercise yards and ensuring prisoners got access to a full one hour outside.

As reported in QI 2.5, rainproof clothing was provided but the hoods had been removed from some of the jackets for Ellon Hall prisoners, which negated some of the value. This should be addressed.

Good Practice 7: The prison had built additional time into the regime timetable for escorting prisoners to the exercise yards to ensure they got their full hour outside.

6.8 Prisoners are assisted in their religious observances.

Rating: Good

The prison's multi-faith team benefited from having a full-time Chaplain as well as having a part-time Roman Catholic Chaplain who worked 23 hours a week, and a Reformed Church Chaplain who worked six hours per week. This allowed the Chaplaincy Team to provide a good range of services and events throughout the week, with something on every day apart from Saturday. This also allowed opportunities for all prisoner groups including women, protection and non-offence protection. Unfortunately, however, there were no opportunities for evening services. The prison was without an allocated Imam at the time of our inspection, but an Imam could provide prayers by video link.

The Roman Catholic Chaplain could speak Lithuanian, Russian and Polish, which allowed the team to provide a separate service for some non-English speaking prisoners every second week. The multi-faith team were able to provide bibles in Russian, Bulgarian and Polish and could arrange for other translations if required. The Chaplaincy Team could support other faiths through their wider contacts, including a Rabbi who would support prisoners who declared themselves Jewish on admission.

Following a death in custody the Chaplaincy Team had provided pastoral support for the family, staff and other prisoners affected by the death. They could also arrange a memorial service in the prison if prisoners sought it.

The Prison Fellowship ran a Sycamore Tree course for groups of about 10 prisoners at a time, which explored restorative justice type themes. A course had been run earlier in the year with women located in Banff Hall.

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

Rating: Satisfactory

The prison had a family and parenting strategy for the period 2024 to 2029, fine tuning the SPS national strategy to refer to HMP & YOI Grampian. A children and family strategy planning group were meeting to develop an action plan, which was still being firmed-up. However, opportunities for families to engage with the prison

and the Family Centre and Help Hub were being provided through a Conversation Café scheduled for 6 June in Aberdeen and a Family Fun Day in Aberdeen on 9 July.

There was a good range of opportunities for visits during the week and at the weekend. Visit opportunities were communicated to prisoners through the induction booklet. The monthly entitlement was normally four virtual, three family and two open visits per month. The prison provided children's visits on a Wednesday afternoon and Saturday morning and a good range of family focussed events in the prison, for example for Fathers' Day and a Back-to-School event at the end of the school summer holidays.

The prison was grateful for the support offered by Robert Gordon University and the Streetsport initiative and Aberdeenshire Libraries, who were active partners in the organisation and running of several of these events.

Communication with family was encouraged and withdrawal of phones would only ever be an option of last resort and for a limited period.

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

Rating: Good

The visit hall was bright and welcoming with a large amount of natural light, and the arrangement of a relatively small number of seats for the size of room made for a relaxed and comfortable setting. Demand for physical visits was much reduced since the introduction of virtual visits and in-cell telephony post the pandemic, so the prison had felt able to reduce the number of seats in the visits hall to provide a more relaxed ambience. The weekend visit sessions were busier than weekdays, but the prison assured inspectors that there was never a shortage of seats, despite some prisoners suggesting there were difficulties booking visits. There was an outdoor area for children's visits when the weather was warmer, which had been recently cleaned, although it might benefit from some further softening, for example, through the introduction of potted plants. There was a good variety of children's toys which could be brought out for children's visits. Although snacks were available from vending machines it was disappointing that the tea bar had not reopened post COVID-19. This had previously provided jobs for some of the women in Banff Hall and it would be good to bring this back into play. The addition of a full Barista style coffee machine would also support development of marketable employability skills. Although some of the women complained that security in the visits area could sometimes be intrusive, the visit session observed by inspectors was handled well by staff and the spaced-out nature of the seating arrangements helped to respect privacy of conversations.

The prison benefited from having one of the best visitor hubs anywhere in the Scottish prison estate, offering a warm welcome and help for visitors, a lovely space for young children to play, and a small food and clothing bank for any families who might need it. Unfortunately, the café had been forced to shut due to funding

pressures and the roof needed repaired, which the SPS had programmed for August 2024. The feedback provided to inspectors showed just how much this excellent facility was appreciated by families visiting their loved ones in HMP & YOI Grampian. It is hoped that Aberdeen City Council can be persuaded to partner Aberdeenshire Council in ensuring that funding for this vital service continues.

Recommendation 52: HMP & YOI Grampian should seek to reopen the tea bar in the visits room with a Barista style coffee machine to support development of employability skills.

Recommendation 53: SPS HQ should fulfil their planned repairs to the visitor hub roof.

Recommendation 54: SPS HQ should work with Aberdeenshire Council and Aberdeen City Council to secure the long-term sustainability of the Visitor Hub.

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

Rating: Satisfactory

The prison could accommodate up to six virtual visits at the same time. The geographical challenges for many families in attending HMP & YOI Grampian for physical visits meant this technology was appreciated by prisoners and their families. As we have seen in other prisons, the technology worked best when the family member at home was using a computer or laptop with reliable internet connectivity rather than a mobile phone.

Families had previously had the opportunity to access a subsidised minibus service between Aberdeen city and the prison, but this had ended in March 2024. This was regrettable as relying on the standard bus service from Aberdeen to Peterhead was expensive as well as a long journey. Inspectors heard from a family who had to leave Aberdeen at 3.45pm to get to Grampian at 6.10pm for an evening visit and would not get back home to Aberdeen after the visit until 11.30pm, at a cost of over £20. Moreover, buses travelling from Aberdeen to Peterhead stopped outside the prison, but buses travelling south did not, so families coming from Fraserburgh had to get off at Peterhead and walk over a mile or get a taxi. This was a barrier for families with young children in push chairs, or the elderly and infirm who had to rely on buses.

We were advised that the Scottish Government and the SPS were working together to look at a paper submitted by Families Outside highlighting the challenges facing families trying to reach prisons by public transport. We very much hope this will result in better and cheaper transport options being available to families with loved ones in HMP & YOI Grampian and across the SPS prison estate. Research clearly demonstrates that supporting family contact in prison can be an important factor in helping to avoid reoffending on release into the community.

Recommendation 55: SG and SPS HQ should find ways to improve public transport options for families visiting HMP & YOI Grampian.

6.12 Any restrictions placed on the conditions under which prisoners may meet with their families or friends take account of the importance placed on the maintenance of good family and social relationships throughout their sentence.

Rating: Satisfactory

Restrictions on physical visits were rarely applied, and only after evidence of attempts to pass substances during a visit. The prison had a number of closed visit meeting rooms. However, virtual visit technology now provided a more popular alternative option for maintaining family contact when restrictions on physical visits had to be applied.

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

Rating: Good

The prison had a Recovery and Wellbeing Strategy and had created a Recovery Team. The excellent Outreach Team supported those identified by residential staff as being particularly vulnerable or having additional needs, helped plug gaps and referred individuals for blocks of specialist counselling. This was commendable.

The prison had also funded a Health and Wellbeing Officer who ran workshops for prisoners on quite a range of different breathing and relaxation techniques and awarded certificates upon completion of the workshops. For some vulnerable prisoners, the opportunity for a quiet time away from the busy residential areas was particularly therapeutic.

The Older Adult Psychology Service had designed and facilitated a Cognitive Stimulation Therapy informed group called the 'Brain Gym' for older prisoners, particularly those with cognitive impairment or at risk of it. This had been run with the co-operation and input of the Library Service and the NHS Speech and Language Therapy Team. This had run for seven weeks on Ellon 1 looking at different topics each week, but unfortunately had to stop in March 2024 when temporary 'Action 15' funding for mental health initiatives ended.

Good Practice 8: The provision of blocks of specialist counselling for prisoners who need it was commendable, as was the creation of a dedicated Health and Wellbeing post running breathing and relaxation classes for prisoners.

Recommendation 56: The NHS and SPS HQ should work together to see if funding can be secured to re-establish the Cognitive Stimulation Therapy classes ('Brain Gym') for older prisoners at risk of cognitive impairment.

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

Rating: Satisfactory

The case management reports reviewed by inspectors had been completed to a high standard, and showed an individualised approach that took full account of critical dates and individual circumstances. The ICM Co-ordination Team operated well. They met with new personal officers to set out what they hoped to get from them for ICMs and felt that personal officer input into the casework had improved since the new mentoring scheme had been put in place. Records suggested that personal officer attendance at ICMs was reasonably high, attending most but not all ICMs.

Family involvement was always offered, but with limited uptake. When inspectors spoke to prisoners who had recently been through ICMs they confirmed that family participation had been invited and they themselves had been given opportunity to participate and ask questions at their ICM. Most said they were clear on the next steps in their sentence planning, although not necessarily the timing when it related to programme delivery as this was not being delivered in HMP & YOI Grampian at the time of our inspection. All knew who their personal officer was, although some noted their personal officer kept changing and most said they did not get dedicated time in a confidential setting with their personal officer monthly to take stock of how things were going.

