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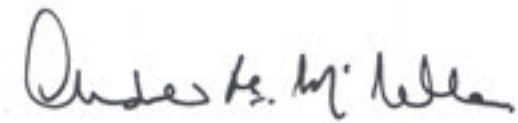
Report on HMP Edinburgh

**UNANNOUNCED FULL INSPECTION
12-21 JANUARY 2009**

The Scottish Ministers

In accordance with my terms of reference as Chief Inspector of Prisons for Scotland, I forward a report of a full unannounced inspection carried out at HMP Edinburgh between 12-21 January 2009.

Five recommendations and a number of other points for action are made.

A handwritten signature in black ink, appearing to read "Andrew R C McLellan". The signature is written in a cursive style with a large initial 'A'.

ANDREW R C McLELLAN
HM Chief Inspector of Prisons

February 2009

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1. PREAMBLE

1.1 Edinburgh Prison is almost entirely new. With the exception of one hall built 11 years ago the whole prison has been rebuilt in the last five years. Different stages of this rebuilding have been welcomed in previous inspection reports; at each stage, however, the difficulties of managing a prison while massive rebuilding work was taking place on the same site were observed. The building work has at last been completed. The investment has been at least £120 million. There is clear evidence in this report of benefits that the rebuilding has produced.

1.2 Living conditions for all convicted prisoners are good. The last new accommodation hall, Ratho, was opened only days before the inspection. It has showers within the cells. All the new halls provide much better conditions for prison staff as well as for prisoners; although the size of the halls may, as inspection reports have noted before, bring problems of noise and physical distance between prisoners and staff. The oldest hall, Glenesk, is of much poorer quality. The prisoners who live in this least attractive accommodation are remand prisoners, most of whom have not been convicted of any offence.

1.3 New building has brought improvements not only to prisoner accommodation. The new training workshops are quite splendidly equipped, the new kitchen and laundry are great improvements, the new gym and fitness room are very impressive. The purpose-built reception area is ideal. The health centre has been praised in previous reports. It would be alarming if there were not clear signs that this great expenditure had not made a great difference. It is good, therefore, that this report shows that some aspects of Edinburgh Prison are excellent. The library, the laundry arrangements, the canteen, the Links Centre, PE and chaplaincy are all commended. Elsewhere there is a clear sense that this year is an important year for Edinburgh Prison. The building work has finished: first-class facilities are in place. The highest peaks of overcrowding, which were very high, of a few months ago, appear to have been – at least for the moment – left behind. The next months must see the promise offered by the new buildings being fulfilled.

1.4 Safety has improved. This was the clear message of every prisoner group and of many individual prisoners and members of staff. Despite significant increases in prisoner numbers, the number of serious assaults has dropped. This is partly due to increased closed-

circuit cameras, partly to the introduction of a police liaison officer, partly due to better living conditions, and partly due to good relationships between staff and prisoners. At no time did any prisoner complain to inspectors of ill-treatment by staff. The engagement of staff with prisoners observed during the inspection was always appropriate, sometimes challenging and often cheerful. But the design of the new halls, as has been noted before, does make it more likely that staff in these halls will find themselves in their own area when they might usefully be where prisoners are.

1.5 There are three disappointments in this report. On every occasion when the workshops were visited some (sometimes many) of them were empty. These workshops are an outstanding resource to train people for work when they return to society and to allow them to spend their prison sentences doing something useful. It is a shameful waste that they should regularly be lying empty. At the same time, of course, the prisoners who should be making good use of them are locked in their cells all day. This point was made clearly by representatives of the Visiting Committee.

1.6 Linked to this disappointment is another. The atmosphere of Edinburgh Prison changes noticeably at weekends. There is very little provision indeed for anything good to happen at weekends. The food is less good, there are almost no out-of-cell activities, and most of the so-called recreation facilities available are very tedious. A weekend in Edinburgh Prison is “mind-numbing”.

1.7 Linked to these two disappointments is a third. Some groups of prisoners have a noticeably worse experience of imprisonment in Edinburgh than others. Protection prisoners have much less access to the good things of the prison than do mainstream prisoners. But at the bottom of the heap are remand prisoners, whose living conditions, out-of-cell activities, access to induction, relationships with staff and recreation opportunities are by far the worst in the prison. It cannot be repeated too often that these are nearly all, in the eyes of the law, innocent people; and many of them will not be given a prison sentence. It is unfair that they should have worse conditions and opportunities than convicted prisoners. Most unhappy of all is this: the remand prisoners who have the worst deal of all are those who are young. There is one very good motor workshop for some of them. For the rest the only thing they can look forward to apart from PE, a visit and a day locked in a cell is a recreation period.

For some of them the only recreation facility available is a table tennis table which is broken.
And they are never allowed to eat in company with each other.

2. CONDITIONS

Outcome

Prisoners are held in conditions that provide the basic necessities of life and health, including adequate air, light, water, exercise in the fresh air, food, bedding and clothing.

2.1 The prison is almost entirely new: with the exception of one hall it has been rebuilt in the last five years. The new buildings provide excellent living conditions. The food is good at the point of cooking but deteriorates when being transported to the halls, prisoners are able to have their clothes washed every day during the week and there are good opportunities for exercise.

Population

2.2 The majority of the prisoner population (70%) comes from the Lothian & Borders Community Justice Authority area. It has a design capacity of 872. On the first day of inspection there were 795 prisoners held in the prison as follows:

Adult remand	126
Adult convicted	610
Young remands	31
Male young convicted	6
Recalled life prisoners	10
Convicted prisoners awaiting sentence	10
Prisoners awaiting deportation	2

2.3 The highest number that the prison has held was 913 in September 2008.

Accommodation Areas

2.4 There are four main Residential Halls: Glenesk, Hermiston, Ingliston and Ratho. The most recent, Ratho, opened in December 2008. The oldest, Glenesk, is now 11 years old.

2.5 The number that each hall can hold in single and double/buddy cell accommodation is as follows:

Glenesk	125
Hermiston	283
Ingliston	348
Ratho	116

2.6 Remand prisoners are held in Glenesk; convicted prisoners serving short sentences are held in Hermiston; long-term convicted prisoners and prisoners on protection are held in Ingliston; and Ratho holds prisoners who are local “top end” nearing the end of a sentence and those who require addictions support.

2.7 The standard of accommodation is very good in Hermiston, Ingliston and Ratho. These halls are clean and furnishings are good. Glenesk is looking a bit worn – particularly level 2 (for young remand prisoners). These cells have lots of graffiti and some inappropriate posters. The floors are dirtier than anywhere else in the establishment with remnants of food lying around. Mattresses are also in a very poor state of repair in Glenesk. A number of the dining room tables and chairs were either missing or in a state of disrepair. There is a lack of telephone hoods. Glenesk is also the only hall that does not provide prisoners with access to its own small gym facility. **It is recommended that the conditions for remand prisoners and the services they receive are improved.**

2.8 All prisoners have the opportunity to dine in association, with the exception of prisoners in Glenesk. The areas for serving food in all residential areas were clean.

2.9 There are five disabled cells in the prison and these are of a good standard. The only bunk beds which have ladders to the top bunk are in Ratho, with a few in Hermiston. All bunk beds should have ladders. There are five anti-ligature cells situated throughout the establishment.

2.10 All cells have enclosed toilets. Cells in Ratho also have showers.

2.11 Recreation equipment consists of small gymnasiums in a number of halls, pool and snooker tables, table tennis tables and table football.

2.12 The medical/health care rooms in Ratho do not meet healthcare standards. There is no sluice area, and the rooms are too small.

2.13 In Ratho, the pool tables are situated next to the telephones which means that it is noisy and there is no privacy.

Exercise Areas

2.14 Prisoners have access to a period of exercise in the open air every day. There are a number of good exercise areas within the establishment.

