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Dear Convener

## **EXPERT REVIEW OF MENTAL HEALTH SUPPORT FOR YOUNG PEOPLE ENTERING AND IN CUSTODY AT HMP&YOI POLMONT– SUMMARY REPORT**

In March 2021 my predecessor, Humza Yousaf MSP provided a progress update to the Committee on the Scottish Government’s response to the [Expert Review of Mental Health Support for Young People Entering and In Custody](#).

In February 2022, my officials held a roundtable discussion with the chair of the Review, HMCIPS Wendy Sinclair-Gieben and her co-chair, Dr Helen Smith to discuss the progress of the implementation of recommendations in more detail. At this roundtable, HMCIPS expressed her gratitude for the considerable amount of work that has taken against the recommendations and confidence that ongoing work had momentum.

I now attach a summary report and final action plan of this work. I trust you will find this helpful. I am also providing this report to Conveners of the Criminal Justice, and Education, Children and Young People Committees.



**KEITH BROWN**

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# **Expert Review of Mental Health of the Provision of Mental Health Services, for Young People entering and in custody at HMP&YOI Polmont**

## **Summary Report**

### **Introduction**

Following the deaths in custody of Katie Allan and William Lindsay at HMP&YOI Polmont in 2018, on 24 November 2018 the former Cabinet Secretary for Justice and Veterans, Humza Yousaf MSP, announced that an independent expert review of mental health and wellbeing services (Expert Review) for young people in custody would be conducted by HM Chief Inspector of Prisons for Scotland (HMCIPS), Wendy Sinclair-Gieben. Dr Helen Smith, clinical lead for West of Scotland Child and Adolescent Mental Health Service and Honorary Senior Clinical Lecturer oversaw the review.

### **Review Purpose**

The purpose of the Expert Review was to review the arrangements for young people, both untried and convicted, with mental health and wellbeing needs, entering and in custody, including:

- The information available to the Scottish Prison Service (SPS) prior to entering custody.
- Reception, screening and assessment arrangements;
- Health and wellbeing culture linked to on-going support and supervision.
- Treatment and interventions during their time in custody.
- Arrangements by SPS for their return to the community.

### **Review Recommendations**

The [review was published by HM Chief Inspector for Prisons](#) on 21 May 2019 alongside the routine inspection report for HMP&YOI Polmont. The review made 80 recommendations and highlighted two high level strategic issues:

1. The lack of proactive attention to the needs, risks and vulnerabilities of those on remand and in early days of custody.
2. The systemic interagency shortcomings of communication and information exchange across justice, that inhibits the management and care of young people entering and leaving HMP&YOI Polmont.

An Action Group was established comprising representatives from the SPS, NHS and Scottish Government key policy areas to take forward the 80 recommendations. This group met 7 times following publication of the report and was stood down in March 2021. On 24 March 2021 the former Cabinet Secretary issued a full update on progress to Committees and family members. In February 2022, a final roundtable was held to discuss completed actions, and agree that outstanding recommendations would continue to be progressed by stakeholders.

As identified in previous updates, the recommendations are wide ranging and cross cutting and the implementation thereof are not limited to actions within HMP&YOI Polmont, the wider prison estate or the justice system alone, but requires a

collaborative approach across a range of policy portfolios and operational interests relevant to young people in custody and mental health provision more generally.

We will continue to progress these recommendations in ongoing policy work across government and relevant agencies. We remain committed to ensuring a trauma-informed and compassionate justice system that understands the often complex reasons why young people end up in prison, that believes in their ability to rehabilitate and provides the relevant and timely support when needed.

Below is a summary of the inter-related and ongoing work of the Scottish Government, NHS Forth Valley (FV) and the Scottish Prison Service that underpins the progression of the recommendations of the Expert Review.

### **Our Vision for Youth Justice and aim to keep Under 18s out of custody**

Reducing offending by children and young people and safeguarding them within the youth justice system with a view to keeping under 18s out of young offender institutions (YOI's), remains a key priority for this Government as outlined within the [Programme for Government](#) and reiterated within the Promise Implementation plan, published on 30 March 2022. The decision on whether to keep someone under the age of 18 in custody is a matter for the independent courts, however, it is clear that as a Government we need to ensure that both practice and legislative changes are in place to garner confidence in alternatives to YOI.

