



## **Response**

### **of the United Kingdom Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to the United Kingdom**

**from 14 to 18 October 2019**

The Government of the United Kingdom has requested the publication of this response. The CPT's report on the October 2019 visit to the United Kingdom is set out in document CPT/Inf (2020) 28.

Strasbourg, 8 October 2020

**Council of Europe European Convention for the Prevention  
of Torture and Inhuman or Degrading Treatment or  
Punishment**

**Response from the United Kingdom to the report of the  
European Committee for the Prevention of Torture and  
Inhuman or Degrading Treatment or Punishment on its  
visit to Scotland from 14 to 15 October 2019**

**September 2020**

## Contents

Abbreviations .....	3
Response to the CPT report of 24 March 2020.....	4
OVERCROWDING AND LONG-TERM SEGREGATION .....	5
Paragraph 7 .....	5
Paragraph 8 .....	6
Paragraph 9 .....	6
WOMEN PRISONERS IN SCOTLAND .....	8
Paragraph 11 .....	8
Paragraph 12 .....	8
HMP & YOI CORNTON VALE: ILL-TREATMENT AND THE USE OF FORCE .....	10
Paragraph 18 .....	10
Paragraph 19 .....	11
Paragraph 23 .....	12
SEGREGATION UNDER RULES 41 & 95(11) & (12) .....	14
The SRU Dumyat .....	14
Paragraph 26 .....	14
Paragraph 27 .....	15
Paragraph 28 .....	15
Ross House .....	16
Paragraph 31 .....	16
HEALTH-CARE SERVICES .....	17
State of health-care services at Cornton Vale Prison .....	17
Paragraph 34 .....	17
Paragraph 35 .....	18
Transfer for external psychiatric treatment .....	18
Paragraph 36 .....	18
Lack of high-secure psychiatric beds in Scotland for women prisoners .....	19
Paragraph 37 .....	19
Paragraph 37 .....	20

## Abbreviations

BWVC	body-worn video camera
CCU	Community Custody Units
CPT	Council of Europe European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
GP	General Practitioner (doctor)
HDC	Home Detention Curfew
HMP	Her Majesty's Prison
HQ	Headquarters
ICM	Integrated Case Management
IPM	Independent Prison Monitors
NCRG	National Coronavirus Response Group
NHS	National Health Service
OT	Occupational Therapist
PMAG	Prisoner Management Assurance Group
SPS	Scottish Prison Service
SRU	Separation and Reintegration Unit
WTE	Whole Time Equivalent
UK	United Kingdom of Great Britain and Northern Ireland

## **Response to the CPT report of 24 March 2020**

The Scottish Government, Scottish Prison Service (SPS) and partners welcome the report of the CPT's visit to Scotland in October 2019 to follow up key issues raised in the CPT report on its October 2018 visit. Each issue and recommendation by the CPT has been responded to below.

The period since the CPT's report dated 24 March has been marked by the Coronavirus pandemic, which has resulted in major changes to the operation of prisons and the provision of mental health care in Scotland. The health and wellbeing of those who work and live in Scotland's prisons is a key priority and has been at the centre of Scotland's response to COVID-19.

Some areas raised in the report have been affected by the Coronavirus pandemic, which has had an impact on progress since the CPT's visit. Where progress or procedures have been affected in relation to CPT recommendations, this has been included in the response. This includes the independent review into the delivery of forensic mental health services in Scotland, on which the CPT requested an update (see paragraph 62 of the response).

The Scottish Government contributed to the UK Government's response to the CPT's letter requesting measures being taken in response to the Coronavirus disease (COVID-19) pandemic and CPT Statement of Principles relating to the treatment of persons deprived of their liberty in the context of the pandemic.

## **OVERCROWDING AND LONG-TERM SEGREGATION**

### **Paragraph 7**

**The CPT recommends that the Scottish authorities take urgent measures to tackle the overcrowding in prisons and that they invest more in countering the different factors playing into the steady increase in prison population<sup>1</sup>.**

**It is incumbent on the authorities to promote, in public and cross-institutions (including the judiciary), an approach to imprisonment that is not purely punitive but rather focuses on rehabilitation and reintegration into the community.**

1. The Scottish Government has a long-standing commitment to ensuring responses to offending are proportionate, just, effective and promote rehabilitation. This is set out in our Justice Vision and Priorities, which includes a specific priority that “we will use prison only where necessary to address offending or to protect public safety, focusing on recovery and reintegration.” The most recent Programme for Government also includes a commitment to work with justice agencies, local government, the third sector and others to consider the whole system changes needed to address Scotland’s internationally high rate of imprisonment.