Catering

2.15 The kitchen is a relatively new facility (three years old) which employs 30 prisoners. Prisoners can work towards qualifications, particularly the Scottish Association of Master Bakers. Training is given a high priority, indeed one member of staff is dedicated full-time to developing this function. There is also a training kitchen in place.

2.16 The quality of food is good at the point of cooking, but deteriorates when being transported to the halls. All prisoners, except prisoners on remand, are given the opportunity to eat in association in the residential areas, although some choose to eat in their cells.

2.17 The menu works on a four weekly cycle and contains a healthy option at each serving. Prisoners are unable to obtain five pieces of fruit or vegetables each day from the menu. All prisoners, including prisoners on remand are able to make a choice in advance. All special diets are identified and met. Prisoners are consulted on a regular basis about the food and choices available.

2.18 The timing of meals Monday to Friday is appropriate although the evening meal at weekends is served at 16.00hrs. This is very early, although it is recognised that an evening snack is also issued. There is also a lack of serving utensils, with food consequently being served using hands (albeit gloved hands). Portions are also small, especially at weekends.

Canteen

2.19 The arrangements for prisoners' canteen is "bag and tag". A large stock room has a good range of items, and prices are competitive. No items of stock checked were outwith the "Best Before" date. Greetings cards are also available in the canteen.

2.20 Remand prisoners access the canteen twice each week, convicted prisoners access it three times each week.

2.21 Prisoners also have the opportunity to buy a selected range of items, including fruit and cosmetic products, through sundry purchases. A request form is submitted to canteen staff who order it online from a major supermarket. The goods are delivered to the prison. In this respect, prisoners have the same access to a range of products as members of the public.

2.22 Overall, the canteen is a smooth and efficient operation which provides a very good service to prisoners.

Clothing and Laundry

2.23 Prisoners wear a range of prison and personal clothing. Prison issue clothing is clean and of a very good standard. Prison issue underwear and socks are new and personal to the prisoner.

2.24 A new laundry provides an excellent service. Prisoners can have their clothes washed every weekday if they wish. Personal clothing is washed in bags which have been double 'tagged' for identification, security and to ensure that they do not open during washing or drying. Every bag is also counted and logged. Prison issue kit such as sweat shirts and trousers is washed together and is not personalised. It is also washed on a daily basis, as is bedding if requested.

2.25 The laundry employs around 25 prisoners at any one time and the atmosphere is good. Prisoners said that they enjoyed working there although the wages were lower than elsewhere in the prison. An SVQ in Laundry Operation is available, and seven prisoners were working towards this.

3. SAFETY

Outcome

Appropriate steps are taken to ensure that individual prisoners are protected from harm by themselves and others.

3.1 The prison is safe; levels of serious violence are low; there have been no escapes since the last inspection; and induction is comprehensive.

Escapes, Absconds and Physical Security

3.2 There have been no escapes since the last inspection. The prison has now been fully re-built and there is both a perimeter wall and inner fence.

Violence

3.3 Prisoners regularly said that they felt safe. There were 12 serious prisoner-on-prisoner assaults in 2007 and 10 in 2008. There were 55 minor assaults in 2007 and 73 in 2008. These need to be viewed in the context of record levels of overcrowding in 2008.

3.4 The prison has had a police liaison officer in post for one year. This has greatly improved the flow of information about prisoner rivalry.

Supervision Levels

3.5 Each residential unit manager chairs the supervision review board for their own area. Review boards are held on a weekly basis for short-term prisoners and on a monthly basis for long-term prisoners. The board consists of the unit manager and a first line manager. The prisoner is invited to present his case.

3.6 On average 15 cases are considered each week and the reasons for decisions are given to the prisoner in writing. The policy states that reviews should take place at least annually. In Edinburgh, short-term prisoners are generally reviewed more often than that.

Escort Handover Procedures

3.7 There is good informal communication between the prison and the escort provider. Escort staff communicate appropriately with prisoners and the searching is thorough and dignified.

3.8 All prisoners interviewed were given prior notice of their journey and destination. The vehicles inspected had no hygiene packs. Not all had been cleaned or were carrying water.

3.9 All vehicles carried a tape of a safety notice. None of the prisoners interviewed had heard the message prior to the journey despite the Prisoner Escort Record (PER) indicating that it had been played. The message itself is brief and inappropriate. There is no reassurance for prisoners about what may happen in an emergency. The message should be more appropriate and made available to all prisoners in a format they understand.

3.10 The information contained in Prisoner Escort Records is good.

Admission Procedures

3.11 The reception is a very well-appointed purpose built area. There are no cubicles. When prisoners are first admitted they are placed in one of three communal holding rooms depending on their status. One room is for mainstream new admissions, one for returns and one for protection prisoners.

3.12 The admission holding room has a television and a notice board with good quality information in several languages. There is also a stand-alone computer which holds admission information, but is very rarely switched on. More effective use should be made of this.

3.13 There are a further three holding rooms in which prisoners are placed to await transfer to the residential areas once the reception processes have been completed.

3.14 The medical examination room within the reception area is roomy and has an examination couch, workstation and hand-washing facilities. The room has a large window which means that intimate examinations cannot be carried out in private.

3.15 Facilities also include two interview rooms, a kitchen and three separate areas for storing clothing, valuable and other property. The property stores are well laid out and secure.

3.16 There is a shower area, although prisoners are rarely permitted to shower before transferring to the residential area where a shower is not always available prior to lock-up. All admission prisoners should be given the opportunity to shower before being locked up.

3.17 All prisoners on admission are held in the escort vehicles until prison staff check warrants, property and cash. Once this process is complete prisoners are escorted into reception one at a time, identified, and placed into one of the three holding rooms. Prisoners' personal property and cash are not always opened and checked in their presence. New prisoner details are added to the computer at the admission desk in view of other prisoners. This process should be completed in private. The suicide prevention risk assessment is appropriately conducted in one of the interview rooms.

3.18 The search area allows the searching of prisoners to be carried out in a dignified manner. Once a prisoner has been searched he is given his first night prison 'uniform' which is a tee shirt, polo shirt and jogging bottoms. This clothing is clean but not new. Prisoners are allowed to keep their own underwear and socks. Prison underwear and socks are also available, but only if asked for. These are new.

3.19 A small well appointed kitchen is located within the reception area. Prisoners who arrive in the prison too late for their evening meal are given a pack containing two sandwiches. There is no opportunity for a hot or cold drink in the reception area.

3.20 An excellent feature in the reception is the deployment of a "peer greeter". This is a prisoner who speaks to all new prisoners advising them of what to expect in the prison and most importantly offering support to new prisoners. This is an area of **good practice**.

First Night Centre

3.21 All new admission prisoners or remand prisoners who return to the prison convicted are located in the First Night Centre (FNC) in a section in Hermiston level 3. Prisoners are taken to this area as soon as possible after the reception process is completed. On the first working day following admission prisoners are moved from the FNC to a residential area. New prisoners who are considered at high risk of self-harm or suicide are located in one of the safer cells on Hermiston level 2.

3.22 There are six double and twenty-eight single cells. Each room is equipped with a kettle, plate, cup, bowl and cutlery. The rooms inspected were clean and in good condition. On entry to the FNC a prisoner is provided with clean sheets, a duvet cover and a pillow case. New prisoners are only given a toothbrush and toothpaste if they ask for them. Oral hygiene equipment should be provided to all prisoners as part of the admission kit.

3.23 Staff complete the core screen document on admission to the FNC, provided the prisoner is not too late in being admitted. Peer supporters are deployed in the FNC from 18.30 hours each night. They meet the new prisoners in the communal area in the hall when they are unlocked to use the telephone. They sometimes have to see prisoners two at a time due to time constraints, which reduces the effectiveness of a very good initiative. The peer supporters have a structured information checklist and make referrals to service providers such as the chaplains or addiction services. They also have a canteen list, and can take orders up to the value of £5, if prisoners have funds, to tide them over until the next prison canteen day. Canteen items purchased this way are delivered the following day. This is an area of **good practice**.