To that end a new Vision for Youth Justice<sup>1</sup> was published in 2021. The vision continues to build on the successes over the last 13 years around reductions in under 18s prosecuted in court (down 85% since 2008-2009) and in 16/17 year-olds being placed in YOI on remand or sentence. According to Official Statistics, the number of under 18s in custody on 30 June 2007 was 221. As of 3 June this year that number was down to 12 of which 7 were on remand. The Vision represents a shared foundation between the Scottish Government and partners, and a commitment to continue to support the agenda of keeping children out of the criminal justice system and promoting the continued delivery of the whole system approach to preventing offending by young people focused on early intervention, diversion from prosecution, and alternatives.

The Scottish Sentencing Council has developed a [guideline](#) for the sentencing of young people, which takes the age and maturity of the young person into account, and recognises that many young offenders are trauma-experienced. The guideline came into effect in January 2022 and proposes that court consider rehabilitation as the primary concern when sentencing young people up to age 25.

We have committed to a [Children's Care and Justice Bill](#), as set out in our 2021 Programme for Government, and development towards this is underway. Given the range of interlinked matters within this Programme for Government commitment, these matters will be subject to in-depth consideration and further stakeholder

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<sup>1</sup> [Justice for children and young people - a rights-respecting approach: vision and priorities - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/embedded/Justice-for-children-and-young-people-a-rights-respecting-approach-vision-and-priorities-gov.scot)

engagement, with a formal consultation launched on 30 March which ends on 22 June.

The aim of the consultation is to elicit views on a range of matters, including on whether all children for whom it has been assessed as necessary to be deprived of their liberty should be cared for in safe, secure, trauma informed environments, such as secure accommodation rather than young offenders' institutions.

Demand and supply of secure care is complex, and secure units' operations are funded almost exclusively from their bed rate. We recognise that this model is not acceptable and discussions are ongoing to consider options for future changes, including buying beds to ensure there is capacity for young people living in Scotland. Standards for secure care were launched on 5 October 2020, co-produced by young people with care experience, and the current focus is on supporting the implementation of these standards.

Whilst we look to make legislative changes, it is recognised that this can only do so much. Practice and cultural change is also required. We will continue to work with partners, through implementation groups delivering the youth justice vision, to explore alternatives to remand with secure care and intensive community based alternatives to be used instead. With an assessment of gaps being undertaken and good practice shared by the end of September 2022. Action also includes future funding and provision of secure care in Scotland by 2023, with initial funding arrangements to be in place over the summer. Discussions are also underway to evaluate the needs of the under 18 population in both secure care and YOI to ensure appropriate supports are in place as well as adequate availability of places for the introduction of the legislative changes.

In 2021 CYCJ carried out research into the young people on remand in Polmont in a snapshot of time. The purpose was to understand the pathways to remand. 14 of the 18 children in custody at the time were on remand and 12 were over the age of 17. Key themes from the research included a lack of a consistent approach to information sharing and communication on outcomes and availability and barriers to providing alternatives to remand.

In December 2021 the Covid-19 Children and Families Collective Leadership Group (CLG) established a short life group to deliver improvements for under 18s in YOI and to reduce the number held. The CLG brought together national and local government and other partners to respond to immediate concerns for children, young people and families with vulnerabilities during the pandemic and provide longer term support for recovery and renewal. The short-life group was set up in response to issues raised in the *HMIPS – Year of Childhood Pre-Inspection Survey 2021*<sup>2</sup> and CLG's role in supporting UNCRC Implementation and maintaining momentum on work to Keep The Promise by removing all children from YOI.