2. This work will be informed by public health responses to issues such as the misuse of drugs and the impact of adversity, trauma and multiple disadvantage. It will set out a long-term vision for our justice system and how we respond to the changing nature of offending in ways which are proportionate, just, effective and promote rehabilitation, as well as keeping our communities safe and responding to the needs of victims.

### **Pandemic implications**

3. The impact of coronavirus has disrupted some elements of work and the Scottish Government, along with our justice partners, are actively exploring what actions we might take in the short, medium, and long term to help the justice system adapt, with a particular emphasis on maintaining a lower prison population; enabling effective rehabilitation and reintegration; and increasing the use of more effective community interventions. As before the pandemic, we will continue to support and progress various measures to help reduce the use of imprisonment, including through the extended presumption against short sentences, investment in community interventions, support for alternatives to remand and removing age thresholds to increase access to support through the New Routes Public Social Partnership.

4. The revised Home Detention Curfew Guidance and Assessment Framework has been in place since December 2019 and provides for a robust review of the risk and supportive factors in making a decision to release an individual on HDC.

---

<sup>1</sup> See, for example, the Council of Europe White Paper on Prison Overcrowding – CM (2016)121-add3, Recommendation CM/Rec (2017) 3 on the European Rules on community sanctions and measures, Recommendation Rec (2003) 22 on conditional release (parole) and Recommendation Rec (2010) 1 on the Council of Europe Probation Rules.

5. This Guidance and Assessment Framework strengthens the process through the introduction of a more sophisticated and robust system of risk assessment. Significantly more detail is now available to guide the HDC decision-maker and the changes have been made to:

- Remove the 'presumptions against release', as these issues are now covered in several domains within the risk assessment process; and
- ensure that only individuals on high supervision level will not be eligible for HDC assessment.

6. In order to support prisons in managing these changes, a HDC Hub has been set-up at SPS HQ.

#### **Paragraph 8**

**The CPT would appreciate being sent the results of the Working Group on the role and purpose of SRUs and to be informed about the measures being taken to reduce lengthy stays of segregation for prisoners.**

7. The working group report has not been ratified and remains a draft document. The recommendations were limited and did not consider in sufficient depth the concerns raised regarding long stays in SRUs. Therefore, this work has been recommissioned to fully consider all aspects of the role and purpose of SRUs, utilising research, (clinical) expertise and best practice to achieve improved practical outcomes.

8. Psychology led training for staff working within SRUs is now being delivered. SPS' Prisoner Management Assurance Group (PMAG) now has SPS' Head of Psychology as part of its standing core membership in order to provide additional advice to the decision-making process around the management of those individuals who present the most challenging behaviours.

9. Physical changes have been made to existing SRUs with cell door hatches being introduced to enable safer interactions between staff and those who are exhibiting challenging behaviours. SPS' Director of Operations has agreed that a fresh look at build specification for SRUs in new prisons will be a requirement of projects.

#### **Paragraph 9**

**The CPT reiterates that long-term segregation is harmful to a person's mental and physical well-being and it recommends that the Scottish authorities reconsider their use of Rule 95(11)/(12) for segregating prisoners for years on end; it further reiterates its recommendations that alternatives to such segregation should be urgently considered and more investment made into step-down facilities. The Committee trusts that the authorities will seriously consider the establishment of smaller therapeutic units for the small numbers of prisoners concerned.**

10. Removal from association is only used sparingly by SPS and for the minimum time necessary. When determining whether it is appropriate to remove an individual

from association, consideration should always be given as to whether it is necessary, proportionate and balanced. Under current policies, all Rule 95 prisoners held in the SRU are visited by the Unit Manager on a daily basis. Where possible, reintegration at staged intervals is encouraged to reintroduce recreation, exercise and for meals to be taken with the rest of the population group. A management plan should always be devised at the earliest possible opportunity in order to support reintegration.

11. In January 2020 SPS' Executive Management Group approved the establishment of a Short Life Working Group to improve the management of people within SPS' SRUs. The Group will review SRU guidance and provide recommendations that promote positive conditions for those held in SRUs. The group is chaired by a senior Deputy Governor, supported by a cross section of staff involved in delivering SRU regimes. The Terms of Reference for this group came as a result of an earlier piece of work carried out by two Deputy Governors, tasked by the Director of Operations to provide a strategic overview of the various uses of the SRUs across the estate and to investigate and make relevant recommendations in relation to a number of related issues including common operational challenges, identification of trends, consistent use of management information, the development of management plans and the review of associated policies linked to SRUs. In the second phase of the groups work, they will focus on alternatives to SRUs, in an attempt to break the cycle of lengthy periods of isolation for individuals. The group will also concentrate on the reintegration process and provide a set of recommendations regarding how this can best support the return of individuals to the mainstream Prison and better prepare them to progress positively with the sentence(s).