3.24 New prisoners are not always given critical first night information before being locked up. Some prisoners who are not seen on the first night can often be moved to another part of the prison the following day before receiving this information and may consequently miss out totally. For remand prisoners this is the only induction available. Prisoners should not be moved until they have received this induction.

Induction Procedures

3.25 There is a well structured approach to induction for convicted prisoners serving over thirty days. The National Induction programme is delivered over four and a half days between Monday and Friday. Prisoners who are admitted on a Monday or Tuesday will be included in the induction programme the following week. Prisoners admitted later in the week will receive their induction over a week later. Some prisoners may be in the prison for 10 days before accessing the programme.

3.26 Convicted protection prisoners receive only a half day induction. They should have the same access to a comprehensive induction programme as other convicted prisoners.

3.27 Remand prisoners do not receive any induction other than the information they may get from the peer supporters in the FNC. If a remand prisoner arrives late into the FNC they will not even get this opportunity. A structured induction programme should be made available to all remand prisoners.

3.28 All convicted mainstream prisoners serving over thirty days receive a personalised invitation leaflet to attend induction. This leaflet provides good preliminary information on the programme. A number of service providers and partner organisations contribute to the full induction programme. The Governor or Deputy Governor provides an input on the first day. Prisoners are also given a tour of the establishment to see the work and training areas and also the library. The peer supporters who operate in the FNC also contribute to the induction programme.

3.29 A Family Awareness session takes place on the last day of induction. New prisoners and their families receive a presentation in the visit room where there is an opportunity to meet the Family Contact Development Officers (FCDOs). Following the presentation there is the opportunity for a family visit and staff are available to answer personal questions.

3.30 Induction for mainstream convicted prisoners is an area of **good practice**.

Suicide Risk Management

3.31 There was one suicide in September 2007, and at the time of inspection there were two Fatal Accident Inquiries still to take place.

3.32 When a prisoner is considered to be at high risk there is a standard approach to care of “safe cell, canvas clothing and no items in use”. Each care plan should be person centred and based on individual identified risk factors.

3.33 There are five safer cells in Edinburgh. Four are located within the main residential areas and are of modern design with appropriate furniture and electric power. There is also a safer cell in the segregation unit, with electric power but no furniture. The bed is a mattress on a concrete plinth. All safer cells should have appropriate furniture. All the safer cells have a toilet and a wash-hand basin. None of the toilets are enclosed. The safer cell in the segregation unit is only used when all the others are occupied.

3.34 At the time of the inspection the prison had only two Listeners. This is not sufficient to provide a reasonable service. It was reported that six prisoners were undergoing training as Listeners and it was anticipated that they would be operational by the end of January.

3.35 The establishment Suicide Risk Management Group (SRMG) is chaired by the Deputy Governor and meets bi-monthly. There is a good range of disciplines on the group including Samaritans and Listeners. The SRMG minutes and ACT2Care paperwork demonstrates that the process is also well supported by the chaplaincy team.

3.36 The Listeners have a telephone, with an answering machine on which prisoners can leave a message. However, these calls are made from the telephones in the residential areas and are subject to recording. The concept is a positive development but could be made more effective if the calls are not recorded.

3.37 Art therapy, Theatre Nemo, PT and a new course “Living Life to the Full” are available to prisoners on ACT2Care.

3.38 A review of paperwork indicates some gaps in information such as regime reports and the prisoner's signature confirming attendance at case conferences. One case conference did not have the required minimum staff attendance. Case conferences occurred as planned. There is a clear commitment to minimise prisoners' opportunities to self harm or commit suicide. The peer supporters in the First Night Centre and in reception are a valuable support to the suicide prevention process. Care needs to be taken however to ensure that case conferences are properly constituted and that greater attention is paid to the completion of the paperwork.

Night Duty

3.39 Comprehensive night shift instructions are available for all posts. The manager and four staff on each night patrol are permanent and the rest of the team is made up of officers who do night shift on a rota basis along with a range of other day time duties. This gives a good balance of experience and knowledge during the night.

3.40 In all residential areas except one there is monitored officer response to prisoner requests. Two of the night shift staff were first aid trained.

3.41 All staff displayed a good knowledge of night shift procedures.

4. RESPECT

Outcomes

Prisoners are treated with respect by prison staff.

4.1 Relationships between prisoners and staff are very good.

Prisoners are treated with respect for their dignity while being escorted to and from prison, in prison and while under escort in any location.

4.2 Prisoners are treated well by escort staff. The conditions in Edinburgh Sheriff Court are good. The conditions in Linlithgow Sheriff Court are poor.

Relationships

4.3 Relationships between staff and prisoners are good. First name terms are generally used by staff when addressing prisoners: the only prisoners who felt that this was not the case were young remand prisoners. No inappropriate behaviour was observed throughout the inspection. This is supported by Prisoner Survey 2007 which notes that 94% of prisoners said that they got on well or very well with staff. Many residential officers did not wear their name badges where they could be seen.

Edinburgh Sheriff Court

4.4 The layout of the holding area in Edinburgh Sheriff Court allows for the separation of females, males under 21 years of age and adult males. The holding rooms are clean and have very little graffiti. The large holding rooms were not overcrowded on the Monday that they were inspected. Each of the holding rooms has a toilet facility but there is no opportunity for privacy and prisoners are unlocked to use a more private toilet. There are several enclosed cells which are used for difficult or distressed prisoners. Solicitors are able to speak to their clients in one of the booths available. Arrangements for medical support are in place.

4.5 Drinking water is available and at lunch time sandwiches and water are provided. The prisoner route to the courtroom is safe and clean. The holding rooms adjacent to the District and Sheriff courts are fresh and in good order.

4.6 Prisoners are treated well by escort staff.

Linlithgow Sheriff Court

4.7 There are three holding rooms at Linlithgow Sheriff Court. Every effort is made to keep females, males under 21 years of age and adult males separate: however, when females are held this takes up one cell and makes the separation of others particularly difficult. On the Monday that the rooms were inspected the larger cell held five males which increased to seven within twenty minutes or so, one small cell held one female and there were four males in the other small cell. It was very cramped.

4.8 There are no facilities in any of the cells and only one toilet outside the cells. The best that can be said about the toilet is that it is adequate. There were no hygiene bins for females. There are three small but functional agents rooms. Arrangements for medical cover are in place.

4.9 Drinking water is available and all of the individuals being held had received a sandwich. The prisoner route to one of the courtrooms is short and safe. Contingency plans are in place to ensure the safety of prisoners and others on the route to the other two courtrooms. Prisoners are well treated by escort staff.

4.10 Overall the holding cell area is cramped, noisy and dirty. Plans are in place to close the Sheriff Court in Linlithgow and relocate to Livingston later in 2009.

Equality and Diversity

4.11 At the time of the inspection there were 57 Black and Ethnic Minority (BEM) prisoners being held in the prison. Eight were unable to speak English. On reception to the prison the telephone interpreting service is used to assist in the completion of the admission procedures and risk assessments.

4.12 On site interpreters are available to help with the completion of the core screen assessment and for the provision of the harm reduction information. No interpreters have been used in induction in the past year. There are no regular reviews with a non English speaking prisoner via an interpreter following the core screen assessment.

4.13 There has only been one racial incident form (CRIR) raised since May 2008. A thorough investigation was conducted. Faith or ethnic related dietary needs are met. Facilities are available to allow Muslim prisoners to participate in religious festivals. SHAP calendars highlighting important religious dates are in the establishment but not widely displayed.