The short life group met virtually on 3 occasions between December 2021 and March 2022 with an initial remit of addressing the issue of under 18s being isolated

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<sup>2</sup> [HMIPS - Year of Childhood Pre-inspection Survey 2021 | HMIPS \(prisonsinspectoratescotland.gov.uk\)](https://prisonsinspectoratescotland.gov.uk)

in YOI as reported by HMIPS in the pre-inspection survey report and understanding the key decision points and opportunities to provide additional support and alternative approaches to custody. There have been a number of improvements for under 18s in YOI since January 2022. These include:

- Re-alignment of full time Barnardo's worker to work closely with individuals and reduce social isolation and encourage participation in activities available.
- Engagement with young people around their ambitions with training opportunities available through Fife College (December 2021).
- Access to vocational training for both remand and convicted individuals.
- Provision of mobile phones for all under-18s with 930 minutes provided monthly.
- Unless there are restrictions in line with Scottish Government health requirements because of COVID-19 outbreaks, there are no restrictions to the regime for 16 and 17-year-olds in Polmont with staff proactively engaging with young person in communal areas and in their cells depending on the activity.
- Re-alignment of full time Inclusion Officer who commenced in January 2022 to support young people to engage in activities and connect and improve relationships with their families.
- Development and implementation of new non-pain inducing techniques for young people and women in Polmont.

A report was produced by the short life group which sets out 4 recommendations to be delivered: (i) Undertake a Trauma Informed Review of the Young Persons Pathway to YOI; (ii) Recognising the needs and rights of the young person and support their understanding of court processes to ensure meaningful participation; (iii) Assess and review key policies through the lens of UNCRC and other human rights treaties; and (iv) Identify and remove legal impediments to alternatives to remand and take immediate action where possible to remove under-18s from custody. These recommendations are now being addressed as part of the wider response to youth justice.

### **The Promise**<sup>3</sup>

The Promise recognises that care-experienced people are disproportionately represented within the prison population (1/4 of the adult prison population indicated that during their upbringing they had been in care and around 40% of young people in custody report that they have been in care) and commits to giving care experienced children "the childhood they deserve". The Scottish Government published the [Promise Implementation Plan](#) on 30 March 2022, setting out how we will keep The Promise by 2030.

In accordance with Programme for Government 2021-22 and our commitment to Getting it Right for Every Child (GIRFEC), we maintain a long-term aim for custody only to be used as a last resort for those young people who pose a risk of serious harm and for community-based interventions to be the default of those who do not. To this end, we consulted:

- In November 2021 on bail and release, specifically inviting views on whether legislation should require courts to take an individual's age into account when

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<sup>3</sup> [The Promise - The Promise](#)

making a bail decision. The Bill, which will be introduced in June 2022, will reform the law governing bail decisions and the mechanisms around prison release, as well as increase investment in community based interventions and community sentences.

- In March this year, on our proposal to reform legislation to promote and advance the rights of children in care and justice systems.

### **New Vision for Justice**

Where a young person is remanded or sentenced to custody, guidance is available to practitioners through the [Children and Young People's Centre for Justice](#) (CYCJ) setting out what and how key information, including a Child's Plan, should be shared with the prison service.

The impacts of previous trauma, the need to minimise further trauma and the prevention of re-traumatisation of young people entering the justice system is recognised in the Scottish Government's [Justice Strategy](#), published February 2022, so as to aid recovery and rehabilitation of offenders. Both the Youth Justice Vision and the Justice Strategy link to the Whole Systems Approach (WSA), which many local authorities are already delivering on even beyond the age of 18, where possible.

### **Care for Young People in Custody**

The increasingly complex needs and risk profiles of young offenders is recognised in the [SPS Vision for Young People in Custody](#), published in March 2021. The vision sets out that SPS intends to "use the time a young person spends in custody to enable them to prepare for a positive future".

### **SPS and NHS Staff training and recruitment**

The Scottish Prison Service will continue to progress a trauma informed and trauma responsive workforce, so as to best support the young people in their care. To that end, training in SPS is underpinned by an emphasis on trauma-informed care, to develop staff skills and confidence in dealing with distress and empower them to build nurturing relationships with young people. All newly recruited staff are given introductory training in mental health and wellbeing, and the skills of existing staff are reinforced by training on trauma-informed care and mental health care for young people. Ongoing CPD that continues to focus on these areas of training is now embedded into training pathways for staff working with young people.