PBSW had a high caseload which affected their ability to timeously support the ICM process, sometimes delaying initial and annual ICMs, but pre-release ICM casework was always prioritised. However, the use of Social Work Support Officers assisted with managing the overall caseload and supported planning for short-term prisoners. Where relevant, the Clinical Psychology Team would attend ICMs.

The Speech and Language Therapy Team were providing training for staff on how to spot and interact with neuro-divergent prisoners. This should be evaluated to see if it is good practice that could be replicated elsewhere. The prison engaged translation services for foreign nationals where necessary.

Good Practice 9: The training for staff in neurodiversity provided by the Speech and Language Therapy Team, which should be evaluated for potential use in other prisons.

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

Rating: Satisfactory

Unfortunately, inspectors were not able to observe a Risk Management Team (RMT) or Multi-Agency Public Protection Arrangements (MAPPA) case during the

inspection but spoke with staff and prisoners who had been through RMTs recently and reviewed relevant casework, which was of a good standard. Senior management in the prison felt they had good relationships with all their external MAPPA partners including Police Scotland, and community-based social work (CBSW), etc.

Prisoners were always invited to participate in the RMT when it was a progression case. This was usually done on Teams from the Links Centre, with a range of external partners appearing on screen, which some prisoners found more intimidating than seeing them face-to-face in the same room. While understanding the need for some external partners to appear via Teams, if the prisoner could see at least the chair of the RMT face-to-face it might further encourage participation.

Prisoners who had Orders for Lifelong Restriction (OLRs) received an RMT at least annually, but it could be monthly. They did not have the opportunity to attend RMTs in person, with the prison suggesting this was because prisoner participation had been secured earlier in the process through discussion with the Social Work Team.

Senior managers for each specialism felt the co-location of Social Work and Psychology Teams in the same office, with the ICM Team located in an office nearby, improved communication and teamwork. A monthly review of OLR cases took place with residential staff in the residential areas, which was also very helpful in ensuring all teams knew what was happening with individual prisoners and helping to identify any emerging risk issues.

Senior managers were content with the quality of the reports provided for RMT and MAPPA cases, noting that some paperwork provided by external partners occasionally needed minor adjustments, but no management plans had ever been rejected by the Risk Management Authority. However, they acknowledged that the timing of reports could be problematic for some Risk of Serious Harm (ROSH) cases.

The inability to run programmes in HMP & YOI Grampian in recent years could have affected individuals' ability to progress timeously and the prison's ability to ensure risk factors had been properly addressed prior to release. It was encouraging, however, that programme delivery was due to resume in July. See Standard 7 for more information about this.

Good Practice 10: The monthly meeting between residential staff and Psychology Case Managers to review all OLR cases was a good way of ensuring all teams were aware of plans for these prisoners and any developments regarding risk management.

Recommendation 57: HMP & YOI Grampian should ensure that OLRs get the opportunity to attend an RMT in person.

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

Rating: Good

HMP & YOI Grampian facilitated access to a range of agencies focused on providing support in custody and continuity of support in the community. The Links Centre actively co-ordinated and facilitated access for appropriate community agencies, both statutory and third sector. In-person and telephone contact was available. Agencies were clear about their role and contribution to mutually agreed release plans.

The Case Management Board process for short-term prisoners, unique to HMP & YOI Grampian, allowed for efficient and effective multi-agency partnership working in pre-release planning. A comprehensive range of agencies were represented on weekly board meetings, including internal and external statutory and third sector partners, to formulate plans to meet the needs of prisoners and their families during custody and upon release. Prisoners' views, strengths, and challenges were clearly represented in this forum. There would be clear benefits to this approach being replicated across the prison estate.

HMP & YOI Grampian had a remand case management process, aiming to meet the needs of untried prisoners and offer continuity of support upon sentencing or release. PBSW support staff also offered support to untried prisoners. This addressed a significant gap in the provision of support for remand prisoners, not often seen across the estate.

The virtual court release process also aimed to address another gap in continuity of support by ensuring people immediately released from the virtual court in the prison received support to access housing, medication, specialist support services, and family contact.

Pre-liberation meetings took place eight weeks prior to release, ensuring all transition needs were being addressed. Officers recorded and followed up on pre-release actions, by making appropriate referrals and communicating with key agencies. The liberation process for people with mental health, substance use, primary care needs, and vulnerable adults enabled a multidisciplinary case conference 10 to 12 weeks prior to release, to ensure wraparound care upon release for long-term prisoners.

Where prisoners were facing barriers to engaging with services during their sentence and prior to release, the prison was proactive in addressing these. The Outreach Team provided invaluable support to prisoners experiencing difficulties with engagement.

Personal officers were not always known to prisoners spoken to nor contributing to their pre-release planning. The increase of new, inexperienced staff was a factor in this. The mentoring scheme, whereby more experienced officers were mentoring new staff, was beginning to make a difference in this regard.

Good Practice 11: The Case Management Board process for short-term prisoners. This was facilitating strong multi-agency, person-centred partnership working in release planning and community reintegration.

Good Practice 12: The Remand Case Management Process for untried prisoners. This was addressing a significant gap in the general provision and continuity of support for people on remand.

Good Practice 13: The Virtual Court Release Process meant that people released at very short notice had some key practical supports in place for returning to the community.

Recommendation 58: SPS HQ should consider replicating HMP & YOI Grampian's Case Management Board for short-term prisoners, the Remand Case Management Process, and the Virtual Court Release Process across the estate.

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

Rating: Satisfactory

The enhanced ICM process was well-embedded at HMP & YOI Grampian, although it was reported that working to the outdated ICM guidance was a challenge. Standard ICMs were not in place for short-term prisoners, but there was a robust SPS-led multi-agency process in place to meet the needs of this category of prisoners, the Case Management Board.

Prisoners were involved and able to fully participate in ICM case conferences, feeling able to present their views and questions. Prisoners for whom English was not their first language were offered interpretation services for ICMs and other key meetings. An assessment of need and support was offered by speech and language therapists, occupational therapists, and neuropsychology input for prisoners with speech, language and communication needs, cognitive difficulties, and neurodiversity. Family attendance at ICMs was also facilitated where possible. However, there was generally low attendance by family members face to face, in part due to the prison's rural location.

There was good communication and co-operation across ICM staff, PBSW, MAPPA co-ordinators, and prison psychology. CBSW regularly attended ICMs and contributed to pre-release planning and the Throughcare Assessment for Release on Licence (TARL) report, although collaborative practice on this was variable across local authority CBSW teams. PBSW made valuable contributions to ICMs via risk assessments, most of which were produced timeously, and the formulation of pre-release plans in accordance with national guidance. These were informed by prisoners' views, and strong collaborative working with psychology where relevant. Regular meetings were held between psychology and PBSW to discuss and plan for complex cases.

Personal officers did not always attend ICMs nor provide reports. This was attributed to operational pressures. The exception to this was with people subject to an OLR. A monthly OLR review meeting between psychology, residential staff, and personal officers facilitated a greater knowledge of, and engagement with, OLR cases and involvement in their ICMs.

RMT processes were operating in line with national guidance and were well-attended by relevant agencies. RMTs were chaired well and collaborative. Prisoners undergoing progression attended RMTs virtually. Prisoners subject to OLRs did not attend, with their views being represented by their psychology case manager. There was no rationale given for this.

Good Practice 14: The monthly OLR review meeting between prison psychology and residential staff fostered effective collaborative working and early identification of escalating risk.

Recommendation 59: HMP & YOI Grampian should ensure all personal officers are enabled to provide reports for and to attend ICMs.

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

Rating: Poor

Access to programmes within HMP & YOI Grampian was limited. GPAs were appropriately completed but no accredited interventions were available within the prison, having ceased in 2022. Staff shortages and difficulties accessing training had hindered the resumption of programmes; however, Pathways (a programme for substance-related offending behaviour) was due to restart in July 2024. There were also plans to introduce Constructs (a general offending behaviour programme) towards the end of 2024. Nevertheless, the national waiting list for these programmes meant that HMP & YOI Grampian prisoners would not necessarily gain access to them. Programmes staff were in touch with SPS HQ to request that they be prioritised for these programmes.

Prisoners were frustrated and demotivated by the lack of access to programmes. The pre-inspection survey reported that 4% of those asked found it difficult to access programmes, 38% said it was very difficult and 58% reported that the course they required was not available in HMP & YOI Grampian. This significantly hindered prisoners' progression in some cases and contributing to legal challenges. Transfer to other establishments to complete accredited programmes was also a significant issue. Many prisoners did not want to transfer from HMP & YOI Grampian due to the loss of family and community ties. This meant that some prisoners were being released without addressing their risk factors.

