Inverclyde council

AGENDA ITEM NO: 6

Report To:	**Social Work & Social Care Scrutiny Panel**	**Date:**	**29 August 2023**
Report By:	**Kate Rocks- Chief Officer, Inverclyde Health and Social Care Partnership**	**Report No:**	**SWSCSP/27/2023/AH**
Contact Officer:	**Audrey Howard- Interim Head of Service**	**Contact No:**	**01475 715372**
Subject:	**Prison Based Social Work - Inspection Activity**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to advise the Social Work and Social Care Scrutiny Panel that on 5th July 2023 notification was received regarding the intention to carry out a thematic review of Prison Based Social Work (PBSW) in Scotland during 2023/24. The accompanying '*Prison-Based Social Work: Thematic Review Terms of Reference (July 2023)'* document sets out the proposed activity that will be undertaken jointly by the Care Inspectorate and His Majesty's Inspectorate of Prisons in Scotland (HMIPS). As there is the provision of a PBSW service within HMP Greenock, this will directly involve the Inverclyde Health and Social Care Partnership in responding to the Inspectors.

1.3 Members may also wish to note the recent publication by HMIPS into the full inspection of HMP Greenock. Although this report ("*HMP Greenock- Full Inspection, 27 February to 3 March 2023")* primarily assesses the Scottish Prison Service's treatment and care of prisoners, there is specific reference to PBSW within HMP Greenock which may be of interest. The report is appended for information.

2.0 RECOMMENDATIONS

2.1 It is recommended that regarding the Thematic Review Terms of Reference the Panel:
(a) Notes the commencement of the review of Prison Based Social Work Services; and
(b) Considers a future update following conclusion of the thematic review.

2.2 It is recommended that with regards to the HMP Greenock Inspection Report the Panel:
(a) Notes the publication of the overall document and examples of good practice relevant to the provision of a Prison Based Social Work service.

Kate Rocks
Chief Officer- Inverclyde HSCP

3.0 BACKGROUND AND CONTEXT

3.1 The Social Work (Scotland) Act 1968 sets out a duty to provide Social Work services to individuals held in custody alongside the general provision of Social Work services assigned to local authorities. In practice Prison Based Social Work (PBSW) services in Scotland are provided by local authorities under Memorandum of Understanding agreements with the Scottish Prison Service (SPS). PBSW services are provided in all of Scotland's 17 prisons and young offender institutions. Locally, the provision of PBSW at HMP Greenock is carried out by employees of Inverclyde HSCP.

3.2 PBSW teams provide an important Social Work service, primarily, to people in custody who will be subject to statutory supervision by community based Justice Social Work services on release. For example, people in prison serving the following type of sentences (each of which has its own legislative basis) receive a PBSW service:

- Supervised Release Order
- Long-term sentence (four or more years)
- Extended Sentence
- Life Sentence
- Order of Lifelong Restriction
- People subject to a Short-Term Sex Offender Licence
- Recalled prisoners

3.3 Additionally, the core responsibilities and tasks of PBSW include;

- the provision of risk assessments, case and risk management plans, and reports to the Parole Board for Scotland to inform sentence and release planning;
- attending and contributing to release planning meetings such as Integrated Case Management meetings;
- working with prisoners, their families, the Scottish Prison Service, internal and external agencies, and other social supports, including community based Justice Social Work services, to reduce the risk of re-offending and harm on release and to assist reintegration within the community.

3.4 Within Inverclyde, there is a PBSW provision within HMP Greenock. HMP Greenock is a local community-facing prison, receiving individuals predominately from the courts in Greenock, Campbeltown, Oban, Dunoon and surrounding Inverclyde and North Strathclyde areas. It holds all categories of male and female prisoners. Significantly, it also provides a National Facility for selected long-term and life-sentenced prisoners.

THEMATIC REVIEW OF PRISON BASED SOCIAL WORK

3.5 In July 2023 a letter (Appendix 1) was received by the Care Inspectorate and HMIPS regarding a thematic review of Prison Based Social Work. The letter noted that there has been no specific scrutiny of Prison Based Social Work for over a decade. In the intervening period, there have been many local and national developments, and issues, affecting Prison Based Social Work, with a thematic inspection considered timely and in the public interest.

3.6 A Terms of Reference document is appended (Appendix 2) and attention is drawn to the review focusing on:

- governance, leadership, and direction
- partnership working, including commissioning arrangements and resourcing
- policies, procedures, and guidance
- management and support of staff
- performance management and quality assurance.

It is intended that the thematic review will usefully inform the HMIPS and Care Inspectorate's approach to future scrutiny and assurance of the efficient and effective delivery of PBSW and related outcomes for people in custody.

INSPECTION OF HMP GREENOCK

3.7 In February 2023 HMIPS undertook an inspection of HMP Greenock. The aim of the inspection is to inspect the conditions and treatment of prisoners in prison and to report publicly on their findings. Following conclusion of the inspection, a report was published in July 2023 noting 68 recommendations and 21 areas of good practice. The report is appended (Appendix 3) for information, with the recommendations contained within Annex A and areas of good practice in Annex B. For the purposes of this report the relevant areas of good practice for PBSW and wider HSCP are contained in section 4 of this report.

3.8 The report also provides a summary overview with a range positive examples and challenges identified by HMIPS. In its conclusion the summary notes; '*There were good levels of co-operation and joint working between prison staff, healthcare staff and social work, as well as a number of other external agencies'.*

4.0 PROPOSALS

4.1 In considering the recommendation at 2.1(a) the involvement of Inverclyde HSCP and PBSW is likely to focus on a survey issued to PBSW staff and seeking the views of PBSW leaders across the 17 SPS establishments.

4.2 In considering the recommendation at 2.1(b) the Terms of Reference notes that the anticipated published date of the review is in April 2024, should the Panel accept this recommendation an update report will be submitted thereafter

4.3 In considering the recommendation at 2.2(a) the Panel are asked to note the following areas of good practice as being relevant to the provision of a PBSW service and wider HSCP activity:

- *Good Practice 6: Whilst in its early stages, the creation of a hybrid prison based social work/community based social work post offered a positive opportunity to facilitate better links and an understanding of roles between the teams, and continuity of release planning.*
- *Good Practice 8: Whilst in its early stages, the new 'Moving On' approach allowed for people to begin substance use and trauma recovery work in HMP Greenock prior to release, with support in the community via Inverclyde Council justice services being allocated for follow on support.*

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk		X
Human Resources		X
Strategic (Partnership Plan/Council Plan)		X

Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

5.2 **Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 **Legal/Risk**

N/A

5.4 **Human Resources**

N/A

5.5 **Strategic**

N/A

6.0 CONSULTATION

6.1 N/A

7.0 BACKGROUND PAPERS

7.1 Care Inspectorate and HM Inspectorate for Prisons in Scotland 'Prison-based social work: thematic review' letter.

7.2 Care Inspectorate and HM Inspectorate for Prisons in Scotland 'Prison-Based Social Work: Thematic Review Terms of Reference.

7.3 HM Inspectorate for Prisons in Scotland 'HMP Greenock- Full Inspection 27 February to 3 March 2023.

Appendix 1

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HMIPS
HM INSPECTORATE OF PRISONS FOR SCOTLAND
INSPECTING AND MONITORING

Date: 05 July 2023
Ref: KM/RH

Dear colleagues

Prison-based social work: thematic review

I am writing to notify you of our intention to undertake a thematic review of prison-based social work in Scotland during 2023/24. This review is being carried out under Sections 53 and 115 of the Public Service Reform (Scotland) Act 2010. Our work commences in July 2023 and concludes in April 2024.

There has been no specific scrutiny of prison-based social work for over a decade. In the intervening period, there have been many local and national developments, and issues, affecting prison-based social work. Notwithstanding the Care Inspectorate's ongoing contribution to His Majesty's Inspectorate of Prisons in Scotland (HMIPS) standards as part of their scheduled prison inspections, we consider it timely and in the public interest to undertake a thematic review with a specific focus on prison-based social work.

Using a human rights-based approach, the thematic review will consider the strengths and challenges in the governance, leadership, and accountability of prison-based social work services in Scotland.

In partnership with HMIPS, we will seek to review:

- governance, leadership and direction
- partnership working, including commissioning arrangements and resourcing
- policies, procedures, and guidance
- management and support of staff
- performance management and quality assurance

This thematic review will also usefully inform our approach to future scrutiny and assurance of the efficient and effective delivery of prison-based social work and related outcomes for people in prison.

The Terms of Reference for the review can be accessed here:

Terms of Reference_PBSW Re

We will contact key partners directly to co-ordinate a number of proportionate activities to inform the thematic review.

If you have any queries in the meantime, please do not hesitate to contact the team who will be more than happy to assist:

- Rania McGoran and Mike Hendry, Strategic Inspectors (Justice), Care Inspectorate – justicescrutiny@careinspectorate.gov.scot
- Jacqueline Clinton, HMIPS - Jacqueline.Clinton@prisons.gov.scot

Your sincerely

Kevin Mitchell
Executive Director of Scrutiny and Assurance

Care Inspectorate, Headquarters, Compass House, 11 Riverside Drive, Dundee, DD1 4NY

We have offices across Scotland. You can find details at **careinspectorate.com**

Copied to:
Local Authority Chief Executives
Chief Social Work Officers
Community Justice Partnership Chairs
Community Justice Co-Ordinators
Justice Social Work Service Managers and Prison-Based Social Work Managers
Scottish Government
Office of the Chief Social Work Advisor
Scottish Prison Service
HM Inspectorate of Prisons for Scotland
HM Inspectorate of Prosecution in Scotland
HM Inspectorate of Constabulary in Scotland
Social Work Scotland
Parole Board for Scotland
Community Justice Scotland
Risk Management Authority
The Children and Young People's Centre for Justice
Victim Support Scotland
Community Justice Voluntary Sector Forum

Appendix 2

Prison-Based Social Work: Thematic Review

Terms of Reference

July 2023

About us

The justice inspectorates in Scotland are committed to working in partnership on shared areas of interest and responsibility. Collaboration allows us to use our respective resources efficiently, to avoid duplication, and to add to the evidence base of how justice services are operating.

Given the partnership approach required to direct and deliver prison-based social work services, a similarly collaborative approach is required to review prison-based social work arrangements across the prison estate. This thematic review will therefore be undertaken in partnership by the Care Inspectorate and HM Inspectorate of Prisons for Scotland.

Care Inspectorate

The Care Inspectorate is the independent scrutiny, assurance and improvement support body for social care and social work in Scotland. The powers and duties of the Care Inspectorate are set out in the Public Services Reform (Scotland) Act 2010. In 2018, the Scottish Government tasked the Care Inspectorate to lead on scrutiny and assurance of justice social work and support the implementation and continuous improvement of the community justice model.

HM Inspectorate of Prisons for Scotland

HM Inspectorate of Prisons for Scotland (HMIPS) is responsible for the inspection and monitoring of Scotland's 15 prisons, and reporting publicly on its findings. Inspection and monitoring activity focuses on establishing the treatment of and the conditions for prisoners, as well as the conditions in which prisoners are transported or held in pursuance of prisoner escort arrangements.

Our review

Purpose and aims

1. There has been no specific scrutiny of prison-based social work services for over a decade. During this period, any focus on social work services within prison has been as part of the Care Inspectorate's contribution to His Majesty's Inspectorate of Prisons in Scotland standards as part of their scheduled prison inspections. The Care Inspectorate's Community Justice Social Work:

Throughcare Review published in 2021 focused on breach and recall, the scope of which did not include prison-based social work services.

2. Using a human rights-based approach, the thematic review will consider the strengths and challenges in the governance, leadership, and accountability of prison-based social work.

3. In partnership with HMIPS, we will seek to review:

    - governance, leadership and direction
    - partnership working, including commissioning arrangements and resourcing
    - policies, procedures, and guidance
    - management and support of staff
    - performance management and quality assurance

4. This thematic review will also usefully inform our approach to future scrutiny and assurance of the efficient and effective delivery of prison-based social work and related outcomes for people in custody.

What is prison-based social work?

5. As part of their overall responsibility for justice social work services, local authorities are required to undertake a number of statutory and other mandatory core responsibilities and duties within prisons. Prison-based social work teams are employed by local authorities and are based in all of Scotland's 15 prisons and young offender institutions. They are an integral part of comprehensive, national justice social work throughcare provision. The term 'throughcare' relates to the provision of a range of social work and associated services to prisoners and their families from the point of sentence or remand, during the period of imprisonment and following release into the community.

    Prison-based social work teams provide an important social work service to people in custody who will be subject to statutory supervision by community-based justice social work services on release. For example, people in prison serving the following type of sentences (each of which has its own legislative basis) require a prison-based social work service:

    - Supervised Release Order
    - Long-term sentence (four or more years)
    - Extended Sentence
    - Life Sentence
    - Order of Lifelong Restriction
    - People subject to a Short-Term Sex Offender Licence
    - Recalled prisoners

6. The core responsibilities and tasks of prison-based social work services include:

   - the provision of risk assessments, case and risk management plans, and reports to the Parole Board for Scotland to inform sentence and release planning;
   - attending and contributing to release planning meetings such as Integrated Case Management meetings;
   - working with prisoners, their families, the Scottish Prison Service, internal and external agencies, and other social supports, including community-based justice social work services, to reduce the risk of re-offending and harm on release and to assist reintegration within the community.

7. As well as these mandatory responsibilities, other services, such as group work or support programmes may be provided or co-delivered in prisons by the local authority.

8. Prison-based social work services remain subject to the National Objectives for Social Work Services in the Criminal Justice System: Standards – Throughcare (2004). These standards are in the process of being updated by the Scottish Government.

9. Scottish Ministers provide funding to the Scottish Prison Service which enables them to pay local authorities for the provision of prison-based social work services. These arrangements are incorporated within a Memorandum of Understanding.

Background

10. In 2010, the Social Work Inspection Agency inspected all prison-based social work services in Scotland. They reported that, although some services had strong leadership and were clear about their roles, remits, and outcomes, other services were not as clear on this and had less robust oversight and leadership.

11. One of the four national aims in the Scottish Government's most recent National Strategy for Community Justice (2022) is to: "…Strengthen the leadership, engagement, and partnership working of local and national community justice partners" (which includes local authorities and the Scottish Prison Service), with a priority action to:

> "Deliver improved community justice outcomes by ensuring that effective leadership and governance arrangements are in place and working well, collaborating with partners and planning strategically."

12. The Scottish Government's Vision for Justice in Scotland (2022) notes that people in contact with the criminal justice system experience high levels of

mental and physical health difficulties, trauma, substance use, learning difficulties (sometimes undiagnosed), and speech, language and communication needs. Moreover, it advises that people entering custody are disproportionately from the most deprived areas of Scotland, and the proportion of people in prison over the age of 50 is rapidly growing. Further, the number of people in prison for sexual offences has more than doubled over the last decade.

13. Acknowledging the negative impact of short-term custodial sentences on people's life chances, the Scottish Government's aim is that people should only be held in custody where they present a risk of serious harm. The Vision for Justice notes that, although fewer people are receiving a custodial sentence each year, those who are sent to prison tend to receive longer sentences. This means an increase in people - potentially with complex needs and serious and complex offending behaviour - working with prison-based social work services while serving their sentences.

14. As well as the changing demographics of the prison population, prison-based social work services are impacted by other local and national issues and developments. For example, working with outdated practice guidance and processes while managing the introduction of new processes such as the Throughcare Assessment for Release on Licence (TARL). There are also variations in policy and practice across the prison estate and between local authorities. This is characterised by resourcing constraints and potential human rights issues, which may contribute to an increase in judicial challenges. In addition, there are competing and increasing demands in respect of the expectations of the Parole Board for Scotland in relation to oral hearings.

15. Taking all of these factors into account, we consider our review of prison-based social work's governance, leadership, and accountability arrangements to be timely and in the public interest.

Scope

16. The Care Inspectorate's approach to scrutiny, assurance and improvement is informed by the European Framework for Quality Management (EFQM) model. The latest iteration of the EFQM model incorporates three core tenets related to: Direction, Execution, and Results. This thematic review will focus on **direction** and will consider:

    Direction: consideration of the strengths and challenges in the governance, leadership, and accountability of prison-based social work in Scotland

17. The focus of this review is high-level, focusing on direction with a view to producing a report on the clarity of purpose, leadership, and strategy for prison-based social work services in achieving their aims.

18. The execution and results elements are currently outwith the scope of this thematic review. They will however be central to any future scrutiny and assurance focused on the efficiency, effectiveness and impact of prison-based social work.

19. The thematic review will therefore seek to provide an overview of prison-based social work, outlining:

- roles and responsibilities
- commissioning, governance, leadership, and resourcing arrangements
- key underpinning legislation, policies, procedures, and guidance
- management and support of staff
- collaborative working
- performance management and quality assurance

20. At all stages, the review will give due attention to the fact that prison-based social work services operate in a secondary setting and are part of wider systems and processes – therefore, any findings will be contextualised as such.

Methodology

21. Consultation with national justice agencies has confirmed the relevance of, and need for, a review of prison-based social work services. We have also taken into account the views of services and people in prison gained during our ongoing prison-based activities with HMIPS. Following initial scoping discussions with Social Work Scotland, Community Justice Scotland, the Risk Management Authority, and the Scottish Government, we will seek further information from a range of sources. This will include:
    - a desktop review: examining relevant documentation, strategies, policies, procedures, guidance, templates, quality assurance materials, and the findings from relevant scrutiny and reviews;
    - findings from a survey issued to prison-based social work staff;
    - seeking the views of key contacts from the Scottish Prison Service and prison-based social work leaders (across all 15 establishments), the Parole Board for Scotland, and third sector organisations, as well as the organisations included in the initial scoping phase.

22. In accordance with a human rights-based approach, we are committed to understanding the views and experiences of people who have received a prison-based social work service. This commitment includes an intention to develop and deliver scrutiny and assurance approaches which are co-produced and meaningfully involve people with lived and living experience of the justice system. The mechanisms and approaches which enable us to deliver on this intention are under development.

Quality assurance

23. Oversight, development and delivery of this thematic review will be undertaken within the Care Inspectorate and HMIPS. Factual accuracy checks will also be undertaken with national and local partners prior to final publication.

Reporting

24. A report of the findings from our review will be published, shared with partners, and made available on the Care Inspectorate and HMIPS websites. We anticipate publishing our report in April 2024.

25. For further information about the review, or if you have information or experiences that you would like to share with us, please contact:

- Rania McGoran and Mike Hendry, Strategic Inspectors (Justice), Care Inspectorate – justicescrutiny@careinspectorate.gov.scot
- Jacqueline Clinton, HMIPS - Jacqueline.Clinton@prisons.gov.scot

July 2023

Appendix 3

HMIPS
HM INSPECTORATE OF
PRISONS FOR SCOTLAND

INSPECTING AND MONITORING

HMP Greenock

Full Inspection
27 February to 3 March 2023

Contents

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.prisonsinspectoratescotland.gov.uk/standards.

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

HMIPS assimilates information resulting in evidence based findings utilising a number of different techniques both before the inspection and during. These include:

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

HMIPS is supported in our work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, 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

Location
His Majesty's Prison Greenock is situated close to the main A78 on the Old Inverkip Road in Greenock.

Role
HMP Greenock is a local community-facing prison, receiving offenders predominately from the courts in Greenock, Campbeltown, Oban, Dunoon and surrounding Inverclyde and North Strathclyde areas. It holds all categories of male and female prisoners. It provides a national facility for selected long-term and life-sentenced prisoners.

Brief History
The prison was built between 1907 and 1910, taking its first prisoners in August 1910.

Accommodation
It was originally built as two residential halls, Ailsa Hall and Darroch Hall, with a third building, Chrisswell House being built in the 1990s. It also has two Community Integration Units, one for up to eight men and one for up to six women, which accommodate those serving short-term sentences who are assessed as low risk and suitable for community access.

Date of last inspection:
February 2018

Healthcare provider:
NHS Greater Glasgow and Clyde

Learning provider:
Fife College

Overview by HMCIPS

The most striking feature of HMP Greenock was the excellent staff-prisoner relationships, evident from our pre-inspection survey of prisoners and from listening to prisoners and observations during our inspection. 82% of prisoners in our confidential survey said they were treated with respect by staff all or most of the time, while 79% felt their personal officer was very or quite helpful. No doubt this contributed to 84% of prisoners telling us they felt safe all or most of the time, and only 4% saying they rarely felt safe.

We saw evidence of some heart-warming examples of staff going the extra mile for their prisoners in a caring and compassionate manner, for example in the way they supported disabled prisoners with acute physical and mental health issues on liberation. One prisoner who responded to our anonymous survey felt that the support provided by a particular member of staff had saved their life, while another commented that HMP Greenock "has been exceptional in helping me through my sentence, all the staff are wonderful and easy to speak with. This is my first time in prison, and I have felt supported at each step of the way." Inspectors were also encouraged to see this caring approach fully demonstrated and robustly embedded in the prison's Talk To Me suicide and self-harm prevention activities. Good relationships between the SPS and NHS teams undoubtedly helped in this regard.

There was a similarly pro-active approach to Health and Safety within the prison and inspectors could see that significant efforts had been made to address the issue of dampness in the cells and physical deterioration to other parts of infrastructure that we had highlighted in our previous reports. It was good to see that as a result of these efforts the number of cells out of action through dampness had reduced considerably; it is however too soon to assess the long-term durability and effectiveness of the treatment and repainting work carried out.

Nevertheless we must record continuing concerns on the fabric and condition of the buildings; robust solutions to the issues of the leak-prone roof and kitchen ventilation and flooring have still not been secured, despite further investment being promised after our previous visit findings.

The two Community Integration Units were underused, and it is HMIPS opinion that this is a missed opportunity for the SPS.

The connectivity between the prison and external partners around case management was outstanding. A number of initiatives were at an early stage but appeared geared up to deliver positive results. The creation of a hybrid prison-based social work/ community-based social work post offered the opportunity for better links between teams and continuity of release planning. Similarly, the 'Moving On' initiative will allow people to begin substance use and trauma recovery work in HMP Greenock prior to release, with follow-on support in the community facilitated by Inverclyde Council justice services.

One of the most encouraging outcomes of the inspection was the confidence that Health Improvement Scotland had in the quality of the healthcare being delivered in HMP Greenock. NHS Greater Glasgow and Clyde's prison Healthcare team benefited from operating without any vacancies at the time of the inspection, which unfortunately is not something we see in many prison healthcare teams. Not surprisingly optimum staffing levels enhanced service delivery and supported patients to access services. Here again observations during the inspection chimed with the generally positive feedback provided by our prisoner survey about access to healthcare.

It was also encouraging to see that the trade union representatives and the new Governor had developed a constructive working relationship and all staff appreciated the fact that the Governor was both visible and approachable. Several of the management team were relatively new in their roles but the senior team now have the opportunity to address the areas where we identified improvements were possible.

There was an insufficient number and range of work opportunities and there was scope to be more imaginative and achieve more with the limited work shed floor space available in the prison. Similarly, attendance levels in the Learning Centre were low and a more proactive approach to promoting the Learning Centre would be beneficial. Personal Learning Plans lacked detail and need reviewed. As we have seen in other establishments a more robust approach to promoting and safeguarding Equality and Diversity would be desirable, in particular a more proactive approach to the use of translation services to support foreign nationals with limited understanding of English.

Greater use of peer mentors across the prison could, for example, enhance an already effective admission process for those new to the prison. While it was clear that violence levels were not excessive, and individual incidents of violence were being reviewed for learning and intelligence gathering, there was no formal violence reduction strategy and only limited awareness of the anti-bullying Think Twice strategy.

Not all Community Integration Plans were being completed to the same standard and there were insufficient opportunities for prisoners to actively contribute to RMT meetings. These are all issues that should be fixable quickly.

There are however a number of more enduring challenges which we have raised before in other inspection reports; notably the continuing and unacceptable delays in securing a First Grant of Temporary Release, which were a major frustration for prisoners in Chrisswell House as it restricted the value of being in a National Top End facility and was rightly perceived to be holding back their ability to progress further. Similarly the lack of access to national accredited programmes within HMP Greenock that are essential to some people's progression plans is a further and understandable frustration for those held there.

In total seven standards were assessed as satisfactory and two were assessed as generally acceptable. We identified 21 elements of good practice and made 68 recommendations. We would encourage a particular focus on the following seven key recommendations:

Recommendation 6: Recognising the significant benefits provided by HMP Greenock in location, community engagement and staffing, the SPS and the Scottish Government must confirm its commitment to a modern replacement for HMP Greenock, but also invest now to address the physical deterioration of the current buildings until a new prison comes on stream, recognising the likely length of such a development programme.

Recommendation 30: HMP Greenock should prioritise the review of employability and vocational training offered to prisoners. Substantial improvements are required to the number and range of work party places, and to the number, range, and level of vocational qualifications available for all prisoners.

Recommendation 31: HMP Greenock should ensure that the range of employment and vocational training opportunities offered should reflect better the interests and abilities of prisoners and their relevance to employment on liberation.

Recommendation 35: HMP Greenock and Fife College should review the learning offer to respond to and reflect the needs and interests of the prisoner population. This includes subject choice for interest, level of qualification and progression opportunities.

Recommendation 36: HMP Greenock staff should promote learning opportunities to prisoners more effectively and encourage their participation in learning to address the low participation rates.

Recommendation 51: SPS should reduce the delays to First Grant Temporary Release.

Recommendation 52: SPS should deliver national accredited programmes within HMP Greenock appropriate to their prisoner population in order to ensure lack of access does not cause undue delays to progression and planning for release.

In conclusion we are pleased that there were many positive findings to record from our inspection of HMP Greenock. The Governor and the majority of the management team are relatively new in post and have made a good start to consolidating on what was there before and taking the prison forward. Undoubtedly their key asset is the compassionate caring staff, and the excellent relationships they have developed with prisoners. However, despite the welcome investment that has been made by the SPS over the years, for example in a more modern visits room, HMP Greenock remains in essence a Victorian prison ill-suited to the demands of a modern prison system. There is still a compelling case for securing a modern replacement prison, preferably in the same locality. That might support a seamless transition of staff, and the excellent prison culture they have developed, into a prison designed for the 21st century and geared up to more easily provide appropriate opportunities for work and rehabilitative activity.

Human Rights Based Approach Overview

HMIPS is a Human Rights organisation. As such, we ground all our inspections in Human Rights principles. Our nine standards are written with the international human rights framework as a close reference point, and our inspectors apply these standards through a human rights-based approach.

Amongst many others, our standards are heavily influenced by CPT Standards; UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules); European Prison Rules; UN rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules); Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power; Various Council of Europe Recommendations; UK Domestic Legislation including the Human Rights Act and Scotland Act; European Convention on Human Rights; UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules); International Jurisprudence and best practice; and UN Convention Against Torture.

The human rights-based overview of the inspection of HMP Greenock follows the PANEL headings, illustrating how human rights are applied to the inspection as a whole. This overview is not exhaustive of all human rights observed and engaged but is intended as a brief synopsis of the implementation of a human rights-based approach in HMP Greenock.

HMIPS' human rights-based approach to inspection is a critical element of ensuring both that the human dignity of the prisoner is upheld and that prisons are places of productive, positive and useful education, work and interaction, leading to better outcomes in reducing recidivism and keeping our communities safer.

Overview

HMP Greenock demonstrated an acceptable level of respect for basic principles of human rights in their day-to-day outcomes. The inspectorate had concerns that a lack of a rights-based culture, gaps in E&D policies, and an absence of inter-department communication resulted in some prisoners' rights being limited. Inspectors have been assured by senior management that this is forthcoming, and a review is currently underway. Our concerns are therefore somewhat mitigated by the clear commitment from the Governor and her team to address identified gaps.

The foundation to this prison's success is quite clearly strong relationships between staff and prisoners which are based on a culture of mutual respect, good humour and fairness. This was most pleasing for inspectors to observe and positively impacted on outcomes for prisoners.

To the establishments significant credit, PIACS and E&D committees continued throughout the pandemic, giving prisoners the opportunity to be involved in decisions effecting their lives. The inspectorate has not seen this in any of the establishments we have inspected since the pandemic and highlight as notable good practice.