All NHS staff working at HMP&YOI Polmont undergo Essential Child & Adolescent Mental Health Services (CAMHS) and Decider training, and a trauma-informed tool for young people is being adapted by NHS Education for Scotland.

Despite national challenges to recruiting to mental health posts, NHS Forth Valley has used Action 15 funding provided by the Scottish Government to increase the mental health workforce. This has included recruiting additional speech and language therapist sessions and mental health occupational therapists. Leadership structures have also been reviewed within NHS Forth Valley prison sites to improve and support staff retention and career progression. Additional support has been provided to staff working at Band 7 and a competency framework for mental health staff has been introduced. A module has been developed by SPS College on Safety & Stabilisation,



and psychologists have undergone 'train the trainer' to help staff improve their practice.

### **Positive cultural changes**

Many positive cultural changes have been made at HMP&YOI Polmont since the Review reported. Routine body searching of young people as part of routine cell searches, following visits and within reception have been discontinued, with Standard Operating Procedures in place.

The SPS control and restraint policy is being revised, with the theory components already rolled out and the second phase of pain-free restraint introduced.

The challenges presented by the pandemic in maintaining family contact meant that the opportunity of an estate-wide mobile phone solution was prioritised as an alternative across the prison estate, with young people at HMP&YOI Polmont being the first to benefit from the technology. Similarly, virtual visits with family and friends of young people were prioritised as a means of maintaining family contact when physical visits were not possible due to Covid-19 restrictions.

During this time, a range of supports were provided to children and young people, including wellbeing calls from Barnardo's and Committed to Ending Abuse (CEA), and relaxation and mindfulness tapes and videos made available through in-cell televisions and radios. The Samaritans telephone number is pre-programmed on all mobile phones which enables 24-hour a day access to support, should this be required.

Work is ongoing to progress the development of a softer, more normalised environment for those in acute distress to be supported. A Safer Cells review was conducted and a cross directorate sub-group established to ensure the review findings were in line with Expert Review recommendations. Some immediate work was undertaken to refresh Iona Hall in HMP&YOI Polmont and short-term improvements have been made to safer cells throughout the establishment. The future use of safer cells and alternative supports will be incorporated as part of the wider Mental Health Strategy.

Where young people self-identify as having suicidal ideation, the Talk to Me suicide prevention protocol is utilised, to allow for increased observation and support of a young person. The process allows for a transitional care plan to be implemented when a young person comes off Talk to Me and includes support meetings by NHS mental health staff and further interventions if needed. If a young person has been on Talk to Me within 6 weeks of being released, continuity of care is ensured through case conferences with community partners and the option for family members to attend where appropriate.

### **Mental Health support and Suicide prevention**

Although the Expert Review recommended the development of a bespoke suicide and self-harm strategy for young people, following consultation with the National Suicide Prevention Management Group as well as partners including the Samaritans, NHS, and groups such as Breathing Space, the SPS are developing a holistic Mental Health Strategy for all prisoners with outcomes that reflect the needs of the whole population,

with specific needs of young people weaved throughout. This work has been prioritised to progress and will be informed by the Scottish Government's Needs Assessment research.

### **Suicide prevention**

There are established links between the Scottish Government-led National Suicide Prevention Leadership Group (NSPLG) and the SPS National Suicide Prevention Management Group (NSPMG) through common membership and the delivery of specific actions in the Suicide Prevention Action Plan. The Scottish Government and COSLA will publish a new suicide prevention strategy and action later this year and work is underway to link this work and the work undertaken by SPS in the development of the above mentioned mental health strategy, as well as the review of the Talk to Me protocol.

### **Information sharing between Health and Justice**

Information sharing remains an area where the Review recommendations have not been met, although work has been initiated, through:

- the Prisons Digital Health & Care Systems Provisioning Programme - to identify options for delivering integrated clinical IT systems to provide patient care and information sharing, including during transitions into and out of custody);
- the work of the Scottish Health in Custody Network, where the Information Sharing Protocol remains a standing item on the agenda;
- A review of the Memorandum of Understanding between the SPS and the NHS, led by the National Prison Care Network;
- the Health and Justice Collaboration Board, which was tasked with overseeing this area of work.