Programmes staff were keen to support the delivery of accredited programmes and committed to delivering alternatives in the meantime to address unmet need where possible. The Short-Term Intervention Programme for short-term prisoners was

being delivered, as well as Positive Lifestyles (a multidisciplinary programme delivered by police, fire services, and the NHS). Some programmes staff had been trained in the Ultimate Self programme for women, which they were hoping to deliver. Some one-to-one work from the Pathways programme was being delivered with women, as well as specialised one-to-one work for prisoners with driving-related convictions situated in the Community Integration Unit (CIU). The Outreach Team were also providing a range of bespoke, person-centred support services, including access to counselling and rehabilitation which afforded continuity upon release.

The Programme Case Management Board (PCMB) process was operating well and fostered a thorough consideration of risk and need. Opportunities for consolidation work with prison psychology were available for prisoners subject to OLRs, where there were outstanding risks following the completion of accredited programmes at other establishments.

Naloxone training and medication was provided to all relevant prisoners upon release.

Recommendation 60: HMP & YOI Grampian should ensure accredited programme delivery is resumed and that there is sufficient programme staff capacity to support delivery.

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

Rating: Generally Acceptable

HMP & YOI Grampian facilitated early and continuing contact with prisoners to support sentence and release planning. The Grampian Asset Profile allowed for early identification of needs, and the innovative case management processes for short-term and untried prisoners fostered person-centred sentence and release planning, where applicable. Prisoners of all categories were clearly contributing to co-ordinated plans, with appropriate Community Integration Plans in place following ICMs.

The Links Centre facilitated contact with a range of agencies providing support to prisoners upon release, allowing them to develop supportive relationships whilst in custody and providing continuity of support in the community. This included specialist support for women.

All prisoners received useful liberation packs upon release, with information on local contacts and supports, a Department of Work and Pensions (DWP) form, and an identification letter. However, this was not provided in an easy read format for people with literacy difficulties. The prison was piloting a valuable DWP process which ensured prisoners' benefits claims were in place prior to liberation. HMP & YOI Grampian took a proactive approach to meeting housing needs, with strong links to local housing services and ensuring homelessness assessments were done prior to release. The prison had contacts for housing services across all 32 local authorities,

in order to foster transitions to the community beyond Aberdeenshire and Aberdeen City.

Timely access to drug and alcohol interventions and prescribed medication was not always occurring within the prison. Some prisoners described various barriers to receiving prescribed medication. Both staff and prisoners described difficulties in communication with the NHS within the prison.

Short-term prisoners were offered voluntary work placements at a food bank in Aberdeen, which also afforded them access to food when released.

Where prisoners were being transferred to other establishments, this was disruptive to release planning and the establishment of community support networks. There was a lack of transparency around decision-making on transfers. National transport issues with GEOAmev compounded difficulties with facilitating access to transfers and community access.

The CIU was deployed well in preparing some prisoners for release. Nonetheless, prisoners were not always able to progress to open conditions from HMP & YOI Grampian due to lack of access to programmes, which led to some people being less prepared for release.

Recommendation 61: HMP & YOI Grampian should ensure all transfers are in the best interest of the prisoner and do not impede a successful transition to the community nor the maintenance of community and family supports.

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

Rating: Good

The Outreach Team, managed by a former Throughcare Support Officer, was an invaluable resource in forming effective, person-centred relationships with vulnerable prisoners and supporting those who were experiencing difficulties with engaging with education, employment, support, and other agencies such as PBSW. The team provided some vital practical post-release support to vulnerable women, such as transporting them to safe accommodation.

The Outreach Team were also responsible for facilitating rehabilitation places for those that qualified on release, maintaining contact with people during their time in residential rehabilitation to gain progress updates.

Services such as Shine and New Routes provided a routine presence in the prison to build relationships with prisoners to support the transition from custody to the community. As well as offering ongoing, community-based support for up to six months, mentors were able to offer practical assistance around release including gate pick-ups and the provision of essential items such as food, toiletries and a mobile phone.

The Case Management Board for short-term prisoners offered valuable opportunities for seamless transitions from custody to the community. This process facilitated a wide range of community agencies working collaboratively to support successful transitions. This also included voluntary throughcare from local CBSW teams. Progress was monitored for released prisoners for one week following release. This was a missed opportunity to monitor progress over a longer period to inform continuous improvement of the process.

The Virtual Court Release Process and Remand Case Management process were proactively ensuring that services were in place for prisoners released at very short notice.

Good Practice 15: The Outreach Team was an invaluable resource in forming effective, person-centred relationships with vulnerable prisoners and providing some practice support for women upon release.

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

Rating: Poor

Inspectors were concerned to find that HMP & YOI Grampian did not have an E&D Strategy in place, although encouraged to find they were working through an action plan. When inspectors reviewed the minutes of the E&D meeting it was found that it had been two years since they last met. Inspectors were encouraged to hear that a meeting had taken place recently, as part of local reinvigoration, however the person taking notes was absent and therefore the record of the meeting had not been created. According to the HMIPS pre-inspection survey, 55% of those who reported having a disability said they were poorly supported to manage it in the prison. The previous HMIPS inspection in 2019 had considered the lack of a local strategy and action plan to be a serious omission. Moreover, this had followed on from the inspection prior to that in which the same deficit was found.

Senior management acknowledged that the governance of E&D is an area in need of attention, attributing the lack of progress to changes in the management team, combined with managing competing priorities. Following the 2019 HMIPS inspection, the issue had been responded to locally by the creation of a specific local strategy and plan dating up to 2021. This had effectively closed the action at the time however the position inspectors found was not an improved one, indicating that focus on the issue had not been maintained. Inspectors found that the requirement for a local strategy and action plan did feature in the 2023-2024 Annual Delivery Plan, however progress was limited. In addition, the management team acknowledged that new developments and practices were not accompanied by Equalities Impact Assessments, an issue in which HMP & YOI Grampian is not alone. We were told that lack of available training had contributed to this position.

In terms of the composition of the E&D meeting, inspectors were told that when meetings did take place there had been no representation from people in custody.

The management team offered their rationale for this, which was that they were aware of the benefits of user voice representation but preferred to make progress prior to inviting those with lived experience to the forum. HMIPS consider the inclusion of service users to be critical. Inspectors found that the EDF complaints were dealt with effectively and follow-up actions had been robust. However, as reported in QI 5.7 inspectors were disappointed to find this form was not made freely and anonymously available to people in custody in the residential areas and the process was not advertised.

Inspectors saw evidence that foreign national prisoners were being given access to telephone contact home at SPS expense in accordance with guidance. However, the free minutes of telephone contact available to all do not enable calls to other countries, which potentially discriminates against foreign nationals, and we considered this to be a matter that should be reviewed by SPS HQ with a view to achieving parity.

When we looked at the operational delivery arrangements on the ground, we found some excellent provision. An example that stands out was the Care Assistance Programme approach in which a multi-agency team anticipates and plans for the needs of prisoners who need extra help or specialist equipment. A section of the meeting is set aside to review the wellbeing of prisoners aged over 65. The team included an occupational therapist and psychologist, and provision included access to age-appropriate physical activity and allocation of Care Passmen to provide practical help the nature of which is set out in a written agreement. This is an excellent initiative that we identified as good practice.

The volume of usage of the “Language Line” interpretation service found that it was used frequently, and that staff were knowledgeable about how to activate it. Staff were also using an online instant translation service to help them deal with day-to-day interactions and requests. However, during the inspection we saw that a prisoner who did not speak English, had signed to acknowledge the imposition and removal of Special Security Measures despite their poor level of understanding. Forms in a large number of languages were found readily available in reception however hall booklets were not routinely issued in foreign languages, instead matters were explained via the interpretation service.

The library had access to a fantastic service in which foreign language newspapers and other publications were available at the touch of a button. We were told that 170 foreign newspapers and 178 foreign books had been generated so far in 2024.

In relation to training on E&D, there was almost 90% trained in the face-to-face element of core training and almost 93% for the online input which just fell short of the target of 95%. Given the approach we saw in place HMIPS were confident that, notwithstanding the deficits in strategy and structure, the establishment had a positive E&D culture and was in a good position to address the issues identified.

Recommendation 62: HMP & YOI Grampian should reinvigorate their strategic approach to equality and diversity.

Recommendation 63: HMP & YOI Grampian should ensure that a full Equality and Diversity committee including prisoner representation, and an action plan is put in place and meets regularly.

Recommendation 64: SPS HQ should support HMP & YOI Grampian and have a wider role in assuring compliance with this obligation.

Recommendation 65: SPS HQ should review the allocation of telephone credit to ensure it does not discriminate against foreign nationals.

Recommendation 66: HMP & YOI Grampian should ensure that all information provided to people in custody should be routinely translated and issued in accessible formats where required.

Good Practice 16: The Care Assistance Programme approach in which a multi-agency team anticipates and plans for the needs of prisoners who need extra help or specialist equipment was noted good practice.