Disappointingly, inspectors came across two examples of clear discrimination at HMP Greenock which must be noted. We discuss this further in the non-discrimination section below, but it is a prime example of why it is vital for establishments to have defined E&D strategies with an embedded human rights culture. HMP Greenock is led by a strong Governor, and has a staff group who are caring, supportive and experienced. A more clearly defined strategy will support staff in helping ensure all prisoners are able to access fair treatment – ultimately improving outcomes for all.

Overall, HMIPS would encourage the establishment to go further, embedding the culture within staff of all levels, and establishing a firmer grip of human rights and equality throughout their processes.

PANEL

Participation: "Prisoners should be meaningfully involved in decisions that affect their lives"

While HMP Greenock had some elements of a good participation model, prisoners did not feel sufficiently engaged or confident in many of the processes.

PIACs are a good opportunity to meaningfully involve prisoners in decisions that affect the prison, while it does not involve cumbersome work, a good PIAC model can greatly influence the participatory success of an establishment and help make prisoners feel heard and engaged. Although these had been utilised by the establishment, prisoners reported in our pre-inspection survey that only 22% felt they were consulted, and things did not change as a result.

The PIAC model did not have representation from all halls and prisoner category, which can lead to an unbalanced representation model. Inspectors also observed no opportunity for feedback to be given to the wider prison population following a PIAC – minutes were not routinely available, and prisoners did not seem to have faith or knowledge in the system.

It was pleasing to see prisoner representation on the E&D committee, but again individuals felt like this was more of a tick box exercise than a meaningful effort to contribute.

We would encourage HMP Greenock to do more to demonstrate to the prison population where prisoner's voice has made meaningful differences. We would also encourage HMP Greenock to try new methods to help readjust the power imbalance at PIACs, for example by allowing a prisoner to chair proceedings.

Inspectors were pleased to note good opportunities for prisoners to be involved in their own case management and were able to feed into decisions made about them in adjudications, for example. The principle of participation must give special attention to issues of accessibility, and HMIPS would expect any barriers to participation to be actively identified and prisoners assisted to overcome them to meaningfully participate.

The strong relationships between staff and prisoners allowed for an individual and person-centric approach within the prison. But an effective participatory model should not have to rely on good relationships – it should be an established piece of prison infrastructure that continues even if relationships break down. To that end inspectors would hope to see a model of participation develop within the prison that is evidenced, places prisoners at the centre of decision making, and sees engagement with all prisoners. We understand the prison management are undertaking a series of prison engagement focus groups which, if managed well, has the potential to lead to greater success in prisoners feeling meaningfully involved in decisions that affect their lives.

Accountability: "There should be monitoring of how prisoners' rights are being affected, as well as remedies when things go wrong"

There was a framework of administrative accountability in the prison. However, effective accountability based on human rights standards were not consistent at the time of the inspection. This is not to say that human rights were readily ignored; however reference to standards, rules and human rights-based criteria were minimal.

HMIPS found some prisoners had little confidence in the complaints system with only 54% of prisoners reporting in our survey that the system worked well, and 23% saying it worked very badly. On review of PCF1 and PCF2 complaints, inspectors found responses to be timely, robust, and appropriate.

That said, the establishment should take more steps to recognise the disconnect between prisoners and the complaints system. Prisoners need to be assured that their voice is listened to and that authorities are accountable when things go wrong. Despite the process appearing robust when complaints were received, more effort should be taken to provide prisoners with confidence in the process.

More widely, HMIPS have concerns about the extent to which the SPS complaints matches the best practice model articulated by the Scottish Public Services Ombudsman, but HMP Greenock implemented the current system effectively.

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."

The inspectorate found the treatment of two individuals with protected characteristics at HMP Greenock to be discriminatory and wholly unacceptable. On review, this treatment appears to have been on direction from SPS HQ and we have written separately to SPS HQ on this matter. Due to the risk of identification, we do not discuss this matter further in this report – but restate the inspectorate's firm view that individuals must be treated in line with agreed human rights standards, fairly, and without discrimination.

Non-Discrimination requires the duty bearer to go further than not actively discriminating – it is not a passive duty but an active one, to make deliberate efforts to prevent discrimination from occurring in all forms.

The inspectorate urges SPS HQ to ensure all directives are cognisant of human rights requirements and lawful.

Inspectors also noted mixed treatment of foreign nationals regarding access to translation services. Inspectors found some staff's knowledge on access to interpreter facilities to be severely lacking, which directly impacted on the foreign national population of the prison. While different parts of the prison operated differently with these individuals, a coherent strategy was required to prevent individuals with limited English feeling isolated and unable to communicate.

Outwith these specific cases, the establishment did a satisfactory job of monitoring and preventing discrimination. It was immensely pleasing for inspectors to note examples of outstanding care and compassion beyond the call of duty in supporting the liberation of disabled prisoners with acute physical and mental health needs in their return to the community.

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

Much of the discussion above around participation and accountability also applies to empowerment – prisoners cannot be empowered if they do not have opportunities to participate or do not have recourse to hold authority to account. We would expect prisoners to understand their rights and be fully supported in utilising them.

HMP Greenock could do more to provide information on decision making to prisoners in clear and accessible ways. Noticeboards should be better utilised to hold minutes of meetings and enhanced information sharing.

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

A human rights-based approach requires the recognition of rights as legally enforceable entitlements and is linked to national and international human rights law. It is important that all categories of prisoners enjoy the full range of human rights, and that staff are adequately supported. Inspectors have identified areas where they believe further action is required, in particular to ensure that more marginalised prisoners do not fall through the gap.

The realisation of human rights is facilitated in practice by both the provision of information and the need for proactive action to be taken to ensure prisoners are accessing their rights in practice. A human rights-based framework is concerned with anticipating areas of prison life where problems are likely to arise, responding to prisoners needs as they are raised and building in monitoring mechanisms to ensure systems are improved through experience. This is the sort of human rights infrastructure which could always be developed further. That said, inspectors found a model based on good foundations of strong relationships which, with some investment, will resolve the concerns raised.

Summary of Inspection Findings

Standard 1 Lawful and Transparent Custody
Satisfactory

Standard 2 Decency
Generally Acceptable

Standard 3 Personal Safety
Satisfactory

Standard 4 Effective, Courteous and Humane Exercise of Authority
Satisfactory

Standard 5 Respect, Autonomy and Protection against Mistreatment
Satisfactory

Standard 6 Purposeful Activity
Generally Acceptable

Standard 7 Transitions from Custody to Life in the Community
Satisfactory

Standard 8 Organisational Effectiveness
Satisfactory

Standard 9 Health and Wellbeing
Satisfactory

Standards, Commentary and Quality Indicators

Standard 1 – Lawful and Transparent Custody

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

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

Inspection Findings
Overall Rating: Satisfactory

Overview

In this standard, one quality indicator was rated as good, six quality indicators were rated as satisfactory, one was rated as generally acceptable and one not applicable, giving an overall performance rating of satisfactory. There was one example of good practice and four recommendations for improvement.

The prison performed strongly against this standard, with solid effective admission, induction and liberation processes. The reception staff were highly experienced and dealt with prisoners in a pleasant empathetic way while maintaining good order and control. This resonated with the positive findings from our pre inspection survey with 82% of prisoners saying they were treated well or quite well by reception staff, and only 2% feeling badly treated. The whole process for managing movements in and out of the prison was slick and efficient, with prisoners being moving through reception in a speedy but respectful way. Processes for checking on the mental health of new admissions or those affected by a change of circumstances following a court appearance were implemented effectively. There were also some outstanding examples of care and compassion in supporting those with acute physical and mental health needs at liberation.

However while there was evidence of translation services being used by reception staff, some residential staff were unaware how to engage translation services and some foreign nationals lacked adequate knowledge about the prison. To her credit the prison Governor responded swiftly and effectively in making support available for them when this was brought to her attention during the inspection.

HMIPS Standard 1
Lawful and Transparent Custody – Continued

Encouraging observations

- Strong evidence of reception staff treating prisoners with care and respect when entering or leaving the prison and being diligent in alerting others to the risks to safety posed by potential new admissions.
- Some outstanding examples of care and compassion in supporting disabled prisoners with acute physical and mental health needs on liberation and return to the community.

Areas of concern

- Not all residential staff were aware of how to access translation services or encouraged to use them to support the admission of foreign nationals with poor command of English.
- Greater use of peer mentors might enhance an already effective admission process and promote the empowerment of those new to HMP Greenock.

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, four quality indicators were rated as satisfactory, one was rated as generally acceptable, and one was rated as poor. Due to the nature of the poor and generally acceptable ratings, an overall rating of generally acceptable has been provided. There was one example of good practice and nine recommendations for improvement.

The initial build of HMP Greenock was completed in 1910 with the two main accommodation blocks following a Victorian era prison design. The first was Ailsa Hall comprising of four levels of single use cells for males and the second was Darroch Hall comprising of two levels of single use cells for females. Chrisswell House, currently used as the national top end (NTE), was built in 1990 with two Community Integration Units (CIUs) following in 2015, neither were not in use at the time of the inspection.

In the HMIPS inspection report of 2018, it was noted that there was an unacceptable level of dampness in a number of cells in Ailsa Hall and to a lesser degree Darroch Hall. In 2018 the then Governor had taken 17 cells out of use, and it was noted by the inspection team that it was difficult to see how this issue could be addressed without significant investment. At the time of the 2023 inspection, there were 15 cells out of use which was a considerable improvement on the 45 cells out of use during November 2021. This improvement followed a sizable amount of exploratory work to determine the source of the dampness through the involvement of specialist contractors, but unfortunately the source could not be definitively identified. It is therefore understandable that in the absence of a clear cause of the dampness there has been no clear path for the prison to direct the necessary funding to try and resolve the matter. In essence, HMP Greenock required significant upgrading or replacement, and as such there had been no notable change in the inspection findings in respect of the structure of the prison since the last report in 2018.

Toilets in the cells were not within cubicles, with most having small modesty screens that remained open to the main cell area. Single cell occupancy assisted with privacy but not hygiene or infection control, which remained an unsatisfactory situation.

HMIPS Standard 2
Decency – Continued

Many of the general areas and some cells had been freshly painted ahead of the inspection which improved the appearance throughout. In addition the prison was found to have good general levels of cleanliness and had processes in place for the prevention and control of infection. The Industrial Cleaning Party (ICP) consisted of nine prisoners all holding the appropriate training certificates. However, the prison could not produce accurate records of what prisoners were regularly engaged in other cleaning duties, and how many of them had been trained and held certificates to carry out that duty. From the wages records it was identified that 43 prisoners were being paid for cleaning duties, with the vast majority not having any evidence to show that they had received any training.

There was an adequate stock of bedding, towels and clothing; however, prisoners commented that whilst they were clean and plentiful they were old and in need of replacement. Inspectors found this to be an accurate assessment. The laundry process worked well and was staffed entirely by female prisoners. It was noted and appreciated that if any prison clothes or bedding that passed through the laundry was found to be damaged or in poor condition it was replaced before return.

HMP Greenock had a fit for purpose kitchen with sufficient room for storage and preparation and had access that led directly into the servery for use by both Darroch Hall and Chrisswell House. This ensured the provision of hot quality food straight from the kitchen, and a hot trolley was used for the short distance from the kitchen to the Ailsa Hall servery. Prisoners from all halls ate in communal dining areas.

In the kitchen it was noted that there had been a standing request for deteriorating flooring and wall tiles to be replaced due to age, and it was clear that this should be done as soon as possible. All foodstuffs used in the preparation of prisoner's meals were found to be stored in proper conditions and at the correct temperature; similarly all ingredients were found to be in date and of good quality. The menus were rotated every three weeks with a winter menu in place at the time of the inspection. The menu items appeared to be well balanced and offered healthy options but did not clearly display nutritional information or allergens for prisoners to make an informed choice. A separate menu was available for any cultural or religious diets. For those prisoners with health concerns that required a more substantial adjustment, the kitchen consulted with health colleagues to create a bespoke menu that retained variety and met nutritional needs.

HMIPS Standard 2
Decency – Continued

Inspectors were aware that the SPS provided the "Saffron" catering management software to all their prisons to ensure they were delivering nutritious, allergen informed food to their prisoners, but this system was not being used by kitchen staff at HMP Greenock. However, the menu appeared to be varied and in the absence of any legislative or national guidance on what food prisoners must be provided with, this was deemed by the inspectors to be satisfactory.

Encouraging observations

- Nearly 40 prisoners have achieved the Royal Environmental Health Institute of Scotland (Elementary Food Hygiene) during 2022/23.
- The return of PIACS for the prisoner menu choices.
- Cleanliness and general condition of the prison.

Areas of concern

- The SPS "Saffron" catering management software that ensures the delivery of nutritious, allergen-informed food to prisoners was not being used by kitchen staff at HMP Greenock and should be implemented.
- The physical deterioration of the current buildings and no confirmation of a date for the replacement of HMP Greenock.

view of a residential hall

Standard 3 – Personal Safety

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

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

Inspection Findings
Overall Rating: Satisfactory

Overview

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

Interviews with prisoners and staff, focus groups, general observations and conversations make it obvious that people living, working in, and visiting HMP Greenock felt safe. Staff and prisoners both commented that they felt safer in HMP Greenock than they had in other establishments.

The establishment operated with good levels of respect between staff and prisoners. There was a wide range and diverse population at HMP Greenock. The staff evidenced effective control of different types of prisoners, and it was clear that prisoners were treated as individuals. Staff evidenced appropriate care and attention towards prisoners.

There was a designated Health and Safety (H&S) Co ordinator, and it was clear that their professional approach was reflected throughout the establishment to keep prisoners, staff, and visitors safe. Staff spoken to understood their responsibilities in relation to H&S. The approach to H&S in the establishment was robust and it was clear that the H&S Co ordinator had a good understanding of their responsibilities and appropriate legislative compliance. A proactive approach to addressing issues and identifying risks was evident. For example, the H&S Co ordinator identified that there was a need for First Aiders on night duty and for manual handling trainers, and there was an action plan to address this.

Staff training records were well maintained, and staff had access to H&S training opportunities.

The 'Talk to Me' Strategy was well understood in the establishment. People interviewed commented that they had observed staff treat vulnerable people with respect and compassion and were supportive when people were in crisis. The establishment had a consistent approach throughout all residential areas. There was no power point in the safer cell in Ailsa Hall. Consideration to facilitate this would be beneficial to prisoners to offer access to a television if suitable.

HMIPS Standard 3
Personal Safety – Continued

Awareness of Think Twice was limited. Prisoners and staff interviewed commented that bullying was not really a problem in HMP Greenock. When asked to explain the process and discuss the policy there was an acceptance from staff that their knowledge was limited. There seemed to be misunderstanding and poor communication between residential areas and operations of who had responsibility for the policy and processes. Staff did appear to manage potential issues in a manner that had the intention of addressing issues, but without details of a consistent approach and minimal records of any incidents that took place it was difficult to have confidence that staff were fully aware and understanding of the policy and process.

The diverse population in HMP Greenock had seen a rise in the number of prisoners that required offence protection. The area identified within Ailsa Hall for the First Night Centre had been lost to accommodate protection prisoners. Admissions were located throughout the hall on different flats. Staff gave good explanations of how they managed first night admissions and how they made sure they were safe. They explained enemies checks and Talk to Me assessments etc. The lack of a First Night Centre did however present a potential risk to the larger hall population of infection control should there be a further COVID-19 outbreak. The First Night Centre would contain the potential for infection spread to a smaller area.

The establishment appeared to be tolerant and respectful of the individuality of prisoners. It was evident that discrimination and hostility would not be tolerated, and prisoners interviewed advised that they felt respected and safe. Despite this the profile of equality and diversity could be raised by senior management (see QI 8.1). Most but not all staff understood the availability of translation services and how to access funds for foreign nationals to make phone calls. Fire notices available in different languages would give confidence that foreign nationals fully understand evacuation processes.

The work parties had processes in place to minimise risk to personal safety. There was an inclusive approach in the work parties and staff worked hard to maintain good relationships both with prisoners and to encourage good relationships between different prisoner categories. The bike shed had only recently opened, and it was clearly appreciated by prisoners. Of note was the large amount of equipment and tools within the bike shed. The party officer had a good system in place to account for tools but there was a large quantity of bicycle components and equipment spread across the workspace floor. The prisoners were working through this but there did not appear to be any quantity control or appropriate inventory.

HMIPS Standard 3
Personal Safety – Continued

The route movement was observed both for Ailsa Hall and Darroch Hall and use of appropriate equipment such as metal detectors were used.

The establishment did not have a Violence Reduction Strategy. It did use a tactical tasking approach to managing the risk of violence. Data was available that could inform of the quantity of incidents over the last twelve month but there was no record of trends that could be used to reduce the potential for future violence.

One prisoner that was interviewed reported that he had taken illicit substances. He reported that had it not been for the good observation of both staff and prisoners in the establishment his life had potentially been at risk. Prisoners and staff commented on the good relationship in place between NHS and SPS staff. There was a belief that this gave prisoners confidence that their health concerns would be addressed quickly.

Encouraging observations

- Good Talk to Me policy progress and assurance process.
- Good staff, prisoner, and NHS relationships.
- Inclusive approach encouraged.
- Pro-active approach to H&S legislation.

Areas of concern

- Poor access to Equality and Diversity contact.
- No violence reduction strategy.
- Limited awareness of Think Twice policy.
- Lack of a handover process.
- No first aiders on night shift duty.
- No manual handling operations.
- No first night area.
- Those on MORS were not placed on Rule 95(1).

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, eight quality indicators were rated as satisfactory and two were rated as generally acceptable performance, giving an overall rating of satisfactory. There were two examples of good practice and four recommendations for improvement.
In general, staff were aware of, and often very knowledgeable of, the underpinning rules, regulations and laws which related to this standard. Paperwork and PR2 updates pertaining to all aspects of this standard were completed to a satisfactory standard. In particular, it appeared that Use of Force (UOF) was not applied excessively, and when it was applied, evidence suggested that it was often de-escalated at the earliest opportunity. It was clear from the review by the Head of Operations of UOF documentation, that they thoroughly studied documentation and highlighted all aspects, from administrative errors to incomplete documentation, and comments reflected that.

Despite some small areas for improvement, HMP Greenock, in general, implemented the effective, courteous and humane exercise of authority to a satisfactory standard, evidencing compliance with the QIs. Some of the potential areas of improvement were aggravated by issues such as the aging condition of the buildings.

HMP Greenock, despite the constrictions of the age and condition of the buildings, exercised effective control and order of the prisoner population, effectively maintained perimeter security and endeavoured to ensure the personal safety of all the people in their care, visitors and staff.

Encouraging observations

- Adjudications were individually risk assessed to determine how many staff were required so as not to traumatise the prisoner. The prison facilitated an escort by two staff and a driver on very short notice due to compassionate grounds. One of the officers attending knew the prisoner well.

Standard 5 – Respect, Autonomy and Protection Against Mistreatment

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

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

Inspection Findings
Overall Rating: Satisfactory

Overview

One quality indicator was rated as good, five were rated as satisfactory and two were rated as generally acceptable giving an overall rating of satisfactory. There were five recommendations for improvement.

In relation to sharing critical information between prisoners and their families, there was guidance available to inform staff of the processes and those spoken to were knowledgeable about the process. Inspectors saw some nice examples of staff showing compassion and care to prisoners receiving bad news and prisoners said they felt well supported by staff.

Staff/prisoner relationships were very positive, with 86% of respondents to our pre inspection survey saying they were treated with respect by staff all or most of the time. Prisoners used the additional comments box to highlight the efforts made by staff to help and support them, and this correlated with what we heard during focus groups and observed during the inspection. The stable and experienced workforce contributed to the positive and respectful environment.

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) and sampling of the paperwork confirmed this. There was sufficient space for confidential conversations to take place and confidential paperwork was kept secure. The process for handling prisoner's mail ran smoothly, was secure and offered privacy to prisoners who received their mail the same day.

The environment of the prison was orderly and predictable, with the positive staff/prisoner relationships greatly contributing towards this. This was reinforced in the monthly IPM reports. Prisoners were made aware of the regime on arrival at the hall and translation services were available for those that did not speak English. A regime review was underway and both staff and prisoners had been consulted with and were being kept up to date with progress.

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

In relation to prisoners being consulted with and kept up-to date with what was happening in the prison, there was lots of useful information displayed on the noticeboards in the residential areas. Significant changes or special events were notified via a notice under each cell door. Most staff were aware of how to organise translation services if required. PIACs were taking place regularly, but apart from Chrisswell House, inspectors were unable to find feedback for prisoners in any form. Also volunteers were sought to attend from the prisoners available on the hall at the time. The induction material required to be updated to provide prisoners with an understanding of how PIACs work on arrival. The Common Good Fund was being used to benefit all prisoners and they were very positive about recently funded events, particularly Christmas, but there was no evidence of them being consulted about how to spend it. HMP Greenock may wish to consider other ways of sharing information with prisoners, for example via an information channel on the TV or a prison radio.

Prisoners had access to information necessary to safeguard themselves against mistreatment. Including access to legal advice, the courts, and diplomatic services. An SOP was available to advise staff of foreign national's entitlements and those spoken to understood what was required. Their entitlements should be added to the Initial Interview Form to help ensure a consistent process is followed.

The SPS and Scottish Public Services Ombudsman (SPSO) complaints process was well advertised on residential noticeboards and staff and prisoners were aware of the process. Inspectors were surprised there were no complaints boxes on the halls. They should be installed to prevent prisoners having to hand them to staff. Complaint numbers were low, and Prisoner Complaint Forms (PCFs) were dealt with timeously. Prisoners reported rarely making complaints as most issues were resolved by hall staff the same day. Ten of the 41 PCF1s that had progressed to ICC had taken place late which equated to almost 25%, so the prison should give some focus to ensuring these happen on time. No visitor complaints had taken place in the last year, but the process was advertised, and forms were available.

IPM posters and leaflets were displayed in all residential halls and throughout the prison, and the contact number was on prisoner's phone lists. 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. Request numbers were low which tied in the with the low numbers of complaints. IPMs reported that they were made to feel welcome and assisted well by staff when dealing with requests or making observations.

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

Encouraging observations
- The very positive prisoner/staff relationships.

Areas of concern
- Apart from Chrisswell House, feedback from PIAC meetings was not provided to prisoners and there was not a consistent process for selecting attendees to ensure all halls and prisoner categories were represented.
- The induction material and Initial Interview Form did not have information on PIACS or foreign national entitlements.
- There were no complaints boxes on the residential halls. Prisoners had to hand PCF forms to staff to pass on and 25% of ICCs had taken place late.

Standard 6 – Purposeful Activity

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

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

Inspection Findings
Overall Rating: Generally Acceptable

Overview

In this standard, three quality indicators were rated as good performance, three were rated as satisfactory performance, four were rated as generally acceptable performance, five were rated as poor performance giving an overall rating of generally acceptable. There were no examples of good practice and 18 recommendations for improvement.

The employment and training opportunities offered to prisoners were primarily in work parties that supported essential prison services. A few prisoners were able to access work placements. All work parties and work placements were good quality and prisoners were supported well by prison staff. However, the number of employment opportunities was not sufficient for all prisoners who wanted to work and as a result, all prisoner populations were demoralised and dissatisfied with the lack of sufficient employment opportunities. The Links Centre facilities were of a high standard and provided training in essential life skills; however, no formal vocational training was in place. The range and level of vocational training offered to prisoners was very limited and did not match the interests and abilities of the prison population, especially those close to liberation.

Prisoners were provided with information about work party options. Participation rates in work parties for mainstream prisoners was high overall. However, there were long waiting lists for most work parties, and they were often cancelled due to staff absence or assignment to other prison duties. There was some inequity in pay across the prison populations and across different work parties. Prisoners were supported well to access employment opportunities. Overall, the system did not reflect individual prisoner needs well, particularly women prisoners, as the number and type of employment opportunities were insufficient.

HMIPS Standard 6
Purposeful Activity – Continued

Almost all prisoners benefited from very good relationships with staff in the Learning Centre. The Learning Centre offered learning opportunities during the week to all prison populations; however, during the inspection attendance levels were low. A screening process was in place to evaluate the levels of literacy and numeracy of each prisoner. This information was used well to focus curriculum delivery on the development of core skills. A few prisoners with barriers to learning were supported well. However, the range of subjects and levels offered in the Learning Centre did not engage prisoners well in education activities or prepare them well for liberation. The reviews of Personal Learning Plans (PLPs) were not systematic and lacked detail. Although there were a few examples of prisoners being asked informally for feedback, this practice was not routine.

The Gymnasium offered a good range of physical and health activities to all prison populations, including those with a disability. All prisoners received an induction to the health and fitness centre before engaging in physical exercise. Prisoners were supported well to overcome barriers to participation. However, overall prisoner attendance was around half of the Gymnasium capacity. Staff consulted prisoners on the range of physical and health opportunities available. However, over the past year no prisoners had gained certificates or awards for health and fitness activities. Overall, the prison did not provide a sufficiently broad range of health and fitness initiatives.

The Links Centre, which included a library area offered a welcoming environment for prisoners. However, the library area was accessible via stairs, which negatively impacted on those prisoners with mobility issues. The library stock consisted of a wide range of material such as a few easy readers, religious texts and material in large print. However, there was a limited section of self-help resources, no daily newspapers, magazines or other activities available for prisoners. The Links Centre and library passman provided effective librarian support. However, there was no permanent library staff and no formal links with the local authority library service or Fife College. Overall, prisoners were unhappy with the library resources available to them. A variety of national induction booklets were available for multiple nationalities to aid translation. A multi-faith room was available for all prisoners to access; however, it was rarely used. The prison recognised and celebrated recognised events. Twenty-seven prisoners won Koestler Awards for their artwork. Overall, there remained limited variety of cultural, recreational, self-help or peer support activities.

HMIPS Standard 6
Purposeful Activity – Continued

HMP Greenock were offering all prisoners the opportunity for at least the minimum one hour per day of time in the fresh air; this was on a rotational basis for the majority. However, offence protection prisoners held in Ailsa Hall were limited to an early time slot every day. Subsequently, the participation at this time was low and a recommendation has been made to review timetabling to ensure equality of access for all prisoners.

There was currently limited availability for pastoral care, with a new Chaplain due to start soon. However, the Prison Fellowship had been assisting with some services and both RC Chaplains were ensuring that all requests were seen. Some restrictions to accessing religious observance through Covid-19 remained, and there is a recommendation to review this to ensure equality of access for all, regardless of their faith.

There was no visitors centre at HMP Greenock and the foyer where visitors waited to enter the visits room was limited in provision. There was a toilet and baby changing facility; however, there are no facilities should a visitor request to speak to staff confidentially. A recommendation has been made to ensure that the Family Contact Officer (FCO) office is cleared to provide a private space where visitors could speak to staff in private. Additionally, the provision for food or drink was limited to vending machines, as the café only opened for busy visits sessions. A recommendation has been made to ensure that appropriate sustenance is available for visitors who travel to HMP Greenock.

Most visits session observed were found to be very poorly attended. However, there was no Family Strategy in place, nor was there an Events Planner for activities. There was limited evidence that prisoners or families were being encouraged to take visits or have meaningful activity during visits. A recommendation has been made for HMP Greenock to create both a Family Strategy and an Events Planner. There was a list of prisoners and families who had access to 'double visits' due to traveling, and an individual with exceptional access to timing for video visits for foreign calls, evidencing that some avenues to promote better contact were evident. As well as encouraging more meaningful interaction, it is important that HMP Greenock ensure that the appropriate staff are available during each visits session to provide information or support. During the inspection neither of the FCOs were present during the numerous sessions which were observed. A further recommendation has been made to ensure that the FCO is available at visits to appropriately support or inform those who seek staff guidance.

HMIPS Standard 6
Purposeful Activity – Continued

There was a wide range of therapeutic treatments available through the Links Centre, and positive engagements with third sector organisations who provided a range of interventions and support. However, those prisoners requiring to complete accredited programmes will need to transfer to another establishment to meet these needs.