12. Improved management will be achieved through facilitation of greater alignment between SRU management processes and the application of the Integrated Case Management (ICM) process. It is anticipated that the adoption of such an approach will, in due course, reduce both the number of people placed in SRUs and the average time spent there.

13. Through the Prisoner Management and Assurance Group (PMAG), SPS continues to review cases of individuals held for three months or more in SRUs and management plans to seek to find alternative locations. Non-offence protection prisoners across the SPS estate are given the opportunity to take part in a full regime, including access to: exercise, work opportunities, learning, library services, health and wellbeing and work in their hall. Prisoners in a non-offence protection regime will be regularly reviewed and reintegrated to the mainstream population on an individual, risk assessed process.

14. SPS maintain that there is a robust assurance process in place from the point where a person is segregated to the point of reintegration. SPS, acting on behalf of Scottish Ministers, require a full evidence base to support any extension of a Rule 95(11) and subsequently 95(12). In cases where an individual has been removed from circulation for three months or over, the Deputy Governor must provide PMAG with a comprehensive case management plan detailing actions taken to support successful reintegration. In exceptional cases, a case conference chaired by the national Head of Operations and Public Protection will be undertaken to determine the most appropriate location for the individual to be accommodated. The main



objective being to re-focus on a revised plan which brings together broader expertise to review progress and make improvements to the journey towards reintegration.

15. SPS has evaluated this policy approach and some notable successes, in what previously were problematic cases, have been achieved.

16. As a result of COVID-19 no further action has been taken and it is unlikely to be picked up until the current restrictions have been lifted. From a physical infrastructure standpoint, initial scoping work on new prisons in Glasgow and Inverness will include a requirement to design a different style of SRU which will reflect a focus on providing the infrastructure to enable prisoners to be case managed effectively back into the mainstream as quickly as possible; this might mean, for example, the provision of secure interview facilities and virtual visits to improve family contact. Final decisions on this will be made by a cross functional project board set up to control the new prison's development.

## ***WOMEN PRISONERS IN SCOTLAND***

### **Paragraph 11**

**The CPT would like to be informed about the concrete measures being taken, or envisaged, to achieve the objective of significantly reducing the number of women prisoners to (preferably under) the maximum occupancy level of 230.**

17. Work to reduce the female prison population is taking place within the context of SG's Programme for Government commitment to reduce overcrowding described above at paragraphs 1-3<sup>2</sup>.

### **Paragraph 12**

**The CPT would like to receive an update on the implementation of the plan to initiate a culture change regarding the imprisonment of women, based on a trauma-informed manner of managing women prisoners in a therapeutic environment.**

18. Significant progress has already been made by the Women's Strategy Team to deliver the New SPS Women's estate. This includes a programme of work delivering the New Women's National Facility, which will accommodate people with complex needs and five Community Custody Units (CCUs), aimed at helping women remain connected with communities. Contracts have been awarded and Initial preparation work has taken place on the site of the Women's National Facility and at two of the planned CCU Sites.

19. Development of gender-specific and consistent trauma informed environments and services is integral to the overarching Strategy for Women in Custody and the following progress has been made to date:

---

<sup>2</sup> In response to the CPT recommendation at paragraph 7

- A set of regime principles to underpin the vision and to provide consistency across all sites has been agreed;
- A training needs analysis has been undertaken to identify the learning and development required to support a trauma informed approach;
- Staff Training Packages are being and have been developed, with Mental Health First Aid being the first rolled out for delivery;
- Bespoke 'Women in Custody' training has been evaluated and revised, this is now ready for implementation once Face to Face learning and development is able to safely resume;
- Development of specific recruitment and training packages for those working within the new Women's Estate has begun; and
- Testing of revised trauma informed practices has begun. For example, since February 2020, HMP and YOI Cornton Vale has stopped routinely body searching women as part of the admission and liberation processes through more effective deployment of body scanning technology – this will reduce the potential for traumatisation and will be evaluated and considered for further roll out in due course.

20. SPS is now entering a recovery phase during which time aspects of SPS business previously suspended (such as the work of Women's Strategy Team) will begin to be restarted at an appropriate time, in a phased manner.

#### **Pandemic implications**

21. Due to COVID-19, the SPS has to re-prioritise work being undertaken in order to respond to the pandemic under the SPS Pandemic Plan. Public health guidance around physical distancing and reduced staff resources has meant some work has been suspended and regimes have been adapted.