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

Rating: Generally Acceptable

HMP & YOI Grampian's Business Improvement Manager produced an impressively broad range of high-quality management information to inform the senior team. The establishment had created a comprehensive action plan following the previous inspection in 2019. Having made significant progress, and given the time elapsed, they had closed the action plan. However, in some respects, for example in E&D at the strategic governance level, and the need to maintain the decorative standard of the safer cells in Ellon Hall, we found that the progress made was not sustained. If the work to respond to scrutiny and recommendations is to be effective it is important that the elements of progress are subsequently embedded into practice.

Inspectors were informed that the senior team embraced the learning in the process of conducting internal audit using the standards set out in the Prison Resource Library. They deployed managers from the responsible area to conduct the initial audit, followed by secondary assurance in a cross functional way to enhance objectivity in conducting the assessment. Managerial confidence in this had improved through coaching and inspectors found that half of all First Line Managers (FLMs) had received this input. Inspectors were shown a comprehensive system for monitoring the outcomes and were satisfied that action was programmed where deficits were found. However, we noted some areas where local assurance was assessed as limited repeatedly over the last few years, in particular, compliance with infection control standards and in TTM.

Recommendation 67: HMP & YOI Grampian should develop their management information systems to ensure that improvements made in response to HMIPS, and other recommendations are sustained and monitored.

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

Rating: Satisfactory

The establishment had developed an Annual Delivery Plan for the current year that was available to staff on SharePoint. The plan contained five key elements with milestones and actions identified and was in alignment with the SPS corporate plan. The plan focussed on repopulating the unused accommodation, improving services to people in custody by enhancing wellbeing and better supporting prisoner progression, and developing the skillset of FLMS. Inspectors considered this a pragmatic and appropriate set of aims in the context of our findings but would have expected to see inclusion of a plan to consider extension of the regime core day given its limited nature and the impact of that, which is referred to throughout this report.

Many of the staff spoken to expressed that they did not know about the prison's Annual Delivery Plan. However, as discussions continued it became very clear that they in fact had a good awareness of the elements within the plan, especially relating to the initiatives to repopulate Cruden Hall and to enhance staff development. The Deputy Governor had explained that his style is to discuss prison development issues as he walks the establishment and the benefit of this was apparent. As an example, one member of staff spoke about how they had been supported and coached whilst supervising the mass movement of prisoners. Inspectors saw evidence that a series of focus groups had taken place in which 62 staff had been consulted about the best way to repopulate Cruden Hall. Staff also spoke positively about the newsletters they received. They were created by the Human Resources Team, and when reviewed inspectors considered them an effective communication tool. They were short, visually impactful and contained simple punchy messages to relay information. Despite this some staff did feel that communication was poor and said they had no time to read emails or SharePoint.

The Governor and Deputy Governor were relatively new in post and staff responses were mixed regarding their visibility at this early stage. However, initiatives such as informal "Coffee Cup Meetings" with staff were taking place and were appreciated. Senior management participated in Health and Safety walk rounds, a visible and practical way to demonstrate leadership. Inspectors assessed that the senior team were in the early stages of delivering tangible commitment to strong leadership, and inspectors found that this was engendering hope in staff that a new senior team would have a positive impact.

Recommendation 68: HMP & YOI Grampian should consider extending the core day regime and include this in the Annual Delivery Plan.

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

Rating: Satisfactory

The staff spoken to were positive and knowledgeable about the training and development available through the “Grampian Development Programme.” This was a structured programme of development that supported those seeking progress in their career, by undertaking a training needs analysis and undergoing a comprehensive development plan. Inspectors reviewed the system in place and considered this brought the dual benefits of sharpening the skills and knowledge of people in their current role as well as preparing them to advance their career. Inspectors were impressed that since 2021, 58 staff had been promoted from operations to residential roles, and 18 from D band to FLM. Although there were those who struggled to combine their core duties with the development activity, staff appreciation of management’s attention to this feature of the prison was clear. This is a credit to all concerned and is good practice.

HMP & YOI Grampian also delivered a staff mentoring scheme in which new staff were supported through a system of role shadowing and support from a more experienced colleague through their entire probationary year. This initiative recognised and responded to a lack of staff experience, which was a robust response to over 50% of residential staff having less than two years’ experience. Inspectors considered this to be a further example of management’s careful consideration of the specific issues affecting the establishment which was a further example of good practice.

Inspectors looked at the establishment’s performance in maintaining core training competencies and found that attainment levels were high and close to achieving target in most categories. Notably, almost 89% of staff were competent in control and restraint, 90% in emergency response and 93% in TTM. Given the training variable was subsumed in the rostered hours and the establishment’s Learning and Development (L&D) Manager was absent, this was positive evidence of managerial and staff commitment to this issue. Inspectors were told that management capacity for L&D was in place through the Inverness L&D Manager, but this was not adequate for anything other than a very short period.

The staff spoken to were clear that in times of overcrowding, compounded by understaffing they have faced extraordinary challenges.

Recommendation 69: SPS HQ should ensure there is improved cover for the Learning and Development Manager post at the earliest opportunity.

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

Rating: Good

The cohesiveness of the wider HMP & YOI Grampian staffing team was a striking feature that was apparent in discussions with staff. The senior team and the Partnership Liaison Representative told inspectors that they have never submitted a “failure to agree” to prison management, but instead were able to deploy the “accords” set out as part of the Voluntary Industrial Relations Agreement.

Staff explained that when the pandemic arrangements were put in place all the operational groups worked as one team to keep the residential areas, visits and activities functioning appropriately. They were unanimous in their perceptions that this had embedded team effectiveness, a feature they felt was already in place due to their remote location and locally focussed approach, and that this had not been lost when the pandemic arrangements ended. The Deputy Governor echoed this message adding that cross-deployment between groups continued to be routinely undertaken without encountering difficulty. He added that the newness of a significant proportion of the staffing group, coupled with application of the Staff Mentoring Scheme were features that brought the groups together and created a culture of mutual respect. Inspectors found this to be the case,

Relationships with NHS were found to be developing positively. Inspectors were told that a new NHS management team was in place, and this had gone well. Inspectors found that clinical staff did not leave the prison until the last person had been admitted and this was hugely appreciated by the operational team. The relationship with the learning provider was excellent and the level of embedded learning delivered in prisoner work areas was testament to effective collaboration. In particular, inspectors found the Human Resources communications with staff through newsletters and positive recognition was positive and helped create a unified team. During focus groups, inspectors found there were some frustrations, for example the Estates Team could experience difficulty in accessing cells to be repaired which impeded their ability to complete tasks. Views about the performance of the Scottish Prison Service College and the national recruitment team were not positive. Some of the staff and managers spoken to felt that operational colleagues were not well prepared to take up duty when they returned from initial training, and there was a high level of frustration about the long standing and ongoing failure to recruit the number of people needed to take forward the initiative to reopen the unused accommodation in Cruden Hall.

Recommendation 70: SPS HQ should support HMP & YOI Grampian to achieve the staffing level necessary to reopen the unused high-quality accommodation in Cruden Hall to help ease overcrowding.

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

Rating: Satisfactory

HMP & YOI Grampian had an active Staff Reward and Recognition Committee in place that had influenced tangible developments, such as boards at the front-of-house marking periods of service for staff and the delivery of specific celebrations and events. Inspectors could see that there was an enthusiastic team in place, and saw examples of this being applied, such as the plan for the next recognition day to be themed as an “Oscars” red-carpet event. The published team brief referred to the activity of the Staff Reward and Recognition Committee thereby encouraging the submission of colleague nominations. To assist with this, the prison had introduced a local form providing a simple and straightforward method for staff to make a submission.

However, when inspectors looked at the data detailing delivery of the SPS appraisal process, the Personal Performance Portfolio, around half had not been completed. This is such a common finding that HMIPS concluded that it should prompt an SPS HQ evaluation of the appraisal system to ensure that it is fit-for-purpose in the context of prisons struggling with staffing and capacity issues. We are aware the current model is a truncated version of the previous one, however the common lack of delivery raises concern about the process.

The PLR participated in the recognition activity and endorsed its positive impact on staff. We were provided with evidence that action is taken in response to inappropriate staff conduct.

Recommendation 71: SPS HQ should evaluate the current staff appraisal system to assess its value in the current Scottish Prison Service.

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

Rating: Satisfactory

HMP & YOI Grampian had built a truly impressive range of over 40 partnerships delivering services collaboratively for people in custody on an in-reach basis or as a work placement provider. Many staff and managers spoken to cited inter-agency working as a strength in the establishment and our findings endorsed this. The prison was well supported by Aberdeenshire Council who, along with partners including the SPS, deliver a housing service for clients with multiple and complex needs. The range of services had a wide focus across wellbeing, recovery, learning, employability and benefits, as well as personal support and therapeutic needs. Positive working arrangements were found with PBSW, and the NHS and inspectors were pleased to see that independent advocacy was on offer.