The ICM and parole process appeared to be working very effectively. The co location of the Co-ordinator and Administrator promoted excellent communication both internally and with external links. However, it appeared that not all of the residential areas had the Personal Officer List clearly posted where prisoners could access. A recommendation has been made to ensure that these lists are published for all to see.

Encouraging observations

- The connectivity and communications between ICM and Parole offices was outstanding.

Areas of concern

- There was a limited variety of cultural, recreational, self-help or peer support activities.
- There was not enough work for those that wanted it.
- There were long waiting lists for employment.
- Prison wages had not been increased to take account of the cost-of-living increases.
- Attendance levels in the Learning Centre were low during the inspection and Learning Centre staff did not visit work parties to promote the Learning Centre or to deliver learning to prisoners.
- Although the majority of prisoners had a Personal Learning Plan (PLP), the review of PLPs was not systematic, the plans lacked detail and they did not include specific, measurable goals.
- The limited cover for pastoral care and equal access to religious observance.

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, four quality indicators were rated as satisfactory, and one was rated as generally acceptable.

There were four examples of good practice and seven recommendations for improvement.

HMP Greenock demonstrated a constructive focus on community reintegration with particular attention given to pre-release planning and preparation.

There was a pervasive culture of respectful and effective relationships between staff, prisoners and external partners.

Enhanced ICM and parole processes were well embedded, monitored and implemented. Meetings were focused on the needs of the individual prisoner and there was constructive collaboration between prison, social work and psychology staff.

Interventions were needs-based and appropriately focused on development, harm reduction, wellbeing and preparation for release. There was continuity in release planning across agencies, including with community-based services.

National issues experienced across the estate were also impacting negatively on HMP Greenock operations. These included delays in the First Grant of Temporary Release (FGTR), inconsistencies in GEOAmey transportation, the LS/CMI system error issue and waiting lists for accredited programmes.

HMIPS Standard 7
Transitions from custody to life in the community – Continued

Encouraging observations

- Personal officers were chairing the ICMs for prisoners in Chrisswell House (the NTE facility). This enhanced prisoner involvement and the creation of meaningful release plans.
- Whilst in its early stages, the new 'Moving On' approach allowed for people to begin substance use and trauma recovery work in HMP Greenock prior to release, with support in the community via Inverclyde Council justice services being allocated for follow on support.
- Whilst in its early stages, the creation of a hybrid prison-based social work/community based social work post offered a positive opportunity to facilitate better links between the teams and continuity of release planning.
- Where a prisoner has undertaken an accredited programme that has options for consolidation units to further address risk and need, where assessed and required these consolidation sessions are delivered collaboratively at HMP Greenock.

Areas of concern

- Not all personal officers were completing relevant domains of Community Integration Plans (CIPs) to a consistent standard.
- There was no dedicated ICM co-ordinator role to ensure sufficient capacity and continued resilience.
- The ICM guidance needed updated to ensure consistency of processes and practice across the estate.
- The delays to First Grants of Temporary Release.
- There were no national accredited programmes within HMP Greenock.
- There were not sufficient opportunities for prisoners to attend RMT meetings.
- Bute and Arran houses were not being used as part of community reintegration planning and testing prior to 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, seven quality indicators were rated as satisfactory performance and one was rated as generally acceptable performance, giving an overall rating of Satisfactory Performance. There were no examples of good practice and three recommendations for improvement.

The Governor of HMP Greenock had only recently taken up post and it was her first appointment as a Governor in Charge. Since her arrival, there had been almost a complete turnover of the Senior Management Team (SMT), except for her Deputy Governor who had been in post for several years.

From an E&D perspective there was varied picture of compliance. Although appropriate mechanisms and procedures were lacking, the outcomes for the vast majority of prisoners were good. The Governor and her team believed that there should be a strong E&D approach, but at the time of the inspection there was no solid E&D Strategy or an E&D Action Plan. In some cases staff lack knowledge in how to access translation services. This was supported by a billing report on translation service use that advised it had been used once in 12 months, despite prisoners having been admitted where their understanding of English was poor.

The Governor had identified a number of areas that she wanted to improve quickly and had a plan to move forward. This was to include both staff and prisoner engagement to develop the next Annual Delivery Plan for the prison. The Governor recognised that a more robust assurance process should take place and had agreed in principle to inspectors' recommendation that PRLs should be undertaken by managers from another area, and that those assuring audits carry out a physical check. Action trackers were in place and readily reviewed to check progress or to close actions down. Any actions were fed to the areas responsible with a timescale to complete the action. Staff and prisoners appreciated the Governor's visibility around the prison as well as increased visibility from the rest of the SMT.

HMIPS Standard 8
Organisational Effectiveness – Continued

During the inspection, staff were able to articulate how their job role contributed to the care of those they looked after and took pride in their work which contributed to a safe prison. Throughout this report, inspectors commented on the positive relationships between staff and prisoners. This was reflected in the pre inspection survey, focus groups and observations. There were good levels of co-operation and joint working between prison staff, healthcare staff and social work, as well as a number of other external agencies.

Encouraging observations

- The prison had a feel of an operationally well-run prison, where staff new their priorities and job roles.
- The relationship with prison staff and external agencies was also as good as the inspectorate had witnessed.

Standard 9 – Health and Wellbeing

How we carried out the inspection

We asked NHS Greater Glasgow and Clyde staff at HMP Greenock to complete a revised self-evaluation tool regarding healthcare provision. HIS held a teleconference in advance of the inspection with the healthcare staff to discuss the completed self-evaluation to help inform the key lines of enquiry for the inspection.

During the inspection, three inspectors spoke with members of staff; looked at the care environment within the Health Centre, visited the prison halls, the dispensary areas used to administer medications and the area used for admissions. Inspectors also visited the areas identified as accessible cells. Inspectors spoke with prisoners with the assistance of SPS staff.

Overview

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

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

Inspection Findings

Overall rating: Satisfactory

In this standard, one quality indicator was rated as good, 13 were rated as satisfactory and two were rated as generally acceptable. There were 13 examples of good practice and 11 recommendations for improvement.

Healthcare in HMP Greenock was managed by NHS Greater Glasgow and Clyde (NHS GGC) and Glasgow City Health and Social Care Partnership (HSCP) and reported through their governance structures.

HMP Greenock had not experienced the recruitment and retention issues apparent in other prisons. At the time of the inspection, HMP Greenock had a full complement of staff in all the teams. It was evident at the time of inspection, that optimum staffing levels enhanced service delivery, and supported patients to access services. Inspectors saw that most recent healthcare employees were student nurses who had worked within HMP Greenock as part of their training. This was a credit to the healthcare management and staff. All new staff had received a full robust induction programme and were delivering a full range of healthcare services.

At the time of the inspection, a workforce review was waiting to be reviewed by the Integration Joint Board (IJB).

HMIPS Standard 9
Health and Wellbeing – Continued

Throughout the inspection, inspectors observed good relationships and interactions between healthcare staff, SPS staff and patients.

As HMP Greenock's building was aged, there had been historic problems with water ingress due to its flat roof which was not watertight. While various improvements had been made to the Health Centre, such as roof repairs and internal decoration, the flat roof could still cause damage in inclement weather. There was slight staining on ceiling tiles in one area where healthcare was delivered. Inspectors were told of a three year roof replacement plan for HMP Greenock, with a priority being a roof replacement to the Health Centre in phase one. However, due to a requirement for a funding agreement there was no agreed date for the completion of this work. This work must continue as a priority to ensure no further water ingress and reduce any risk of infection in the Health Centre. Inspectors will follow up the progress to this in June 2023.

NHS GGCs prison healthcare had a peripatetic Health Improvement Team. The Team had successfully introduced an award winning Peer Mentor Programme, which started with naloxone, providing training and supplying nyoxoid (nasal naloxone) for patients on liberation. Inspectors were told about future plans for the peer mentor programme to support the delivery of Tobacco, Vape and Second-Hand Smoke information, Alcohol Brief Intervention, Oral Health and Healthy Minds Sessions. This was good practice.

While the ongoing issue of transport to secondary care appointments with GEOAmey had not been resolved, healthcare staff told inspectors that weekly meetings were held with SPS staff. Any potential problems with transport were identified which meant SPS staff could potentially transport patients to their appointment if GEOAmey was unable to. Staff kept patients fully informed of missed appointments by letter. This issue continued at a national level and had been escalated by HMIPS to key contacts in the SPS and the Scottish Government.

Primary care

Good systems and processes were in place to provide health screening to admissions and transfers to HMP Greenock. This included an assessment of the person's immediate health needs as well as any long term conditions. An admission tool was in place and information from this was collated in the electronic Vision system. Inspectors saw that as a result of screening, patients could be referred to other specialists if required, such as the Mental Health Team, Addiction Team or nurses who reviewed patients with specific health conditions such as asthma. Link nurses supported patients with conditions, such as asthma, diabetes and tissue viability. Patients at risk of self harm or suicide were assessed using a standardised health screening tool and those identified at risk were placed on TTM.

HMIPS Standard 9
Health and Wellbeing – Continued

The GP reviewed all admissions to HMP Greenock the day after admission and inspectors observed a patient who had been admitted the previous day being reviewed. Appropriate medications were prescribed, and the outcome of the consultation was recorded in the patient's Vision record. There was a self-referral system in place in the prison halls and referrals were collected daily.

While the Health Centre only had two consulting rooms, healthcare staff managed patient flow well considering the constraints and size of the environment. The service would benefit from a larger space to accommodate healthcare staff to deliver regular clinics. Some clinics were held in the Links Centre; however due to the fabric of the building, patient confidentiality could not be maintained, which was a concern.

Mental Health

There were processes in place at admission for identifying patients requiring access to mental health services. A validated assessment tool was used to assess the mental health needs of people referred to or referring themselves to mental health services.

Vision records showed that patients were fully involved in their assessment, with opportunities to discuss the purpose and outcome of the assessment. The risks and benefits of any treatment or intervention offered were discussed with patients, to allow them to make informed choices about their care. Patient care plans were viewed and found to be person-centred and reviewed regularly in line with recovery.

A robust referral triage and allocation process was in place ensuring that daily screening of new mental health referrals were taking place. This identified if there was an indication of risk which would require an urgent response.

Weekly psychiatry clinics were available, with an additional response for any emergency or urgent care. However, there was no psychiatry provision for wider Multi-disciplinary Team collaborative work such as attendance at complex case discussions and Multi-disciplinary Team meetings. This gap had been identified and NHS staff were awaiting the outcome of the workforce review. This will be followed up at future inspections.

Some clinics were held in the Links Centre; however, due to the fabric of the building, patient confidentiality could not be maintained, which was a concern.

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

HMIPS Standard 9
Health and Wellbeing – Continued

Substance Use

Patients requiring support with drug and/or alcohol dependence were identified at health screening on transfer to the prison, or as part of their health assessment appointments, using a validated screening tool. The outcome was documented within the Vision records. Patients were also sent a letter with the outcome of their referral.

Systems and processes were in place to confirm the prescriptions of those patients transferred to the prison. A copy of the Kardex was brought to HMP Greenock from the transferring prison for patient's prescribed with opiate substitution therapy (OST).

Individual support needs for patients referred to addiction services were identified through an assessment process. Individual person-centred and outcome-focussed care plans, which reflected the support needs required, were in place for all patients on the caseload.

A standardised discharge planning tool was in place. It ensured that patients were referred to community services and information was passed to these services for continuity of care.

Written systems, protocols and procedures were in place to describe the joint working with mental health and primary care services for patients with co-morbidities.

Long-term conditions, palliative and end of life care

Good systems and processes were in place at admission and at GP reviews for patients with long term conditions and complex needs. Patients could also self-refer to the nurse clinics. Electronic care plans were in place for those identified with long term conditions, which were person centred and outcome focussed. Patients were offered a copy of their care plan which was good practice. The electronic notes on Vision were seen to be comprehensive.

Although there were no patients on the palliative care list at the time of the inspection, there were good systems and processes in place for any patients requiring this service. This included recognised palliative care tools, referral forms to the local hospice and the use of anticipatory care plans.

HMIPS Standard 9
Health and Wellbeing – Continued

Infection, prevention and control

At the time of the inspection, all areas in the Health Centre were found to be dry. Staff told inspectors that there had been no recent water damage and systems and processes were in place for recording issues requiring repair. Inspectors saw there had been no recent entries about leaking damage to the Health Centre and all previous jobs were completed within a good time frame. All estates issues were presented to the Governor for overarching oversight on the built environment.

During the inspection, inspectors found the cleaning standard of the rooms where healthcare was delivered was of a high standard. All near patient equipment was clean and ready for use and staff were knowledgeable about standard infection prevention control (SIPC) procedures. There was evidence of daily and weekly assurance checks that were well completed, and external assurance was provided by the infection, prevention and control team (IPCT) with a rolling programme of SIPC audits in place. Senior nurses were also part of a peer review for SIPC audits in the other NHS GGC prisons which was good practice. Results were captured and monitored through the NHS GGC wide electronic system for assurance.

Encouraging observations

- Patients who had attended a secondary care appointment were routinely reviewed by a nurse so that the appointment could be discussed, any test results followed up and any changes to care agreed.
- The roll out of peer mentor programme providing training and supplying nasal naloxone.
- Health and wellbeing events supported by the GIC, and feedback was obtained from patients who attended to inform future events.
- Patients were offered a printed copy of their care plan.
- Literature was given to patients relating to diet, exercise as well as disease specific information.
- Medicine administration times in HMP Greenock were throughout the day with a late medication round taking place at 8.30pm. This ensured that patients did not receive medication to assist with sleeping early in the evening.
- HMP Greenock had a range of Patient Group Directions that allowed nurses to administer certain medications without the need for a prescription. This ensured patients received medications in a timely manner.
- There were robust systems in place for timely ordering of medications and clear information was available for patients on the process to order medications.

HMIPS Standard 9
Health and Wellbeing – Continued

- Evidence of good relationships between healthcare, SPS and patients.
- Senior nurses were part of a peer review for standard infection prevention control audits in other NHS GGC prisons.
- Staff were supported following challenging clinical events through group reflection.
- A copy of the handover was given to the SPS duty officer when the nurses finished their shift. The SPS officer returned the handover paperwork to the nursing staff in the morning with an update on any further information regarding the health needs of patients from the overnight period.
- A senior nurse on-call rota was in place to provide support for staff, including staffing issues during the out of hours period.

Areas of concern

- Referral forms were not of a good quality so that they were easy to read and interpret.
- Social care support was not readily available to support the needs of patients within HMP Greenock.
- Not all patients on the mental health caseload had a standardised risk assessment in place.
- Some clinics were not facilitated in an environment where patient confidentiality could be maintained.
- Patients had not agreed with the plan for their care.
- OST prescriptions were not in place to ensure there was no delay for the continuity of care for patients receiving OST.
- There were no processes in place to record the supply of medications to the residential areas or to record when the medication was given to patients.
- Dental treatment for those patients who were on remand beyond six months was not provided.
- Learning from complaints was not routinely shared with the Healthcare Team.
- The roof replacement plans need to be continued as a priority to ensure the area is free from water ingress and reduce infection control risks.
- There were no regular assurance checks to monitor the condition of shower sealants and curtains with a programme of replacement to reduce the risk of transmission of infection.

Annex A

Summary of Recommendations

Recommendation 1: HMP Greenock should examine the scope to introduce more formal peer support scheme for new admissions.

Recommendation 2: HMP Greenock should ensure that all residential staff are aware of how to engage translation services for foreign nationals and adopt a more proactive approach to its use. HMP Greenock should examine the scope to translate First Night in Custody information sheets into some of the more common foreign languages.

Recommendation 3: HMP Greenock should review arrangements for ensuring there is adequate cover and resilience for the Court Desk Team.

Recommendation 4: HMP Greenock should consider the potential to split the induction programme over a number of sessions to aid prisoner understanding.

Recommendation 5: SPS HQ and HMP Greenock should increase the number of accessible cells to accommodate a higher number of prisoners with accessibility needs.

Recommendation 6: The SPS and the Scottish Government must confirm its commitment to a modern replacement for HMP Greenock, but also invest now to address the physical deterioration of the current buildings until a new prison comes on stream, recognising the likely length of such a development programme.

Recommendation 7: HMP Greenock should remove the modesty shields in the in-cell toilets and replace them with a more satisfactory solution to allow a satisfactory level of decency for the user and staff.

Recommendation 8: HMP Greenock should ensure that all prisoners engaged in cleaning duties are trained and accurate training records held.

Recommendation 9: Towels and bedding were old and tired and should be subject to a replacement schedule.

Recommendation 10: HMP Greenock should ensure that in all those showers where the silicone sealant is showing signs of mould it is replaced.

Recommendation 11: HMP Greenock should ensure that food focus groups are held to allow prisoners opinions to be considered in respect of menu choices.

Recommendation 12: HMP Greenock should ensure that the flooring, woodwork and wall tiles in the kitchen are be replaced without delay.

Recommendation 13: HMP Greenock should ensure that the menu offered to prisoners displays the nutritional values and allergen information.

Recommendation 14: HMP Greenock should ensure all those placed on MORS are held under rule 95(1).

Recommendation 15: HMP Greenock should implement a violence reduction strategy to complement the tactical tasking model.

Recommendation 16: The Learning and Development Manager should introduce Think Twice training for staff.

Recommendation 17: HMP Greenock should ensure that staff gain the required knowledge on the Think Twice Policy to operate it consistently, and that the prison improves communication between residential and operations staff.

Recommendation 18: HMP Greenock should ensure there are formal handovers being recorded between staff as per PRL PRL2.3.1.5 - Staff hand overs.

Recommendation 19: HMP Greenock should ensure that there is an appropriate number of trained First Aiders on night shift.

Recommendation 20: HMP Greenock should ensure that there is an adequate number of staff trained in manual handling.

Recommendation 21: HMP Greenock should ensure that a plan is put in place to have all SOPs reviewed, and that covers the continued 12-month review into the future.

Recommendation 22: HMP Greenock should ensure all prisoners being managed under the MORS policy and being confined to their cell and their access to the regime restricted are placed on a Rule 95(1).

Recommendation 23: HMP Greenock should ensure that all witnesses are called to the adjudications, to afford the prisoner the opportunity to listen to and respond to all evidence.

Recommendation 24: HMP Greenock should ensure that all mandatory area searches are conducted and recorded on PR2 in line with PRL Standard 2.3.2.4.

Recommendation 25: HMP Greenock to ensure that minutes and actions from hall PIACs are communicated to prisoners and that there is a consistent process for selecting attendees to ensure every hall and prisoner category is represented.

Recommendation 26: HMP Greenock should update the induction material to provide an explanation of PIACs to new arrivals.

Recommendation 27: HMP Greenock should update the Initial Interview Form (and induction booklet and induction slides) to cover foreign national entitlements.

Recommendation 28: HMP Greenock should install complaints boxes in the residential areas and take steps to ensure ICCs take place within the agreed timescale.

Recommendation 29: HMP Greenock should update the induction material to include the current IPM poster.

Recommendation 30: HMP Greenock should prioritise the review of employability and vocational training offered to prisoners. Substantial improvements are required to the number and range of work party places, and to the number, range, and level of vocational qualifications available for all prisoners.

Recommendation 31: HMP Greenock should ensure that the range of employment and vocational training opportunities offered should reflect better the interests and abilities of prisoners and their relevance to employment on liberation.

Recommendation 32: SPS should review the prison wage structure across the prison estate and take account of the increase in canteen prices etc.

Recommendation 33: HMP Greenock and Fife College should review the regime and learning centre timetable to better ensure prisoners across all residential areas have appropriate and equal access to education. This should include identifying and removing any barriers to participation.

Recommendation 34: HMP Greenock and Fife College should review the arrangements for induction, gathering prisoner feedback and procedures for the development and review of PLPs.

Recommendation 35: HMP Greenock and Fife College should review the learning offer to respond to and reflect the needs and interests of the prisoner population. This includes subject choice for interest, level of qualification and progression opportunities.

Recommendation 36: HMP Greenock staff should promote learning opportunities to prisoners more effectively and encourage their participation in learning to address the low participation rates.

Recommendation 37: HMP Greenock should ensure that all prisoners have access to a wider range of more up-to-date library resources, including those available through external partners such as the local authority and Fife College.

Recommendation 38: HMP Greenock should consider relocating the library to allow access for prisoners with a physical disability and include furniture and space to allow group work and other learning activities.

Recommendation 39: HMP Greenock would benefit from making links with other prison libraries to explore the rotation of the materials available.

Recommendation 40: HMP Greenock should review scheduling of time outside to ensure equality in access.

Recommendation 41: HMP Greenock should review the access to religious observance for all prisoners and ensure equality for all.

Recommendation 42: HMP Greenock to ensure that a Family Strategy and Events Planner are created and published for all prisoners and visitors to see.

Recommendation 43: HMP Greenock should review the provision of the café facilities to maximise access to these.

Recommendation 44: HMP Greenock should ensure that FCOs are present during visit sessions to provide support and information where necessary to prisoners and visitors.

Recommendation 45: HMP Greenock should ensure that the FCO room is fit for confidential meetings.

Recommendation 46: HMP Greenock should review the facilities available for children and ensure that there are sufficient age-appropriate activities, for all ages.

Recommendation 47: HMP Greenock should ensure that personal officer lists are accessible to all prisoners.

Recommendation 48: HMP Greenock should ensure that all personal officers are completing relevant domains of Community Integration Plans to a consistent standard.

Recommendation 49: HMP Greenock look at establishing a dedicated ICM co-ordinator role to ensure sufficient capacity and continued resilience.

Recommendation 50: SPS should update the current ICM guidance to ensure consistency of processes and practice across the estate.

Recommendation 51: SPS should reduce the delays to First Grant Temporary Release.

Recommendation 52: SPS should deliver national accredited programmes within HMP Greenock appropriate to their prisoner population in order to ensure lack of access does not cause undue delays to progression and planning for release.

Recommendation 53: HMP Greenock should increase opportunities for prisoners to attend RMT meetings. This should include an opportunity to attend all or part of these meetings as appropriate.

Recommendation 54: HMP Greenock should utilise Bute and Arran CIUs as part of community reintegration planning and testing prior to release.

Recommendation 55: HMP Greenock should develop an E&D strategy and action plan to provide a solid platform for supporting vulnerable individuals and embedding safeguards robustly.

Recommendation 56: SPS HQ should review the effectiveness of the E&D complaints process and monitoring arrangements across the prison estate.

Recommendation 57: HMP Greenock should consider assigning PRLs to managers from other areas.

Recommendation 58: NHS GGC must ensure that healthcare referral forms are of good quality so that they are easy to read and interpret.

Recommendation 59: NHS GGC must ensure that social care support is readily available to support the needs of patients within HMP Greenock.

Recommendation 60: NHS GGC must ensure all patients on the mental health caseload have a standardised risk assessment in place.

Recommendation 61: SPS and NHS GGC must ensure that clinics are facilitated in an environment where patient's confidentiality can be maintained.

Recommendation 62: NHS GGC must evidence that patients have agreed with the plan for their care.

Recommendation 63: NHS GGC must ensure that OST prescriptions are in place to ensure there is no delay for the continuity of care for patients receiving OST.

Recommendation 64: NHS GGC and SPS must ensure that there are processes in place to record the supply of medications to the residential areas and to record when this medication is given to patients.

Recommendation 65: HMP Greenock must ensure dental treatment for those patients who were on remand beyond six months was provided and equitable to those who are convicted.

Recommendation 66: HMP Greenock should introduce a formalised process to ensure learning from complaints is routinely shared with the Healthcare Team.

Recommendation 67: SPS must ensure progress with roof replacement plans are continued as a priority to ensure the area is free from water ingress and reduce infection control risks.

Recommendation 68: SPS must demonstrate regular assurance checks are in place to monitor the condition of shower sealants and curtains with a programme of replacement to reduce the risk of transmission of infection.

Annex B

Summary of Good Practice

Good Practice 1: The prison provided highly commendable examples of compassionate staff driving a disabled prisoner with a wheelchair to Glasgow to assist their journey home, and escorting another disabled prisoner with significant physical and mental health issues home and making sure they had provisions and adequate heating.

Good Practice 2: REHIS (Elementary Food Hygiene) award had been achieved by nearly 40 prisoners during 2022/23.

Good Practice 3: The H&S Co-ordinator facilitated fire evacuation drills during night shift.

Good Practice 4: The learning reviews the establishment had carried out to ensure that staff were confident when using UOF, and that they had legitimacy.

Good Practice 5: Personal officers were chairing the ICMs for prisoners in Chrisswell House. This enhanced prisoner involvement and the creation of meaningful release plans.

Good Practice 6: Whilst in its early stages, the creation of a hybrid prison based social work/community based social work post offered a positive opportunity to facilitate better links and an understanding of roles between the teams, and continuity of release planning.

Good Practice 7: Where a prisoner has undertaken an accredited programme that has options for consolidation units to further address risk and need, where assessed and required these consolidation sessions are delivered at HMP Greenock.

Good Practice 8: Whilst in its early stages, the new 'Moving On' approach allowed for people to begin substance use and trauma recovery work in HMP Greenock prior to release, with support in the community via Inverclyde Council justice services being allocated for follow on support.

Good Practice 9: Patients who had attended a secondary care appointment were routinely reviewed by a nurse so that the appointment could be discussed, any test results followed up and any changes to care agreed.

Good Practice 10: The roll out of peer mentor programme providing training and supplying nasal naloxone.

Good Practice 11: Health and wellbeing events were supported by Governor-in-Charge and feedback was obtained from patients who attended to inform future events.

Good Practice 12: Patients were offered a printed copy of their care plan.

Good Practice 13: Literature was given to patients relating to diet, exercise as well as disease specific information.

Good Practice 14: Medicine administration times in HMP Greenock were throughout the day with a late medication round taking place at 8.30pm. This ensured that patients did not receive medication to assist with sleeping early in the evening.

Good Practice 15: HMP Greenock had a range of PGDs that allowed nurses to administer certain medications without the need for a prescription. This ensured patients received medications in a timely manner.

Good Practice 16: There were robust systems in place for timely ordering of medications and clear information was available for patients on the process to order medications.

Good Practice 17: Evidence of good relationships between healthcare, SPS and patients.

Good Practice 18: Senior nurses were part of a peer review for standard infection prevention control audits in other NHS GGC prisons.

Good Practice 19: Staff were supported following challenging clinical events through group reflection.

Good Practice 20: A copy of the handover paperwork was given to the SPS duty officer when the nurses finished their shift. The SPS officer returned the handover paperwork to the nursing staff in the morning with an update on any further information regarding the health needs of patients from the overnight period.

Good Practice 21: A senior nurse on-call rota was in place to provide support for staff, including staffing issues during the out-of-hours period.