22. A number of Coronavirus implications affect progress against this recommendation as follows:

- On 3 April 2020, delivery of Face to Face learning and development for staff and partners was suspended, however some development of training packages is continuing;
- Since 6 April 2020 HMP & YOI Cornton Vale has been operating on a restricted 'core day' between the hours of 08:00 and 18:00;
- The regime within all areas of HMP & YOI Cornton vale has been re-aligned to ensure physical distancing is in place. Staff are focused on ensuring that all Women have access to daily showers, unlimited access to telephones during periods of unlock and access to 2 hours of time in open air, and periods of recreation;
- The work of the Women's Strategy Team, who are developing all aspects of the new women's estate and the overarching Strategy for Women in Custody across the SPS estate, has been suspended temporarily to allow the staff to support running of prisons; and
- Building works at SPS Sites has been restricted in line with public health guidance.

## ***HMP & YOI CORNTON VALE: ILL-TREATMENT AND THE USE OF FORCE***

### **Paragraph 18**

The CPT recommends that the Scottish prison authorities regularly remind Cornton Vale prison staff that no more force than is strictly necessary should be used to control women prisoners. Further, the authorities should ensure that the training and refresher courses are up to date, and that such training includes information about oversight measures and the applicable sanctions for incidences of disproportionate use of force.

Further, the CPT recommends that in the rare cases where prisoners need to be put into safer clothing for their own protection, this should only be undertaken by prison staff of the same sex as the prisoner.

23. Anyone who has been identified at an immediate risk of suicide may require to be placed in safer clothing. Where the individual refuses to comply with removing their normal clothing and putting on the safer clothing, they may require to be assisted by a member of the prison staff. The staff assisting the individual should be the same gender as the person at risk. Use of force to remove normal clothing, that may be used as a ligature, would only be initiated as a last resort.

The CPT also invites the Scottish authorities to consider taking measures to ensure that body-worn video cameras (BWVCs) are worn by front-line prison staff and turned on for all control and restraint operations, both planned and unplanned. If the roll-out of BWVCs is undertaken, in order to enhance the potential of BWVCs to contribute to the prevention of ill-treatment, the relevant prison regulations should be amended to make it mandatory for BWVCs to be issued, worn and turned on by all prison staff who may have to use force against prisoners and non-compliance with this obligation (in the absence of an explanation of exceptional circumstances) should be treated as a disciplinary offence.

24. The response previously provided to the CPT<sup>3</sup> relative to planned removals remains extant. There is an assurance process in place which ensures that any removal using force is accompanied by a full written explanation and where these are planned, cameras are used routinely.

25. In May 2019, management of HM Prison Addiewell - a private sector establishment - were authorised by SPS to trial the use of body worn cameras. The prison purchased over 50 camera units together with supporting software management.

26. SPS provided comment on proposed operating procedures ensuring that the control systems adhered with the Regulation of Investigatory Powers (Scotland) Act 2000 and were compliant with the requirements of General Data Protection

---

<sup>3</sup> In the response to recommendation at paragraph 50 of the CPT report on the October 2018 visit to Scotland

Regulation (2018). The prison's intention was to deploy cameras routinely to front line staff as part of a more comprehensive violence reduction and safety strategy.

27. SPS' Controllers have been observing the functioning of this system as part of their daily duties and the prison themselves committed to provide a report to SPS outlining their experience in using the system. This report will explain their assessment of the impact on operational incidents, assaults and any direct relationship with staff safety.

28. A full review of control and restraint has been undertaken following a serious incident. Though the coronavirus restrictions meant that work was temporarily suspended, the final document reviews are now underway. The accompanying update of the use of force policy will include consideration of Body Worn Video Cameras. A report has been received from HMP Addiewell. The experience here will be valuable in informing corporate decisions. The body worn camera trial at HMP Addiewell is now at a stage where SPS can review the outcomes over the preceding 12 months and then to consider the utility of such a scheme. These considerations will inform any proposed roll out. SPS commissioned a comprehensive report from HMP Addiewell's Director; this has been received and is subject to review.

#### **Pandemic implications**

29. All rules regarding removals are extant during the current pandemic. However, there are particular health related considerations to be undertaken especially where movements are planned and these form part of the risk assessment document set.

30. Specific risk assessments have been undertaken to support the interface between staff and prisoners both in the training and operational environments. These have been agreed with trade union partners as part of SPS' National Coronavirus Response Group (NCRG) chaired by the Director of Operations.

#### **Paragraph 19**

**The CPT recommends that an investigation be carried out into Ms B's complaints and that the results be forwarded to the complainant and to the CPT. Equally, the Scottish authorities must ensure that any complaint of ill-treatment made by a prisoner at HMP Cornton Vale should systematically be registered and followed-up, whether the complaint is made orally to staff or the management, or in writing in any form – including on an incorrect form.**

31. The matter was reported to Police Scotland who attended on 28 August 2019 and conducted an interview with Ms B.

32. On 15 September 2019 Ms B complained verbally to report alleged racial abuse by another Woman in Dumyat to the Duty Governor. Ms B was provided with the relevant complaint form and advised she could contact Police Scotland in relation to this matter.