In particular, there were some innovative employability focussed initiatives operating which had the potential to continue as jobs on release. Prisoners spoken valued these opportunities.

Inspectors were told about a six-week programme that worked with birth parents to reduce the stigma of children going into care. Inspectors considered this an example of a sensitive and compassionate approach.

Inspectors found that referrals to these services were via officers or other professionals. There was not an easy way for prisoners to review the services on offer, assess whether they met any criteria, which were often locality based, and go on to refer themselves.

In terms of working with the prisoner transport provider partner, GEOAmeY, inspectors were told that their recent and ongoing failure to deliver booked escorts due to staffing issues had had a negative effect. For example, in the week prior to the inspection they had failed to undertake six planned movements. Inspectors were told that their failure to undertake inter-prison transfers and so create space in the prison for those admitted from courts had, at times, resulted in a small number of people sleeping on an extra contingency bed or a mattress on the floor of a cell designed for a single occupant.

To limit the impact on prisoners HMP & YOI GrampyAN management team and NHS staff based in the prison conducted meetings with the NHS to ensure that secondary care appointments were triaged to identify priorities in the event of a cancellation.

Recommendation 72: HMP & YOI GrampyAN should implement self-referral arrangements to allow people in prison to access services through their own volition to develop self-efficacy. Information detailing the range of services, their purpose and their qualifying criteria should be made available to all.

Recommendation 73: HMP & YOI GrampyAN should liaise with Operations Directorate at corporate level to underpin the decision to accommodate remand and convicted cohorts together with an agreed derogation.

Recommendation 74: The SPS Board should consider the wider recognition of population pressures where remand and convicted prisoners are forced to co locate.

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

Rating: Good

HMP & YOI GrampyAN shared evidence of their efforts to communicate with the media to promulgate positive information about the work of the prison. Inspectors saw an inspirational article published in the local newspaper about the life of the prison Chaplain. Inspectors were provided with evidence detailing collaboration with the SPS communications team for inclusion on the SharePoint site. This included a narrative describing how the staff and prisoners working in the laundry were helping

a local charity to prepare clothing donations to be sent to Ukraine to help people in need. Also, the “Greene King Kitchen Programme” an employment-focussed 12-week training initiative for prisoners with an interest in catering, and an update detailing how the prison had achieved accreditation to deliver waste management qualifications for prisoners. A fitness focussed partnership with Robert Gordon University known as “Run Forever” had been mentioned in the Scottish Parliament.

Staff recruitment activity featured strongly in the work to create and maintain positive local relationships. Inspectors found that in 2024 so far 13 events had taken place which was impressive. Locally advertised recruitment events had taken place at the prison, run by the HR Team, as well as in the community in partnership with DWP, and through collaboration with leavers from the armed services and local colleges who deliver Uniformed Services qualifications. Given the staffing difficulties experienced, this was an extremely appropriate endeavour that brought the additional benefit of enhancing local relationships as well as the reputation of the SPS as an employer.

Good Practice 17: The local recruitment activity delivered at HMP & YOI Grampian.

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

Rating: Generally acceptable

Systems and processes were in place to provide health screening to admissions to HMP YOI Grampian. This included an assessment of the person’s immediate mental and physical health requirements to ensure they are fit for custody. Patients at risk of self-harm or suicide were identified through TTM. Screening for substance use would also be carried out at reception using validated withdrawal scales and clinical assessments. This ensured that people were assessed, and if clinically indicated, were prescribed appropriate medication.

Initial health screening took place in a dedicated treatment room within the reception area that allowed confidentiality and dignity to be maintained. This room did not have reliable access to NHS computing systems, and this resulted in healthcare staff completing paper records rather than directly inputting information electronically onto the patients care record system Vison. On their return to the Health Centre, information would then be transferred to the electronic clinical records.

Due to time taken to complete the health screening assessment, inspectors saw that transferring this information was not always completed by the nurse at the time of admission. This was sometimes completed the following morning by another registered nurse, using the information from the completed paper record. This is a concern due to the risk of losing important patient information when copying over to the Vision system.

Following the previous inspection in 2019, it was encouraging to see that healthcare staff and SPS staff have worked together to ensure that all those prisoners arriving

late at the prison received a formal full health screening assessment by a registered nurse.

All patients were provided with a booklet outlining how to access healthcare services.

Recommendation 75: NHS Grampian and Aberdeenshire HSCP should ensure that all admission information is accurately recorded directly into the electronic clinical records to prevent the risk of errors in copying information from paper-based records.

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

Rating: Poor

The healthcare service was delivered using GP and nurse-led clinics. Staff could also contact the out of hours service for advice, if required.

All patients were seen by the GP the day after admission, who carried out a full medical assessment that included the patient's past medical history and any long-term conditions. Medicine reconciliation was completed during the assessment by the GP as referenced to in QI 9.8. Following the assessment, the GP may refer the patient to other services including mental health or addictions if required.

Referral forms were in easy read, picture format to support patients with literacy difficulties. However, these were not available in other languages for patients where English was not their first language and at the time of the inspection, self-referral forms were not available in all the residential areas. Systems were in place for patients to confidentially post their referrals forms which were collected by healthcare staff twice daily.

Patients were not informed that their referral had been received or the anticipated waiting time to access services. At the time of the inspection, the waiting times to see a GP or to attend a nurse clinic were good, with people being offered timely appointments.

Some patients had missed their secondary care appointments, such as hospital and nurse specialists, due to variations in the performance of the prisoner transport provider, GEOAmev. This is a national issue and has been previously escalated by HMIPS to the Cabinet Secretary for Justice and Home Affairs. HMP YOI Grampian continues to collate and present this data at the national prisoner healthcare network and supports patients who have missed appointments to be reappointed. An NHS Grampian healthcare staff member also attended a fortnightly meeting with the SPS operations team to highlight appointments that require prioritisation and to seek support in securing transport to these appointments.

The SPS and healthcare staff identified any patients requiring social care. SPS provided social care through a regulated care agency. Inspectors only saw paper copies of care plans in place based on the patient's activities of daily living. Social

care staff did not have access to the patient's care plan. No other methods of sharing information on the patients current or changing care needs were in place, to ensure that the patient's care needs were being regularly reviewed and met. This is a concern.

Healthcare staff were trained in basic life support. Training records showed good compliance rates with this training. Emergency equipment, which included an automated external defibrillator, oxygen and suction units, was accessible and ready for use. Emergency drugs were in date, however there were items within the emergency bags out-of-date, for example syringes. Therefore, the systems for checking emergency equipment required to be reviewed.

An SOP 'Emergency, unwell or minor injury care' was in place. The GP supported the care of emergencies in hours, and the out-of-hours GP service or 999 ambulance was available at other times.

Recommendation 76: NHS Grampian and Aberdeenshire HSCP should ensure referral forms are in the most common languages spoken at HMP YOI Grampian and are available for all patients to access.

Recommendation 77: NHS Grampian and Aberdeenshire HSCP should ensure that patients are informed of the progress of each self-referral and the expected waiting time for access to services.

Recommendation 78: HMP YOI Grampian and GEOAmev must ensure patients attendance at secondary care appointments. Appointments to secondary care should only be cancelled due to an unforeseen and extraordinary circumstance.

Recommendation 79: NHS Grampian and SPS and the social care provider should have a formal process in place to discuss and review care being delivered to patients receiving social care.

Recommendation 80: NHS Grampian and Aberdeenshire HSCP should ensure that checks on emergency equipment are carried out effectively and consistently recorded to ensure that all equipment is within date and ready for use.

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

Rating: Good

There was a designated area in HMP YOI Grampian's library that had a wide range of accessible health improvement, prevention and promotion information. Posters relating to health improvement, prevention and promotion were seen in the residential areas, health centre and link area.

Opt out Blood Borne Virus (BBV) screening was offered on admission with a monthly clinic where Hep A and B vaccinations were delivered. A sexual health clinic was also held every two months. Patients could access condoms using the self-referral

forms or could request them verbally at any time when in contact with healthcare staff.

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

Smoking cessation services were not available within HMP YOI Grampian. However, inspectors were told nicotine replacement therapy (NRT) was available to patients through prescription and rechargeable vapes were available from SPS.

Most face-to-face health improvement, prevention and promotion input was delivered by the SPS Outreach Team, who delivered health and wellbeing and recovery support. Interventions delivered were intended to support patients who have challenges with mental health, substance use or general healthcare. The Outreach Team also tried to engage with hard-to-reach patients. The Outreach Team take referrals from various sources including SPS, social work, outside agencies, healthcare and peer mentors. They were also able to refer onto outside agencies when patients were being liberated.

Good Practice 18: The Outreach Team take referrals from various sources including SPS, social work, outside agencies, health care and peer mentors. They were also able to refer onto outside agencies when patients were being liberated.