Much of this work was paused and priorities shifted during the COVID-19 pandemic, but will now be progressed. The Health and Justice Collaboration Board has since been reconstituted and will take this work forward as they focus on improving the justice journey.

### **Conclusion**

The 80 recommendations made by the Expert Review aimed to improve the arrangements for young people, entering custody and while in custody. While it is recognised that not all actions taken in response to recommendations can be closed, the changes made by the SPS, NHS and Scottish Government to policies and operational practices are substantial and ongoing. Much of this work has progressed into policy and legislation.

HM Chief Inspector of Prisons for Scotland has been grateful for the considerable work that has taken place. On the 11<sup>th</sup> July HMIPS and Dr Helen Smith are returning to HMP&YOI Polmont to check on progress and subsequently will confirm if they are content with progress.

The full plan and actions taken to implement recommendations is included at Appendix A.



**EXPERT REVIEW OF THE PROVISION OF MENTAL HEALTH AND SUPPORT SERVICES FOR YOUNG PEOPLE ENTERING AND IN CUSTODY AT  
HMP&YOI POLMONT- ACTION PLAN – MAY 2022**

No	Recommendation	Final update
01	The SPS should collect and analyse the data for all young people, regardless of status, on time out of cell, attendance at purposeful activity opportunities, visits, letters, and phone calls, to identify those young people who are experiencing unintended isolation and develop care plans to address this;	<p><b>Not implemented – substitute action taken. See narrative.</b></p> <p>SPS has examined a number of methods to attempt to collect this information; all of which have proven to be cumbersome and resource intensive. It is hoped that in the future, digital options may enable more efficient gathering and analysis of information. Presently, the Polmont Duty Report describes any regime restrictions, to ensure that any restrictions are not impacting disproportionately and do not impact on the under 18s regime. A record of the daily number of attendees to specific activities is also recorded. In response to HMIPS Year of Childhood Pre-Inspection Survey 2021, a development officer role was trialled to monitor, facilitate and be more involved with the daily activities of all under 18s. A detailed daily narrative, including time spent at work parties, activity opportunities, visits, recreation, exercise etc., was gathered for children. This development role has concluded though information on time out of cell will continue to be gathered.</p> <p>Polmont relaunched the Inclusion Unit in February 2021. This unit is working with young people who are disengaged either through vulnerability and/or demonstrating challenging and negative behaviours. The staff provide individualised support, using a variety of interventions, to encourage the young people to engage with the regime. Every child admitted to custody is now seen by Inclusion Unit staff within 7 days where possible. Referrals to the unit come from staff, RMT, youth work and work areas, with the Inclusion staff being proactive in attending areas and checking who is engaging and establishing those that are not. On 26.05.22, 25 young people were engaging.</p> <p>Barnardo's and Committed to Ending Abuse (CEA) provided services via phone calls during times of Covid-19 restriction. Follow up calls were offered to those who wished them until the tail end of 2021 where the focus was on admissions and referrals were made for further support as and when required. With the easing of restrictions, there was not the same uptake for calls. Barnardo's noted a gradual decline as staff stopped working from home and returned to the establishment and ceased taking calls in January 2022. Young people have 24-hour access to the Samaritans via their mobile phones.</p>
02	All purposeful activity opportunities related to wellbeing, apart from offending behaviour programmes, should be made available to all young people regardless of status,	<p><b>Implemented and ongoing.</b></p> <p>As of week beginning 27 September 2021, activities have been open, with opportunities reduced at times due to COVID-19 restrictions and staff absence. As of 16 May 2022, the two-shift staff attendance pattern remains in place within Polmont. Staff absence continues to impact on delivery. The attendance pattern and high level of absence requires some areas to be closed. Rosters are currently being restructured to maximise the support to residential areas whilst reducing the impact on activities.</p>