33. All complaints are treated seriously. SPS Internal Audit team conducted an audit of HMP & YOI Cornton Vale's complaints in July 2019 - Substantial Assurance was achieved.

34. From January 2019 to December 2019 there have been 58 visits from Independent Prison Monitors (IPM). Regular engagement is in place between the monitors and SPS Management. There have been no concerns raised regarding the issue of complaints.

35. As noted under the response to recommendation paragraph 23 below, significant assurance and learning processes have also been put in relation to Use of Force at HMP & YOI Cornton Vale – these have resulted in a reduction in the number of Use of Force deployments. In 2019-20, prior to the COVID 19 restrictions, there was a reported reduction of 54% in comparison to 2018-19, in the context of a static population number.

### **Paragraph 23**

**The CPT recommends that the authorities use the opportunity of the re-building of the new 2021 Cornton Vale Prison to undertake deep structural and conceptual changes, which should address:**

- **the design and layout (i.e. smaller, more open and specialised units),**
- **the provision of adequate care for vulnerable women prisoners, especially those suffering from personality disorders, and**
- **the introduction of a different approach to the use of control and restraint measures, as well as to the use of segregation under Rule 95(11)/(12) and 41.**

36. The Scottish Government have set out bold and progressive plans for a new female custodial estate for Scotland and work is well underway to deliver a smaller national prison and the first of two local Community Custodial Units (CCUs) in Dundee and Glasgow. It is hoped that the new facilities will open towards the end of 2021 but restrictions placed on the construction industry due to COVID-19 resulted in the pause of the commencement of construction of the CCUs which was planned for June 2020.

37. The custodial environment is being re-designed with the aim of creating gender specific, trauma-informed settings where all who work, live and visit prison feel safe, respected and valued. Regime principles have been developed which will be embedded within operational practice across the women's estate. The new facilities have been designed to create an environment which will support physical and mental health & emotional and spiritual well-being to reduce the impact and associated risk of institutionalisation. Key aspects of the bespoke facilities will encompass activities to promote independence and life skills which are gender specific and designed to reduce stress.

38. A trauma informed care approach will underpin operational practice and be embedded within the core values to reduce the potential for re-traumatisation; whilst seeking to ensure that women in SPS care engage with the appropriate services, within a supportive environment.

39. Significant work has already been undertaken addressing the recommendations made in respect of a different approach to segregation which will include NHS mental health clinical teams working in partnership with SPS operational teams at HMP Cornton Vale to support women with complex and multifaceted needs. A summary of this work is as follows:

- NHS mental health clinical team works in partnership with the Operational team to support women with complex multifaceted needs.
- Care plans are in place to ensure effective communication of care needs and the actions or guidance planned to address them. These are reviewed regularly at weekly multi-disciplinary team meetings.
- Any recommendations from the national review of Control and Restraint in relation to Women will be implemented.
- All Use of Force Policy incidences are scrutinised by the Head of Operations. HMP & YOI Cornton Vale's Head of Operations reviewed the Use of Force documentation for the 25 August 2019 removal.
- As a result of this review a Standard Operating Procedure was implemented to ensure immediate access to video recording equipment for planned removals.
- HMP & YOI Cornton Vale have focussed on ensuring all Officers are competent in Control and Restraint. Current competency levels confirm 93.4% of deployable staff are competent in Control and Restraint (Phase 1).
- At HMP & YOI Cornton Vale every incident is reviewed by the Governor in Charge and the management team. A learning log is being maintained.
- In 2019-20, prior to the COVID-19 necessitated restrictions, HMP & YOI Cornton Vale reported a reduction of 54% in the number of incidences where force was used in comparison to 2018-19. This was in the context of a static population number.
- The fundamental and underpinning importance of Rule 91 is made clear in annual training, and the Governor in Charge met with Control and Restraint instructors on 7 Oct 2019 to emphasise this.
- Dumyat provides Segregation facilities for the entire Female estate, with the exception of HMP & YOI Grampian.
- At the time of writing<sup>4</sup> there were no Women being managed under Rule 95 at HMP & YOI Cornton Vale. In the first quarter of 2020 there has been 34 women located in Dumyat.
- The application of Removal from Association is always applied legally in accordance with the Prison Rules.
- Where any woman is Removed from Association and located within Dumyat, this is for the minimum time period possible. In some instances, they will remain within Ross House.
- Women located in Dumyat are able to access a 2-hour period in the open air which can take place in adjacent exercise areas to allow social interaction.
- Where assessed as appropriate, Management Plans for Women located in Dumyat on Rule 95 include access to the Gymnasium, in-cell activities and

---

<sup>4</sup> 27 May 2020

learning and periods of time within Ross House for meals and time in the open air.