Recommendation 81: NHS Grampian and Aberdeenshire HSCP should ensure that patients have access to smoking cessation services to support them become nicotine free.

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

Rating: Generally acceptable

Staff understood health inequalities and were knowledgeable about the potential barriers that patients could face when accessing healthcare. This included stigma and social deprivation that patients may have experienced, and how this can impact on healthcare needs and engagement with services and treatment.

Staff demonstrated a respectful and professional approach to all patients. Inspectors saw that staff interactions with patients were supportive.

Healthcare staff were expected to complete modules on adult support and protection in addition to equality and diversity modules as part of their NHS Grampian mandatory training. Inspectors saw good compliance with this training in the evidence provided. There was also good compliance with staff completing trauma informed care training.

The Speech and Language Therapist was able to provide support for patients with communication or language difficulties. They were also able to provide educational information for patients, healthcare staff and SPS staff.

Good Practice 19: The Speech and Language Therapist was able to support patients with communication or language difficulties. They were also able to provide educational information for patients, healthcare staff and SPS staff.

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

Rating: Poor

The Mental Health Nursing Team within HMP YOI Grampian historically had difficulties with recruitment, as referenced in QI 9.16. At the time of the inspection, there were two registered mental health nurses (RMNs) in post, and two agency RMNs who regularly worked in this service working full time hours delivering the service which runs seven days a week.

There was no SOP in place for delivery of mental health services within HMP YOI Grampian. This resulted in the Healthcare Team making decisions and taking actions without clear guidelines, resulting in barriers for staff and patients in accessing and receiving mental health care in the prison. Inspectors were concerned there was no formalised process for managing referrals. Inspectors reviewed referrals and saw there were 150 referrals outstanding that had been triaged, however the date the referral was received, level of priority or timescales for patients to be seen were not recorded. This was raised during the inspection and with the HSCP who took immediate action to review outstanding referrals and provide additional staff to complete mental health assessments. We also wrote to the HSCP to formally raise these concerns, to seek further assurance and request an update on the improvement actions taken. Following the inspection additional work is required by the partnership to establish safe systems of working for the Mental Health Team. This will be followed up by further inspection activity.

Prior to the inspection, the SMT had identified personalised care planning as an area for improvement. In addition to a lack of care plans, there were no standard risk assessments in place for patients on the mental health caseload.

The HSCP were unable to identify data on waiting times for a mental health assessment and treatment by the nursing team; this is a gap in information for planning and the delivery of mental health service and should be addressed as matter of priority.

Patients had access to clinical psychology in HMP YOI Grampian on an individual and group basis. Waiting times for individual assessment were within the 18-week target. Staffing and equipment resources had been identified to start computerised access to cognitive behavioural therapy (CBT) which was due to be rolled out. Psychology provided staff sessions including reflective practice with SPS staff, a range of training for nursing staff such as motivational interviewing and psychological informed care training.

There was access to specialist services in Aberdeen for neuropsychology including acute, mental health and learning disability psychology.

Systems and processes were in place to ensure that any patient requiring inpatient mental health care was assessed and transferred promptly to the hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003.

HMP YOI Grampian held a weekly MDT meeting which the SMT also attended. Inspectors saw this meeting was well attended with representation from both healthcare and SPS staff including a recovery wellbeing officer and a Speech and Language Therapist (SaLT). This allowed collaboration across agencies with virtual attendance through Attend Anywhere. Urgent requests for an appointment with psychiatry were included in the meeting. These were dealt with promptly and inspectors saw a number of patients being supported to attend for a virtual or face-to-face consultations following the meeting.

Efforts were made to contact community services when patients were due to be liberated. Senior managers assured inspectors that there had been a recent review, and changes made to ensure information was shared with community mental health services and continuity of care achieved when patients were liberated and transferred. It was too early to determine if this had made a positive impact, and inspectors would recommend NHS Grampian evaluate the effectiveness of changes implemented.

Good Practice 20: Psychology provide Staff sessions including reflective practice sessions with SPS staff, a range of training for nursing staff such as motivational interviewing and psychological informed care training.

Recommendation 82: NHS Grampian and Aberdeenshire HSCP should develop and adhere to a SOP which outlines the agreed roles and functions for the mental health service in the Prison.

Recommendation 83: NHS Grampian and Aberdeenshire HSCP must ensure all patients receiving care from the Mental Health Team have a risk assessment and care plan in place.

Recommendation 84: NHS Grampian and Aberdeenshire HSCP should evaluate the effectiveness of changes implemented to the liberation and transfer process.

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

Rating: Generally acceptable

Patients with long-term conditions were identified as part of the admission health screening and when patients were reviewed by the GP the day after admission.

A long-term conditions register was in place with patients' care managed by the GP or one of the nurse-led clinics. Links made with the community and secondary care services helped to support the management of the long-term conditions. Inspectors were not assured that yearly reviews and checks for patients were carried out.

Despite staff shortage, inspectors saw evidence of recently completed care plans in place. Care plans viewed were person-centred and outcome focused. However, care plans had not been signed by the patient to show they agreed to the plan of care. They had also not been uploaded onto the patients' electronic record system.

HMP YOI Grampian had an occupational therapist (OT) in post who provided a wide range of support for patients across all services. All prisoners were given an information leaflet about the OT service and referral forms were available. The OT worked closely with patients and staff to help patients do everyday activities such as self-care, work and leisure activities. The OT was able to assess patients and obtain assistive equipment, if required, to promote patients' independence.

Recommendation 85: NHS Grampian and Aberdeenshire HSCP should ensure that patients with long-term conditions are reviewed in a structured manner and yearly reviews and checks are completed consistently.

Recommendation 86: NHS Grampian and Aberdeenshire HSCP should evidence that patients with long-term conditions have had an explanation regarding their condition and have been involved in planning their care. All paper copy care plans must be scanned onto the patient's care record system Vision.

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

Rating: Generally acceptable

Following a review of the SUS in the prison, NHS Grampian and Aberdeenshire HSCP were in the process of supporting improvement in the operating processes across the team, with a temporary senior nurse appointed to support the changes. These improvements included updating the assessment process, implementation of Medication Assisted Treatment MAT standards¹, access to information from community services, strengthening discharge processes and care planning for patients on the substance use caseload.

The improvement work undertaken by the Partnership will be followed up by further inspection activity.

There was evidence that work had commenced on the implementation of the MAT standards with patients having access to a range of OST with their choice being considered.

Robust processes were in place to follow up new patients by harm reduction workers 24 to 72 hours following admission ensuring the early identification and

¹MAT standards¹ and ²<https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/pages/11/>

commencement of OST. However, inspectors saw that not all patients on the SUT caseload were receiving follow up appointments and reviews of their care.

As described in Q.I. 9.5, there was a lack of any standardised risk assessment and care planning being used by the team.

As part of the admission process described in QI 9.1, HMP YOI Grampian Healthcare staff followed a process to identify patients with alcohol or substance dependence and if clinically indicated, provided a prescription of appropriate medication on arrival to the prison. Processes were in place to confirm community prescriptions within 24-hours of admission.

Inspectors viewed validated assessment tools used including regular clinical opiate withdrawal scale (COWS) assessments for patients where appropriate. A new assessment document was being tested to align the SUS with assessments carried out in Health and Social Care Partnership Drug and Alcohol Community services for Aberdeenshire. This was at an early stage and had not been rolled out across the team.

Take home naloxone kits were available to all patients on liberation peer led groups were available, such as Alcoholic Anonymous (AA) and Narcotics Anonymous (NA). There were weekly meetings of the SUT and joint MDT with the Mental Health Team to discuss patients with dual diagnosis. It was evident that SUT staff were informed of potential liberation of patients and were following a process to notify community services in a timely manner.

The national drug and alcohol information system (DAISy)² had not been kept up to date. Inspectors were told that two staff had recently completed the training and that data was being collated and backdated to the start of April.

Inspectors were told whilst there had been recruitment challenges within the SUT, two substantive posts were being undertaken by regular agency staff.

Recommendation 87: NHS Grampian and Aberdeenshire HSCP should review the caseload management system to ensure there is oversight and regular review of any patients receiving care from the SUT.

Recommendation 88: NHS Grampian and Aberdeenshire HSCP should ensure that individual care plans and risk assessments are in place for all patients receiving care from the SUT.

Recommendation 89: NHS Grampian and Aberdeenshire HSCP should ensure continuity of care staff should be able to access and update the DAISy system.

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

² DAISy is a national system used to capture targets for substance use

Rating: Generally acceptable

Due to long standing recruitment issue, a clinical pharmacist was not available in HMP YOI Grampian. NHS Grampian were planning to recruit a clinical pharmacist and a pharmacy technician to join the Healthcare Team at HMP YOI Grampian. However, at the time of the inspection, the posts had not been advertised. Two Healthcare Support Workers (HCSW) were responsible for ordering medications, whilst professional prescribing checks were carried out by the pharmacy contractor.