4.14 Foreign national prisoners who have no family in the UK are permitted telephone calls at the establishment's expense. At the time of the inspection there were ten such prisoners. Information about access to Consul officials is given to BEM prisoners in the First Night Centre. The establishment has run, and has plans for more, themed multi-cultural events.

4.15 The prison has now been completely refurbished and is wheelchair friendly. There are also a number of lifts in the establishment which ensures that prisoners with mobility problems can access all prisoner areas. All residential areas have a cell which is accessible by wheelchair and is designed to aid prisoners with mobility problems. The establishment conducts an impact assessment on new policies to ensure that they meet the requirements of the Equality and Diversity legislation.

4.16 There are a number of Equality and Diversity officers throughout the establishment and each is given a very comprehensive E & D manual. This is an area of **good practice**.

4.17 The E & D committee meets quarterly. It is chaired by the Governor and has representation from catering, estates, HR, first line management and the Edinburgh and Lothian Racial Equality Council.

Searching

4.18 Prisoners are searched prior to any movement between areas. These searches are conducted appropriately and sensitively. Hand held and walk-through metal detectors are also in operation to prevent the movement of contraband.

4.19 All prisoners who arrive and leave the prison via reception are subject to a strip search.

4.20 Searching of prisoners is carried out appropriately.

5. CONTACT

Outcome

Good contact with family and friends is maintained.

5.1 The visits room is spacious and bright; prisoners book the visits; a number of family initiatives are in place and the Visitors Centre is a very good facility. However, there are no facilities for children in the visits room and the system for getting visitors from the Visitors Centre to the visits room is inadequate.

Family Contact

5.2 The arrangements for maintaining family contact are good. All prisoners receive their visits entitlement and sometimes can receive more than this. Prisoners book all visits which avoids families having to go through a switchboard.

5.3 A range of initiatives to maintain family contact is in place:

- Induction visits for families take place on a Friday morning.
- A child and family forum is in place which includes visits staff, the Family Contact Development Officers, Families Outside and the Salvation Army.
- Father and child bonding visits take place four mornings each week: however, prisoners have to have been held in the prison for over 12 months to become eligible for these visits.
- Four family orientated events are held each year.

5.4 There are four full-time Family Contact Development Officers in post. They are high profile within the visits area and at least one is always available during visiting times. They have their own office and telephone number. This is an area of **good practice**.

5.5 Visitors spoken to were content with how they were treated by staff.

The Visitors Centre

5.6 The Visitors Centre is located just outside the prison perimeter, within the car park. It is a large, bright, welcoming environment run by the Salvation Army. Visitors book in at the Centre and the information is relayed to the prison entrance desk. A member of Families Outside is present within the Visitors Centre. A 'café' provides a range of food and hot and soft drinks. A wide range of information is also on display. Visitors are asked to book into the Visitors Centre 30 minutes before the visits start.

Accessing the Visits Room

5.7 The process of getting visitors from the Visitors Centre into the Visits room is not working effectively. Not all visitors wait in the Visitors Centre until the visit is called: rather they wait in the entrance area of the prison. When visitors are officially called to visits they move from the Visitors Centre to the prison and also congregate in the entrance. If the visit session is busy, some visitors have to queue outside – sometimes in the rain. Visitors' identification is checked and they then proceed, one at a time, through a turnstile. Agents and visitors go through the same procedure, at the same time, which contributes to the congestion. The whole area is very crowded with the potential for jostling and tempers to become frayed. **It is recommended that the process by which visitors get from the Visitors Centre to the visits room is improved.**

The Visits Room

5.8 The visits room itself is spacious and bright. The tables are spaced to allow a certain amount of privacy. Supervision by staff is strict but not obtrusive. There are no facilities for children. 'Friends of Edinburgh Prison', a voluntary organisation, run a very well used café within the visits room.

Information

5.9 Information for visitors is readily available in the Visitors Centre. Family Contact Development Officers are also on hand in the visits room and by telephone to provide support and information if required.

Communications

5.10 There are sufficient telephones for the number of prisoners living in the prison. However, they are located next to the pool tables in Ratho Hall, and therefore lack privacy and are noisy. Prisoners can send as many letters as they can afford.

Searching

5.11 All visitors are given an upper body search after they have passed through the turnstile and before entering the visits room.

6. ENTITLEMENTS

Outcome

Prisoners' entitlements are accorded them in all circumstances without their facing difficulty.

6.1 Disciplinary procedures are fair and open. Conditions in the segregation unit are good. Complaint forms are not readily available throughout the prison.

Legal Entitlements

6.2 Legal texts books and information on Human Rights are available in the library. Copies of the Prison Rules are available in the residential areas. Prisoners also have access to a range of communication materials and the prison supplies newspapers for prisoners in the segregation unit. Prisoners have the opportunity to attend court hearings clean and properly dressed. Privileged mail is handled appropriately.

Management of Disciplinary Procedures

6.3 Disciplinary hearings are held in the managers' offices in each residential area except Glenesk. Prisoners from Glenesk who are subject to disciplinary procedures have their cases heard in the segregation unit. The facilities within the segregation unit used for hearings are roomy and an appropriate atmosphere is created. In the residential areas the hearings take place in small busy working offices where the telephone is constantly ringing. In some there is only a small table at which the adjudicating manager and prisoner sit. The escorting staff are required to stand and this can be intimidating.

6.4 At all hearings observed during the inspection, the adjudicators ensured that the prisoner understood the charges, had enough time to prepare his case and was ready for the hearing. All prisoners were offered pen and paper with which to take notes. No prisoners were offered access to a copy of the Prison Rules.

6.5 Disciplinary procedure paperwork is completed effectively. The process followed and the reasons for decisions and awards are understood. There are an average of 194 hearings per month and around 13% result in “not guilty” or “case dismissed.” In the hearings observed and paperwork studied a high proportion of prisoners pled guilty to the charge. The reasons for the use of Prison rule 114(2), which allows for the removal of a prisoner from association by an officer pending adjudication, are not always supported by written evidence.

Religious Observance

6.6 The Chaplaincy team comprises one full-time and five part-time chaplains: one full-time Episcopalian, two part-time Roman Catholic, one part-time Free Church of Scotland, one part-time Church of Scotland and part-time involvement from the Salvation Army. An Imam visits the prison on a regular basis.

6.7 The team is highly visible and involved at all levels in the prison. They contribute to prisoners’ induction, the suicide risk management procedures, ICM and the Multi Disciplinary Mental Health Team. They visit the Links Centre and meet with outside agencies including ‘Hope’ on a regular basis.

6.8 The majority of the Chaplains’ time is spent on one-to-one work with prisoners. Members of the team visit every hall, every day. Prisoners can self refer, uniformed staff refer and others such as education or social work can also refer prisoners to the chaplaincy team.

6.9 Roman Catholic Mass takes place at 09.00hrs on Saturdays in the Chapel, although all prisoners are welcome to attend. An Ecumenical service takes place at 09.00hrs on Sundays, again in the Chapel. An average of 15 to 20 prisoners attend each service. Staffing supervision appeared to be excessive. Muslim prayers are held on a Friday in the Multi Faith Centre.

6.10 Chaplains identified three major challenges facing the prison: managing periods of overcrowding; dealing with the mental health problems being presented; and encouraging long-term prisoners to go to work or education.

6.11 Overall, the chaplains are visible and proactive, and feel very well supported and encouraged by Management.

Visiting Committee

6.12 Members of the Visiting Committee were enthusiastic about the very good facilities now provided in the prison, but expressed concern that the potential benefits had been diluted over the past year due to overcrowding.

6.13 They also reported satisfaction with the new library facility. The low numbers of prisoners accessing work and training opportunities is a cause of great concern. They also expressed disappointment that the supported child play facility in the visits room had been cancelled.