- All Women managed under Rule 41 have individual management plans in place. Where possible they will remain within Ross House.
- Those located within Dumyat, where possible, will have a reintegration plan developed which often permits access to the Gymnasium, in-cell activities and learning and periods of time within Ross House for meals and time in the open air.
- At the time of writing<sup>5</sup> there are currently 2 women being managed under Rule 41: one is located within Ross House and has a management plan that sees her undertaking limited work, access to recreation and time in the open air on a daily basis; and the second woman is located within Dumyat due to a number of violent incidents, ongoing risk assessment and her distinct need, for a low stimulus environment as identified by NHS.

### **Pandemic implications**

40. Due to COVID-19, the SPS has to re-prioritise work being undertaken in order to respond to the pandemic under the SPS Pandemic Plan. Public health guidance around physical distancing and reduced staff resources has meant some work has been suspended and regimes have been adapted.

A number of Coronavirus implications affect progress against this recommendation:

- Building works at SPS Sites has been restricted in line with public health guidance; and
- The work of the Women's Strategy Team, who are developing all aspects of the new women's estate and the overarching Strategy for Women in Custody across the SPS estate, has been suspended temporarily to allow the staff to support running of prisons.

## ***SEGREGATION UNDER RULES 41 & 95(11) & (12)***

### ***The SRU Dumyat***

#### **Paragraph 26**

The CPT reiterates its recommendation that the Scottish authorities put in place a psycho-social support system for women prisoners held for longer than two weeks in Cornton Vale Prison's SRU and provide them with greater opportunities for association and engagement in purposeful activities. The aim should be for all women prisoners held under Rule 95 to be offered at least two hours of meaningful human contact<sup>6</sup> every day and preferably even more. Consideration might be given to allow women segregated in Dumyat supervised contact with selected prisoners.

---

<sup>5</sup> 27 May 2020

<sup>6</sup> See Essex Paper 3 of February 2017 on the "Initial guidance on the interpretation and implementation of the UN Nelson Mandela Rules" and in particular pages 88 and 89.

**The longer the measures of segregation continue, the more resources should be made available to attempt to (re)integrate the prisoner into the main prison community.**

41. Staff interact with women removed from association every day to encourage reintegration to mainstream conditions where appropriate. Periods of interaction are not limited to meal provision or facilitating contact with services such as NHS. Staff routinely take part in Case Management meetings, Talk to Me Case Conferences and Rule 95 and 41 Case Conferences.

42. Women being managed under Rule 41 have daily narratives written within the case management paper folder. These narratives summarise daily interaction with staff and are available for scrutiny. In the case of those held on Rule 95 these can be found in the women's electronic files.

43. In addition to this, women accommodated in Dumyat are visited by the Duty Governor every day. This interaction is recorded in the same manner as the daily staff contact and is available for scrutiny. These records clearly show that these visits are taking place.

44. Moreover, the Duty Governor conducts a weekly audit to provide secondary assurance that these interactions are taking place and being recorded appropriately.

#### **Pandemic implications**

45. Coronavirus is having a limited impact upon the staff interactions with women removed from association at this time. Coronavirus has not prevented access to exercise, telephone or showers for women within the SRU. Daily annotated contact with Duty Governors continues, as do phased re-integration plans, where appropriate.

46. All women also have access to 2-hours of time in the open air from within the SRU and, where possible - individuals will access adjacent yards at the same time in order that they can safely interact with each another.

#### **Paragraph 27**

**The CPT recommends that a thorough review of the application of disciplinary sanctions for prisoners already in the SRU on an isolated regime should be undertaken, to ensure that prisoners are not placed in an environment that deprives them of any meaningful stimuli.**

47. Each adjudication is considered on a case by case basis. The Management Team at HMP & YOI Cornton Vale is developing and will issue guidance to adjudicating managers to ensure that any sanctions imposed do not result in an environment that inappropriately deprives the individual of meaningful stimuli.

#### **Paragraph 28**

**The CPT recommends that the Scottish authorities develop step-down facilities at Cornton Vale Prison in the form of small therapeutic units that**



could provide a robust psycho-social support system for women prisoners, facilitating their reintegration process and providing a meaningful alternative to prolonged segregation in SRUs.

To this end, there is a need to have a more multi-disciplinary approach with psychology taking a lead in the management of these units.

48. All building works temporarily ceased due to Coronavirus restrictions<sup>7</sup>. However, a new Clinical Nurse Manager is in post and NHS Forth Valley (in which Cornton Vale is located) are in the initial stages of discussing a multi-disciplinary therapeutic model, with psychology leading. A model of clinical care is being written looking at what can be done within the current resources.