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	Generally Acceptable
QI 1.3	Satisfactory
QI 1.4	Satisfactory
QI 1.5	Satisfactory
QI 1.6	Not Applicable
QI 1.7	Satisfactory
QI 1.8	Satisfactory
QI 1.9	Good
Standard 2 – Decency	**Generally Acceptable**
QI 2.1	Poor
QI 2.2	Generally Acceptable
QI 2.3	Satisfactory
QI 2.4	Satisfactory
QI 2.5	Satisfactory
QI 2.6	Satisfactory
Standard 3 – Personal Safety	**Satisfactory**
QI 3.1	Satisfactory
QI 3.2	Satisfactory
QI 3.3	Generally Acceptable
QI 3.4	Generally Acceptable
QI 3.5	Generally Acceptable
QI 3.6	Satisfactory
QI 3.7	Satisfactory

Standard 4 – Effective, Courteous and Humane Exercise of Authority	Satisfactory
QI 4.1	Satisfactory
QI 4.2	Generally Acceptable
QI 4.3	Satisfactory
QI 4.4	Satisfactory
QI 4.5	Generally Acceptable
QI 4.6	Satisfactory
QI 4.7	Satisfactory
QI 4.8	Satisfactory
QI 4.9	Satisfactory
QI 4.10	Satisfactory

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

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

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

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

Standard 9 – Health and Wellbeing	Satisfactory
QI 9.1	Satisfactory
QI 9.2	Generally Acceptable
QI 9.3	Satisfactory
QI 9.4	Satisfactory
QI 9.5	Satisfactory
QI 9.6	Satisfactory
QI 9.7	Satisfactory
QI 9.8	Generally Acceptable
QI 9.9	Satisfactory
QI 9.10	Not Applicable
QI 9.11	Satisfactory
QI 9.12	Satisfactory
QI 9.13	Satisfactory
QI 9.14	Good
QI 9.15	Satisfactory
QI 9.16	Satisfactory
QI 9.17	Satisfactory

Annex D

Prison population profile as at 08/02/2023

Status	Number of prisoners	%
Untried Male Adults	32	17.49%
Untried Female Adults	16	8.74%
Untried Male Young Offenders	0	0.00%
Untried Female Young Offenders	0	0.00%
Sentenced Male Adults	112	61.20%
Sentenced Female Adults	23	12.57%
Sentenced Male Young Offenders	0	0.00%
Sentence Female Young Offenders	0	0.00%
Recalled Life Prisoners	2*	1.09%
Convicted Prisoners Awaiting Sentencing	12*	6.56%
Prisoners Awaiting Deportation	1*	0.55%
Under 16s	0	0.00%
Civil Prisoners	0	0.00%
Home Detention Curfew (HDC)	3	1.64%

Sentence	Number of prisoners	%
Untried/Remand	48	26.23%
0 – 1 month	0	0.00%
1 – 2 months	0	0.00%
2 – 3 months	2	1.09%
3 – 4 months	3	1.64%
4 – 5 months	1	0.55%
5 – 6 months	1	0.55%
6 months to less than 12 months	13	7.10%
12 months to less than 2 years	15	8.20%
2 years to less than 4 years	23	12.57%
4 years to less than 10 years	9	4.92%
10 years and over (not life)	1	0.55%
Life	58	31.69%
Order for Lifelong Restriction (OLR)	9	4.92%

Age	Number of prisoners	%
Minimum age:	21	0.55%
Under 21 years	0	0.00%
21 years to 29 years	25	13.66%
30 years to 39 years	70	38.25%
40 years to 49 years	52	28.42%
50 years to 59 years	26	14.21%
60 years to 69 years	7	3.83%
70 years plus	3	1.64%
Maximum age:	75	0.55%
Total number of prisoners	**183**	

* These figures are also counted in the totals Sentenced/untied

Annex E

Inspection Team

Wendy Sinclair-Gieben, HMIPS

Sam Gluckstein, HMIPS, Human Rights Overview

Stephen Sandham, HMIPS, Standard 1

Graeme Neill, HMIPS, Standard 2

Tom Martin, SPS, Standard 3

Mary Murray, SPS, Standard 4

Kerry Love, HMIPS, Standard 5

John Shanks, SPS, Standard 6

Ann Kivlin, Education Scotland, Standard 6

Ian Beach, Education Scotland, Standard 6

Robert Hynd, Education Scotland, Standard 6

Michael Hendry, Care Inspectorate, Standard 7

Rania McGoran, Care Inspectorate, Standard 7

Calum McCarthy, HMIPS, Standard 8

Lindsay Macphee, Healthcare Improvement Scotland, Standard 9

Jamie Thomson, Healthcare Improvement Scotland, Standard 9

Sophie Moss, Healthcare Improvement Scotland, Standard 9

Annex F

Acronyms used in this Report

ABT	Alcohol Breath Tester
BBV	Blood Borne Virus
BICSc	British Institute of Cleaning Science
BNF	British National Formulary
CBSW	Community-based Social Work
CCTV	Closed Circuit Television
CIP	Community Integration Plan
CIU	Community Integration Unit
C&R	Control and Restraint
COVID	Coronavirus Disease
CPD	See QI 9.14
CPIS	Clinical Psychology Intervention Service
CRAFT	Clinical Risk Assessment Framework for Teams
CSM	Cell Sense Machine
DAISy	National Drug and Alcohol Information System (DAISy)
ECR	Electronic Control Room
E&D	Equality and Diversity
FCO	Family Contact Officer
FGTR	First Grant of Temporary Release
FLM	First Line Manager
FOH	Front of House

H&S	Health and Safety
HMCIPS	His Majesty's Chief Inspector of Prisons for Scotland
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
HMP	His Majesty's Prison
HQ	Headquarters
HSCP	Health and Social Care Partnership
ICC	Internal Complaint Committees
ICM	Integrated Case Management
ICP	Industrial Cleaning Party
IJB	Integration Joint Board
IMU	Intelligence Management Unit
IPCT	Infection, Prevention and Control Team
IPM	Independent Prison Monitor
L&D	Learning and Development
MAT	Medication Assisted Treatment
MET	Medical Emergency Training
MDT	Mandatory Drug Testing
MHSIT	Mental Health Independent Support Team
MORS	Management of Offender at Risk due to Substance
NHS GGC	NHS Greater Glasgow and Clyde
NMC	Nursing and Midwifery Council
NPM	National Preventive Mechanism
NTE	National Top End
OLR	Order for Lifelong Restriction
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

PANEL	Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality
PBSW	Prison-based Social Work
PC	Personal Computer
PCF	Prisoner Complaint Form
PDP	Personal Development Plan
PER	Prisoner Escort Record
PGD	Patient Group Direction
PIAC	Prisoner Information Action Committee
PLP	Personal Learning Plan
PPC	Prisoners' Personal Cash
PPE	Personal Protective Equipment
PPT	Personal Protection Training
PRL	Prison Resource Library
PSS	Prisoner Supervision System
PTI	Physical Training Instructor
OST	Opiate Substitution Therapy
QI	Quality Indicator
REHIS	Royal Environmental Health Institute of Scotland
SAR	Subject Access Request
SEL	Special Escorted Leave
SIPC	Standard Infection Protection Control
SMT	Senior Management Team
SOP	Standard Operating Procedure
SPS	Scottish Prison Service
SPSO	Scottish Public Services Ombudsman
SSM	Special Security Measure

TTCG	Tactical Tasking Coordination Group
TTM	Talk to Me
UOF	Use of Force
WMD	Walkthrough Metal Detector

EVIDENCE REPORT

Standard 1 - Quality Indicators

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

Rating: Satisfactory

The prison tried to ensure that new admissions understood the processes they were being talked through, and staff explained the need to check those with low literacy skills or learning issues understood what was happening to them. Translation services had been used to support interactions with foreign nationals during the admission process.

Prisoners were informed about their reasons for admission or return to custody, the length of sentence and date of release, along with information about the prison regime, routine and rules where they were new to the prison or where things had changed since they were last in the prison.

Our pre-inspection survey strongly indicated that prisoners felt they were well looked after on arrival in the prison, with 82% saying they felt treated well or quite well by reception staff and only 2% feeling they were treated badly.

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: Generally acceptable

New admissions were processed quickly and escorted from reception to their residential area, where they were talked through a First Night in Custody Checklist and information booklet which provided an adequate initial introduction to the prison.

Residential staff showed awareness of the need to take more time to explain matters verbally to those who might struggle to read the information provided. Residential staff had a small number of pictures to explain things to foreign nationals. Although reception staff used translation services to explain matters to foreign nationals during the initial admission stage, there was no evidence of routine use of translation services by residential staff, some of whom were unaware of how to engage such services.

Some other prisons operate a peer support system, where prisoners are identified and trained to assist new admissions who have not been in the prison before. Prisoners can find it easier to ask questions of other prisoners than prison staff. HMP Greenock indicated that passmen sometimes provided that support on an informal basis, but they should consider the scope to introduce such a scheme more formally with appropriate training.

> **Recommendation 1**: HMP Greenock should examine the scope to introduce a more formal peer support scheme for new admissions.

Recommendation 2: HMP Greenock should ensure that all residential staff are aware of how to engage translation services for foreign nationals and adopt a more proactive approach to its use. HMP Greenock should examine the scope to translate First Night in Custody information sheets into some of the more common foreign languages.

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

Rating: Satisfactory

The prison benefited from an experienced Reception Team and Court Desk, with an appropriate number of staff trained in warrant calculation. However the Court Desk Team were concerned about what they perceived as a lack of resilience in the Court Desk Team – see QI 1.7 for further details.

A seven-point check of warrants was conducted upon admission and information was transferred effectively between the prison escort GEOAmey staff to the prison, and then onto PR2.

Staff were observed asking new admissions about medical or special needs and other risk factors, with a further discussion with healthcare staff then taking place in a private room. New admissions and people returning from court after sentencing were dealt with in a calm reassuring manner by experienced, caring staff.

Reception staff were observed providing prisoners with an opportunity to phone their family after a court hearing to let them know the outcome of a sentencing and reassure their family that they were feeling alright, so that they were in a better frame of mind for absorbing other information about the prison.

Prisoners who had been admitted recently to the prison confirmed to inspectors that they felt well treated by reception staff and did not have any complaints about the staff or the process they had gone through. In particular, prisoners confirmed they had been given the opportunity to raise any additional support needs they might have, make a phone call to their family to reassure them they were alright, and had seen a nurse in a private room with the opportunity to discuss any health concerns.

Processes throughout the reception area were observed to be conducted at an appropriate pace, with control and order maintained.

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

Rating: Satisfactory

All admissions were informed of their classification under the Prisoner Supervision System (PSS) and PR2 was updated accurately, along with a photograph of the prisoner. Untried admissions were initially given a high PSS rating, with residential staff managing a review within 72 hours. The admissions process asked about

enemies, with individuals put on Rule 95(1) if necessary to keep them apart, allowing 72 hours to investigate any issues.

Initial interviews between prisoners and reception staff took place in a private room and circumstances were explained courteously to prisoners, who were given opportunity to ask questions or raise concerns freely. The interaction between staff and prisoners was supportive and respectful.

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

Prisoners were allocated appropriately with reference to their classification, gender, vulnerability, security risk and any medical issues. Prisoners were observed to be informed of their allocation in a courteous way. As indicated in QI 1.4, prisoners were observed to be given the opportunity to communicate any concerns, for example in relation to any known enemies within the prison, and the staff treated them with care and respect.

The reception staff were also commendably proactive in alerting the relevant accountable individuals when they believed a significant or unacceptable risk to prisoner safety might be posed by a scheduled court arrival, due to the nature of their crime or relationships with other prisoners in HMP Greenock. Reception staff were able to demonstrate that their escalation activities sometimes led to planned admissions being diverted to other prisons.

The limited number of accessible cells inevitably limited the number of prisoners with serious mobility or other health related issues that could be accommodated in the prison. However, the prison provided evidence that individuals who arrived with mobility and other health issues that were assessed as beyond the ability of the prison to manage were moved to other prisons within 24 hours of arrival.

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

Rating: Not applicable

There were no double cells in HMP Greenock so cell sharing risk assessments were not required.

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

Rating: Satisfactory

Key dates were communicated to prisoners early in their stay. Staff were trained and competent in warrant calculation, and evidence was provided to show the staff being appropriately proactive in seeking additional information from Scottish Court

staff or from specialist SPS HQ staff if there was uncertainty about any aspect that would affect calculation of the Earliest Date of Liberation. The Court Desk Team attended the Warrant Administration Group to assist with the sharing of knowledge and best practice and were seeing an increased need to check some of the paperwork received from the courts.

Liberations in error or detentions in error were extremely rare events, with the last detention in error occurring in October 2021, but were reviewed to identify learning points.

Although the prison was fortunate to have some experienced and highly competent staff working on the Court Desk, these staff were concerned about a lack of resilience in that team due to a recent restructuring exercise, and the risk of errors occurring in the event of unplanned sick leave, particularly with their perception of court paperwork now needing to be checked more thoroughly. Although senior management felt that emergency cover could be provided if required, inspectors recommend that a further review of resilience is conducted to alleviate staff anxiety on this important issue.

> **Recommendation 3**: HMP Greenock should review arrangements for ensuring there is adequate cover and resilience for the Court Desk Team.

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

A national induction programme runs on a Monday when required. Inspectors were not able to observe this taking place but were provided with a copy of the PowerPoint presentation. It was comprehensive apart from not providing much information on Prisoner Information Action Committees (PIACs). Also, the presentation pack contained over 80 slides, which is a lot of information to absorb in one sitting. Some other prisons split the induction process over a number of days to aid understanding, by allowing information to be absorbed in smaller chunks. HMP Greenock may wish to consider doing the same.

> **Recommendation 4**: HMP Greenock should consider the potential to split the induction programme over a number of sessions to aid prisoner understanding.

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

Rating: Good

A number of liberations were observed by inspectors and dealt with competently and effectively by reception staff. Any conditions associated with their release were carefully explained to the person being released in a way that ensured confidentiality. Those being released were provided with a liberation grant and had

their property returned to them which they carried out in a black zippered bag provided by the prison. Staff were observed to conduct the liberation process in a friendly manner. Prisoners were eligible for assistance with travel warrants where that was needed.

Inspectors spoke privately with those being liberated who expressed satisfaction with the way they had been treated in HMP Greenock and with arrangements to support their release. There was good evidence of the prison taking appropriate steps to use the flexibility available to them to bring forward the liberation date to a Thursday to ease the reintegration into the community and make earlier contact with vital community-based services when that was necessary.

> **Good Practice 1**: The prison provided highly commendable examples of compassionate staff driving a disabled prisoner with a wheelchair to Glasgow to assist their journey home, and escorting another disabled prisoner with significant physical and mental health issues home and making sure they had provisions and adequate heating.

Standard 2 - Quality Indicators

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

Rating: Poor

HMP Greenock opened in 1910, the two main accommodation halls were of Victorian design and had changed little since construction. Some additional buildings had been built to cope with changing demands over the last 113 years. At the time of the inspection the prison had a design capacity of 224, all with single cell accommodation, and an operating capacity of 217.

There were four residential areas:

- Ailsa Hall held male prisoners on four levels.
- Darroch Hall held female prisoners on two levels.
- Chrisswell House was a male national top end facility.
- Arran House was a Community Integration Unit (CIU) for up to eight males and Bute House was a CIU for up to six women, but neither were in use at the time of the inspection.

The prison had only one designated accessible cell which was located on the ground floor of Ailsa Hall. It was concerning that there was only one accessible cell available for the entire prison, and this could prove challenging should more than one prisoner require to be placed there. At the time of the inspection this cell was not being used by a prisoner with mobility issues. It was found to be spacious with wheelchair access and grab rails positioned to provide adequate showering and toileting facilities, but the decor was tired and in need of refurbishment.

The communal areas of the halls were tidy, well maintained and in a good state of repair, all were freshly painted and clean. The majority of cells in use had sufficient natural ventilation and light, operational intercoms and had received replacement furniture, but almost none had a working safe for valuables to be stored. Inspectors were shown evidence that 174 replacement safes had been ordered and were soon to be fitted.

It was reported in 2018 that none of the cells in HMP Greenock had enclosed toilets within the cells, the toilets were located in the corner of the cell either open to the room or shielded by a small modesty screen. This was still the case in 2023, and whilst single cell occupancy assisted privacy to a degree, hygiene issues still exist; it remains an unsatisfactory situation.

Staff and prisoners knew how to raise concerns and any faults reported were dealt with in good time by the maintenance staff. Reactive job requests were logged by operational staff via the “Agility” maintenance system that grades the requests dependent on urgency. The maintenance programme was viewed and at the time of inspection it was found that in the previous six months there had been 1,189 such requests with 31 outstanding. Of those 31, inspectors found the oldest to be just

10 days old and all were unresolved for good reason, such as awaiting parts or specialist external involvement.

As would be expected of a prison of this age, there were quite a number of proposed, pending and ongoing planned maintenance projects. This included the upgrading of pipework leading from the mains water supply, the replacement of kitchen walls and flooring and of all the flat roofing throughout the estate, CCTV installation and cell furniture replacement were also ongoing.

The biggest issue concerning the buildings, accommodation and facilities being labelled fit-for-purpose at HMP Greenock was the dampness in the cells, mainly found on the west facing wall of Ailsa Hall. It was clear to inspectors that the prison had taken this issue seriously and had gone to great lengths over the years to try and find a viable solution. Despite the involvement of a number of specialist contractors the exact cause was yet to be found and therefore only "experimental" solutions were being tried. In 2021 there were 45 cells out of use due to dampness, at the time of the inspection this had improved to only 15 cells out of use by bringing 30 back online through a process of dehumidifying the cells and replacing damaged plaster and paint. The cells were then monitored on a daily basis with damp meter readings to gauge any deterioration.

A problem faced by the prison was that they could not find any company or individual to provide an expert opinion on what levels of dampness rendered a cell not fit for human habitation. In view of this, the solution implemented by the prison was for a reading to be taken from a cell that was known to be good and used as a benchmark. Should the readings increase excessively, and the cell visibly deteriorate, it was a joint decision between the Governor and representatives from the Estates and Health and Safety Teams to decide if it was suitable for human habitation. The prison could not advise inspectors what percentage over the benchmark meter reading was deemed to be excessive, therefore any decision was based on opinion and not made against any legislation or Health and Safety rating system.

Recommendation 5: SPS HQ and HMP Greenock should increase the number of accessible cells to accommodate a higher number of prisoners with accessibility needs.

Recommendation 6: The SPS and the Scottish Government must confirm its commitment to a modern replacement for HMP Greenock, but also invest now to address the physical deterioration of the current buildings until a new prison comes on stream, recognising the likely length of such a development programme.

Recommendation 7: HMP Greenock should remove the modesty shields in the in-cell toilets and replace them with a more satisfactory solution to allow a satisfactory level of decency for the user and staff.

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

Most areas of HMP Greenock were clean and well maintained. The age of the building displayed many signs of wear and tear, but this was to be expected and did not impede the running of the prison. It was seen that there was sufficient cleaning equipment and materials throughout the prison to operate effectively. The Industrial Cleaning Party consisted of nine members and had responsibility for cleaning large surface areas and deep cleaning other well used secure areas of the prison like the corridors, kitchen and recycling areas. Only two members of the ICP were qualified to the British Institute of Cleaning Science (BICSc) standard and the remainder had obtained a local "Safe System of Work" certificate to carry out their cleaning duties.

There were four prisoners trained in biohazard cleaning who held qualifications and knew the procedure for dealing with such incidents, and biohazard response kits were found throughout the prison for their use. Prisoners were encouraged to keep their cells tidy and those that were unable to were assisted by other prisoners.

Due to staff shortages and the lingering impact of COVID-19 restrictions, not all prisoners undertaking cleaning duties had undergone the necessary training. On request, inspectors could not be provided with training records, or an accurate number of prisoners engaged in cleaning duties. A figure of 43 was obtained from wages records but there were no accurate training records for them.

> **Recommendation 8**: HMP Greenock should ensure that all prisoners engaged in cleaning duties are trained and accurate training records held.

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

The vast majority of beds were old and of heavy steel construction. Mattresses were adequate, there was a good supply held and there was a process in place for replacements if required.

All towels and bedding, including duvets and pillows, were found to be in plentiful supply but quite old and tired. The prison laundry had a very effective process in place that automatically replaced any towels or bedding found to be worn or damaged when it passed through the laundry.

The laundry was found to be extremely effective and well-managed, with each prisoner allocated a laundry bag clearly marked with their cell number so loss of clothing was a very rare occurrence.

Recommendation 9: Towels and bedding were old and tired and should be subject to a replacement schedule.

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

Rating: Satisfactory

All prisoners had access to washing facilities that were freely available to them on request. Prisoners had access to essential toiletries held within each of the residential areas. Inspectors found adequate toiletries to be in stock and in addition the prison canteen offered a good range of toiletries to suit all budgets.

Adequate showers were provided throughout the establishment, and all were found to be generally in good condition and clean. However the silicone sealant in most of the showers observed were showing signs of deterioration and mould and should be replaced. Showers were fitted with wooden saloon style doors that provided an adequate level of privacy for the user. Whilst shared showering facilities are not desirable it is understood that this is something that HMP Greenock were not in a position to address at the time of the inspection.

Recommendation 10: HMP Greenock should ensure that in all those showers where the silicone sealant is showing signs of mould it is replaced.

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

Rating: Satisfactory

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

Jackets provided for use outdoors were of high visibility and good quality and prisoners reported they were fit-for-purpose. There were adequate jackets in stock and available if required.

At the time of the inspection the laundry was operating at full strength with nine female prisoners employed there. All of them were found to have accurate training records and were confident in carrying out their role within the laundry. Some had additional training in cleaning biohazard items. Laundry services operated during weekdays with uplifts in the residential areas in the mornings and returned late afternoon.

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: Satisfactory

Three-quarters of the respondents to the HMIPS pre-inspection survey rated the quality of the food at HMP Greenock as very good or quite good, which was reflected in our observations during the inspection, and a quarter as quite bad or very bad. The meals were rotated every three weeks with a winter and summer menu option, the winter menu was in place at the time of the inspection, and it was due to change in March.

There was no process in place to inform prisoners of allergy ingredients or calorific or nutritional values of their food. An allergy information sheet was held by the kitchen but was not shared with prisoners to allow them to make an informed choice with their meals. Like all SPS prisons, HMP Greenock had access to the "Saffron" catering management software to ensure they were delivering nutritious, allergen aware food to the prisoners. Staff did not use this software and inspectors were informed that menu choices were decided locally by the kitchen staff.

At the time of the inspection, the prison had not provided food for cultural events other than Christmas for some time. Evidence was provided that this had been done prior to the COVID-19 restrictions, along with outdoor BBQs during the summer months and it was hoped that this would return during 2023. There had been no food focus groups held since May 2022 to allow prisoner engagement in respect of menu choices and for the opinions of prisoners to be considered.

Prisoners requiring a cultural or religious diet were seen to have a separate menu that met their dietary needs. Prisoners with health concerns that required a more substantial adjustment, consulted health staff who advised the kitchen to create a bespoke menu for them, which retained variety and met their nutritional needs.

Overall cleanliness of the kitchen and storage areas was good and cleaning logs were accurate. It was noted however that the tiled walls and woodwork were in a poor condition and undoubtably hindered cleanliness and infection control. The flooring was also found to be dangerous when wet or damp as its ageing construction allowed it to become slippery.

The prison had two pantries, one leading directly from the kitchen to a communal dining area used by Darroch Hall and Chrisswell House and another a short distance away at the communal dining area in Ailsa Hall. Both were found to be clean and well maintained. Heat probes were seen to be used before serving food and pantry staff were wearing Personal Protective Equipment (PPE) whilst controlling portion sizes under staff supervision.

Weekday breakfasts consisted of cereal and milk, with lunches from 12:00 until 13:00 and dinner from 17:30 until 18:30. Weekend brunch was at 10:00 and dinner served at 16:00. Prisoners were provided with juice and a pack of biscuits every Friday and Saturday due to the longer period between mealtimes.

At the time of inspection there were 13 prisoners working in the kitchen. The training records of all were examined and found to be up to date and stored correctly. These records showed that all staff working in the kitchen had received induction training covering basic hygiene and kitchen orientation. All were seen to be wearing PPE during the preparation of meals.

During 2022/23, HMP Greenock had provided training to nearly 40 prisoners to allow them to receive the Royal Environmental Health Institute of Scotland (REHIS) (Elementary Food Hygiene) award. This should be noted as an excellent achievement.

Good Practice 2: REHIS (Elementary Food Hygiene) award had been achieved by nearly 40 prisoners during 2022/23.
Recommendation 11: HMP Greenock should ensure that food focus groups are held to allow prisoners opinions to be considered in respect of menu choices.
Recommendation 12: HMP Greenock should ensure that the flooring, woodwork and wall tiles in the kitchen are be replaced without delay.
Recommendation 13: HMP Greenock should ensure that the menu offered to prisoners displays the nutritional values and allergen information.

Unclean tiles in kitchen

Rotten woodwork in kitchen

Unclean woodwork and walls in kitchen

Standard 3 - Quality Indicators

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

Rating: Satisfactory

Staff had a very good understanding of the Talk to Me (TTM) Policy and the importance of appropriate completion of risk assessments. There was a good, robust system of assurance in place and secondary assurance by a senior manager. All admissions to the establishment including those returning from parole interviews, child hearings, etc. underwent a TTM assessment.

Staff were comfortable discussing the TTM process. Appropriate storage of documentation was evidenced, and when copies of historical documents were requested they were retrieved timeously.

Paperwork reviewed was well maintained and appropriate, evidencing good care and compassion to prisoners. However one prisoner reported that they had not been asked if they wanted family to attend a case conference and this was validated by review of the relevant TTM paperwork.

With regards to the secondary assurance process, of note was the assurance process on completion of the TTM episode. It was noted that there had been a review of processes and that there had been an improvement in quality.

Prisoners interviewed reported that they felt they could talk freely with staff and that positive relationships with staff members helped their mental wellbeing. They reported that good professional relationships between SPS and NHS staff enhanced their feelings of being safe and cared for. They reported that staff treated vulnerable people in a fair and non-judgmental manner with individual needs considered as a priority.

There was a good record of completed staff training.

Posters advertising the Samaritans were evident at specific areas of the establishment, e.g. next to hall phones.

There was no First Night in Custody Centre in Ailsa Hall. This was attributed to the increased number of offence protections in the establishment and the identified area now used for their accommodation. Staff confirmed that they completed a first night assessment and communicated effectively with people to appreciate their individual circumstance. There was an appropriate Standard Operating Procedure (SOP).

There was evidence of consistency in practice of TTM between all residential areas.

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

Most staff were aware of available translation services. It was clear that staff treated people sensitively and appropriately with consideration to their individuality. Foreign nationals were given extra funding for phone calls to maintain family contact.

There was good awareness of the Management of Offender at Risk due to Substance (MORS) guidance. There was assurance from interviews with both staff and prisoners that good staff observation managed people safely under the MORS process. Staff could confidently discuss the process. However a review of prisoners managed under the MORS policy from September 2022 showed that there was no consistency with application of Rule 95(1).

Reception staff evidenced good control of the area to separate different categories of prisoners and maintain their personal safety.

Prisoners at HMP Greenock were located within areas that best met their individual needs. Those that required protection were assessed and located safely. Abuse of vulnerable people was not tolerated by staff members.

Prisoners reported that they had good relationships with all staff members and felt included in their management.

> **Recommendation 14**: HMP Greenock should ensure all those placed on MORS are held under rule 95(1).

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 Greenock did not have a Violence Reduction Strategy. There was a Tactical Tasking approach to management of violence and the potential for subversive, aggressive or violent behaviour. Staff advised that concerns were reported to the Intelligence Management Unit (IMU) and there was awareness of how to complete incident reports. There was evidence that the IMU staff analysed information and appropriate action was taken to protect safety and address those responsible. There was evidence of strategic discussions that drove decision making to minimise operational threats and there were monthly minutes available in the IMU.

There was evidence of one individual in September 2022 who had assaulted a staff member, threatened staff, and caused damage to prison property over a short time period. There was no consideration given to special security measures (SSM). The behaviours of this prisoner were de-escalated by staff who had taken time to speak

with them and find an appropriate resolution. This was entered on PR2 in an appropriate timescale.

Staff evidenced a good knowledge of the people they had in custody. The waste management work party included both sex offenders and mainstream people. They worked together and an inclusive approach was encouraged. There was good engagement with the work party officer and any issues were resolved through discussion and agreement.

Staff presented as professional when dealing with people in custody. They did have good situational awareness to maintain the regime as soon as possible following any potential incidents.

Data was available to evidence 60 instances of violent/aggressive behaviours between February 2022 and February 2023.

> **Recommendation 15**: HMP Greenock should implement a violence reduction strategy to complement the tactical tasking model.

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: Generally Acceptable

Staff awareness of the SPS Anti-Bullying Strategy 'Think Twice' was limited.

There was good understanding of the policy in the IMU with staff evidencing very good awareness. Good analysis was undertaken, and tasks appropriately issued to residential areas as per the Think Twice policy.

However due to the limited understanding by staff of the policy in residential areas, there were cases where tasks from IMU had not always been returned satisfactorily.

Evidence of Suspected Bullying Reports were provided and were generally good quality.