6.14 The Committee felt that they were well supported by management.

Prisoner Complaints Procedure

6.15 Complaint forms are not readily available in the halls or other communal areas. Prisoners have to ask an officer for a form. There is no easily accessed record of how the complaint has been dealt with.

6.16 Internal Complaints Committee meetings occur weekly. The meetings are minuted and these minutes are widely circulated.

Management of Segregation

6.17 The segregation unit was one of the first areas to be refurbished and is still in good condition. It is a custom built facility which has two separate areas which allows for the operation of more than one regime if required.

6.18 There are twelve ordinary cells with stainless steel fixed furniture and a stainless steel toilet and wash hand basin. The toilet is not enclosed despite the fact that all prisoners eat in their cells. Toilets should be enclosed.

6.19 There are four other cells which cater for a range of special needs. Each section has an ablutions area with toilet and shower and in one of the sections there is a small but well equipped fitness room. There are three enclosed exercise areas attached to the unit where prisoners can spend time in the fresh air. There is also a room for interviews, a medical room and a kitchen.

6.20 At the time of inspection ten prisoners were being held in the unit. One of the prisoners was held under Rule 37(1) of The Prisons and Young Offenders Institution (Scotland) Rules 2006. This rule allows the removal of a prisoner from normal association on medical grounds. He was suffering from mental illness. A segregation unit is not an appropriate place for prisoners suffering from mental illness.

6.21 On admission to the unit a first case conference is held within five days. The prisoner will then have a care plan developed based on his response. This may allow a television in his cell and access to the fitness room. The default position is to allow the full regime and only remove items from it if the behaviour presents a risk. For all prisoners who are held in the segregation unit for more than three months a mental health assessment is carried out.

6.22 The segregation unit allows prisoners to participate in a range of activities if their response is positive.

7. ACTIVITIES

Outcome

Prisoners take part in activities that educate, develop skills and personal qualities and prepare them for life outside prison.

7.1 Learning, Skills and Employability provision is good. Prisoners have good access to a wide range of learning opportunities, and receive high quality teaching and support. Good training accommodation and the new library facility enhance the learning experience. However, a lack of formal arrangements for SPS, College and CLAN staff to work together in the planning, coordination and review of LSE provision results in missed opportunities to provide a more cohesive and meaningful service.

7.2 Very few prisoners go to work: the workshops are empty.

Context

7.3 Learning, Skills and Employability (LSE) is delivered by a range of organisations. SPS staff deliver a wide range of activity programmes and work-based training leading to Scottish Vocational Qualifications (SVQs). The prison has a contract with Carnegie College to deliver 30,000 prisoner learning hours per year. This provision is delivered within the learning centre and mostly consists of Scottish Qualification Authority (SQA) accredited units. ‘City Literacy and Numeracy’ (CLAN) Edinburgh provides support for prisoners seeking to develop their literacy and numeracy skills. Good links with other agencies have led to events and projects including hosting a writer-in-residence. In November 2008 the prison opened a new library facility to support and enhance its LSE provision. The prison is continuing to strengthen its role within the community and is developing initiatives to engage with prisoners and their families through learning.

Staffing and Resources

7.4 There is a good range of appropriately qualified staff to deliver LSE activities and programmes. Prison, college and CLAN staff work well together and liaise informally on

their activities. CLAN staff have delivered literacy awareness training to most SPS regime staff and a number of prison staff and peer support tutors have completed the PDA Introduction to Adult Literacy (ITAL).

7.5 High quality accommodation in the learning centre provides well-equipped facilities and resources for learners.

7.6 Although at an early stage, there are plans in place to promote learning further across the prison. A programme of staff development is in place to raise awareness of residential staff on the range and content of learning centre programmes. However, there are no formal arrangements for SPS, college and CLAN staff to work together in the planning, coordination and review of LSE provision. As a result, there are missed opportunities for drawing collectively on the wide range of staff skills, expertise and resources to provide a more cohesive and meaningful provision.

Access to Learning, Skills and Employability

7.7 Prisoners have good access to learning opportunities and most have been involved in learning at some point in their time within the prison. A wide range of courses meets the needs of most learners. Seventeen VT programmes provide very good opportunities and choice for convicted and some remand prisoners. The learning centre provides good access to programmes at a range of levels from Access 2 to HNC. Approximately 750 prisoners a year access this type of provision. There are very good examples of non-accredited project-based activities including Museums, and Film and Theatre, which successfully engage prisoners in developing new interests and skills.

7.8 Careful coordination and timetabling of prisoner groups ensure that almost all prisoners are able to undertake courses at specific times of the week. This includes some prisoners on remand. This is an area of **good practice**. There are good arrangements for longer term prisoners to further develop their existing skills and progress to more advanced level programmes. Prisoners have access to PE in evenings and at weekends and have very good access to physical education equipment in the halls during association time.

7.9 CLAN and learning centre staff provide valuable one-to-one and group support for prisoners with literacy and numeracy needs. An ESOL programme is available for speakers of other languages. Learners with additional barriers to learning, such as dyslexia have good access to specialist support through CLAN staff.

7.10 However, on more than a few occasions, a range of factors including limited escort availability, staff absence and scheduling of other prison activities have interrupted or prevented participation in LSE activities.

Assessment of Need

7.11 Induction arrangements help familiarise prisoners with the learning opportunities available to them. Very effective referral arrangements between CLAN, prison and college staff help and encourage learners with literacy issues to access one-to-one and group support.

7.12 Profiling of prisoner skills at induction provides the prison with a useful gauge of competence in literacy and numeracy. However, there are no arrangements for collating this information to identify overall learning and additional support needs. As a result, managers are not able to draw on this information to plan programmes in order to match provision to need.

7.13 The very early profiling of literacy and numeracy skills of recently admitted prisoners is not always productive. It does not take sufficient account of individual needs, particularly of those who had a previous negative experience of learning or were dealing with other issues. The production of Individual Learning Plans does not involve learners sufficiently in the processes of planning and reflecting on their own learning.

Delivery of Learning

7.14 In all LSE functions, the strong commitment and motivation of staff ensures all learners receive high quality teaching and support for learning. They prepare well for their activities and programmes, are approachable and helpful and have established trusting and productive relationships with their learners. As a result prisoners felt confident about raising issues about their learning and were encouraged to reach their individual goals.

7.15 In learning centre classes, staff take good account of individual needs and interests and take time to incorporate them into activities. They adapt teaching and learning approaches to meet the needs of individual prisoners. These approaches include one-to one sessions, paired learning, multi-level teaching and small group demonstrations in vocational workshops. There are good examples of prisoners undertaking vocational training programmes being able to apply and develop their skills within a realistic work situation. However, in a few vocational training areas, the pace of learning is too slow for some prisoners.

7.16 Effective team working between CLAN and SPS staff enables learners in the Painting and Decorating VT to develop literacy and numeracy skills within a vocational context. This approach is particularly successful in engaging prisoners who would otherwise have been reluctant to seek one-to-one support.

7.17 In physical education, enthusiastic instructors deliver engaging and motivating physical education activities, and a well-structured twelve week programme provides good opportunity for participants to gain formal qualifications and progress to further learning on release.

Prisoners' Learning Experiences

7.18 Prisoners enjoy their learning experiences. They value the relationship they have with LSE staff and look forward to their activities. Most of the prisoners on learning centre programmes had entered prison with no or very few qualifications and many considered they had made good progress in gaining new skills and achieving qualifications.

7.19 Prisoners benefit from access to very high quality teaching and training accommodation. Small class sizes in the learning centre help them gain support when they need it and participate more fully in activities. They felt that this had increased their confidence in learning and improved their self-esteem. However, a number of prisoners had experienced sudden cancellation of classes and programmes and had found this disappointing and frustrating.

Achievement

7.20 Many prisoners were attaining qualifications and gaining wider skills. For many, this was their first experience of achieving a recognised qualification.