49. During the Coronavirus pandemic, a number of additional steps have been taken to ensure support is provided for those who may be at risk of increased isolation:

- A series of in-cell support material has been developed for those in prison by prison psychologists and health workers. This material focusses on social isolation, mental health and general health and wellbeing;
- Prison staff have been provided with additional information on the signs that may identify that someone in isolation is struggling with their mental health; and
- Through partnership with NHS 24 and SPS, all Scottish prisons have access to the Breathing Space telephone service, which is a source of mental health support for prisoners at this challenging time - this includes those removed from association.

### ***Ross House***

#### **Paragraph 31**

**The CPT reiterates its recommendation that the Scottish authorities invest greater efforts and resources into provide more psycho-social support and treatment for women placed on Rule 41 orders, and if necessary, increase the presence of clinical psychologists at Cornton Vale Prison to achieve this.**

50. Someone may be placed on a Rule 41 due to a mental health issue that means they present a risk to themselves or others. It is the responsibility of the NHS to provide the appropriate clinical support, interventions and treatment for those with mental illness, supported by appropriately trained specialist staff. SPS provide the appropriate training to prison staff so they can identify those with mental health issues and provide low level support and interventions.

51. HMP Cornton Vale has a fully functioning multi-disciplinary mental health team. NHS provide 6.8 whole time equivalent mental health nurses to deliver a service 7 days per week. Consultant Forensic Psychiatrists provide 3 sessions per week along with Clinical Psychologists who also provide three sessions per week. There are 2 Occupational Therapists contributing 2 sessions per week and a speech and language therapist available 2 sessions per week. The mental health clinical

---

<sup>7</sup> At the time of writing 2 June 2020

team works in close partnership with the SPS to support women with complex multifaceted needs.

52. Currently Cornton Vale has a low number of prisoners and there is not a requirement for additional clinical psychology resource. The current resource is sufficient to meet the current demand. However, how the psychology resource that is being deployed is being reviewed and the newly set up clinical team meeting as well as the multi-disciplinary mental health team will create more opportunities for staff to refer patients and use the case consultation and supervision offered by clinical psychology. The high turnover of staff and building work has disrupted the process of running nurse-led low intensity psychology groups at Cornton Vale and to address this issue clinical psychology plan to facilitate a group in the near future without the need for additional nursing support.

53. In addition, SPS psychology are working collaboratively with the Women's Strategy Team to develop the services and approach towards working with women. It is envisaged that psychological support will be embedded in all aspects of service delivery for women in custody.

#### **Pandemic implications**

54. During Coronavirus restrictions, a series of in-cell support material has been developed for those in prison by prison psychologists and health workers. This material focusses on social isolation, mental health and general health and wellbeing. Prison staff have been provided with additional information on the signs that may identify that someone in isolation is struggling with their mental health. Through partnership with NHS 24 and SPS, all Scottish prisons have access to the Breathing Space telephone service, which is a source of mental health support for prisoners at this challenging time.

### ***HEALTH-CARE SERVICES***

#### ***State of health-care services at Cornton Vale Prison***

##### **Paragraph 34**

**The CPT recommends that the presence of the GP and/or advanced nurse practitioner be increased to the equivalent of three full days per week at Cornton Vale Prison. Equally, given the profiles and increasing mental health care needs of the prisoner population at Cornton Vale Prison, the CPT recommends that the number of mental health care nurses be increased by two.**

55. As set out in the response<sup>8</sup> to the 2018 report, Cornton Vale has a fully functioning multi-disciplinary mental health team, which comprises:

---

<sup>8</sup> Paragraph 99

- 6.8 whole time equivalent (WTE) band 5 mental health nurses, who deliver a service 7 days per week (07:00-21:30 Monday to Friday; 08:30-18:00 at weekends)
- a band 6 mental health team leader
- 0.6 WTE band 6 addictions/mental health specialist nurse

This is in addition to:

- two Consultant Psychiatrists over three sessions per week
- a band 7 Clinical Psychologist one day per week (Note this has been increased to 8A post).
- a band 8B Clinical Psychologist one day per week
- a band 7 Occupational Therapist and band 6 OT assistant, one day per week
- a Speech and Language Therapist one day per week

56. NHS Forth Valley are in the initial stages of recruiting three more advanced nurse practitioners as well as recruiting 1.2 band 6 Mental Health occupational therapists (to cover 3 prisons) and 0.5 Band 7 Mental Health occupational therapists (to cover 3 prisons) who will provide leadership and governance.