	<p>e.g. remand and protection prisoners who traditionally have impoverished regimes and pose the highest risk</p>	<p>There are security and resource reasons why not all activity opportunities can be made available to every group at any one time. In addition, some services would not be appropriate for those on remand as safe completion of psychological support could not be guaranteed. It is voluntary for the remand population to work and there are other challenges to overcome including appearance at court, bail releases, lawyers' visits, daily visits which can impact on ability to sustain work.</p> <p>The remand population access opportunities including waste management, horticulture group, general operatives in the hall such as ICP, Pantry, Pass Men/Women, media centre, gym and performing arts. Education and other agencies also work with remand. A snapshot taken over a 12-week period during November 2021 to January 2022 shows weekly averages of 47 individuals on remand accessing work. A business case has been developed to make an argument that remunerating all remand groups is appropriate. In the meantime, Polmont GIC continues to pay wages to those on remand through the current budget. At the present time budget restrictions are not preventing Polmont population groups on remand accessing activity.</p> <p>Barnardo's recognised the high demand for support for Mental Health and Well-being within the remand population and all other population groups and offer psycho-educational small groups covering stabilisation, safety, and self-care/containment. The aim is to support young people to develop coping strategies to better manage their thoughts, feelings, and behaviour. It is hoped this in return will help them adjust to their new environment and loss of freedom, increase resilience and prevent mental health crisis. Feedback from the pilot evaluation was positive and the groups have continued to run. The next group is planned for July.</p>
03	<p>Good existing practice in multi-disciplinary approaches to co-designing the regime should be extended to all aspects of HMP YOI Polmont's strategy</p>	<p><b>Implemented.</b></p> <p>The SPS refreshed Vision for People in Custody, published in March 2021, has co-design and support as one of its key principles and this ethos underpins service provision at Polmont. The refreshed vision builds on multi-disciplinary working, and despite restrictions as a result of Covid-19, Polmont continued to run groups (following public health guidance) to seek views from young people with regards to the Covid-19 restrictions and response.</p> <p>To assess progress against the outcomes of the Vision, the SPS co-produced the 'How Good is Our Care of Young People' Quality Indicators (QIs) with Young People in custody, staff and partners in 2016, which were refreshed in late 2020. These QIs provide an opportunity for staff who work with children and young people in custody to identify, through self-evaluation, good practice and also help SPS to make improvements where required. The Young People's Strategy Group is now taking forward work to develop a model of testing the quality indicators for young people. A team of staff at Polmont, including Barnardo's, is currently using the quality indicators to better understand, then take steps to improve, the wellbeing of children, young people and women. Completion is intended for June 2022.</p> <p>Barnardo's Youth Work approach centres around involving young people in decision making as much as possible within Polmont and the custodial environment. Barnardo's ran focus groups with all young people serving a life sentence to gather user voice. A group has now been set up that meet weekly to look at how best to support young people serving life sentences. This group is led by the young people based on the consultation.</p>