7.21 In the learning centre, approximately 320 SQA units are awarded to prison learners each year, with around 200 learners achieving one or more units. Many prisoners achieve qualifications at SCQF levels 3-5. Most learners undertaking literacy support progress to further programmes. A well-structured programme of physical education offers prisoners the opportunity to develop competences in sports leading, first aid, football coaching and gym instructing. Certification of achievement is offered in a number of these areas.

7.22 A large number of the vocational training workshops provide programmes of activity leading to recognised national qualifications. These include awards in construction trades, industrial cleaning, catering, horticulture and fork lift vehicle driving. The vocational training service was on track to meet its annual targets for qualifications gained. However, there are no arrangements for learners to gain recognition for achievement of core skills developed through project and work-based activities.

7.23 The prison has hosted an event to celebrate the success of learners achieving formal qualifications. However there is opportunity for expanding this to incorporate recognition of other and wider achievements.

Ethos and Values

7.24 The prison continues to develop a learning culture across its services and provision and was rolling out a programme of staff development to assist this. LSE staff have established very positive and supportive relationships with prisoners and as a result learners participate productively in their LSE activities and interact well with staff and each other.

7.25 Individual LSE staff take very good account of prisoner views and interests, particularly when planning learning activities. They try to meet the needs of all prisoners, and good referral arrangements to CLAN staff enables learners with additional learning needs to access support. However, the lack of formal arrangements for prison, college and CLAN

staff to work together as a team on the planning and delivery of provision reduces the effectiveness of the LSE provision as a whole.

Quality Assurance

7.26 In a number of areas of LSE provision, prisoner groups contribute to the evaluation of provision and suggest enhancements to programmes or services. These areas include the library and physical education. Management staff in the vocational training workshops regularly evaluate the quality and relevance of vocational training programmes and introduce new and amended programmes to improve the learning experience of prisoners. Learning centre staff apply college quality assurance processes to review and evaluate provision. They internally verify programme units and participate in course teams to identify areas for improvement.

Library

7.27 A very welcoming and attractive library provides good opportunities for learners to access laptops, CDs, DVDs and books on a wide range of topics and interests. Close working between staff and prisoner groups in the design and planning of the new library has resulted in well-pitched reading materials which appeal to a wide range of levels.

7.28 Prisoners find the informality of the library welcoming and conducive to browsing and accessing different types of resources and materials. They appreciate being involved in suggesting new services in the library and contributing to developments.

Other Out of Cell Activities

7.29 The majority of work activity for prisoners in Edinburgh is via training work areas and services such as laundry, catering and cleaning. Workshops are very well equipped but often empty; prisoners regularly do not go to work. This is due largely to staff absence and attendance patterns. **It is recommended that prisoners should regularly go to work in the workshops.**

7.30 There is a very well equipped gymnasium available at evenings and weekend. In most of the residential areas there is a small gym which is also available during periods of association. Recreation facilities, particularly for remand prisoners, are poor, and there are very few opportunities of out of cell activities for remand prisoners. Prisoners were seen wandering around aimlessly at association during the evening and at weekends. **It is recommended that more is made available to prisoners at weekends.**

8. HEALTHCARE

Outcome

Healthcare is provided to the same standard as in the community outside prison, available in response to need, with a full range of preventive services, promoting continuity with health services outside prison.

8.1 The provision of healthcare is good: facilities are excellent, although underused, and there is a developing mental health service. Some concerns are identified around the safe operating practices for controlled drugs. The addictions service is reactive, and the nurse triage system is not working effectively.

Physical Environment

8.2 The main healthcare facility is situated on the ground floor of the hub. It covers a large area and comprises waiting rooms, treatment areas, mental health and addictions offices, a dental suite, a physiotherapy area, prevalence testing areas, therapy rooms, multipurpose rooms, a vocational kitchen, and a pharmacy dispensing area. In 2005 the Inspectorate recommended “that the opportunity to make full use of a custom-built health centre should not be missed”. Although it was evident that the facility has been used more, it still remains very under utilised and it is not used at all at weekends, when doctors visit the halls and see prisoners in less appropriate surroundings.

8.3 Healthcare rooms/offices in the residential areas require to be cleaned and broken equipment removed. No temperature control monitoring was evident on fridges where diabetic medication is stored. This was also the same in the main healthcare area where no temperature control monitoring had been undertaken in the three weeks before the inspection. This should happen every day. Privacy is poor in the healthcare room in reception, broken equipment was evident, and due to lack of a sluice area urine is disposed of in yellow bins. Outwith the hub area housekeeping/infection control should be improved.

Primary Healthcare

8.4 Healthcare is delivered by a team of 13 primary care nurses, four addictions nurses, three mental health nurses, two healthcare assistants, two pharmacy assistants and two administrators. It is overseen by two clinical managers (primary care and mental health) and a healthcare manager. Six staff vacancies meant that agency nurse support in excess of 25 sessions per week was required.

8.5 The medical team are employed by Medacs and consist of a pool of eight doctors delivering sessions daily Monday to Saturday. They also provide an on call service. To improve continuity and consistency of approach one doctor has taken the lead in addictions support. This is an area of **good practice**.

8.6 Nurses are available from 07.00hrs to 21.30hrs Monday to Friday and from 07.30hrs to 17.30hrs at weekends. The nursing team is split between primary and mental health service delivery. This is well organised and good flexibility was evident during staffing difficulties. All staff however voiced frustration at being able to deliver only the basics.

8.7 Nurse led clinics are delivered in diabetes, epilepsy, cardiac, bloodborne virus and sexual healthcare – when staff are available.

Secondary Healthcare

8.8 A dentist and dental nurse attend the prison one day each week. Facilities are good, and there are appropriate areas for dental decontamination. There was no waiting list at the time of inspection; the longest a prisoner would have to wait to be seen would be two weeks. The process for accessing dental care is via the nurse referral/triage form. Remand prisoners and prisoners in the last six months of their sentence only receive emergency treatment.

8.9 An optician attends the prison when there are a number of prisoners to be seen. A clinic had been delivered in the month prior to the inspection: despite this 47 prisoners were still on a waiting list. The waiting times to see an optician should be reduced.

8.10 A chiropodist attends the prison one afternoon every six weeks. Ten prisoners are listed to be seen during this session. Thirty three prisoners were on the waiting list: sometimes for up to four months. This should be reduced.

8.11 A Physiotherapist service is delivered one day each week. There is no waiting list for this service.

8.12 A Diabetic Clinic is delivered monthly by visiting specialists from the local NHS hospital. Throughcare arrangements with this team are robust with ongoing liaison and follow up in the community when a prisoner is liberated. This is an area of **good practice**.

8.13 The local NHS hospital delivers a monthly Bloodborne Virus and Sexual Health Clinic within the establishment. Caledonian Youth delivers sexual health education for prisoners under 25 years of age.

Mental Health Services

8.14 A Consultant Psychiatrist attends the prison for two sessions each week. This is flexible to meet demand and can be more should the prison require extra support. Links with external facilities are excellent. Three prisoners with acute mental health illness were transferred to hospital healthcare beds during the inspection.

8.15 A Multidisciplinary Mental Health Team meets regularly to discuss individual cases. Minutes are available. Prisoners with acute mental health needs are prioritised. Prisoners who self refer for mental health support may have to wait a significant amount of time for assessment or to see the nurse. Twenty five prisoners were waiting to be seen by this service: one prisoner had been waiting for 10 weeks.

8.16 Although there is evidence of a proactive mental health strategy and staff training programme, a number of initiatives were either at the implementation stage, had not yet started or were waiting for an increase in staff complement. Open Secret Counselling Service and Art Therapy Sessions are well established and prisoners spoke very positively about the support they received from these specialists. Joint working between PTI's and healthcare

was evident and the session observed in the gymnasium for prisoners with mental health issues was extremely positive. This is an area of **good practice**.