Patients with queries or concerns regarding their medication could discuss these with the Healthcare Team. Pharmacy support could be obtained from the lead pharmacist for NHS Grampian.

As discussed in QI 9.2, medicine reconciliation was carried out as part of the health assessment review by the GP. Confirmation of prescribed medications was obtained from the patient's community prescribers, pharmacies and by checking the patient's electronic care records. Prescribing was carried out by a GP, and there were also non-medical prescribers (NMP) available in HMP YOI Grampian. Despite there being an NHS Grampian policy to support the use of NMP, inspectors were told that local governance processes were not in place to support the role of NMP. Therefore the NMP role was not being utilised to support prescribing in the service.

Safes were available in cells for patients to safely store in-possession medication and no concerns were highlighted regarding their availability. As part of the contract signed by patients to have in possession medication, they must report when their safe is not working.

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

Medication was administered three times per day. This was carried out in a calm and organised manner, with the appropriate patient identification checks being completed. Concealment checks were completed where indicated. Observation indicated a supportive and professional relationship between healthcare staff and patients, as well as collaboration between healthcare staff and SPS staff to ensure the medication round was completed efficiently. Patient confidentiality was maintained, and appropriate infection control and prevention measures were used. Controlled drugs registers were generally well completed, with no overwriting.

Due to the current prison regime, the last medicine was administered in the late afternoon. Despite some patients being given a daily in possession supply of their medication, others had their medications administered out with therapeutic times.

Inspectors were told that there were processes in place to ensure that patients received their supervised medication, including OST, before attending court. Patients being liberated were issued with a prescription that could be dispensed in a community pharmacy. There was a risk-based approach to protect vulnerable

patients when deciding the type and amount of medications to be provided on liberation.

Good Practice 21: There was a risk-based approach to protect vulnerable patients when deciding the type and amount of medications to be provided on liberation.

Recommendation 90: NHS Grampian and Aberdeenshire HSCP should progress the recruitment of the clinical pharmacist and pharmacy technician without delay.

Recommendation 91: NHS Grampian and Aberdeenshire HSCP should ensure that local governance processes are in place to support the use of non-medical prescribers in HMP YOI Grampian to ensure timely, patient centred prescribing.

Recommendation 92: NHS Grampian, Aberdeenshire HSCP and the SPS should collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.

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

Rating: Generally acceptable

The dental surgery environment was intact and visibly clean. Systems and processes including a SOP were in place to ensure all sterile instruments were appropriately stored before use. Regular external visits were also carried out by technical services. Inspectors observed the dental equipment being cleaned and decontaminated on site in a separate room from the treatment room.

Inspectors saw patients could access dental services through self-referral forms. As discussed in QI 9.2, these forms were in easy read, picture format. Referral forms were reviewed by the dental staff when they attended HMP YOI Grampian twice weekly. Dental waiting times for routine appointments was six to nine months, which was shorter than the community current waiting time in Aberdeenshire.

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

The Dental Team advised that their time in the prison was predominately spent treating emergencies. There were plans to introduce a triage dental nurse, who would review all emergency requests and provide treatment. This would allow time for the dentist to carry out routine treatments.

There was no Mouth Matters programme³ or Oral Health Promotion Team within the prison. However, inspectors were told there were plans to recruit an oral health

³ Mouth Matters is an evidence-informed oral health promotion resource designed to enable health professionals, prison staff and support workers to meet the specific oral health needs of offender populations in Scotland.

promotion nurse. The introduction of oral health promotion nurse, to provide mouth matters advice to patients, would benefit the service and patients. Inspectors were told there was oral health information and 'Childsmile', a national programme designed to improve oral health of children in Scotland, available in the family link centre.

On liberation prisoners were given a toothbrush and toothpaste and signposted to local NHS dental services.

Good Practice 22: On liberation prisoners were given a toothbrush and toothpaste and signposted to local NHS dental services.

Recommendation 93: NHS Grampian and Aberdeenshire HSCP should consider introducing an Oral Health Promotion Team to provide mouth matters advice to support the dental service and improve patients' outcomes.

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

Whilst this report uses the terms 'women' and 'mother', HMIPS acknowledges the importance of including all people who give birth, including trans men and non-binary people.

Rating: Generally acceptable

The Mother and Baby Unit accommodated pregnant women, newly delivered, or mothers with babies.

All women were offered a pregnancy test on admission. There was a pregnancy protocol available to all staff, which outlined a pathway for pregnant women from admission to the prison and throughout their stay in HMP YOI Grampian. However, inspectors saw this required to be reviewed as information contained in the protocol was not up to date and therefore did not provide the correct guidance for healthcare staff within the prison. Further to this healthcare staff were not clear of their roles and responsibilities in caring for pregnant women and their children in their care.

There was access to GP appointments within the Health Centre and inspectors saw that these were being triaged as a priority.

Support from Community Midwifery Services was reported as very good with evidence of regular review from community services.

Inspectors saw that although care plans were in place, these did not provide evidence of collaborative working across agencies, patient involvement in planning of their care and review dates were also missed.

Inspectors saw evidence of regular contact, at least weekly, with pregnant woman and their social worker within the prison where that was required. Family contact was discussed and arranged where appropriate.

The accommodation for the pregnant women was good. It was being used to promote safety and wellbeing which was reflected by patients and staff inspectors spoke with. Appropriate facilities and equipment were in place for privacy and storage for breastfeeding, expressed milk and bottle feeding. Inspectors heard from an SPS officer that where a child had been resident with their mother, a nursery nurse had supported nursery attendance in the community.

All women who are pregnant or have a child with them, also had access to health visits and other services, such as perinatal mental health, comparable to women out with prison. Accessing support from the community was described positively by the women in the Mother and Baby Unit, with in-reach appointments held in the Link Centre or in the halls.

Recommendation 94: NHS Grampian and Aberdeenshire HSCP should ensure all guidelines for staff working with pregnant women are aligned with national and local health board policies and guidelines. The policies and guidance should reflect clear roles and responsibilities for staff caring for pregnant women within HMP Grampian.

Recommendation 95: NHS Grampian and Aberdeenshire HSCP should ensure all pregnant women have a written personalised care plan jointly developed between the individual and NHS staff which is consistently reviewed by NHS and SPS staff who work with or support the woman.

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

Rating: Satisfactory

Systems and processes were in place within the prison to support patients identified as requiring palliative care and end of life care. Healthcare staff spoken with were able to describe positive links that had been established with community services.

The service had a palliative and enhanced care register if patients required palliative care services. Key operational documents and guidance was in place to support this. This included a Supportive and Palliative Care Indicators Tool (SPICT), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms, and anticipatory care plans.

At the time of the inspection there were no formal meetings in place to discuss the healthcare needs of patients requiring palliative or end of life care. However, inspectors were told that MDT meetings were planned to commence in the next month, with representatives from the NHS, SPS, spiritual care and any other relevant agencies to ensure patients were cared for holistically.

As described in QI 9.6 a process was also in place to access any assistive equipment using the OT.

Inspectors saw that most nurses had completed 'confirmation of death' training, which was a recommendation from the Death in Custody Review.

Inspectors were told that 'more than the last breath' training for NHS and SPS staff was planned. This will give an overview of the physical, psychological, spiritual and social needs of patients with palliative care needs.

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

Rating: Satisfactory

The Healthcare Team at HMP YOI Grampian had effective processes in place to ensure TTM was implemented to manage people at risk of self-harm or suicide.

The standardised health screening tool was used as part of the screening process to ensure every patient at risk of self-harm or suicide was assessed. A process was in place for RMNs to attend TTM case conferences with evidence of case conferences taking place at the earliest opportunity.

Discussion at a TTM case conference demonstrated respect of collaboration between NHS and SPS staff and were well informed. Where the patient declined to attend, arrangements were made for a member of the Mental Health Team to make contact prior to the next case conference. Documentation was completed with updated and agreed risk management plans. Entries were recorded on electronic patient records, noting the decisions agreed. There was no evidence of individual care plans or risk assessment being completed by the Mental Health Team (as referenced to in Q.I. 9.5).

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

Rating: Generally acceptable

A process was in place for feedback, concerns and complaints to be made at HMP YOI Grampian, which followed NHS Grampian's policy. There were four different forms available for an individual to complete: Health Care Concern, Medication Concern, Complaint and Solicitor concern and inquiry. These forms were available in the residential areas, and were in clear and easy to read format, but not available in a range of languages. A process was in place for completed forms to be submitted confidentially to healthcare staff.

The complaints process viewed, indicated that concerns would be investigated and responded to within five days and for complaints, patients would have a response within 20 days. However, at the time of the inspection, inspectors found that not all

complaints were responded to or acknowledged within the timeline. This was due to the sheer volume of complaints received and the existing process of reviewing all complaints before they were allocated to be actioned by healthcare staff. The Health Centre Administration Team checked the forms, and a thorough system was in place to ensure that all complaints were recorded on a system, including the date received.