There was evidence of appropriate response to bullying concerns but there did not seem to be a consistent approach. Prisoners appeared to be confident to approach staff with issues.

There were plans to deliver staff awareness of the policy. The IMU manager provided an email dated 27 October 2022 that had offered an opportunity to staff to learn more about the policy, but there was a low level of engagement from staff.

There was little evidence of advertising the Think Twice Policy around the prison, with no posters in Darroch Hall or Chrisswell House.

Recommendation 16: The Learning and Development Manager should introduce Think Twice training for staff.

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

Rating: Generally Acceptable.

There was evidence of support for both the alleged perpetrator and alleged victim when the policy was adhered to. Case studies were available, but in the absence of consistency and the minimal knowledge from staff it was difficult to establish clear evidence that would support the assistance offered to victims of bullying.

PR2 was reviewed for appropriate entries. A person interviewed stated that they had been bullied and there had been no outcome. This case was discussed with IMU staff. They explained that they analyse information and decide if the bullying is substantiated. Appropriate tasks are then given to residential areas. There had been no feedback to the person that suggested they had been bullied.

Recommendation 17: HMP Greenock should ensure that staff gain the required knowledge on the Think Twice Policy to operate it consistently, and that the prison improves communication between residential and operations staff.

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

Rating: Satisfactory

There was an appropriate SOP for a Staff Alarm Response. Staff and First Line Managers (FLMs) explained that responses to incidents did not tend to follow the protocol, but responsible FLMs took control of the situation to maintain security and safety of all areas.

Staff were maintaining shift handovers by use of diaries on each hall landings, there were no formal handovers. The diary system had potential to be used as a legal document and should follow Prison Resource Library (PRL) 2.3.1.5 - Staff hand overs.

Staff alarms were randomly checked on a daily basis to provide operational assurance, and this was evidenced by the control FLM. Night Shift FLMs checked radios nightly and there were appropriate records available in the Control Room to confirm this. The Control Room evidenced good use of CCTV to maintain security and safety in the establishment.

The Learning and Development Manager confirmed that the establishment was in a good position for operational readiness in the event of an incident. Negotiators would be on complement following successful completion of upcoming training and there were staff listed to attend advanced Operational Support Team training.

Appropriate contingency plans were securely available on SharePoint and in the Electronic Control Room (ECR), Command Room and the Head of Operation's office. SharePoint access was appropriately restricted.

Staff alarms and keys were effectively issued at the gate. All visitors were escorted effectively and safely.

> **Recommendation 18**: HMP Greenock should ensure there are formal handovers being recorded between staff as per PRL PRL2.3.1.5 - Staff hand overs.

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

Rating: Satisfactory

There was a robust approach to Health and Safety (H&S). There was clear evidence of roles allocated to senior management positions and relevant minutes reflected the appropriate chair.

A full H&S structure existed in the establishment. There were effective processes and monitoring in place to assure that compliance was maintained. These were evidenced by the H&S Co-ordinator.

There was a dedicated H&S Co-ordinator. They took full responsibility for all aspects of health and safety in the establishment. Fire evacuation drills took place every six month, and this included the night shift within Chrisswell House.

There were no trained first aiders on the night shift duty and efforts being made to address this. There was no Manual Handling Operations Training delivered on site due to a lack of instructors. This was of particular concern within the work areas such as the kitchen and work sheds etc. Training records evidenced included senior managers.

There was evidence of regular H&S meetings, including H&S Committee meetings chaired by the Governor, Infection Control meetings and meetings with Estates. Minutes were available from all meetings.

The establishment continued to hold weekly COVID-19 meetings for the purpose of assurance.

There was a robust policy assurance in place, evidence of meeting minutes, monthly checks by FLMs and quarterly checks by Senior Managers. There was a proactive approach to Personal Emergency Evacuation Plans and the individuality of prisoners safeguarded.

There was a comprehensive approach to fire safety and there were identified Fire Marshalls. All evidence was submitted by the H&S Co-ordinator.

The Offender Outcomes FLM and Catering FLM had responsibility for the safe management of tools etc. within work-sheds and the kitchen. There were appropriate records of induction and safety training maintained and regular tool checks throughout the day evidenced. PPE was available where needed. There was use of metal detectors when returning to residential areas.

Appropriate Safe Systems of Work and Risk Assessments were evidenced for all relevant areas. There was good analysis and investigations of accidents at work with a 36% decrease in accidents noted.

Chemicals were stored safely and there were induction records available.

Good Practice 3: The H&S Co-ordinator facilitated fire evacuation drills during night shift.
Recommendation 19: HMP Greenock should ensure that there is an appropriate number of trained First Aiders on night shift.
Recommendation 20: HMP Greenock should ensure that there is an adequate number of staff trained in manual handling.

Standard 4 - Quality Indicators

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

Rating: Satisfactory

HMIPS reviewed the five Use of Force (UOF) forms and ten Immediate Incident Reports provided by the prison, all of which were completed to a good standard. HMIPS then requested and reviewed all UOF forms from August 2022, which had also been completed to a good standard. It was noted that all but two of these 11 incidents had been de-escalated. Where there were actions that could benefit improvement, there were notes detailing this from the Head of Operations.

HMP Greenock did not conduct Violence Reduction Group meetings; they managed violence via the TTCG monthly meeting. Inspectors saw evidence that individual violence incidents were reviewed for learning and evidence of links or emerging themes. Further evidence of follow-up actions or "tasking" was given to HMIPS upon request.

In 2022 there had been 16 Prisoner on Prisoner incidents, 11 Prisoner on Staff incidents and 14 Prisoner Fights. This violence profile and evidence provided suggested that the establishment had a good understanding of why violence occurred.

Inspectors reviewed a sample of video recording of planned removals from 2022, which showed a removal completed professionally, calmly, methodically and with directional authority deployed to influence and instruct compliance.

During the inspection, there was one live incident whereby UOF had to be used. Again the CCTV reviewed showed that staff were quick to note and react to what was occurring and their UOF was legitimate and proportionate.

Evidence was presented confirming that a learning review was carried out after a C&R removal, which allowed staff members to watch and critically review their own roles, with a C&R trainer member present to critique the removal.

It should be noted, however, that almost all the SOPs related to this standard were either not dated or were past their review period.

> **Recommendation 21**: HMP Greenock should ensure that a plan is put in place to have all SOPs reviewed, and that covers the continued 12-month review into the future.
> **Good Practice 4**: The learning reviews the establishment had carried out to ensure that staff were confident when using UOF, and that they had legitimacy.

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: Generally Acceptable

Inspector reviewed previous Rule 95(11) applications and found them lawful and competent. During the inspection, two prisoners were being managed under Rule 95(11) and one prisoner on Rule 95(1). All prisoners' paperwork was completed electronically on PR2.

The FLM and staff within HMP Greenock had a good underpinning knowledge of the process for all Rule conditions. All paperwork was completed to a good standard, approved at the appropriate management level and annotated correctly on PR2. This included robust and detailed case conference minutes and management plans. Inspectors met with all three prisoners to assess the standard of care and provision and if they had received their entitlements as well as their rule paperwork, to understand why they were being held under these conditions. All stated they had access to fresh air as per prison rules. However fresh air was offered in a caged area adjacent to Ailsa Hall and not the normal area prisoners undertook fresh air. This area did not motivate those on rules to access fresh air. Those interviewed confirmed that when they did not take fresh air they got time out of cell within the hall area. They were all offered showers and confirmed that they had received their copies of the paperwork and knew the reasons for their Rules. They further stated that they felt well cared for by HMP Greenock staff.

HMIP observed two Rule 95(11) case conferences. This was to consider any support both women would require when removed from their Rule 95(11) and returned to mainstream conditions. The case conferences were chaired by the Deputy Governor and attended by the Hall FLM, a relevant Hall Officer, NHS Nurses, Prison-based Social Work and the prisoner. The case conferences were person-centred, and the prisoners were involved and consulted throughout. The outcomes and management plans were clearly identified and discussed with the prisoners, recorded on PR2, and were appropriate, they were also disseminated to other partners and stakeholders. Monitoring paperwork was also discussed and fully explained to ensure that the support package was robust and inclusive.

At the time of inspection, there were no prisoners being managed under Rule 41 conditions.

In addition, numerous FLMs confirmed that, at present, prisoners being placed on the MORS policy who were required to be confined to their cell were not being placed on a supporting Rule 95(1). The MORS Policy does not provide lawful authority to confine prisoners to their cells, therefore, a Rule 95(1) must be applied when a prisoner's access to the regime is restricted due to being under, or suspected to be under, the influence of and unknown substance.

Recommendation 22: HMP Greenock should ensure all prisoners being managed under the MORS policy and being confined to their cell and their access to the regime restricted are placed on a Rule 95(1).

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

Rating: Satisfactory

HMIPS reviewed ten examples of the adjudication process for those charged with breaking the Prison Rules. Of the documentation provided, in almost all cases the handwriting was difficult to read and therefore difficult to assess whether they were of a good standard.

Inspectors observed adjudications held in the Residential Manager's office within the hall. Each case was risk assessed, and a reduced staffing profile attended where appropriate. This appeared common practice where the risk assessment identified that where there was no threat, and that it aided in putting the prisoner at ease especially when the prisoner was well known to them. During the adjudication it was noted that NHS Nurses in reference to MORS did not appear but were consulted out with, and their evidence fed-back. This does not afford the prisoner the opportunity to hear their evidence.

The hearings themselves were facilitated professionally and in accordance with the SPS Disciplinary Hearing Policy 2018. They were conducted in a polite, courteous and professional manner, with the prisoners consulted throughout and confirmation of the prisoners understanding of each section of the process gained. In addition, when the charge levied at the prisoner was pertaining to substance misuse, a discussion took place relating to relevant assistance available within HMP Greenock, and, when appropriate, subsequent referrals were made. When the outcome was guilty, the award was fair and proportionate.

Inspectors reviewed a sample of five Prisoner Complaint Forms (PCF) and Internal Complaint Committees (ICCs). Again due to the initial adjudication paperwork being difficult to read, it was initially difficult to gain an understanding of the complaint. However, the ICC paperwork was typed and gave a thorough and good explanation of the whole case, which in turn gave the recipient a good overview. It was again noted that on more than one occasion an NHS nurse was not invited to the adjudication relating to MORs; it was suspended for the Adjudicator to speak with NHS 'off-table.'

HMP Greenock provided evidence to inspectors of an audit system they use, administered by the Governor and Deputy Governor, where they sample check PCF and ICC documentation. It was noted within the 12-month period that they followed up with constructive feedback on four of their audits with those managers carrying out the chair role.

Recommendation 23: HMP Greenock should ensure that all witnesses are called to the adjudications, to afford the prisoner the opportunity to listen to and respond to all evidence.

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

Rating: Satisfactory

At the time of inspection there were no prisoners on SSMs. Inspectors reviewed four sets of SSM paperwork, and no issues were found and PR2 had been updated accurately. On further examination, the prisoners were located within Ailsa Hall and their SSMs pertained specifically to "no lone female staff"/escape. It was clear that consideration had been given to cell location, and how they should be managed by staff. All plans reviewed were responsive to individualised circumstances. Paperwork had been completed correctly and logged on PR2.

Inspectors were also offered documentation relating to a Learning Review which occurred in November 2022. It was led by the National Operations and Public Protection Manager and attended by Head of Operations and staff involved in the escape. This explored what occurred and extrapolated learning.

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

Rating: Generally Acceptable

The initial paperwork offered to inspectors for review included seven SOPs, all of which were overdue for review or had no review date annotated.

HMP Greenock had a robust system in place for cell searching throughout establishment. The SPS PRL Standard 2.3.2.4: Searching - Cell & Area Searching, provided that all cells should be searched once in every four-month period and recorded on PR2. Inspectors were able to test this through PR2 and found none to be compliant.

Inspectors reviewed copies of HMP Greenock records pertaining to the cell clearance process utilised when a cell is required to be cleared when the prisoner is not present. This was followed up by questioning the Reception staff, and reviewing corresponding documentation, and this seemed of a satisfactory standard.

HMIPS observed a random cell search of a prisoner located in a single cell within Ailsa Hall which was facilitated by three officers from the Hall. One was a female member of staff who refrained from the body search, but when able to, carried out the cell search. That male prisoner was therefore individually body searched in accordance with policy, by two officers of the same gender. The officers then conducted the searched in line with policy. The officers were professional, thorough and courteous throughout and returned the cell to the prisoners in an acceptable condition. What was noted, was staff did not take or utilise a search tool kit.

Inspectors observed prisoners being searched at the conclusion of a visit's sessions and on admission to reception. Good use of non-invasive searching equipment was used in all searches observed, with good communication from staff to minimise any potential anxiety, stress or discomfort on the prisoners. Inspectors observed one

particular search whereby the proactive and empathic interaction between the staff, clearly put the prisoner at ease, and aided a swift but good standard body search.

Inspectors found there were inconsistencies in recording area searches, between paper copies, PR2 and a database held on SharePoint. Although the SharePoint database held the most positive account of the area searches being carried out it was still not fully compliant with frequency. This should be reviewed to establish one method of recording, and also ensuring that this plan meets policy.

There were robust SOPs for all prisoners' property entering the establishment, either at the point of admission, handed in or posted in. HMIPS observed property being handed in at visits, being searched, using both X-Ray machine and Rapiscan Drug Detection, processed, recorded and stored to be allocated to the prisoner at the earliest opportunity.

> **Recommendation 24**: HMP Greenock should ensure that all mandatory area searches are conducted and recorded on PR2 in line with PRL Standard 2.3.2.4.

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

Rating: Satisfactory

Inspectors reviewed numerous documents pertaining to the accepting, storage and access to prisoners' personal cash and property, as well as evidence of the process for dealing with complaints relating to lost or damaged property claims.

In relation to prisoners' personal cash (PPC), inspectors observed a robust system for the receiving, processing and access it. HMP Greenock no longer had an area where they accepted cash from the public to add to an individual's PPC. However, they accepted money via mail and electronic bank transfer.

The Establishment Transactional Analysis Report for February 23 was offered. Inspectors checked these corresponding figures in PR2, and no issues were found. There was a further robust process for processing cash posted in via the Royal Mail; all staff spoken with could articulate the process, and upon observation, prisoners were given a receipt when money was received in the mail.

In relation to prisoners' property, inspectors observed it being managed during admission and property which had been handed in. Both processes were thorough and accurately recorded on the prisoners' property cards. Valuable property was identified, separated and recorded on corresponding valuable property cards. The valuable property was placed in a sealed clear bag and stored in an adequately locked restricted access room. HMP Greenock provided evidence of, and the inspector observed, a system for prisoners to challenge perceived lost property.

The storage facilities for prisoners' clothing "racks" were adequate. Racks were stored in clear serial tagged storage bags on shelves within a room within the

reception. The storage facility appeared well managed, and reception staff appeared to know where to locate individual prisoners' property.

There was a system for prisoners to access their personal property at the weekends to exchange items in use or examine their personal property. Furthermore, authorised items handed in or posted in were processed and forwarded to the prisoner expediently.

However there was a delay in items prisoners ordered online getting from reception to residential areas. There was only one person trained on the Rapiscan machine and if they were off work there was no cover. Prisoners spoke of delays of up to a month which could result in them missing return periods.

Inspector noted within Reception an area filled with a single prisoner's property. This was described as an excessive amount of personal property, and they did not have capacity to store it. Being mindful of volumetric control and under Prison Rule 49, this prisoner was interviewed and advised by the Head of Operation on 6 December 2022 to consider a plan for the management of the property. This was followed-up with a letter on 10 January 2023, again giving timescales and next steps. The action taken by Head of Operations to legitimately manage property for volumetric control purpose should be applauded.

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: Satisfactory

Inspectors reviewed numerous documents provided pertaining to the risk assessment processes for prisoners' escorts.

For GEOAmey escorts, the preparation of Prisoner Escort Record (PER) forms was initiated by the court desk staff who completed all relevant information from PR2 before forwarding it Healthcare and then the Reception FLM for validation. PERs reviewed and observed during the inspection were of a good standard. Observation of GEOAmey staff processing escorts met the required standard. The PERs were managed and updated by GEOAmey staff during the escort, annotating a record of the escorts on the documentation before being signed by reception staff on return to the establishment. All GEOAmey facilitated escorts observed imposed the minimum restraint required, as identified on the PER.

For SPS escorts, the preparation of risk assessments for non-core escorts facilitated by the SPS was completed by the Operation FLMs. The paperwork and observed during the inspection were robust and of a good standard. The SPS staff were briefed by the Operations FLM, and the escort observed by inspectors used the minimal use of restraint identified in the risk assessment. It was noted that the SPS escort observed was facilitated by two staff and a driver on very short notice, as it was being conducted on compassionate grounds.

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

Rating: Satisfactory

The Mandatory Drug Testing (MDT) Team consisted of two full-time male officers who were line managed by the IMU FLM. They facilitate numerous urine sample tests in three categories: Risk Assessment (progression), Suspicion and Prevalence testing. It was stated that female testing could be facilitated with the rotation of these officers for female colleagues and the establishment was currently preparing a training plan to allow more officers to be trained.

Within the last four-month period there had been 125 tests carried out and all of them were on male prisoners. HMP Greenock stated that any female who requested an MDT for the purpose of progression would have it facilitated, however a number of female prisoners reported that they had not been able to access testing. Inspectors did not observe MDT request paperwork within the halls.

HMP Greenock had recently taking possession of a Rapiscan Machine capable of testing items/substances for traces of NPS which was managed by the IMU team. This area was well versed in the Rapiscan Machines capabilities and utilised the machine for reactive testing of retrieved items/substances and proactive operations to restrict the introduction of NPS.

The MDT facility was clean, well-organised and suitable for facilitating urine testing. Prisoners were afforded as much privacy and dignity as possible, whilst maintaining the security required for testing, and the waiting area was clean with access to drinking water and toilets.

Alcohol testing was available. An Alcohol Breath Tester was located in the Reception area and mainly used for suspicion testing of prisoners returning from community placements or home leave. Reception staff were able to provide written records of testing. Inspectors explored the examples given and supporting evidence was available in narratives annotated in the specific prisoners Community Integration Plans (CIP) on PR2.

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

Inspectors reviewed numerous documents as well as observations, including the main route movements, prisoners' time in the fresh air, visits and ad hoc movements.

Prisoner movement was requested through the ECR. Despite the busy environment of the ECR, inspectors observed and was impressed by the calm manner of the ECR staff; all movement requests ware carefully considered, and verified as safe, prior to authorisation being given to proceed.

The main route movements were well staffed and managed by FLMs and Officers from all areas of the establishment. All prisoners were required to exit their areas via a Cell Sense Machine, and all observed were given a rubdown search.

Prisoners provided with ID passes were the visits pass person, muster, estate and the Governors pass. Only Chrisswell House prisoners were currently employed in these positions. Staff accompanied pass holders when returning from their place of work to their residential area via reception, on completion of their tasks. ECR controlled doors within the front of house, visits and gate complex were accessed by prisoners with the appropriate pass.

The route movement, time in the fresh air and visits were also observed and recorded via the extensive CCTV system within the ECR. Inspectors viewed multiple security movements and compliances and found no areas of concern.

A specific member of the visits staff facilitated the management of the visit's cameras during visits sessions, from within the ECR. The camera coverage was good, and inspectors were satisfied that all categories of prisoners were safely managed within the visits room and holding areas. All staff interviewed were fully aware of the processes pertaining to safely and securely facilitating visits.

Time in the fresh air was sufficiently staffed. Officers from each hall informed the ECR prior to the deployment of prisoners to ensure that the cameras were trained on the exercise areas. CCTV had been recently upgraded and staff reported that they found the images much improved and aided them to maintain good security.

HMP Greenock had good CCTV coverage linked to the ECR. There were specific monitors allocated to key features such as staff alarms and on the perimeter alarms walls. ECR staff spoke knowledgably about the system.

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

Rating: Satisfactory

Inspectors reviewed numerous documents provided and observed the security procedures pertaining to the pedestrian gate, vehicle gate, prison perimeter and area searching.

The Front of House area was managed by the gate/visits staff. Pedestrians, including staff and all visitors were required to provide identification, they were courteously processed through a Walkthrough Metal Detector and had all their permitted property x-rayed. This was managed by two staff members, they controlled the flow of traffic well, however it was a small area and had the propensity for congestion.

In addition to the Front of House processes, operations staff facilitated random rubdown searching of staff and visitors in a designated area just beyond the Front of House. Added to this in-house process, HMP Greenock provided evidence that they

had requested and been given the Tactical Dog Unit Team to further support deterrent staff searching.

The vehicle gate was staffed by a designated member of staff from the ECR. Inspectors observed a controlled and thorough process for searching and recording all vehicular traffic and drivers. Appropriate searching equipment, storage facilities and signage were present. A Vehicle Lock Officer Checklist was used, and staff reported that it assisted them to ensure no element of a check was forgotten.

Inspectors observed the Royal Mail deliveries which were processed as per national SOP requirements and distributed without delay to the addressees. The only delays to delivery were items identified as “suspicious.” These were processed, as per the SOP, minimising the delay.

As stated in QI 4.9, HMP Greenock has a CCTV network monitored by the ECR which included perimeter cameras and pan and tilt cameras. Inspectors were provided with evidence of, and observed, the routine twice daily (minimum) outside and inside perimeter checks facilitated by two Operations staff. The checks were thorough, methodical and co-ordinated with the ECR. It was also recorded in their ECR System Checklist.

Perimeter checks focussed on the identified vulnerable area, and Prison Watch notices containing a direct dial telephone number to the ECR for members of the public to report suspicious activity were present around the perimeter. Records of reported suspicious activity were maintained in the ECR. Inspector accompanied the FLM and outside patrol during the lock-up of the prison at the start of the night. The staff diligently checked every area within the prison buildings, closed visits, sheds, etc, as well as the external fence to assure that the prison was safely locked up.

Standard 5 - Quality Indicators

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 their prison issued mobile telephone, but the SOP continued to be followed when the prison was the first point of contact. There was also a process in place for notifying a next of kin's when a prisoner became seriously ill.

Staff spoken to were knowledgeable about the process and there were rooms available in the residential halls for confidential conversations to take place. Staff spoke of offering prisoners' access to the staff office phone or giving them an emergency pin to allow them to contact family via the hall phone if their prison issued mobile phone was out of credit. Inspectors were also given a few nice examples where staff had shown compassion and care to prisoners receiving bad news and prisoners confirmed they felt very supported. There was an example during the inspection where a prisoner was notified a relative was seriously ill. The hall staff quickly arranged Escorted Day Release to allow her to visit them in hospital and accompanied her. Prisoners were also offered support from the Chaplaincy Team no matter what their religious preference.

Most prisoners had a mobile phone, and all had access to hall telephones and the email a prisoner scheme to allow them to maintain contact with their friends/family.

Prisoner's families were invited to Integrated Case Management meetings (ICMs), with their consent. Inspectors saw evidence of this in an ICM case conference dossier, where family members had asked questions and were very much part of the discussion. However, families were not routinely invited to RMTs.

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: Good

The HMIPS pre-inspection survey found that 86% of respondents said they were treated with respect by staff all or most of the time in HMP Greenock. Eighty percent of convicted respondents said they had a personal officer, compared to 40% of remands. Seventy-nine percent of those who had a personal officer said that they were helpful. The most common topic that arose in the survey additional comments section was prisoners' relationships with staff. The majority of these comments were positive, with respondents highlighting the efforts many staff made to help and support them.

This very much matched with comments made during focus groups with prisoners and staff, and inspector's observations and interviews during the inspection.

Inspectors witnessed really positive relationships. There was a huge amount of praise from prisoners, particularly the women, about how helpful and supportive staff were.

Staff and prisoners reported that having three to four staff per hall, plus a manager meant they had time to build relationships. This alongside a stable and experienced workforce, and staff working a 12-hour day, therefore dealing with prisoner requests knowledgably and timeously, contributed to a positive and respectful environment. The more experienced staff set the tone for new recruits and staff reported good handovers taking place, which inspectors witnessed in part.

Whilst relationships were also very good in Chrisswell House, it quite often ran with only two staff plus an FLM. This was not enough to deal with the amount of prisoner requests and complete paperwork to the required level. When the male CIU opens it will have one full-time member of staff that will also become available to Chrisswell House during quiet times, and this should make a difference.

Prisoners also reported that senior managers were visible on the halls.

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

Rating: Satisfactory

Staff were aware of the process for reporting information security breaches, via an incident security form on SharePoint. They also knew where to locate a Subject Access Report (SAR) form if requested by a prisoner, and the process for providing them with the information requested. Data protection prisoner privacy statements were displayed on all residential area noticeboards and prisoners were aware of how to report a breach. The privacy statements were available in other languages. Inspectors looked at the information security breaches for the last 12 months and SAR requests for the past three years and were content that the correct process was being followed.

There were sufficient rooms available in the residential halls for staff to have confidential conversations with prisoners, and staff confirmed they had time in their day to have these types of conversations. Confidential paperwork, such as TTM, was locked in a cupboard in the staff office and only brought out when needed. Inspectors did not see any confidential paperwork left unattended at the staff desk during the inspection.

There was an SOP available on the Handling of Prisoner Mail and the process worked well. It was secure and offered privacy to prisoners, and they received their mail the same day. Staff reported that it could be time consuming to get through it as they fitted it around other daily tasks.

Prisoners were able to contact staff at all times. When locked in-cell they could use their call buttons, one of which was for emergencies. Inspectors were informed they worked well and were included in-cell certification checks. Any issues were reported to estates and fixed quickly.

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

Rating: Satisfactory

The environment in HMP Greenock was orderly and predictable and the positive staff/prisoner relationships played a huge part in this. There were no major issues or clashes in regime, except for work being cancelled due to staff being moved to cover shortages in residential areas. It could be busy on the halls due to all categories of prisoners being held in the same area, but it did not appear to affect the regime. Monthly Independent Prison Monitoring (IPM) reports advised that the prison felt safe and orderly and there were no issues raised via the pre-inspection survey or focus groups with staff and prisoners.

Prisoners were made aware of the regime for the hall on arrival, by staff taking them through the Initial Interview Form. Most staff knew how to organise translation services for those that did not understand English and had pictorial requests that could be used as a short-term measure.

There was a regime review underway with the aim of improving purposeful activity. Inspectors saw evidence of prisoners and staff being consulted about it via focus groups with prisoners and meetings with staff. Minutes and agreed actions were recorded. Staff and prisoners spoken to during the inspection were aware of the review and were being kept up to date with progress.

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

There was lots of useful information displayed on the noticeboards in the residential areas, including helpful updates on the female strategy on the women's hall. All commonly used forms were available, with residential staff printing them out when stocks were low. Any significant change or special event was notified via a prisoner notice under each cell door as well as being displayed on noticeboards, and staff also advised prisoners of events and actively encouraged them to attend.

Communication with foreign nationals took place via google translate, the use of pictorial requests and translation services. Most staff were aware of how to organise a translator when required. The fire instructions were available in five commonly used languages and the appropriate one was displayed in the cells of foreign national prisoners.

The pre-inspection survey told us that only 22% of respondents felt that they were consulted about things like food, canteen and healthcare, and that things did not change as a result. Inspectors found that regular PIACs were taking place in Chrisswell House. Minutes of the meetings suggested that the last PIACs to take

place on Aisla and Darroch Halls were October 22, but prisoners and staff suggested they were more regular than that. Hall PIACs discussed the running of the hall and there were separate PIACs for food and canteen chaired by the Finance Manager.

With the exception of Chrisswell House, inspectors were unable to find minutes of PIAC meetings or prisoner feedback in any form displayed on noticeboards in residential areas. This may explain the pre-inspection survey results.
HMP Greenock should put in place a process for communicating the actions arising from PIACs and changes made as a result to all prisoners. Staff responsible for PIACs tended to seek volunteer prisoners who were available at the time, so it was not always the same prisoners attending. This was not necessarily a bad thing, but every hall and category should be represented. Some protections prisoners told inspectors that they were not routinely asked to attend.