Referral Process

8.17 Referral to healthcare is via self referral forms which are available in the residential areas. These are readily accessible in some areas, but in others prisoners have to ask an officer for one. This also applies to healthcare complaint forms.

8.18 The prisoner has to write down the reason why he wants to see a doctor. This is inappropriate, particularly when a nurse triage system is in place. A large number of confidential healthcare referral boxes have no padlocks and confidential self referral forms are sitting on desks in residential areas.

8.19 Nurse triage following referral is outdated. In one hall, referral forms were not being picked up every day. A nurse was also seen triaging/examining a patient through a grille gate in clear sight and sound of other prisoners as no healthcare room was available in the hall. This also occurred at the officer station. There is also no system in place to inform a prisoner when they will see the doctor/visiting specialist, despite the nurse arranging this on the day of triage. **It is recommended that the referral system to see a doctor is improved and that full use is made of the health centre.**

Management of Medicines

8.20 Medication is stored in line with current legislation. Prisoners are encouraged to keep their medication in their own possession. Administration times are appropriate. However, the process for ordering “as required” medication is part of the healthcare referral/triage process which increases the administrative burden and results in delays for prisoners. When this medication is dispensed to prisoners it is given out in the evenings at the officer stations in the residential areas. Prisoners line up and there is little confidentiality.

8.21 Nurse administration of controlled drugs is always undertaken by two qualified nurses. On some occasions the officer supporting this role was observing the route, organising prisoners going to work and answering the telephone.

8.22 One hundred and sixty prisoners were in receipt of a methadone prescription. Four prisoners were being prescribed suboxone, and three naltrexone.

8.23 The process for the transport of controlled drugs throughout the establishment does not follow safe operating practices. Nurses, with no officer escort, transport methadone from the health centre to residential areas, passing prisoners in main corridors. A safe system of internal transportation should be introduced.

Addictions

8.24 Substance misuse testing is undertaken by prison officers based in the health centre. The facilities for doing this are satisfactory. Outwith KPI testing 60–80 tests are undertaken each month for MDT or regime management purposes. Considering the number of people on methadone this seems low. Testing for compliance with medical prescriptions is not being done as often as required by the Healthcare Standards. The first urine sample taken in reception is not observed by the nurse on duty.

8.25 There is no full-time Addictions Co-ordinator in post. The Healthcare Manager oversees this role alongside other duties. She regularly attends the SPS Addictions Co-ordinator Forum and there is evidence of feedback to the local Substance Misuse Policy Meeting (SMPM). This bi-monthly meeting is chaired by the Deputy Governor. Minutes are available and widely circulated. The prison is well represented on local Drug Action Teams by members of the SMPM.

8.26 A weekly Addictions Case Management Meeting is held to discuss individual cases. This is well attended by Phoenix Futures, the addictions/mental health nurse, the senior healthcare manager and the doctors.

8.27 The Phoenix Futures team comprises a team manager, senior practitioner, four caseworkers and one administrator. There was one vacancy at the time of the inspection. The team is based in the hub, and facilities are excellent. The team is well integrated within the prison and has established excellent community links. They deliver group work and individual support in relation to drugs, alcohol and smoking as required by the SPS Addictions Contract. They were not delivering a pre-release harm reduction session for

remand prisoners. There is adequate information about the team in the residential areas, although referral forms are not readily available. Waiting lists are evident for some interventions. The team delivers a weekly family awareness session. This is an area of **good practice**.

8.28 An Addictions Support Area opened in Ratho Hall just before the inspection started. Nineteen prisoners were living there. Although this is a welcome development, no interventions were in place at the time of the inspection, and some of the prisoners living there did not meet the stated entry criteria.

9. REINTEGRATION

Outcome

Appropriate steps are taken to ensure that prisoners are reintegrated safely into the community and where possible into a situation less likely to lead to further crime.

9.1 The prison has developed excellent links with community based organisations. The Links Centre within the prison and the community based Links Centre are both very effective in helping prepare prisoners for release. Integrated Case Management is well developed and is inclusive. A number of accredited programmes to address offending behaviour are in place.

Integrated Case Management

9.2 Integrated Case Management (ICM) operates in Edinburgh at standard and enhanced levels. The standard procedures allow for prisoners serving four years or less to have their needs assessed and a Community Integration Plan developed. This Community Integration Plan is reviewed and updated prior to liberation. The enhanced procedures allow for all prisoners serving sentences over four years and all sex offenders serving sentences of six months and over to participate in multi-disciplinary meetings to review progress and develop strategies to reduce the risk of re-offending and causing harm on release.

9.3 The number of enhanced level case conferences fluctuates between 25 and 35 each month. There are two dedicated ICM co-ordinators and an administrator. Some residential staff operate as personal officers in two of the halls. There is no personal officer scheme for protection prisoners who are subject to enhanced procedures. Training is currently being carried out to 'up-skill' staff in the personal officer role and two courses had been delivered at the time of the inspection. The training is designed to ensure that prisoners are regularly supplied with the information in the ICM case conference dossier 14 days prior to the conference. Currently, they are often only given the information the day before the conference. The training is also designed to help personal officers review case conference minutes and ensure care plan elements are implemented.

9.4 Attendance at case conferences by community-based social workers has improved, but in five of the nine months prior to the inspection attendance fell below the 85% target. Prisoners reported that they were not told that they could have their family at the case conference in enough time to make the arrangements.

9.5 The core screen document is completed for all prisoners serving seven days or more, on the day of admission. Prisoners who arrive late have their core screen completed the following day. Subsequent referrals are entered on the appropriate domain on PR2.

9.6 Initial risk assessments are conducted jointly by prison based social workers and programme staff. Annual updates are conducted by ICM co-ordinators and social workers.

9.7 The Muti-Agency Public Protection Arrangements (MAPPA) for sex offenders operate effectively and a senior manager from the establishment attends community MAPPA meetings for those prisoners assessed as the highest level of risk. In the two months prior to the inspection two prisoners were released from Edinburgh on this level.

9.8 Inspectors observed ICM case conferences. The minimum attendance target was met on each occasion and at one a family member was in attendance. There was appropriate focus on risk factors and interventions. The outcome and implications of risk assessments were explained in plain language, and at a pace which ensured the individuals understood what was happening. Care plans were agreed and it was explained to prisoners that a copy of their plan would be made available in two weeks time, and passed to their personal officer via PR2 for discussion and monitoring. Prisoners were satisfied with the case conferences but were less satisfied with the notice given of the content of dossiers.

9.9 The Risk Management Group (RMG) meets on a weekly basis and operates in parallel to ICM. The minutes evidence a structured approach to assessing need and risk. The work of the RMG should be more closely aligned to the ICM process.

Interventions to Address Offending Behaviour

9.10 Programmes to address offending behaviour are delivered in the hub. The facilities are very good. The staff complement is eight officers plus a manager. Delivery of

programmes is multi-disciplinary with input from social work, psychology, healthcare and addictions.

9.11 The team delivers accredited programmes and approved activities. The accredited programmes are:

- Violence Prevention Programme (VPP)
- Rolling Sex Offender Treatment Programme (SOTP)
- A pilot Substance Related Offender Behaviour Programme (SROBP)
- Constructs

9.12 There are waiting lists for some of these accredited programmes: 60 for VPP, 36 for Constructs and three for rolling SOTP. The prison has no links with the community for ongoing delivery of SROBP.

9.13 Approved activities delivered are:

- Drug Action for Change.
- Alcohol Awareness

Preparation for Release

9.14 The needs identified in the core screen assessments are entered on to the prisoner record system so that service providers can conduct assessments and provide interventions where appropriate. Core screen assessments are reviewed every six months and prisoners not subject to ICM enhanced procedures are invited to the Links Centre four weeks prior to liberation. There is a wide range of service providers and partner organisations available to address any pre-release needs.