### **Paragraph 35**

**The CPT recommends that the prison health-care service should ensure that all women prisoners' medical files are complete, including up-to-date internal and external medical examinations.**

57. Documentation audits, using Excellence in Care (EIC) Mental Health (MH) plan audit, Royal College of Psychiatrists audit as used by Healthcare Improvement Scotland (HIS) during prison inspections<sup>9</sup>, transition to care partner, will provide assurance in relation to medical files and ensure consistency and co-ordination of documentation pertaining to psychiatric examinations.

### ***Transfer for external psychiatric treatment***

#### **Paragraph 36**

**The CPT encourages the Scottish authorities to continue to transfer women prisoners in need of in-patient care to an appropriate hospital. The CPT recommends that the Scottish authorities pursue the target of ensuring women prisoners suffering from severe mental health disorders are transferred to an appropriate psychiatric facility within a period of two weeks.**

58. Under section 136 of the Mental Health (Care and Treatment) (Scotland) Act 2003, there are arrangements that allow a prisoner suffering from a mental disorder for which treatment is available to be taken to hospital for care and treatment to keep the prisoner and others safe. Depending on the care and treatment and the level of security required, there may be a wait until a secure bed becomes available. Once a

---

<sup>9</sup> <https://www.prisoninspectoratescotland.gov.uk/standards>, standard 9 Mental Health & Wellbeing

transfer for treatment direction has been made the prisoner must be transferred to an appropriate hospital within 7 days.

### **Coronavirus implications**

59. Prisons are minimising prisoner movement between flats/halls to minimise cross-infection risk; prison mental health teams continue to operate, though generally by visiting prisoners in their accommodation rather than at health centres in the prisons. The Forensic Managed Clinical Network maintains close awareness of referrals of prisoners for psychiatric inpatient treatment; thus far, there is no evidence of difficulty accessing secure psychiatric hospital beds, which continue to be available in all tiers of security.

### **Paragraph 36**

**The CPT would appreciate being sent an update on the case of Ms C, including the date upon which she was transferred to a psychiatric facility.**

60. Ms C was treated, and her condition safely managed in prison with daily reviews, case conferences and regular input from the psychiatrist. She was released from prison in December 2019 and although has since returned to prison, a transfer to hospital for mental health care and treatment is expected to take place in June 2020.

### ***Lack of high-secure psychiatric beds in Scotland for women prisoners***

### **Paragraph 37**

**The CPT reiterates that it would appreciate being sent the findings of this working group [established by the Forensic Network to explore female pathways across the mental health estate at all levels of security, including high level].**

61. The Forensic Mental Health Services Managed Care Network published its report 'Women's Service and Pathways across the Forensic Mental Health Estate' in March of this year<sup>10</sup>.

62. The needs of women who require high secure mental health care and treatment is an important matter and one that is quite rightly being given attention by NHS Boards. The Forensic Network's report<sup>11</sup> highlights a number of options for improving the delivery of forensic mental health services to such women. The report will feed into a broader, more wide-ranging independent review into the delivery of all forensic mental health services across Scotland commissioned by Scottish Ministers. That independent review<sup>12</sup> – chaired by Derek Barron – has been paused during the

---

<sup>10</sup> <http://www.forensicnetwork.scot.nhs.uk/wp-content/uploads/Womens-Report-Public.pdf?x82981>

<sup>11</sup> The Forensic Network published its report 'Women's Service and Pathways across the Forensic Mental Health Estate' in March this year, available at <http://www.forensicnetwork.scot.nhs.uk/wp-content/uploads/Womens-Report-Public.pdf?x82981>

<sup>12</sup> Independent review into the delivery of forensic mental health services in Scotland

pandemic. It will continue as soon as it is safe to do so, although it is not yet possible to say when that may be or a revised date for its conclusion.

**Paragraph 37**

**The Committee still considers that a prison environment is an inappropriate environment for women suffering from severe mental disorders.**

**The CPT re-iterates its recommendation that urgent consideration be given to developing a specialised psychiatric unit within Scotland to care for women prisoners with severe mental health needs, in order to close the gap concerning the lack of high-secure psychiatric places for such women and to ensure that access to mental health treatment is provided on the same basis as for male women prisoners.**

**In the meantime, the CPT recommends that those very few women prisoners requiring treatment in a high-secure mental health hospital do not languish in prison and that steps be taken to facilitate their transfer either to a medium-secure hospital in Scotland, with added security where necessary, or the State Hospital at Carstairs (if the unused bed capacity can be re-provisioned).**

63. While awaiting the outcome of the Independent Review into the delivery of forensic mental health services across Scotland, the Minister for Mental Health has asked the State Hospital Board for Scotland what would need to be put in place for women to be treated at the State Hospital. The State Hospital has had to focus on the care of its patients during the pandemic and a timescale for a response to the Minister's letter is not yet known.