Inspectors observed a PIAC in Chrisswell House that was chaired by an FLM, and minutes were taken by the ICM Co-ordinator. The minutes of the last meeting were referred to and he provided an update on the actions. It was a well-run meeting, with good discussions taking place and evidence of good relationships between staff and prisoners. The FLM gave good explanations in response to prisoner requests.
PIAC minutes for the running of the hall and canteen and food were displayed on the noticeboard in Chrisswell House.

The Common Good Fund monthly income and expenditure was displayed in all residential halls. Inspectors spoke with the Finance Manager who evidenced that it was used to benefit all prisoners, such as funding food theme nights, purchasing easter eggs and a lot was spent on Christmas this year, which prisoners were very complimentary about. Half the profit from the canteen goes towards the Fund. The SPS had been subsiding canteen prices, but this was about to stop, with the cost being passed onto prisoners.

The Finance Manager runs the canteen PIACs. She started them last year and two had taken place in August 2022 and January 2023. She was aiming to increase this to once per quarter and would seek a representative from each hall. She produced minutes and actions from the meetings that were circulated to staff, and the last set of minutes where the meeting took place in Chrisswell House were displayed on the wall. The Finance Manager also provided feedback from the meetings via the weekly canteen newsletter that was issued to prisoners with their canteen sheet. There was a space on the form for prisoners to provide feedback. The Finance Manager should also consider adding consulting with prisoners about how to spend the Common Good Fund to the PIAC agendas.

Neither the Initial Interview Form nor the induction booklet informed prisoners about the PIAC process, and the induction slides required a more detailed explanation. HMP Greenock should update their documentation to ensure prisoners are aware of how they can participate in this process.

As reported in QI 5.4, both staff and prisoners had been consulted with on the regime review, which was a significant change. HMP Greenock may wish to consider other ways of sharing information with prisoners, for example via an information channel on the TV or a prison radio.

Recommendation 25: HMP Greenock to ensure that minutes and actions from hall PIACs are communicated to prisoners and that there is a consistent process for selecting attendees to ensure every hall and prisoner category is represented.
Recommendation 26: HMP Greenock should update the induction material to provide an explanation of PIACs to new arrivals.

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 every residential area. The Library was located above the Links Centre and run by a passman who advised inspectors that a variety of legal texts were held in a locked cupboard in the Links Centre and prisoners were asked to sign them in and out then take them to the Library to read. Inspectors confirmed this process with the Links Centre and saw the legal texts available. They could be printed off in different languages if required.

There was an SOP available on the process for arranging agents visits and the staff working there confirmed the process ran smoothly. There were two members of staff, sufficient rooms available and no delays in the process. Agents phoned a booking line to schedule appointments Monday to Friday between 10:00am and 2:00pm.

The Reception Admissions Process SOP advised staff that foreign national prisoners should be permitted a call to Diplomatic Services free of charge on arrival at the prison. Residential and reception staff were aware of this and that they should have an extra £10 added to their telephone account to assist them to maintain contact with friends and family in other countries. This was facilitated as part of the induction process on the hall as prisoners were processed through reception quickly, on average arriving on a hall within one hour. Foreign national entitlements and access to legal visits did not feature in the Initial Interview Form or induction slides. HMP Greenock should arrange for this to be added to ensure prisoners are informed and staff follow a consistent process.

Reception staff informed inspectors that they were notified in advance by court staff if a foreign national prisoner was arriving and if they spoke English, and they arranged translators if necessary. They also notified the prison court desk of their imminent arrival.

Recommendation 27: HMP Greenock should update the Initial Interview Form (and induction booklet and induction slides) to cover foreign national entitlements.

5.7 The prison complaints system works well.

Rating: Generally Acceptable

The HMIPS pre-inspection survey informed us that only 54% of respondents felt that the complaints system worked well, and 23% felt that it worked very badly. This was at odds with comments made during focus groups with prisoners and evidence collated during the inspection.

The SPS and SPSO complaints process was on all residential noticeboards and was in the induction booklet, but not the Initial Interview Form. There was an SOP available on the complaints procedure and staff spoken to were knowledgably about the process. Forms were readily available on each hall with staff keeping them topped up. Inspectors were surprised there were no complaints boxes on the halls. Prisoners handed PCF1 complaints to staff and placed PCF2s in an envelope and passed them to staff. HMP Greenock should install complaints boxes in the residential halls to prevent prisoners having to hand them to staff, which may be off-putting for some.

During focus groups, inspectors heard that the system worked well and that if prisoners made a complaint they were usually seen the next day. Prisoners reported rarely making complaints as most issues were resolved by hall staff. Staff agreed with this and felt that working a 12-hour shift meant they were able to deal with prisoner requests the same day. It was very positive that staff aimed to resolve complaints on the hall, but not logging them meant that the prison was unable to analyse this information to establish common themes. HMP Greenock may wish to start collating information on complaints that are resolved by hall staff.

Inspectors requested statistical information held on complaints and sampled PCF1s and 2s. Complaint numbers were low and were dealt with quickly, particularly PCF1s which were dealt with within a few days. Progression was the most common complaint category, which was expected due to HMP Greenock having a National Top End (NTE) and the known delays with progression nationally. There were no other common themes.

Seventy-one PCF1s had been received within the last six months and all had been dealt with timeously, within a few days. This was positive as the 2018 inspection reported PCF1s not being dealt with timeously.
Complaints that were escalated were co-ordinated by the Governors PA who maintained a database of all complaints and there was an audit process in place. Forty-eight PCF2s had been received in the last three months. Two were one day and late and one was two days late. The numbers were too small to identify any emerging themes, but the top two complaint categories were staff (six) and progression (five). Forty-one PCF1s had progressed to Internal Complaint Committees (ICCs) in the last three months and the top two complaint categories were progression (eight) and the orderly room (six). Ten had taken place late which equated to almost 25%, so the prison should give some focus to ensuring these happen on time.

No visitors' complaints had been received during 2022. Forms were available to visitors in wall holders in the vestibule area and the process was also displayed.

> **Recommendation 28**: HMP Greenock should install complaints boxes in the residential areas and take steps to ensure ICCs take place within the agreed timescale.

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

Rating: Satisfactory

Sixty-five percent of respondents to the HMIPS pre-inspection survey said that they knew the role of an IPM, and only 55% said they knew how to contact them. However, IPM posters and leaflets were displayed in all residential halls and throughout the prison, and the contact number was on prisoner's phone list. 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.

The majority of respondents to the survey had never contacted an IPM. Of those who had, 41% found the experience to be helpful, while 26% said it had been unhelpful. Six percent said they had been unable to contact an IPM when they tried. HMIPS Independent Monitoring Monthly Reports confirmed that request numbers in HMP Greenock were low, with only thirteen requests received in the three months prior to the inspection. IPMs reported that they were made to feel welcome and assisted well by staff when dealing with requests or making observations.

The induction booklet given out to prisoners contained the old IPM poster so needs to be updated.

> **Recommendation 29**: HMP Greenock should update the induction material to include the current IPM poster.

Standard 6 - Quality Indicators

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: **Poor**

The employment and training opportunities offered to prisoners were primarily in work parties that supported essential prison services. Employment activities available to prisoners were laundry, catering, pass, industrial cleaners, pantry, and environmental/gardens. At the time of the inspection, two other work parties were available. These were for male and female prisoners in hairdressing and for male prisoners in cycle maintenance. A few prisoners were able to access work placements. All work parties and work placements were good quality and prisoners were supported well by prison staff.

Prisoners were encouraged to apply for employment in their preferred work party using the Employment Screening Form. These requests were reviewed at a Labour Allocation Board held each week, which considered the skills, objectives, and preferences of each prisoner. This process worked well, with prisoners receiving feedback on their work party applications. However, the employment and vocational opportunities available to prisoners were not promoted alongside education in the prison admission booklet.

The number of employment opportunities was not sufficient for all prisoners who wanted to work. There were 105 work party places available, which is only 57% of the number of prisoners eligible for work. All prisoner populations were demoralised and dissatisfied with the lack of sufficient employment opportunities.

The Links Centre facilities were of a high standard and provided training in essential life skills such as manual handling, personal hygiene, cookery and money management. However, no formal vocational training is in place. Learning Centre staff supported prison staff well in the delivery of aspects of the life skills, such as cooking and the health and wellbeing group work. However, prison staff and Learning Centre staff do not work collaboratively to plan vocational training and accreditation.

The range and level of vocational training offered to prisoners was very limited, with only four prisoners completing a vocational qualification over the past twelve months. Prison staff provided awareness training for essential services, such as industrial cleaning and catering. Prisoners who completed this training successfully received non-recognised certificates. The two vocational training opportunities in Hairdressing and Cycle Maintenance were relevant to prisoners aiming to enter employment on completion of their sentence. However, these limited options did not match the interests and abilities of the prison population, especially those close to liberation.

At the time of the inspection, managers were undertaking a full review of all employability and vocational training within the prison.

Recommendation 30: HMP Greenock should prioritise the review of employability and vocational training offered to prisoners. Substantial improvements are required to the number and range of work party places, and to the number, range, and level of vocational qualifications available for all prisoners.
Recommendation 31: HMP Greenock should ensure that the range of employment and vocational training opportunities offered should reflect better the interests and abilities of prisoners and their relevance to employment on liberation.

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: **Generally Acceptable**

Within the limited range of work parties, allocation of work for prisoners reflected their individual needs. However, there were long waiting lists for most work party spaces, and work parties were often cancelled due to staff absence or assignment to other prison duties. Those work parties required for the essential services of the establishment were favoured over prisoner needs.

Prisoners were provided with information about work party options and the application process during their induction. Personal officers encouraged prisoners to attend work, or change their work party, using the Employment Screening Form stating preferences. Participation rates in work parties for mainstream prisoners was high overall. However, for all other prison populations, participation rates were lower.

There was some inequity in pay across the prison populations and across different work parties. Untried prisoners found it more difficult to access work parties than convicted prisoners. In some vocational work parties, such as hairdressing, wages were higher than those for pass duties. Prison wages had not been increased to take account of higher prices.

Prisoners were supported well to access employment opportunities. There were several good examples of prisoners with physical and mental health issues who were encouraged and supported to work.

Overall, the system did not reflect individual prisoner needs well, particularly women prisoners, as the number and type of employment opportunities were insufficient. The range of employment opportunities had some relevance to the employment market, however, expanding this range and offering prisoners relevant vocational training opportunities would benefit many more prisoners on their release.

Recommendation 32: SPS should review the prison wage structure across the prison estate and take account of the increase in canteen prices etc.

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

Rating: **Poor**

The Learning Centre offered learning opportunities during the week to all prison populations. A total of 20 sessions were available each week, with Ailsa Hall having access to almost 50% of these sessions. In contrast, protected prisoners had access to only one session per week. The remaining sessions were split between the other residential halls. Learning Centre Staff visited the residential halls for one-to-one work with a few prisoners and posters to promote the Learning Centre were displayed in residential areas. However, at the time of the inspection, attendance levels in the Learning Centre were low and varied from three prisoners to 13 prisoners. Learning Centre staff did not visit work parties to promote the Learning Centre or to deliver learning to prisoners.

Learning Centre staff used a screening process to evaluate the levels of literacy and numeracy of each prisoner. This information was used well to focus curriculum delivery on the development of core skills. However, this led to a narrow range of subject options for prisoners, which mainly consisted of an art class, communications, numeracy and ICT. Most of these subjects were limited to Scottish Credit and Qualifications Framework level three and four. A few prisoners had completed higher level awards, and a few were enrolled on Open University programmes. Prisoners also had access to a range of short courses from the Fife College i-Learn Catalogue, such as food safety essentials, health and safety induction and money matters. Overall, the range of subjects and levels offered in the Learning Centre did not engage prisoners well in education activities or prepare them effectively for liberation.

Learning Centre staff contributed well to National Induction sessions. A further induction took place in the Learning Centre for those prisoners choosing to engage in education. Based on the sample, the majority of prisoners had a Personal Learning Plan (PLP). However, the review of PLPs sampled during the inspection were not systematic, the plans lacked detail and they did not include specific, measurable goals. The induction of prisoners to the Learning Centre did not promote the learning offered well or effectively identify the individual needs and interests of prisoners.

Almost all prisoners benefited from very good relationships with staff and enjoyed attending the Learning Centre. There were a few examples of prisoners being asked informally for feedback that had led to improvements, such as, extending an art class to a double session. However, this practice was not routine and there was no systematic process to take account of the views of prisoners. Prisoners with barriers to learning such as dyslexia, or English as a second language, were supported well with resources such as large print and overlays.

> **Recommendation 33**: HMP Greenock and Fife College should review the regime and learning centre timetable to better ensure prisoners across all

residential areas have appropriate and equal access to education. This should include identifying and removing any barriers to participation.

Recommendation 34: HMP Greenock and Fife College should review the arrangements for induction, gathering prisoner feedback and procedures for the development and review of PLPs.
Recommendation 35: HMP Greenock and Fife College should review the learning offer to respond to and reflect the needs and interests of the prisoner population. This includes subject choice for interest, level of qualification and progression opportunities.
Recommendation 36: HMP Greenock staff should promote learning opportunities to prisoners more effectively and encourage their participation in learning to address the low participation rates.

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

Rating: Generally Acceptable

The physical education department offered a good range of physical and health activities to all prison populations including male, female, older prisoners, and those with a disability. The gymnasium timetable provided access to sporting and fitness activities each weekday, during the evening and at the weekend. Timetabled gym sessions provided a good variety of activities for a range of prisoner needs, including circuit training, yoga, spin, badminton, weights, and high intensity training. However, at the time of the inspection there were no satellite gyms available for prisoners to access in the residential house blocks and no scheduled outside activities.

All prisoners completed a Physical Activity Readiness Questionnaire and received an induction to the health and fitness centre before engaging in physical exercise. Prisoner participation in physical and health activities was encouraged at induction and by Personal Training Instructors. However, overall prisoner attendance at physical and health sessions was around half of the gymnasium capacity. The benefits of physical and health activities were not promoted in other areas of the prison through posters, leaflets or awareness raising.

Prisoners were supported well to overcome barriers to participation in healthy activities and some received assistance to help them to access physical exercise. Staff consulted prisoners on the range of physical and health opportunities available and took their views into account when creating the timetable of activities. At the time of the inspection, level 2 Gym Instructor qualifications had just been restarted. However, over the past year no prisoners had gained certificates or awards for health and fitness activities.

A few events and initiatives were being organised by the gymnasium staff throughout the year, such as occasional competitions for weightlifting and the annual health and well-being day. However, the prison did not provide a sufficiently broad range of

health and fitness initiatives to encourage more active prisoner participation in exercise and healthy activities.

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

Rating: Poor

The Links Centre offered a welcoming environment for prisoners. It provided private spaces for meetings with agencies such as Department for Work and Pensions to assist prisoners with employment and benefits queries. The prison library was accessible via stairs to a mezzanine floor of the Links Centre. Prisoners could access the library based on a timetable displayed in all residential areas. However, the layout, furniture and space available in the library was not adequate to facilitate reading or group activities. The stairs to the library prevented prisoners with limited mobility from accessing library area. An effective process was in place to provide these prisoners with the library directory and requested materials were delivered to the residential halls.

The library stock consisted of a wide range of material, the majority of which was donated. This included fiction, autobiographies, non-fiction and audio books. There was a good range of popular DVDs, which prisoners could borrow for viewing in their cells. The library had a few easy readers, religious texts and material in large print. Links Centre staff supported prisoners well to identify additional material, which could be considered for purchase from the library budget. As a result, a few recent purchases took account of the cultural backgrounds of prisoners and language barriers. A few legal texts were available on request for reading in the Links Centre area. However, there were no daily newspapers, magazines or other activities available for prisoners. Overall, prisoners were unhappy with the library resources available to them and found them to be outdated.

The Links Centre and library passman provided effective librarian support with a user-friendly and well-planned colour coded system. All prisoners were issued library cards to access library resources. However, there was no permanent library staff and no formal links with the local authority library service or Fife College. This limited opportunities for prisoners to access advice, guidance and a wider range of library resources.

> **Recommendation 37**: HMP Greenock should ensure that all prisoners have access to a wider range of more up-to-date library resources, including those available through external partners such as the local authority and Fife College.
> **Recommendation 38**: HMP Greenock should consider relocating the library to allow access for prisoners with a physical disability and include furniture and space to allow group work and other learning activities.
> **Recommendation 39**: HMP Greenock would benefit from making links with other prison libraries to explore the rotation of the materials available.

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: Generally Acceptable

The Links Centre had a variety of national induction booklets available for multiple nationalities and a few dictionaries were available in other languages to aid translation. Foreign national prisoners had been issued with recently purchased multi-lingual dictionaries to assist with translation to English. Prisoners could request in-cell activity packs and resources such as cross words, Sudoku and puzzles. A few prisoners made use of the limited section of self-help resources available in the library and felt that it helped them to deal positively with emotional challenges. However, these resources would benefit from expansion, increased visibility and promotion. A few prisoners welcomed the opportunity to engage in the health and wellbeing short group work sessions. They recognised the benefits, such as learning relaxation techniques and the opportunity to 'decompress.' Prisoners enjoyed the recovery walks and mind over matter activities which enabled them to explore how they view themselves and consider a more positive outlook for their future. A multi-faith room was available for all prisoners to access; however, this was rarely used.

The prison recognised and celebrated recognised events, such as International Women's Day, Men's Health Day and breast cancer awareness. These events provided prisoners with the opportunity to learn about the importance of self-care. However, there is scope to further extend recognised events to the wider prison population. The prison kitchen provided themed meals on a regular basis to celebrate cultural diversity and engage prisoners in marking calendar events. Prison staff also organised cinema nights to widen the recreational activities available for prisoners. A book club for female prisoners ran every week and a well-known author visited recently which was well-received. However, SPS staff could improve approaches to consultation and encourage participation more. Twenty-seven prisoners submitted their artwork for Koestler Awards and had won cash prizes, which were donated to the prison common good fund.

Overall, there is limited variety of cultural, recreational, self-help or peer support activities. The prison would benefit from learning from elsewhere to help improve access to appropriate and relevant resources and activities that best fits with their prison population.

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 residential areas had a stock of weatherproof jackets, these were issued to new arrivals on admission.

During the inspection Ailsa Hall was implementing access to time outside over three separate periods; this was to accommodate protection prisoners and two mainstream 'bubbles,' which were initially created during the Covid-19 pandemic. Each group of prisoners did have access to the full hour however, those within the 'bubbles' were allocated on a rotational basis daily for morning or afternoon access.

Protection prisoners were allocated the same time (09:00 hours to 10:00 hours) every day. When viewed, the numbers taking up this opportunity were low, it was unknown but suspected, that colder weather conditions at this early hour may impact on prisoners attending this activity. Chrisswell House offered unrestricted access to time in the open air every day from around 08:30 hours until 16:00 hours. Darroch Hall facilitated time in the open air at 13:15 hours each weekday, and 13:30 hours on weekend days.

> **Recommendation 40**: HMP Greenock should review scheduling of time outside to ensure equality in access.

6.8 Prisoners are assisted in their religious observances.

Rating: Generally Acceptable

There was limited provision for Chaplaincy cover. However, a new Minister was due to start soon but, the Prison Fellowship had been supporting with provision of some religious services and activities.

For some prisoners there remained restriction in accessing religious services as remnants of regime alterations due to Covid-19 persisted. As such, those prisoners following a Roman Catholic faith only participated in a service once per fortnight. This was due to alternating weekly between male and female prisoner access. Other religions did not appear to have this restriction to practicing their faith.

The two Chaplains stated that, regardless of belief, they would arrange to see everyone who had made a request to see a Chaplain. Advising that in times of need, people are often happy just to have someone listen to them and support them; this was comforting to hear.

> **Recommendation 41**: HMP Greenock should review the access to religious observance for all prisoners and ensure equality for all.

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: Poor

The majority of visits sessions had poor attendance. Although, the visits room was welcoming, and all visit sessions observed appeared to have a relaxed and

conducive atmosphere, a number of the session witnessed had only one or two prisoners and visitors in attendance. Access to visits sessions were on a rotational basis for all the different prisoner groups held in HMP Greenock.

There were father and children visits on Saturday's which allowed greater freedom for prisoners to play and interact with their children, however these were not observed. This appeared to be the only children focused activity that occurred regularly. Staff advised these were popular with those who attended but, a review of records showed that only a limited number of prisoners were actually using this facility.

Visits did not appear to be working towards a Family Strategy, similarly, there did not appear to be a forward planner for organised events or activities. However, staff did highlight that there had been some events held around Christmas and Halloween but, Covid -19 had restricted events over the last couple of years.

The café was only open for one visit session during observations. Staff advised that the company that operated the café, called in on the day to confirm how busy the sessions would be before committing to attend. Due to the lack of availability of the café, HMP Greenock had installed vending machines, which provided cold drinks and snacks, but there was no provision for hot food or drinks. Both prisoners and visitors advised that the café, when open, offered good options for hot and cold refreshments.

The Head of Operations, who was relatively new in post, advised that there were plans for creation of a Family Strategy and an Event Planner. Additionally, that funding had been secured for engaging with Families Outside, as well as working with other third sector partners, to facilitate some support and activities to families.

> **Recommendation 42**: HMP Greenock to ensure that a Family Strategy and Events Planner are created and published for all prisoners and visitors to see.
> **Recommendation 43**: HMP Greenock should review the provision of the café facilities to maximise access to these.

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: Poor

The waiting area for visitors was incorporated into the main vestibule where all people arriving to the establishment were security checked. The area was clean and provided access to toilets and baby changing facilities. Although, there was some seating and a notice board, but information was limited with no availability for visitors to speak to staff confidentially.

There are two identified FCOs. Both carried out this role as an addition to other key duties and neither were present during any visit sessions observations. The FCO office was unsuitable for meetings and appeared to be used as a storeroom, which

was concerning should a visitor ask to speak confidentially to staff. The FCO interviewed during the inspection was found to be extremely enthusiastic and motivated to making a positive impact on improving family visits.

A number of observations were completed on visitors arriving and being processed into the establishment, and at all times staff were respectful and courteous. During one session the number of visitors being admitted slightly delayed the start of the session, staff ensured this did not affect the visits by extending beyond the scheduled finishing time.

There was a good-sized play area for children however, the toys and activities appeared to be geared towards younger children, with little or no activity for older children.

During all observed sessions staff were seen to position themselves appropriately to maintain good overall security but, also not in a manner which was obtrusive to the visits. Staff interactions with prisoners and visitors during visits were relaxed and informal. All visitors and prisoners appeared to interact without regards to feeling scrutinised during their visit time.

> **Recommendation 44**: HMP Greenock should ensure that FCOs are present during visit sessions to provide support and information where necessary to prisoners and visitors.
> **Recommendation 45**: HMP Greenock should ensure that the FCO room is fit for confidential meetings.
> **Recommendation 46**: HMP Greenock should review the facilities available for children and ensure that there are sufficient age-appropriate activities, for all ages.

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 visits room has three computers set up to facilitate virtual visits, each with a privacy screen to create some visual separation from the face-to-face visits taking place. These visits were booked through the same process as normal family visits; although, in the sessions that were observed, the use of virtual visits appeared to be limited.

A review of evidence provided demonstrates that HMP Greenock were considering individuals on a case-by-case basis for additional support to enable maintaining quality family contact. Lists were maintained for those granted double visits due to journey time to and from the establishment. Additionally, exceptional arrangements were provided for timing access to the virtual visits due to the time difference for one prisoner's family's home country.

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: Good

During the inspection, only one prisoner was listed as being under restrictions for family visits. A review board sat monthly to look at all cases and notification of the outcome was communicated to those effected (both prisoner and visitors if required). Documentation was reviewed and found that decisions in relation to restrictions were both justified and proportionate.

Any restrictions imposed were accurately recorded in Risks and Conditions on PR2, and the IMU publish list was held by vestibule and visits staff.

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: Satisfactory

There was a national decision taken that there would be no prisoner programmes (i.e. Constructs, Pathways, etc) delivered within HMP Greenock. However, any prisoners identified during Core Screening for programmes could access these through organised transfer to an appropriate establishment to meet their needs.

The Links Centre has a warm and welcoming atmosphere. There are several third sector partners facilitating a number of activities, providing a wide variety of additional support programmes to address a wide range of needs across all the prisoner groups.

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: Good

The ICM Administrator was enthusiastic and knowledgeable, demonstrating a robust and concise database for tracking prisoners and case management issues. However, as indicated in standard seven, there was a need to enhance capacity in the ICM team.

Although uptake from families to participate had been low, the offer of attendance through Teams was provided to ensure there were no geographical barriers to family involvement.

In Darroch Hall, the Personal Officer list was posted on a noticeboard accessible to all prisoners. Both Chrisswell House and Ailsa Hall had lists but, these were held in the staff office and were not accessible to prisoners without request.

Additionally, Ailsa Hall appeared to operate a Personal Officer system where the staff were allocated a specific number of cells in one area (flat), and the prisoners located within these cells. If a prisoner were moved within the hall, it would mean their Personal Officer was changed; this could be a concern for potentially vulnerable individuals.

> **Recommendation 47**: HMP Greenock should ensure that personal officer lists are accessible to all prisoners.

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: Good

The Parole Co-ordinator demonstrated an excellent and in-depth knowledge for the process and requirements of collating, disseminating and facilitating all prerequisites in the parole process. Similar to ICM, a robust database was in place, utilising technology to automatically flag dates and trigger prompts, which ensured follow-up actions or requirements. There were plans to replicate this facility for tracking the RMT processes.

The Parole Co-ordinator and ICM Administrator's effective communication with internal departments and external partners showed excellent connectivity to collate appropriately and present all documentation to a high standard and timeously. Ensuring all Order for Lifelong Restriction, Multi-Agency Public Protection Arrangements, and parole requirements were fully fulfilled.

Standard 7 - Quality Indicators

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: Satisfactory

An emphasis on reintegration planning and preparation for release was positively reflected in collaborative working across agencies. This was supported by a strong commitment to facilitate successful transitions to the community and co-operative, meaningful relationships with prisoners.

Routine scheduled contact with third sector and government agencies, via the Links Centre, ensured a suitable range of services were accessible. Agencies reported positively on their relationship with prison staff and there was consistent recognition their work was valued by prisoners and staff.

Links Centre staff had a central role in liaising with statutory and third sector community-based services. Referrals and contacts were recorded on the prison recording system, ensuring relevant staff were well-informed of release arrangements.

For prisoners subject to statutory supervision upon release, all agencies had the opportunity to contribute to release planning through the ICM process.

The prison's Harm Reduction Team were accessible and proactively contributing to Links Centre activity, sentence management, and release planning. There were well-established processes for continuity of prescribing and for joined-up planning with community-based substance use support services.

Pre-liberation meetings took place six weeks prior to release, ensuring all transition needs were being addressed. Officers recorded and followed up on pre-release actions arising from these meetings.

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

Enhanced ICMs for statutory prisoners were working well, although it was reported that the ICM guidance was out of date and not in keeping with current practice. Standard ICMs were not in place for the majority of short-term prisoners.

There was clarity of roles and responsibilities across ICM and parole casework, and there was generally good co-operation across ICM staff, the Links Centre, and officers. HMP Greenock did not have a full-time ICM co-ordinator, with ICM administrative staff co-ordinating ICMs. Personal officers were chairing the case conferences for prisoners in Chrisswell House, and appeared to get to know people

well, which contributed to meaningful sentence and release planning. Suitably trained Links Centre staff chaired all other case conferences. Prisoners were involved and able to fully participate in case conferences, with key family members encouraged to attend.

Parole processes were well organised and there was timely provision of information for dossiers and early identification of information gaps. Delays in the contributions from any partner organisation were addressed in good time. There was continuity between parole and ICM staff.

The quality and amount of information provided by personal officers for Community Integration Plans (CIPs) for ICMs varied depending on where they were based and their level of knowledge and training. Those prepared by Chrisswell House staff were reported to be of a better quality. ICM staff were completing gaps in information.