9.15 There are also close links with the Community Links Centre in Edinburgh, through a SACRO member of staff who works in both Centres. This is an area of **good practice**. The Community Links Centre also assists prisoners from the Edinburgh area who are released from HMYOI Polmont and HMP&YOI Cornton Vale. It helps with the transition from prison to the community.

9.16 There are two pre-release programmes available: Restart and Living Skills. Living Skills covers basic living skills and Restart covers employability. Finance and debt advice is provided by a credit union and Caledonian Youth delivers sexual health information.

9.17 Overall, there is a structured approach to preparing prisoners for their return to the community, and good links have been established with community organisations.

10. GOOD PRACTICE

10.1 The 'peer greeters' in reception (paragraph 3.20).

10.2 'Peer supporters' in the First Night Centre can take canteen orders which are delivered the next day (paragraph 3.23).

10.3 Induction for mainstream convicted prisoners (paragraph 3.30).

10.4 The Equality and Diversity Officers are given a very comprehensive Equality and Diversity Manual (paragraph 4.16).

10.5 The Family Contact Development Officers have their own office and dedicated telephone number (paragraph 5.4).

10.6 Some prisoners on remand are able to undertake education courses at specific times of the week (paragraph 7.8).

10.7 One of the doctors has taken the lead in addictions support (paragraph 8.5).

10.8 Arrangements to continue work in the community with prisoners with diabetes are in place (paragraph 8.12).

10.9 The work carried out by the Physical Training Instructors with prisoners with mental health issues (paragraph 8.16).

10.10 The addictions team delivers a weekly family awareness session (paragraph 8.27).

10.11 The close links between the prison Links Centre and the community Links Centre in Edinburgh (paragraph 9.15).

11. RECOMMENDATIONS

11.1 The conditions for remand prisoners and the services they receive should be improved (paragraphs 2.7, 2.8, 2.16, 3.27 and 7.30).

11.2 The process by which visitors get from the Visitors Centre to the visits room should be improved (paragraph 5.7).

11.3 Prisoners should regularly go to work in the workshops (paragraph 7.29).

11.4 More should be available to prisoners at weekends (paragraph 7.30).

11.5 The referral system to see a doctor should be improved and full use should be made of the health centre (paragraph 8.19).

12. ACTION POINTS

12.1 Glenesk Hall should be refurbished (paragraph 2.7).

12.2 Prisoners in Glenesk Hall should have the opportunity to dine in association (paragraph 2.8).

12.3 All bunk beds should have ladders (paragraph 2.9).

12.4 Arrangements for nursing and medical care in the residential areas should be improved (paragraphs 2.12 and 8.3).

12.5 The proximity of the telephones to the pool tables in Ratho Hall should be reviewed (paragraphs 2.13 and 5.10).

12.6 Remand prisoners should be given the opportunity to eat in association (paragraph 2.16).

12.7 The timing of the evening meal at weekends should be reviewed (paragraph 2.18).

12.8 Utensils for serving food should be available at all times (paragraph 2.18).

12.9 The safety message on escort vehicles should be appropriate and made available to all prisoners in a format they understand (paragraph 3.9).

12.10 More use should be made of the induction information held on the computer in the admission room (paragraph 3.12).

12.11 The medical examination room in reception should allow more privacy (paragraph 3.14).

12.12 All admission prisoners should be given the opportunity to shower before being locked up (paragraph 3.16).

12.13 Prisoners' property and cash should always be opened and checked in their presence at reception (paragraph 3.17).

12.14 New prisoner details should not be added to the computer at the admission desk in front of other prisoners (paragraph 3.17).

12.15 Oral hygiene equipment should be provided to all prisoners as part of the admission kit (paragraph 3.22).

12.16 Prisoners should not be moved from the First Night Centre before receiving some basic induction information (paragraph 3.24).

12.17 Convicted protection prisoners should receive the same access to a comprehensive induction programme as other prisoners (paragraph 3.26).

12.18 A structured induction programme should be made available to all remand prisoners (paragraph 3.27).

12.19 Every suicide risk management care plan should be person centred and based on individual identified risk factors (paragraph 3.32).

12.20 All safer cells should have appropriate furniture (paragraph 3.33).

12.21 Toilets in the segregation unit should be enclosed (paragraphs 3.33 and 6.18).

12.22 Telephone calls from prisoners to the Listeners should not be recorded (paragraph 3.36).

12.23 Suicide Risk Management Case Conferences should be properly constituted and greater attention paid to completion of the paperwork (paragraph 3.38).

12.24 Residential officers should wear their name badges where they can be seen (paragraph 4.3).

12.25 Regular reviews with a non-English speaking prisoner should take place via an interpreter (paragraph 4.12).

12.26 The lack of facilities in the visits room for children should be reviewed (paragraph 5.8).

12.27 The arrangements for carrying out disciplinary hearings in the residential areas should be improved (paragraph 6.3).

12.28 Prisoners should be offered access to a copy of the Prison Rules at disciplinary hearings (paragraph 6.4).

12.29 The use of Prison Rule 114(2) should be closely monitored (paragraph 6.5).

12.30 Prisoner complaint forms should be readily available in the halls (paragraph 6.15).

12.31 An easily accessed record of how prisoner complaints are dealt with should be kept (paragraph 6.15).

12.32 Prisoners suffering from mental illness should not be held in the segregation unit (paragraph 6.20).

12.33 Formal arrangements should be put in place for SPS, college and CLAN staff to work together in the planning, coordination and review of learning, skills and employability provision (paragraph 7.6).

12.34 Learning, skills and employability activities should not be interrupted by limited escort availability, staff absence or scheduling of other prison activities (paragraphs 7.10 and 7.19).

12.35 The profiling of prisoner skills at induction should be collated to identify overall learning and additional support needs (paragraph 7.12).

12.36 The production of Individual Learning Plans should involve learners sufficiently in the process of planning and reflecting on their own learning (paragraph 7.13).

12.37 The pace of learning in vocational training areas should be appropriate to the needs of individual prisoners (paragraph 7.15).

12.38 Arrangements should be put in place for learners to gain recognition for achievement of core skills developed through project and work-based activities (paragraph 7.22).

12.39 Temperature control monitoring of the fridges in the health centre should happen every day (paragraph 8.3).

12.40 The waiting times to see the optician should be reduced (paragraph 8.9).

12.41 The waiting times to see the chiropodist should be reduced (paragraph 8.10).

12.42 The arrangements for dispensing medication in the residential areas should be reviewed (paragraph 8.20).

12.43 The officer responsible for supporting nurse administration of controlled drugs should not be involved in other duties during the times of administration (paragraph 8.21).

12.44 A safe system of internal transportation of controlled drugs should be introduced (paragraph 8.23).

12.45 The first urine sample taken in reception should be observed by the nurse on duty (paragraph 8.24).

12.46 A personal officer scheme should be put in place for protection prisoners who are subject to enhanced ICM procedures (paragraph 9.3).

12.47 Prisoners should be told at an early stage that they can have their families present at their ICM case conference (paragraph 9.4).

12.48 The work of the Risk Management Group should be more closely aligned to the ICM process (paragraph 9.9).

12.49 The prison should develop links with the community for ongoing delivery of the pilot Substance Related Offending Behaviour Programme (paragraph 9.12).

Sources of Evidence

Written material and statistics received from the prison prior to Inspection

Prison's self-assessment

Governor's briefing

SPS Prisoner Survey

Prison Records

Prison background material

Discussions with prisoners

Discussions with prisoners' families

Focus groups with prisoners

Interviews with prisoners

Interviews with prison staff

Focus groups with staff

Observations

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