Staff were trained in managing complaints as part of their induction process.

Inspectors saw evidence that themes and learning from complaints and concerns were collated monthly and presented at the North Partnership Risk Group and the Wider Aberdeenshire Partnership Risk Group. Inspectors were told learning from complaints was discussed adhoc during the Health Centre safety brief, such as, if there was a particular theme. However, there was no process in place to regularly review and share any learning from complaints.

Recommendation 96: NHS Grampian and Aberdeenshire HCSP should ensure complaints forms are available in a range of languages to ensure all patients can provide feedback, raise concerns and complain.

Recommendation 97: NHS Grampian and Aberdeenshire HCSP should ensure complaints are responded to as per the timeframes on the policy available to patients.

Recommendation 98: NHS Grampian and Aberdeenshire HSCP should ensure that complaints and patient's feedback is shared with the wider Healthcare Team to assess, monitor and drive improvement in the quality and safety of the services provided. This includes the quality of the experience for patients using the service.

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

Rating: Satisfactory

Healthcare staff had a clear understanding of their roles and responsibilities in reporting any situations that could result in physical or psychological harm to those in prison. Healthcare staff described their responsibilities to assess, record and report any medical evidence of mistreatment of people in the prison and to offer treatment as required. Staff described the SPS system used to record concerns. Inspectors heard of examples where concerns had been made and responded to in line with the systems and actions taken appropriately.

Systems were in place to ensure the safe storage of patients' electronic records and hard copy health information. Health information was stored electronically with all healthcare staff having personal secure access. Inspectors saw that documents were scanned and saved with secure storage areas identified.

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

Rating: Satisfactory

The Health Centre and dispensary areas in HMP YOI Grampian were in a good state of repair and could be effectively cleaned. All near me patient equipment was also in a good state of repair, clean and ready for use. Adequate supplies of PPE were in place and were stored correctly. The Health Centre was tidy and visibly clean. Cleaning of the staff areas was carried out by an external company contracted by SPS. The dispensary areas and treatment rooms in the residential areas were cleaned by healthcare staff, whereas the patient areas were cleaned by passmen. Cleaning schedules were in place.

A chlorine releasing agent was available for managing blood and body fluid spillages in the Health Centre. Some prisoners had received recognised training and managed the blood and body fluid spillages in residential areas.

Staff could access IPC information on NHS Grampian SharePoint and the staff intranet. Staff mandatory training included infection and prevention modules.

Healthcare staff complied with the national uniform policy at the time of inspection. Staff inspectors observed were compliant with standard infection prevention and control precautions.

Inspectors were told monthly IPC checks and audits were completed. However, the only recorded audit seen was the hand hygiene audit in February 2024. A staff member was identified as hand hygiene champion. Inspectors saw a recent IPC report carried out by external NHS Grampian staff and were encouraged to see that actions highlighted had been completed or were being addressed. Infection control audit results were reported through Aberdeenshire's HSCP governance structure.

Recommendation 99: NHS Grampian and Aberdeenshire HSCP should ensure systems and processes are in place to regularly audit infection prevention and control precautions with improvement actions taken when non-compliance is identified.

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

Rating: Generally acceptable

Like other prisons across Scotland, there were challenges for the Healthcare Team in recruiting and retaining healthcare staff. The service had reviewed its vacancies and recruitment process to be more structured, with updated job descriptions and adverts. Plans were in place to use social media and a video to promote posts within HMP YOI Grampian.

A prison workforce review had been started but was paused after the previous service manager left their post. At the time of the inspection, there was no date for the workforce review to restart. The initial stages of the review had identified the difficulty in recruiting to Band 5 post, therefore Band 4 nursing posts would be

introduced and recruitment to these posts was planned. The review had also recommended changing the Band 6 nurses' shift pattern to support more junior members of staff. The development of an in-reach model of care where specialist nurses from the community would visit the prison to provide care was also being considered. Despite engagement sessions having been held, some staff inspectors spoke with were concerned about the potential impact of the workforce review, and unsure of what their role would be in the future.

The HSCP was reviewing the operational leadership and management structure within the Health Centre. A lead nurse had recently joined the Healthcare Team to provide operational leadership for the Nursing Team. Some staff inspectors spoke with reported feeling unsettled by the recent changes. Others told inspectors they were concerned as to how the Healthcare Team was currently functioning.

A daily HSCP staffing huddle was held and was attended by the Band 7 senior charge nurse from the Health Centre, the chief nurse and the senior HSCP manager. The Health Centre also held a daily safety brief. The service had a priorities of care policy which was used to support decisions regarding care delivery when there were staffing gaps. Staff rosters were available eight weeks in advance. Staffing gaps were covered by regular staff picking up extra shifts or by agency nurses who were booked in blocks to provide consistency to patients and the Healthcare Team.

Staff completed the national prison induction as well as a local induction. Inspectors saw examples of completed induction paperwork that was kept in staff files. Staff inspectors spoke with said that they had had their induction and a period of being supernumerary when they first started in the prison. However, some staff felt the induction process could be more robust.

A spreadsheet was in place to show compliance with mandatory, role-specific and additional training. This showed good compliance with NHS Grampian's mandatory training.

Inspectors were told that all staff have a current appraisal and personal development plan (PDP). However, it had been identified that the process for setting objectives as part of a staff members' PDP needed to be more robust so that the objectives also reflected the needs of the service. The lead nurse had organised external clinical supervision for new staff, and it was planned that this would be offered to all staff.

Recommendation 100: NHS Grampian and Aberdeenshire HSCP should ensure that the prison workforce review is recommenced and that any recommendations are implemented without delay.

Recommendation 101: NHS Grampian and Aberdeenshire HSCP should ensure that there is effective systems and processes in place to support staff wellbeing and effective communication between all staff groups.

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

Rating: Poor

HMIPS undertook the last full inspection of HMP YOI Grampian in February 2019. During the inspection, several concerns were raised regarding the provision of healthcare within the establishment. The potential risk associated with these concerns was such that Standard 9, Health and Wellbeing, was graded as Poor Performance.

In October 2019, HMIPS supported by inspectors from HIS revisited HMP YOI Grampian to assess what progress had been made implementing the recommendations from the action plan since the last inspection. During the return visit, inspectors saw that efforts had been made to strengthen and develop the health service delivery within HMP YOI Grampian. Inspectors saw that progress had been made towards meeting many of the recommendations from the February 2019 inspection, such as the development of new processes and pathways of care, improved training and support for staff, recruitment and stabilising links with other services across the Partnership.

It is therefore disappointing that during this inspection, inspectors saw that many of these positive changes have not been sustained with a recurrence of old and new challenges directly impacting on healthcare delivery as described within this report. Healthcare in HMP YOI Grampian continues to be hosted by Aberdeenshire HSCP and reported through its governance structures which feed into those of NHS Grampian.

The HSCP has a vision for prison healthcare within HMP YOI Grampian, they describe providing a sustainable service and delivering trauma informed compassionate care. However, during the inspection, inspectors saw there was a lack of clear management and nursing structure within the prison to deliver this vision. Action had been taken in the appointment of a lead nurse to provide professional and operational leadership to all the nursing teams in HMP YOI Grampian. Their priority was to develop more integrated working across specialities in the prison which would support person-centred care. Not all staff inspectors spoke with were aware of the leadership structure and the intended vision of the HSCP to support the delivery of healthcare at HMP YOI Grampian. Inspectors will follow up with the HSCP the progress made against the recommendations in this report and will focus on the HSCP's plans to deliver a sustainable healthcare service that aligns with the HSCP's vision.

A recognised electronic system was in place for staff to report incidents and adverse events. Inspectors were told that these were discussed at the HSCP governance meetings, however inspectors saw no evidence of learning being shared directly with staff.

Minutes from team meetings showed structured agendas with good attendance from the Health Centre Team, however there was no attendance from the wider Healthcare Team. This meant that there were limited opportunities for the whole Healthcare Team to share learning and discuss issues affecting patient care.

Feedback from patients was gathered using complaint or feedback forms as described in Q.I 9.13. Patient satisfaction regarding healthcare appointments was encouraged and obtained using a survey with a range facial expression.

Inspectors were told that regular meetings take place between healthcare staff and SPS staff. Feedback from staff indicated a good relationship between the two staff groups with evidence of joint working. The Healthcare Team at HMP YOI Grampian had also developed connections with secondary care clinicians such as opticians, podiatrists, and nurse specialists.

Good Practice 23: Patient satisfaction regarding healthcare appointments was encouraged and obtained using a survey with a range facial expression.

Recommendation 102: NHS Grampian and Aberdeenshire HSCP should ensure that learning from incidents and adverse events is shared with all staff to ensure improvements to care and service are put in place.

Recommendation 103: NHS Grampian and Aberdeenshire HSCP should ensure that members of the wider healthcare team are invited to the health centre team meeting so that service issues can be discussed and learning shared.



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