Prison-based social work (PBSW) and psychology services were ensuring that ICMs were informed by up-to-date assessments, in accordance with expected standards and informed by meaningful relationships with prisoners and co-operative interdisciplinary working. Community-based social work (CBSW) services were consistently attending ICMs and working in partnership to develop pre-release plans. Professional challenge, particularly in relation to risk management, contributed to rigorous pre-release planning for statutory prisoners.

A unique prison/community social worker hybrid role had been created by Inverclyde Justice Social Work Services and was intended to create stronger links between the PBSW and CBSW teams. Use of the joint Throughcare Assessment for Release on Licence was in its early stages of implementation and its impact on release planning was not yet clear.

National issues such as delays in the First Grant Temporary Release (FGTR), the lack of adequate transportation by GEOAmey, and the Level of Service/Case Management Inventory system issue contributed to an increased workload for PBSW and delays in Special Escorted Leave (SELs) and progression for some prisoners.

Good Practice 5: Personal officers were chairing the ICMs for prisoners in Chrisswell House. This enhanced prisoner involvement and the creation of meaningful release plans.
Good Practice 6: Whilst in its early stages, the creation of a hybrid prison-based social work/community-based social work post offered a positive opportunity to facilitate better links and an understanding of roles between the teams, and continuity of release planning.
Recommendation 48: HMP Greenock should ensure that all personal officers are completing relevant domains of Community Integration Plans to a consistent standard.
Recommendation 49: HMP Greenock look at establishing a dedicated ICM co-ordinator role to ensure sufficient capacity and continued resilience.
Recommendation 50: SPS should update the current ICM guidance to ensure consistency of processes and practice across the estate.

Recommendation 51: SPS should reduce the delays to First Grant Temporary Release.

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: Satisfactory

There was collaborative and timeous information gathering, assessment, and planning for General Programme Assessments and the Programmes Case Management Board. Where identified as required, prisoners would be transferred to another establishment where programmes were delivered due to HMP Greenock not providing national accredited programmes in-house. This was a source of frustration for staff and prisoners, as well as causing potential delays in progression. Some prisoners did not want to transfer to other establishments to complete programmes due to feeling safe and stable in HMP Greenock.

Where a prisoner had undertaken an accredited programme that had options for consolidation units, these consolidation sessions were delivered collaboratively by psychology, Links Centre staff, and PBSW. This reinforced learning and development to support prisoners in managing their own risks and needs ahead of community access.

Opportunities for other development and treatment programmes were available, including a well-rounded life skills course, harm reduction, recovery, and direct release to residential rehabilitation. A relatively new pathway 'Moving On' had been established between the prison, a trauma-informed community organisation, and CBSW to offer a programme in custody with continuity in the community upon release, including employability support.

Naloxone training was provided to all relevant prisoners, with priority given according to liberation dates. Although uptake of the training was reported to be low despite initiatives such as peer training to encourage participation. There was continuity between mental health services in custody and community-based psychiatric and psychological services. Where there were difficulties with continuity in mental health or substance use care, this was when unplanned releases occurred.

Good Practice 7: Where a prisoner has undertaken an accredited programme that has options for consolidation units to further address risk and need, where assessed and required these consolidation sessions are delivered at HMP Greenock.
Good Practice 8: Whilst in its early stages, the new 'Moving On' approach allowed for people to begin substance use and trauma recovery work in HMP Greenock prior to release, with support in the community via Inverclyde Council justice services being allocated for follow-on support.
Recommendation 52: SPS should deliver national accredited programmes within HMP Greenock appropriate to their prisoner population in order to ensure

lack of access does not cause undue delays to progression and planning for release.

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

Rating: Generally Acceptable

Sentence and release planning for statutory prisoners was generally working well. ICMs were focused on the individual prisoner, with their involvement and contribution being promoted. Participating agencies made consistent efforts to elicit the prisoner's views and to support their understanding of what was being discussed.

Prisoners were largely able to actively contribute to release plans, describing having been included in planning, being able to understand key processes, and having opportunities to contribute or express their views on reintegration arrangements. Personal officers, particularly in Chrisswell House, had a key role in this.

Prisoners and staff, including an external visiting agency, reported very good, responsive relationships between prisoners and prison staff, whereby they felt that they were respected and heard.

All prisoners were able to access third sector services via the Links Centre and other routes, such as via the Harm Reduction Team, to engage in preparation for release and address ongoing needs when in the community, with pre-liberation meetings occurring six weeks prior to release. Specialist services for women were available in some local authority areas upon release, with effective early engagement and continuity from community to custody.

Internal RMT processes were well-embedded, with representation from all key agencies including CBSW. However, prisoners were not invited to attend RMTs, which was a missed opportunity to ensure their voices were heard in key planning.

For periods of community access and work placements, there were effective systems for monitoring and supervision of the prisoners' time in the community, including the reporting procedures from placement providers. The placements were valued by the prisoners and providers, and constructive co-operative relationships had been developed between all parties.

People being released from HMP Greenock to the local area were guaranteed housing upon release. Bute and Arran CIUs could be better deployed to prepare prisoners for release, where appropriate.

The ongoing national issues with GEOAmey transportation meant that some prisoners were not able to undertake pre-arranged SEL as part of their plans, which hindered travel to community placements, progression, and the fostering of family relationships for some people.

Recommendation 53: HMP Greenock should increase opportunities for prisoners to attend RMT meetings. This should include an opportunity to attend all or part of these meetings as appropriate.
Recommendation 54: HMP Greenock should utilise Bute and Arran CIUs as part of community reintegration planning and testing prior to release.

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

Rating: Satisfactory

The prison did not directly deliver any services to prisoners once liberated.

The new 'Moving On' approach allowed for people to begin substance use and trauma recovery groups or one-to-one work in HMP Greenock prior to release, whilst being allocated support in the community from Inverclyde and engaging with this support upon release. Although at an early stage, this appeared to be well-planned and responsive to need, working in partnership with relevant agencies.

A number of well-established external services (such as New Routes and Shine) were providing a routine presence in the prison to build relationships with the prisoners to support the transition from custody to the community, for both short and long-term prisoners. This included specific, tailored services for women. There was a multi-disciplinary commitment to planned and co-ordinated support to encourage prisoners to engage with services based in the community. Officers demonstrated their key role in ensuring prisoners were aware of community-based support, including community supervision services.

HMP Greenock had a specific protocol for people released from custody direct to residential rehabilitation, with follow-up to check on people's progress.

Standard 8 - Quality Indicators

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

Rating: Generally Acceptable

At the time of inspection, HMP Greenock demonstrated a varied picture of E&D compliance. While appropriate mechanisms and procedures were lacking, the outcomes for the vast majority of prisoners were good. The establishment had a Governor and staff group who led with strong ideals of a robust E&D approach in day-to-day work, but the infrastructure we would expect to see had not been a priority.

HMP Greenock did not have its own E&D Strategy or an E&D Action Plan. As such the establishment did not seem to have a clearly defined vision for an E&D workplan. While the prison did have a list of Ambassadors from across the staff group, this was out of date, and many had left the establishment. It was not clear to inspectors, staff, or prisoners what these ambassadors were intended to do, and their existence felt like a tick box exercise to many.

The prison had an established E&D Committee which regularly had representatives from the prisoner population in attendance. It was good to see the Committee had continued to meet throughout the COVID-19 pandemic which the Inspectorate have not observed as common practice in our recent inspections. However, inspectors could find no evidence of minutes in the halls or library, so prisoners could not be kept up-to-date with the outcomes of the meetings.

The process by which E&D complaints were made by prisoners involved the use of an EDF. Similarly across the prison estate, this process was wholly lacking. Forms were not readily available, staff demonstrated a lack of knowledge around the use of them, and indeed the process was not clear to inspectors. The process of dealing with a EDF complaint did not differ in any clear way, in either process or outcome, from a standard PCF complaint, rendering it without value. HMIPS would strongly encourage SPS HQ to re-examine the processes and procedures in place around E&D complaints.

The prison did not routinely monitor data around opportunities for those with protected characteristics, and their involvement in disciplinary processes relative to other prisoner groups to ensure no unintentional discrimination was occurring.

Inspectors found some staff's knowledge on access to interpreter facilities to be severely lacking, which directly impacted on the foreign national population of the prison. To the establishment's credit, the Governor rectified the issue as soon as it was identified to her, but this issue demonstrates the vulnerabilities which can arise when there is a lack of a robust E&D structure in place.

Overall HMP Greenock staff group, senior management, and prisoner population, by the vast majority, demonstrated commendable value, care and recognition to individuals who were vulnerable. Inspectors now expect the establishment to examine their strategy so as to have meaningful E&D processes in place which are proactive in nature and meets the needs of the population at HMP Greenock.

Recommendation 55: HMP Greenock should develop an E&D strategy and action plan to provide a solid platform for supporting vulnerable individuals and embedding safeguards robustly.

Recommendation 56: SPS HQ should review the effectiveness of the E&D complaints process and monitoring arrangements across the prison estate.

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

Rating: Satisfactory

HMP Greenock provided various minutes and trackers from a variety of inspections and audits that evidenced actions had been taken. Minutes from business meetings identified progress against previous actions which could be confirmed on a tracker.

A PRL tracker clearly outlined actions and updates. The action plans were also reviewed at the Quarterly Business Review with SPS HQ. Although the last full HMIPS inspection in 2018 did not identify formal recommendations there were issues identified that clearly required action.

- Issues around the fabric of the building was the number one risk on the prison risk register. In 2018, water egress into cells was highlighted where at the time of the inspection the Governor had placed 17 cells out of use in Ailsa Hall. These numbers have increased over the years but has decreased recently due to the work carried out by the estates team. However it is clear that substantial funding is required to deal with the cause of the water egress.
- None of the cells in HMP Greenock had enclosed toilets and only had a small modesty screen. This was still the case in 2023 and whilst single cell occupancy assisted privacy to a degree, hygiene issues still existed, and it remains an unsatisfactory situation.
- The 2018 report highlighted that there was no full-time FCO, and this was still the case.
- One area of concern was the cleanliness of the assessable cell, although there was some improvement, the decor was tired and in need of refurbishment.

However some positives were also highlighted since the 2018 report:

- Although there was widespread awareness of the ‘Talk to Me’ Strategy amongst staff, it was slightly concerning that the application of the Strategy differed between Ailsa and Darroch Halls. We are pleased to note that in 2023 that there was now a consistent approach throughout all residential areas.

- Although complaints were low in 2018, concerns were raised that a number were not resolved within the prescribed timescale. It was suggested that there was a culture of staff being unwilling to provide complaint forms and that if prisoners did make a complaint it could be to their detriment, leading to a possible downgrade or transfer from the prison. In 2023 however although complaints were still low in relation to other prisons they were dealt with timeously. Prisoners reported rarely making complaints as most issues were resolved by hall staff the same day. The inspection team were confident that the threat of transfer for making a complaint was no longer apparent.

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 prison had comprehensive plans to address actions based on issues raised and there were clear improvements following on from the 2018 inspection report.

Discussions that took place at various meetings were fed down to the appropriate areas for action with updates required. It was clear that where actions had not been updated they were escalated. An example of this was the PRL tracker which was monitored regularly. PRLs can be an effective tool if managed well, however there was evidence that some PRLs did not include attachments that would evidence 100% completion. The Governor was clear that closer scrutiny or secondary assurance was required to satisfy her that the PRL was competent. A PRL can be seen as a manager marking their own homework. HMIPS have seen other establishments use a different system which we consider as best practice by assigning a manager from another area to undertake the PRL.

The Annual Delivery Plan was available on SharePoint and the Governor met with staff on a regular basis. She takes regular walks around the prison and staff report that she is very approachable and offers a great deal of information on what is happening around the prison. Recently, almost the whole Senior Management Team (SMT) had changed and both staff and prisoners reported that they have seen the SMT on a more regular basis and were appreciative of the opportunity to discuss issues.

> **Recommendation 57**: HMP Greenock should consider assigning PRLs to managers from other areas.

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

Throughout the inspection it was clear that staff understood their roles. Most staff were able to tell inspectors they had an Annual Delivery Plan, where to access it and

that the SMT and FLMs kept them informed of any changes. It has been reported on numerous occasions by inspectors in this report of the staff's relationship with those they looked after being positive, and staff were very knowledgeable on sign posting prisoners to the different supports on offer at the prison. New staff had a week of familiarisation prior to attending the prison college to commence recruit training and on return shadowed different duties before they took up their post.

At the time of our inspection, the prison had a reasonable record of compliance levels in core training. Levels of competencies ranged from Fire Awareness online training at 78% to C&R Supervising training sitting at 100%. It has to be noted that with less staff numbers, a small drop in competency has a greater effect that the larger prisons.

A concern to HMIPS was the situation with regards to refresher for C&R and Personal Protection Training (PPT). To address the drop in competences in C&R due to COVID-19, where there was no face to face training the previous Governor took the decision to deliver C&R training to all staff over a three-week period in 2022. This was only possible by restricting the prison regime however it did accomplish full competency. The prison will need to look at solutions so that the prison does not end up in the same position again where they have to restrict the regime to fulfil their training obligations.

A new Learning and Development (L&D) Manager arrived at HMP Greenock in July 2022 and had created an L&D plan that identified key training. The plan was developed from a variety of sources. The L&D oversight group met bi-monthly to provide the strategic L&D needs for the establishment. There was a weekly automated distribution that identified to FLMs those staff that require training. However, there had been challenges in getting staff to training with the new approach being staff driven, and it will take time for this approach to embed.

An area of concern was in Darroch Hall, the female Hall. Due to staff changes there was a significant number of staff still requiring training in the 'Working with Women' course.

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

Rating: Satisfactory

There was a good feel about the prison with respect to multi-agency working and mutual respect. It was evident that there was an excellent understanding by all staff on the roles of others. Being a smaller, prison, staff routinely performed a variety of different roles which allowed them to understand the challenges their colleagues faced. With a smaller staff group, they got to know each other well and were on first name terms which helped to build good relationships. Inspectors spoke highly of the interaction between all staff groups and there was a real sense of positive and collaborative working within the prison.

The Governor was very much hands on with regards to relationships with all staffing groups. She encouraged her SMT to be visible and accessible to staff. FLM weekly

meetings were held with the senior manager of that area and the Governor, to allow the FLMs an opportunity to discuss any issues first hand. There were a number of toolbox talks that incorporated awareness sessions on a variety of subjects with a chance to inform staff on any new initiatives.

The SMT has undergone some significant changes since the arrival of the new Governor. With the exception of the Deputy Governor it was a new team. One member was in an acting up role from FLM. One had joined as a direct entrant Unit Manager with no SPS experience and was attending operational training at the Scottish Prison Service College during the inspection. The third Unit Manager was newly promoted, although had worked previously at HMP Greenock. This offered both challenges and opportunities, with the managers requiring time to become familiar with their role but also bringing in fresh ideas. HMIPS will be interested in seeing what new initiatives this will bring.

Although having a smaller staff resource can be challenging, HMP Greenock offered opportunities for staff to develop, with four currently taking up a variety of acting up roles and one officer currently a PTI.

It was encouraging to see that the Governor and PLR had developed a constructive and respectful working relationship.

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 Greenock had experienced high absent rates in terms of days lost compared to other prisons. To gain a better understanding of the underlying factors and look at possible solutions the prison ran a series of workshops. A number of key themes and possible solutions were identified. These were discussed at the local partnership meeting and a number of actions have been highlighted.

The prison recognised those with long service by informing staff via e-mail. Badges were awarded depending on length of service with the most common being for 20 and 30 years. There had been a recognitions panel within the prison who recommended staff for a variety of awards including the Chief Executive award for meritorious conduct. The names of those receiving this award were displayed for all staff and visitors to see when attending the senior management suite. The members of the recognition panel had recently been members of Human Resources and SMT. However the panel had now been reinvigorated to include volunteers from the residential staff, to give a more diverse view. The prison had also nominated staff for a variety of awards including the Butler Trust.

Managing poor performance was carried out in a number of ways including through the staff appraisal system, sick absence procedures and probationary reports. There were good examples where the prison supported staff in returning to work, but also in supporting those who had not performed to the standard required where support plans had been put in place to improve performance.

One of the issues identified from the recent workshops was the management of sick absence. The prison recognised the need for improvement in the way staff were managed and put in place training to address this.

A new appraisal system was in place called the 'Performance Feedback Portfolio.' There had been some criticism of this new system in that there was nowhere to record poor performance. Also the reporting system is such that Human Resources only tracked the end of year reports, so had no way of knowing if reports were up to date until the end of the reporting year.

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 Greenock had established effective supportive relationships both with their SPS counterparts and also the wider justice community.

SMT members met their respective SPS colleagues to discuss various internal and external business that includes Governor and Deputy Governors meetings. They also attended meetings such as the Prison Monitoring Assurance Group and Head of Operations and Offender outcomes.

The prison had carried out a great deal of work with their estate partners to combat the issues around water egress. Money has been promised by SPS HQ to fix the fabric of the building to ensure water egress was no longer an issue. HMIPS will look to satisfy themselves in the coming months that the finance is in place to carry out the work required.

The SMT also attended various external community meetings including Inverclyde Community Justice Partnership, Inverclyde Drug Related Deaths and Inverclyde Local Resource Partnership. The prison had positive relationships with Police Scotland and the other emergency services. A particular good example was a recent meeting with the Scottish Fire and Rescue Service to discuss contingency plans on providing the required water to combat any fires at the prison due to poor water pressure on site.

The prison worked closely with a host of external partners with regards to reintegration, both from the NTE in relation to placements and also working with organisations that could support those being released on shorter sentences, such as housing and employment, which has been highlighted in standard seven.

For those planning to visit the prison there was a corporate website which informed the public about HMP Greenock. This information was particularly useful to those who were visiting for the first time, where it explained where the prison was and what to expect when you arrive.

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

Rating: Satisfactory

Similar to other SPS prisons, the vast majority of external media engagement was managed by SPS HQ, with the prison predominantly focussed on providing relevant information for that team to handle any media enquiries. However, the Governor had contributed to a number of articles in the media, particularly around the recent press coverage of the condition of the prison. She was also keen to establish closer ties with the local press.

The prison had recently met with the Sheriffs and Clerk from the local court. This was an information sharing exercise where the Sheriffs and SMT could discuss local issues around sentencing and allow both teams to get a better understanding of the others work and the impact that it has.

Quality Indicators

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

Rating: Satisfactory

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

Health screening was carried out in a clinical room within the Health Centre. This ensured that each patient's dignity and confidentiality was maintained. The room was in a good state of repair, and hand hygiene facilities were available. Health screening was carried out in discussion with the patient using a standardised tool and recorded, by NHS staff, on the patient's Vision record (an electronic system used to manage patient care records within Scottish prisons Health Centres).

Health screening identified any immediate healthcare needs as well as any long-term conditions. This screening ensured that patients at risk of self-harm or suicide were identified through TTM.

Inspectors saw that as a result of screening, patients could be referred to other specialists if required, such as the Mental Health Team, Addiction Team or nurses who reviewed patients with specific health conditions such as asthma. Screening also identified patients that were not fit to be detained in prison. Inspectors saw a patient being transferred to the hospital for assessment before admission to the prison. Patients were also given the opportunity to opt out of Blood Borne Virus (BBV) testing as part of the admission process.

Patients had a respiratory assessment completed to identify their risk of COVID-19, and staff described how those with a positive assessment would be managed.

Patients were asked to sign a contract for in-possession medication as part of the admission process. The patient's GP contact details were obtained, and other electronic patient systems were checked to complete robust medication reconciliation.

All new patients in HMP Greenock were provided with information regarding the range of health services available to them. They were also given information on how their personal information could be used to support healthcare.

Communication difficulties were identified as part of the health screening process. Inspectors were told that patients with communication difficulties would be supported so that they understood any written information they were given. Interpretation services were available if required. Inspectors were told by healthcare staff that they had access to certain NHS electronic systems that contained patient information that would support the admission process.

A process was in place to ensure that admissions to HMP Greenock, who arrived after the nursing staff was off duty, were managed safely. Inspectors were told by healthcare staff that this rarely happened. When it did occur, the risk was mitigated by patients being managed through TTM which resulted in patients being on a minimum of 15-minute observations until the case conference had taken place, as well as health screening being completed the following day.

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

Rating: Generally Acceptable

Primary care was delivered predominately using a nurse-led model. A GP provided medical cover in the prison on Monday, Wednesday and Friday mornings. On Tuesday, Thursday and Saturday mornings, GP cover was provided using telehealth. Staff could also contact the out-of-hours service for medical advice if required. The service had link nurses who had specialist interest in conditions, such as asthma, diabetes and tissue viability. Inspectors were told by healthcare staff that training had been delivered to support the link nurses in their role.

The GP reviewed all admissions to HMP Greenock the day after admission. The inspection team observed a GP clinic and saw a patient who had been admitted the previous day being reviewed. Inspectors saw that the GP addressed areas highlighted by the admitting nurse, and ensured appropriate medication was prescribed. Inspectors saw that the outcome of consultations were recorded in the patient's Vision record, these were well completed.

Healthcare was mostly delivered in the Health Centre, which had two consulting rooms available. The only exceptions would be in the case of an emergency or where the patient was unable to attend the Health Centre. Healthcare staff told inspectors they had a good relationship with SPS officers who facilitated appointments in the Health Centre.

HMP Greenock operates an opt-in self-referral system for prisoners wishing to access healthcare. Patients could access a range of healthcare services including mental health, drug and alcohol support and general healthcare using paper referral forms.

Referral forms were seen to be available in the residential areas and had pictures to support patients with communication difficulties accessing healthcare. However, the referral forms seen were poor quality photocopies and some information including the pictures was difficult to interpret. Inspectors saw that envelopes were available for patients to put their referral forms in. These were then placed in locked boxes that could only be accessed by healthcare staff on collection. Referral forms were collected daily and allocated to specific specialties or link nurses.

Healthcare staff told inspectors that access to nurse-led and GP clinics were good, and patients would be able to see a nurse within one or two days. Inspectors saw that most patients saw a GP within three days. Patients were informed via a letter of their appointment date and time. One of the GPs inspectors spoke with described

how secondary care referrals were made through a secure electronic platform. A new process had been introduced to ensure that the referring GP was aware of the outcome of the referral in a timely manner.

An optician and podiatrist visited the prison when there were a number of patients requesting their care. At the time of the inspection, 12 patients were waiting to see the optician. The podiatrist triaged referrals and was currently only seeing patients with diabetes or those requiring emergency care.

GEOAmey escorted patients attending external appointments. Inspectors were aware that the ongoing difficulties with GEOAmey providing transport to secondary care appointments had not been resolved. This was a significant concern. However, healthcare staff told inspectors that a weekly meeting was held with SPS staff to identify potential problems with transport to secondary care appointments. This meant SPS staff could potentially transport patients to their appointment when GEOAmey were unable to.

Administration staff described the process they had in place to capture this data and where this was shared and discussed. This issue continues at a national level and has been escalated by HMIPS to key contacts in SPS and Scottish Government. Inspectors were told by administration staff that patients would be informed via letter that they had missed a secondary care appointment. Patients who refused to attend a secondary care appointment were expected to complete a patient refusal form.

Patients were informed of their secondary care appointments the evening before or earlier which allowed adequate time for patients to prepare. Healthcare staff told inspectors that patients who had attended a secondary care appointment were routinely reviewed by a nurse so that the appointment could be discussed, any test results followed up and any changes to care agreed. This was good practice.

There were no patients requiring social care in HMP Greenock at the time of the inspection. Staff were able to describe how social care would be arranged, if required but highlighted the challenges of accessing this in Inverclyde due to recruitment issues. Staff described supporting patients with their social care needs until this could be provided and that patients had been transferred to other prisons where social care support was more readily available.

Healthcare staff told inspectors that nurses had recently completed Medical Emergency Training (MET). This training covered airway management, basic life support with an automated external defibrillator, choking and anaphylaxis. Staff inspectors spoke with had found this training beneficial. Emergency equipment was available in the Health Centre including automated external defibrillators. Inspectors saw that the equipment was ready for use and that appropriate checks had been completed and emergency drugs were in date. Paperwork had been developed to support communication with emergency ambulance staff and hospital staff. Systems and processes were in place to support SPS staff who needed to call an ambulance out-of-hour.

Staff could access clinical guidelines or SOPs on the staff intranet where there was a page specific to prison healthcare.

As a result of the COVID-19 pandemic, the listener scheme within HMP Greenock continued to be suspended at the time of the inspection. However, healthcare staff told inspectors that patients could access the chaplaincy service for support.

Recommendation 58: NHS GGC must ensure that healthcare referral forms are of good quality so that they are easy to read and interpret.
Recommendation 59: NHS GGC must ensure that social care support is readily available to support the needs of patients within HMP Greenock.
Good Practice 9: Patients who had attended a secondary care appointment were routinely reviewed by a nurse so that the appointment could be discussed, any test results followed up and any changes to care agreed.

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

Rating: Satisfactory

BBV testing was opt out on admission. Patients were given further opportunities for testing if they did not take this up on admission. A BBV link nurse provided information for patients in various formats as well as health promotion information.

Access to national screening programmes continued as per community provision. Eligible patients were sent screening letters. These were received by administration staff and sent to the patients. Healthcare staff would encourage patients to attend screening when invited, as part of a health promotion approach.

Vaccinations for hepatitis A and B were available, as well as testing for sexually transmitted diseases. Condoms were accessible to people in prison on request and clear signposting was evident promoting access to these. Health promotion support materials were visible within the Health Centre and residential halls and inspectors were told these were available in other languages and formats.

There was an ongoing COVID-19 vaccination programme in place.

During the inspection, inspectors met with the newly appointed healthcare support worker for oral health. This role had been successful in other prisons within the NHS GCC area and was designed to support patients with oral hygiene.

The smoking cessation service “quit your way” was available for those wishing to become nicotine free from vaping devices through Nicotine Replacement Therapy and behaviour change support. Symptomatic relief from nicotine withdrawal was also available for smokers that met the criteria.

The Health Improvement Team has successfully introduced an award-winning Peer Mentor Programme, which started with naloxone, providing training and supplying nyoxoid (nasal naloxone) for patients on liberation. There were plans for the peer mentor programme to support the delivery of Tobacco, Vape and Second-Hand Smoke information, Alcohol Brief Intervention, Oral Health and Healthy Minds Sessions in the future. Injectable naloxone kits and training remained available to

patients through pre-liberation appointments with the addiction's nurses. This was good practice.

Healthcare staff told inspectors about the health and wellbeing events that had been held. These events were supported by the prison's governor who had provided quiz prizes. Feedback was obtained from patients who attended to inform future events. This was good practice.

> **Good Practice 10**: The roll-out of peer mentor programme providing training and supplying nasal naloxone.
> **Good Practice 11**: Health and wellbeing events were supported by Governor-in-Charge and feedback was obtained from patients who attended to inform future events.

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

Rating: Satisfactory

Healthcare staff understood health inequalities and were knowledgeable about the potential barriers patients faced when accessing healthcare. Staff demonstrated a respectful and professional approach to all patients. Interactions with patients were observed to be supportive and explanations of care were given while gaining consent.

There was evidence of trauma-informed practice embedded through staff awareness, observations of delivery of care and compliance with training available online. Modules on equality and diversity were available online and inspectors saw compliance with these for the majority of staff. Inspectors spoke to staff who were aware of the Equality Act 2010 and could signpost to where the up-to-date policies were available on the staff intranet.

HMP Greenock has a mixed gender population and systems and processes were in place to address individual needs. A link nurse for LGBTQ+ was identified that took a lead with ensuring patients within this group were supported appropriately. Patient feedback was sought during the inspection about any barriers faced to accessing healthcare. Inspectors saw evidence of additional support in place to ensure that health and wellbeing needs were being met and collaborative working between SPS and healthcare staff to facilitate appointments.

Inspectors were told that staff facilitated any requirement to utilise interpreting services to ensure there were no language barriers to accessing care. All admissions were offered an induction to the prison, which was facilitated by prison staff, including how to access healthcare.

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

Rating: Satisfactory

A validated assessment tool was used to assess the mental health needs of people referred to or referring themselves to mental health services. This included an assessment of the patient's mental state, gathering their history, psychosocial factors, identification of risks, formulation of presenting problem and recommendation for care intervention.

Vision records showed that patients were fully involved in their assessment and had the opportunity to discuss the purpose and outcome of the assessment. The risks and benefits of any treatment or intervention offered were discussed with patients, to allow them to make informed choices about their care. Patient care plans were viewed and found to be person-centred and reviewed regularly in line with recovery.

A robust referral triage and allocation process was in place ensuring that daily screening of new mental health referrals were taking place. This identified if there was an indication of risk which would require an urgent response. Patients were sent letters to notify them of the outcome of their referral. A complex case meeting was held between the Mental Health and Addictions Team with the clinical psychologist to allow for case discussion.

The Mental Health Team worked closely with the Addictions Team. At the time of inspection, there were no nursing vacancies across the team. This was reflected in the low waiting times to access mental health nursing clinics. At the time of inspection, all patients had routine appointments booked within two weeks of referral. Inspectors saw evidence that urgent and emergency referrals were being seen sooner.

Psychiatry was available in the format of a weekly psychiatry clinic, with an additional response for any emergency or urgent care. Scheduling for routine and urgent psychiatry appointments was demonstrated as working effectively. At the time of inspection, all patients were waiting no longer than two weeks. This level of service delivery was deemed to meet the population needs by providing clinics without lengthy waiting times. However, there was no psychiatry provision for wider Multi-disciplinary Team collaborative work such as attendance at complex case discussions and Multi-disciplinary Team meetings. NHS GGC were aware of this potential gap and were awaiting the outcome of the workforce review, this will be followed up at future inspections.

Clinical psychology was accessible at HMP Greenock through the Clinical Psychology Intervention Service (CPIS). The service provides psychological assessment, treatment and consultation for patients with mental health difficulties across all prisons in NHS GGC. At the time of inspection, one clinical psychologist and one mental health therapist were providing treatment. At the time of the inspection, the 18-week referral to treatment target had been breached in respect of one patient and an appointment had been booked for 20 weeks from referral. A

process was in place to offer patients low intensity psychological interventions if their wait exceeded waiting times for high intensity therapy. Feedback was reviewed through questionnaires post treatment. However, there were plans to introduce face-to-face group feedback sessions, this would be positive for the service to identify areas of good practice and development. There were also plans to introduce computerised cognitive behavioural therapy, which could potentially improve access to psychological therapy for patients. This will be followed up at future inspections.

All the clinical psychologists working in the service had the competencies required to complete baseline cognitive/neuropsychological, neuro-developmental and learning disability assessments. Formal pathways with specialist community services in NHS GGC were in development. This will be followed-up at future inspections.

HMP Greenock had a 'Healthy Minds' education group to which patients could self-refer. These sessions cover topics such as mental health awareness, trauma, sleep, grief and emotions.

Systems and processes were in place to ensure that any patient requiring inpatient mental health care was assessed and transferred promptly to hospital under the Mental Health Care and Treatment (Scotland) Act 2003. At the time of inspection, no patients were awaiting transfer.

On reviewing clinical records, inspectors saw that risks were identified within patient care record entries, although the team did not use a recognised mental health risk assessment to record and review risk. In order to identify and reduce risk, all patients on the mental health caseload should have a risk assessment in place using a standardised tool. The need to have in place a standardised risk assessment for patients referred to the Mental Health Team had been identified by senior managers. Planning was underway to introduce the Clinical Risk Assessment Framework for Teams (CRAFT) assessment. However, ongoing data protection considerations were being made about how this information was shared with professionals in the community upon the patient's liberation. Inspectors were told this was on the agenda to be discussed at a future governance meeting.

Inspectors were told that patients were seen in clinics, either in the Health Centre or in the links centre. However, due to the fabric of the building, confidentiality could not be maintained in the links centre, this was a concern.

> **Recommendation 60**: NHS GGC must ensure all patients on the mental health caseload have a standardised risk assessment in place.
> **Recommendation 61**: SPS and NHS GGC must ensure that clinics are facilitated in an environment where patient's confidentiality can be maintained.

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: Satisfactory

Patients with long-term conditions in HMP Greenock were predominately reviewed and supported to manage their conditions by a nurse-led service. There were good systems and processes in place at admission and at GP reviews to identify patients with long-term conditions and complex needs. Patients could also self-refer to the nurse clinics. No disease specific long-term conditions clinics were held, and patients with these conditions were reviewed in the general nurse clinics.

Inspectors reviewed the electronic notes on Vision and saw these to be comprehensive. Inspectors saw evidence of patients being informed of test results and options to manage their care. Electronic care plans were in place for those identified with long-term conditions, which were person-centred, and outcome focused. As the care plans were electronic, they were not seen to be signed off or had a section saying that the patients had agreed to them. However, patients were offered a copy of their care plan which could be printed off for them. This was good practice.

There were no patients requiring anticipatory care plans at the time of the inspection.

Reviews for patients with long-term conditions were seen to be equitable to the community, with evidence of review dates and appointments allocated. Inspectors were provided with evidence of literature given to patients relating to diet, exercise as well as disease specific information. This was good practice.

Healthcare staff could describe the good links with community services that the service had.

PR2 was used to record medical markers for long-term conditions so that SPS staff were aware of specific medical conditions and treatments that they should be alerted to.

> **Recommendation 62**: NHS GGC must evidence that patients have agreed with the plan for their care.
> **Good Practice 12:** Patients were offered a printed copy of their care plan.
> **Good Practice 13:** Literature was given to patients relating to diet, exercise as well as disease specific information.

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

Rating: Satisfactory

Patients requiring support with drug and/or alcohol dependence were identified at health screening on transfer to the prison or as part of their health assessment

appointments, using a validated screening tool. The outcome was documented within the Vision records. Patients were also sent a letter with the outcome of their referral.

Systems and processes were in place to confirm the prescriptions of those patients transferred to the prison. A copy of the Kardex was brought to HMP Greenock from the transferring prison for patient's prescribed with OST. For new admissions to the prison, confirmation of any OST was part of the admissions process. However, due to prescribers only being on site for three days a week there were occasions when patients faced a delay in receiving OST. This was a concern. Systems were in place to ensure that patients were offered detox medication in the interim. Inspectors were told that most patients would receive this the next day. However, a longer gap could be experienced for those arriving at the prison on a Friday. NHS GGC was awaiting the outcome of a workforce review that may increase the prescribing provision. This will be followed up at future inspections.

Individual support needs for patients referred to addiction services were identified through an assessment process. Individual person-centred and outcome-focussed care plans, which reflected the support needs required, were in place for all patients on the caseload. There was evidence of patient involvement in writing their care plans which were regularly reviewed, monitored and updated by the patient and their nurse.

There was evidence of promoting patient choice for OST in line with the Medication Assisted Treatment (MAT) standards at the time of the inspection. The addictions team was linked in with the Mental Health Independent Support Team (MHSIT) in preparation for implementing the MAT standards.

All patients on OST or with an alcohol dependence were logged on the National Drug and Alcohol Information System (DAISy). The system triggers a 12-week, 26 week and annual review. This maintained community links as triggers were actioned by the professional involved with the patients' care at the relevant timeframes, including if transferred to prisons or when liberated.

Patients were provided with evidence-based pharmacological, harm reduction and psychological interventions. These interventions included psychosocial clinical interventions, relapse management and a harm reduction group which was jointly run with SPS colleagues.

A standardised discharge planning tool was in place. It ensured that patients were referred to community services and information was passed to these services for continuity of care. This included the early identification of community prescribers and pharmacies.

At the time of the inspection, there were no vacancies within the Addictions Team. This team worked closely with the mental health nurses, with a team lead covering both teams. A GP held a monthly addictions clinic for patients on the addiction's caseload requiring a medical review. Referrals were allocated daily. There was a fortnightly timetabled multi-disciplinary complex case meeting to discuss the patient's

needs. All patients referred to the Addictions Team had appointments booked within three weeks of referral.

Written systems, protocols and procedures were in place to describe the joint working with mental health and primary care services for patients with co-morbidities. There were future plans to include primary care in complex case discussions, which would benefit facilitation of discussions about patients with co-morbidities. This will be followed-up at future inspections.

> **Recommendation 63**: NHS GGC must ensure that OST prescriptions are in place to ensure there is no delay for the continuity of care for patients receiving OST.

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

Rating: Generally Acceptable

The clinical pharmacist covered all four prisons in NHS GGC. The pharmacy input was delivered by a small pharmacy team with limited capacity. This limited the ability to provide a service which could be requested by patients. However, patients could request to see the GP or Primary Care Team for queries regarding their medication. The clinical pharmacist would support the Healthcare Team if and when required.

Inspectors saw that the service provided was patient-centred, with staff basing all decisions on the best interest of the patient. Key areas for development by the Clinical Pharmacy Service had been identified, such as regular scheduled medication reviews, chronic disease clinics and minor ailment triage. Funding for these developments was under consideration within NHS GGC.

The service provided was supported by appropriate policies, SOPs and guidance which were easily accessible for staff on NHS GGC Staff intranet.

Inspectors observed and were told that the relationship between SPS and the Health Centre was positive and enabled the delivery of healthcare that was flexible to patient's need.

The clinical pharmacist utilised their independent prescribing qualification to support clinical activity within the Health Centre when capacity allowed. Patient care was delivered with a patient-centred focus and a number of examples were provided to evidence this.

If a patient was admitted out-of-hours, there was access to a GP at HMP Barlinnie until late evening and out-of-hours services were accessible after this time. Processes were in place to ensure patients received medications with review within 72 hours.

There was a robust system in place to reconcile medication on admission to HMP Greenock. This was carried out by a healthcare professional with referral to the clinical pharmacist when required to address any patient specific issues.

Medication administration was supported by SPS staff who ensured patients were attending the dispensary. Medicine administration times in HMP Greenock were throughout the day with a late medication round taking place at 8.30pm. This ensured that patients did not receive medication to assist with sleeping early in the evening, this was good practice.

Inspectors participated in a medication administration round and the interactions between staff and patients were supportive and respectful. All necessary concealment checks were in place and medications were administered in line with national policy and Nursing and Midwifery Council (NMC) code of conduct. Healthcare staff took opportunities to sign post patients to other services when required. The most up-to-date copy of the British National Formulary (BNF) was on the medicines trolley in the absence of access to IT in the dispensary. This was good practice.

Healthcare staff told inspectors that spot checks were carried out on patients within possession medications to ensure compliance.

We saw a range of PGDs that allowed nurses to administer certain medications without the need for a prescription. This ensured patients received medications in a timely manner. This was good practice. Healthcare staff told inspectors that medications, such as paracetamol, were available in the residential areas for SPS officers to give to patients when required. Inspectors were told there had been a process in place for recording, however this was no longer being complied with. This was a concern.

Pharmacy provision was supported by a healthcare support worker. Inspectors saw evidence of robust systems and processes in place to ensure ordering was regular and timely. The health support worker had developed information regarding pharmacy to be included in the induction documentation for patients. The information included advice about only ordering medications when required to reduce waste, this was good practice.

Patients attending court had their morning medications administered and had access to their other prescribed medications for that day. The pharmacy healthcare support worker reviewed planned liberations on a monthly basis to ensure patients being liberated would have their prescriptions at a local pharmacy. This would be reconciled and signed off by the GP.

Although GPs were on site Monday, Wednesday and Friday mornings, there were no nurse prescribers at HMP Greenock. NHS GGC must continue to support the development of an ANP Service with nurse prescribing to benefit patients who may need medication prescribed out of GP hours (as referred to in QI 9.7)

A Lloyds pharmacist provided fortnightly support to HMP Greenock in line with the national contract. Lloyds Pharmacy who held the national prison contract had

provided notification that they did not intend to retender, and the service was expected to terminate on 31 May 2023. Inspectors were informed that an accelerated process was in place for retendering the contract. Healthcare Improvement Scotland is liaising with National Services Scotland and are working on arrangements to ensure there is no disruption to care and that alternative arrangements are put in place.

Recommendation 64: NHS GGC and SPS must ensure that there are processes in place to record the supply of medications to the residential areas and to record when this medication is given to patients.
Good Practice 14: Medicine administration times in HMP Greenock were throughout the day with a late medication round taking place at 8.30pm. This ensured that patients did not receive medication to assist with sleeping early in the evening.
Good Practice 15: HMP Greenock had a range of PGDs that allowed nurses to administer certain medications without the need for a prescription. This ensured patients received medications in a timely manner.
Good Practice 16: There were robust systems in place for timely ordering of medications and clear information was available for patients on the process to order medications.

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

Rating: Satisfactory

The dental surgery environment and all equipment was fit-for-purpose, maintained and compliant with national guidelines. Both the environment and near patient equipment, such as the dental chair, were intact and clean.

Systems and processes were in place to ensure that all sterile instruments were appropriately stored before and after use and were safely transported off-site to a local decontamination unit to be reprocessed.

Patients could access dental services through the triage system and were appointed within the Scottish Government target for wait times. Urgent dental appointments were accommodated in a timely manner. Patients were seen by primary care staff who either prescribed analgesia or antibiotics, if required out with the dental clinics. Emergencies were facilitated to attend Greenock Health Centre where required.

The healthcare support worker was a new addition to the service and will provide health promotion support for dental care. This was working well in other prisons within the NHS GCC area.

Access to dental services for remand patients was still limited to emergency care despite remand prisoners having lengthy waiting times in this category. Discussions with the dentist indicated that they had no influence over this and would require agreement from SPS to accommodate prisoners on remand over the six-month period. This was a concern as prisoners could be on remand for more than six months. This was raised with HMIPS during the inspection.

Recommendation 65: HMP Greenock must ensure dental treatment for those patients who were on remand beyond six months was provided and equitable to those who are convicted.

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

Rating: Not Applicable

There were no pregnant women and people detained in HMP Greenock at the time of the inspection.

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

Rating: Satisfactory

At the time of the inspection there were no patients on the palliative care list.

HMP Greenock has an established palliative care link nurse and inspectors were shown evidence of the palliative care toolkit in place. This included nationally recognised palliative care tools and referral forms to the local hospice.

There were good links with community services at Ardgowan Hospice and there was evidence within the toolkit of a person-centred approach to planning. This would include the use of anticipatory care plans.

Multi-disciplinary Team meetings take place when required. These involve representatives of NHS, SPS, Chaplaincy, social work and any other relevant agency to ensure patients were managed holistically. The link nurse described how families or care givers would be included in planning of care with consent from the patient.

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

On arrival or transfer to the prison, every patient at risk of self-harm or suicide was assessed using a standardised health screening tool as part of the screening process. Patients identified at risk were placed on TTM. Patients being managed on the TTM strategy have their suicide and self-harm risk assessed at every case conference to inform their ongoing risk management.

The TTM strategy could be initiated at any stage when there were concerns for an individual. All patient facing healthcare staff have undertaken the SPS TTM core

training. NHS and prison staff work collaboratively to identify, support and review those at risk of self-harm or suicide. At the time of the inspection, there was one patient at HMP Greenock on TTM. Inspectors saw a process in place where the mental health nurse was allocated daily TTM case conferences including updating associated documentation. Inspectors attended a case conference and saw evidence of the patient being treated with care and compassion and effective risk management planning between SPS and NHS staff.

In addition to urgent referrals to the Health Centre team, a concern form could be completed by SPS for patients at risk to themselves requiring urgent health assessment. This determines if patients in crisis require management on TTM. As referenced in QI 9.5, it was a concern that no formal risk assessments were in place for patients receiving care from the Mental Health Team, out with the TTM process.

HMP Greenock piloted a self-harm strategy. SPS were due to publish the strategy that may influence innovative ways of working.

The Health Improvement Team have worked in partnership with people living in prison and Media Education to develop two short film clips that will be shown at the point of admission. These described sources of support in relation to self-harm and suicide prevention from a patient perspective. This was evidence of creative and progressive practice and will be followed up at future inspections.

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

Rating: Satisfactory

All complaints, comments and feedback were managed in line with the local NHS complaints policy.

There was a clear governance structure in place for reporting and responding to complaints and feedback. Information posters describing the process were displayed in patient areas, including the halls and Health Centre. Feedback and complaints forms were available in the halls, the patient waiting area in the Health Centre and on request from healthcare staff. These forms were clear and easy to understand and were in English. Inspectors were told the forms were available in alternative formats and languages if required.

Systems and processes were in place to record all complaints on a local spreadsheet and within the DATIX system. This included the date of receipt to ensure complaints were processed and responded to within set timescales. Inspectors saw evidence that all complaints had been responded to within set timescales or were allocated to professionals to investigate and patients had received a letter informing them of this.

Systems and processes were in place to ensure that those making complaints would be acted on without negative consequences to current and future care or support.

There was an efficient multi-disciplinary approach involving the Administration Team, senior nurses and senior management to address complaints. There was evidence of staff undertaking online training on how to review, respond and escalate complaints.

Inspectors were told management had an informal process to discuss learning from complaints with the professionals involved. However, there was no formal process in place to share learning from complaints regularly with the Healthcare Team. Team meeting minutes were reviewed and there was no evidence of learning from complaints included. It would be useful to include learning from complaints within the agenda for team meetings to ensure learning and trends from complaints could be disseminated routinely with the wider Healthcare Team.

Information was provided at the end of each complaint response informing patients of their right to contact the SPSO if they were not satisfied with the outcome or response to their complaint. Information about how to do this was also included.

> **Recommendation 66**: HMP Greenock should introduce a formalised process to ensure learning from complaints is routinely shared with the Healthcare Team.

9.14 All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting.

Rating: Good

Staff had a clear understanding of their roles and responsibilities in reporting any situations which could result in physical or psychological harm to those in prison.

Systems were in place to ensure the safe storage of patients' electronically recorded and hard copy health information. All hard copy patient records and health information were securely held in locked rooms which were out of public access. Healthcare staff indicated that a concern form would be raised and shared with SPS staff in the event that concerns had been raised. Inspectors saw evidence of the document in place as well as the process during the inspection.

All staff inspectors spoke with indicated that the relationship between healthcare and SPS was cohesive and supportive. Communication was good between both staff groups and there was a supportive approach to looking after people in their care. This was good practice.

Healthcare staff described their responsibilities to assess, record and report any medical evidence of mistreatment of people in prison and to offer treatment as required. Staff described the SPS system used to record concerns. All healthcare staff have personal secure access to the healthcare electronic system Vision.

Adverse events were recorded onto the electronic system DATIX. These were reviewed by the senior nurse and any learning from adverse events was shared with the teams. There was ongoing CPD training in HMP Greenock. Staff were

supported to request what is important to them or where further learning would be beneficial.

> **Good Practice 17**: Evidence of good relationships between healthcare, SPS and patients.

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

Rating: Satisfactory

The fabric of the building in HMP Greenock was aged and has a flat roof. In inclement weather, the flat roof could leak and has caused damage to areas where healthcare was delivered, as well as residential areas. The liaison visit to HMP Greenock in March 2021 identified significant water ingress in the Health Centre which resulted in services being relocated. The follow-up visit in September 2021 saw that services had resumed in the Health Centre and remedial repairs had been completed.

During this inspection, inspectors saw that the area for healthcare delivery was clean and freshly painted. There was some slight staining of a ceiling tile in one treatment room indicating continued water ingress. Senior estates staff told inspectors that the roof tiles were regularly replaced if they became unsightly, but no water had leaked through. At the time of the inspection, the area was dry, and staff told inspectors that there had been no further water leaks.

Inspectors spoke to senior estates staff who described the three-year roof replacement plan in place which was a three phased approach. Healthcare was described as phase one and a priority was a roof replacement to the Health Centre. However, due to a requirement for a funding agreement there was no agreed date for the completion of this work. This work must continue as a priority to ensure no further water ingress and risk of infection in the Health Centre. Inspectors will follow the progress of this work at agreed intervals with HMP Greenock.

Senior estates staff described the system and process in place for recording issues requiring repair. There were no recent entries about leaking damage to the Health Centre and all jobs were completed within a good time frame. All estates issues were presented to GIC for overarching oversight on the built environment.

Inspectors visited the residential areas in HMP Greenock, and one area had evidence of water ingress and paint chipping in the ceiling. Repairs to the cells that had been water damaged were in process. The GIC explained that these cells were regularly checked for moisture and the suitability of continued use.

Inspectors visited accessible accommodation and found there to be mould on the shower sealant and shower curtain. Inspectors raised this with HMIPS immediately and the shower curtain was to be replaced. All showers were communal and widespread mould was found on the shower sealants. This must be addressed and replaced as a priority to reduce the risk of transmission of infection.

Healthcare staff managed patient flow well considering the constraints and size of the environment. However, the service would benefit from a larger space to accommodate healthcare staff to deliver regular clinics to support the development of long-term health conditions reviews and the role of link nurses as described in QI 9.6. Inspectors were told that some areas of the estate were currently not in use. Healthcare staff had suggested unused space across the estate that could be utilised in the future. We will follow this up at future inspections.

All staff inspectors spoke with were aware of their role in the cleaning of the environment and found the cleaning standard in the Health Centre was high. There was evidence of daily and weekly assurance checks that were well completed. External oversight was provided from the IPCT within NHS GGC by way a rolling audit programme and one had been conducted recently. Inspectors reviewed this on-site. HMP Greenock was part of a pilot for a SIPC audit which will be conducted by a senior nurse in the future. Senior nurses were also part of a peer review for SIPC audits in the other NHS GGC prisons. This was good practice. Results were captured and monitored through the NHS GGC wide electronic system for assurance.

Nursing staff in HMP Greenock have been allocated link nurse roles and inspectors spoke with the link for infection control. Hand Hygiene compliance and environmental cleanliness was monitored monthly and poor practice was challenged. The latest version of the infection prevention and control manual was available on desktops. Healthcare staff described a supportive relationship with the NHS GGC IPCT.

Cleaning of the environment was completed by BICSc trained passmen. The standard was high, and the environment was clean and fresh.

All near patient equipment was clean and ready for use and staff were knowledgeable about SIPC. Inspectors reviewed healthcare induction programmes and saw that infection control was a feature.

> **Recommendation 67**: SPS must ensure progress with roof replacement plans are continued as a priority to ensure the area is free from water ingress and reduce infection control risks.
> **Recommendation 68**: SPS must demonstrate regular assurance checks are in place to monitor the condition of shower sealants and curtains with a programme of replacement to reduce the risk of transmission of infection.
> **Good Practice 18**: Senior nurses were part of a peer review for standard infection prevention control audits in other NHS GGC prisons.

9.16 The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care.

Rating: Satisfactory

A programme was in place to ensure all training requirements, including induction and prison-related training was completed by all staff. The Health Centre manager

told inspectors that all new staff complete an induction programme and were allocated an experienced nurse to support them with their induction. The charge nurse team leads were responsible for ensuring induction has been completed for new members of staff. Inspectors saw evidence of 100% compliance with staff induction.

Inspectors saw that induction packs for students had been developed covering areas such as healthcare in prison, as well as prison specific topics such as PPT that was delivered by the SPS. During the inspection, inspectors met the newly qualified nurses who previously were students at HMP Greenock and had now returned to take up post. This was a positive reflection on the staff and approach to healthcare within HMP Greenock.

Staff maintained their competencies by completing NHS GGC mandatory training. Inspectors were shown a spread sheet used to monitor compliance with mandatory prison-specific training and role specific training and saw good compliance. Inspectors discussed with staff how the spread sheet could be improved. For example, if it was colour coded to show when staff members training was in date, due to expire or had expired. Healthcare staff inspectors spoke with told them that they received notifications when a staff member's training was about to expire.

Training and learning needs were identified during one-to-one meetings, and through completion of appraisals and personal development plans (PDP). Staff told inspectors that training, and staff development was encouraged and supported. All healthcare staff within HMP Greenock were currently completing a nursing core competency framework. The Health Centre manager told inspectors that in-house learning was in place and supported.

Healthcare staff who were responsible for holding one-to-one meetings told inspectors that these were planned to take place every two months. However, these sometimes had to be rearranged, due to other clinical priorities. Inspectors saw evidence of these meetings in staff files, and they were told that these meetings were documented. Appraisals and PDPs were managed electronically.

As with induction, the Health Centre manager had given the responsibility for ensuring staff keep these records up-to-date to the charge nurse team leads. Inspectors saw that all the staff in one of the Healthcare Teams had received a current appraisal and PDP. Although staff from all clinical groups were having one-to-one meetings with their line managers, clinical supervision was not routinely being offered to all staff. However, nursing staff could access clinical supervision through the charge nurses in addition to group sessions being offered by clinical psychology. The Health Centre manager told inspectors that they felt supported in their role. They had attended regular meetings with colleagues from other prisons within the NHS GGC area, as well as prisoner healthcare network meetings and were clear about their line management support.

Inspectors were told how staff were supported following challenging clinical events through group reflection. This was carried out informally directly after the event. Staff inspectors spoke with felt this had been positive and appreciated by other members of the nursing team involved in the incident. This was good practice.

Inspectors saw minutes of the weekly staff meetings that were held. Nursing handovers took place each morning and inspectors saw the paperwork used to facilitate this. A copy of the handover paperwork which included limited patient information was given to the SPS duty officer when the nurses finished their day shift. This was to support patient safety. The SPS officer returned the handover paperwork to the nursing staff in the morning with an update on any further information regarding the health needs of patients from the overnight period. This was good practice.

At the time of the inspection, there were no staffing vacancies within the Healthcare Team at HMP Greenock. The Health Centre manager attended a daily huddle with representatives from the other Glasgow prisons where any staffing gaps were discussed. A senior nurse on-call rota was in place to provide support for staff, including staffing issues during the out-of-hours period. This was good practice.

GGC Prisoner Healthcare Services had a nurse consultant in post. The role works across all four establishments in GGC. The Health Centre manager told inspectors that this post was a strategic role rather than operational. The nurse consultant had been involved in identifying MET training for staff and the reorganising of the emergency equipment. They were also involved in the potential introduction of the ANP role.

> **Good Practice 19**: Staff were supported following challenging clinical events through group reflection.
> **Good Practice 20**: A copy of the handover paperwork was given to the SPS duty officer when the nurses finished their shift. The SPS officer returned the handover paperwork to the nursing staff in the morning with an update on any further information regarding the health needs of patients from the overnight period.
> **Good Practice 21**: A senior nurse on-call rota was in place to provide support for staff, including staffing issues during the out-of-hours period.

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: Satisfactory

Healthcare in HMP Greenock was managed by NHS GGC and Glasgow City HSCP and reported through their governance structures.

The Health Centre manager was clear about their management and governance reporting structure, which was the clinical service manager in the first instance. The Health Centre manger attended regular senior management and governance meetings that covered the three Glasgow prisons.

Adverse events were reported through an electronic DATIX system. The Health Centre manager had oversight of adverse events, as did the clinical service manager. Learning or feedback was shared with staff involved, individually or as a

group. Staff told inspectors that they had received feedback after submitting their DATIX incidents. The Health Centre manager told inspectors that DATIX incidents were also discussed at the governance meetings that cover all three Glasgow prisons and learning was shared.

Feedback from patients was gathered using complaint and compliment forms, and from face-to-face interactions with patients. Inspectors were told that a new approach to gathering patient feedback was being developed and was to be introduced imminently. Inspectors will follow this up at future inspections.

Inspectors saw minutes of regular meetings between healthcare and SPS staff. From what was observed and from what they were told, it was clear that there was a good relationship between the two staff groups with evidence of joint working. The service had also developed connections with secondary care clinicians such as opticians, podiatrists and nurse specialists.

Inspectors saw several pieces of work relating to healthcare staffing including a prison healthcare nursing work plan 2022 to 2023 and a learning and education development framework. The Health Centre manager told inspectors that this work, along with a health needs assessment had informed the wider workforce review covering all three Glasgow prisons. At the time of the inspection, the workforce review was waiting to be reviewed by the IJB. Inspectors discussed the workforce review with the Health Centre manager who was concerned with the delays waiting on this being discussed at the IJB meeting. The introduction of the ANP role was part of the workforce review. Staff inspectors spoke with felt that this would be a positive development.

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