		<p>During 2021, SPSC and Polmont Media Centre collaborated with young people, NHS mental health nurses and Performing Arts to record a series of five episodes of Decider Skills. These have been shown regularly over the past 6 months. Additionally, the media centre runs shows which are made by males and females separately with external partners. The content is decided by young people and women in Polmont who research and present their own material. This has included features on mental health.</p> <p>Young people continue to have a say on what issues are relevant to them within the regime and are also given opportunities throughout the year to fundraise, where they decide which charity they would like to donate to and what events to run.</p>
04	<p>Staff confidence in dealing with distress and challenging behaviour should be enhanced by regular and refresher training and awareness in trauma informed gender and age specific behaviour management, supported by individual behaviour management advice from the prison psychology team</p>	<p><b>Implemented and ongoing.</b></p> <p>This is included in wider continuous professional development at Polmont.</p> <p>Scottish Prison Service recognise that trauma and distress has been experienced by many young people entering custody. SPS Young People's Estate Learning and Development Strategy has been created and is a dynamic document that will be updated on an ongoing basis.</p> <p>Since early 2021, trauma-informed care has been delivered within prison officer recruit's foundation training (1-day session). This is delivered at the outset of the course and is referred to throughout other sessions to help embed the learning process and develop recruits to support individuals in a trauma-informed way.</p> <p>There is also now a specialised five-day training module for staff recruited directly to residential areas working with and caring for young people and women which has a central emphasis on trauma informed care. Staff are encouraged to reflect and contextualise trauma-informed care for both the young people and female populations. This training took place in February 2021 with positive feedback however ROFP staff numbers have since been too low to run further training.</p> <p>A two-day workshop, with a focus on trauma-informed care and mental health care for young people, has been developed to enhance the skills of existing staff. The first pilot took place in early May 2022 and was attended by four staff across functions. Initial feedback was positive and a further session with staff and a senior manager is planned for June 2022.</p> <p>Refresher Training on Talk to Me is delivered to all relevant SPS staff, including third sector and NHS partners across the estate.</p> <p>Mental health is touched on in the bespoke training developed for staff. However, this will be further redeveloped in line with the SPS Mental Health Strategy (see recommendation 20). Mental Health First Aid for Young People training has been delivered by an external provider to a small cohort of staff. The training schedule was paused due to the pandemic; however, the procurement process has now concluded and the contract has been awarded. The product is still under review by Scotland's Mental Health First Aid (SMHFA), who are the overall owners and assurers of the product, which has</p>

		<p>delayed the intended delivery dates of March/April 2022. There is currently no confirmed date for the end of the review. Training will restart following completion of the review, with an initial focus on residential staff.</p> <p>Updated training on physical interventions has shifted the focus on managing and understanding distressed individuals within a custody setting. Officers are taught how to effectively de-escalate situations proactively, with an aim to avoid the use of restrictive practices. This is based on developing interpersonal skills and relationships with people in our care.</p> <p>The ongoing review of restrictive practices have identified the need to develop a new curriculum of physical interventions. This work has progressed through 2021 in partnership with the SPS Chief Executive, the POA, representation from HMIPS and OD colleagues. Over several workshops, a new curriculum of physical interventions has been developed, which is due to undergo independent assessment of risk. A pilot roll-out has now been proposed and is due to start mid to late 2022, with the importance of engagement with establishments recognised and so an engagement plan is in place. The pilot will involve a full suite of non-pain inducing physical interventions, additional support for staff and a more robust support for people in custody post-restraint, with the aim of reducing episodes of restraint proactively.</p>
05	SPS should consider the re-introduction of the volunteer Prison Visitor Scheme for those young people that identify as having limited family or friendship contact	<p><b>Action in progress.</b></p> <p>SPS commenced work in early 2020 to engage local groups who may be in a position to provide a volunteer visitor service for young people in HMP&amp;YOI Polmont who do not receive visits. Due to constraints around in-person visits, SPS also began to explore volunteer visitor letter writing schemes.</p> <p>Volunteer visits – Meetings took place with SPS Chaplaincy Advisor, Polmont and CrossReach. After considering the number of people who do not receive visits and conducting a small focus group session it was established that there is a demand for this service. It was also clear that for some, peer support would play a role in encouraging uptake of visits. Various points raised during the focus group will help inform the design of the programme.</p> <p>As SPS cannot assist with funding, CrossReach applied for external funding to run a pilot with 10 women, in collaboration with HMP YOI Polmont, covering volunteer selection, training (trauma informed, etc.). Learning from this pilot would support development of a programme for males who may need a slightly different approach. This funding bid was unsuccessful in late 2021. Alternative funding options were being explored in January, however changes to personnel within CrossReach has prevented progress. CrossReach plan to revisit this work when resources allow.</p> <p>Time to Write (Prison Fellowship letter writing scheme) publicity was communicated with Polmont however there was no uptake with the scheme, as evidenced in a recent evaluation of the scheme.</p>

06	SG and SPS should consider introducing in-cell telephony and technology to improve non-stigmatising access to self-help and mental health professionals when locked in cell;	<p><b>Implemented and ongoing.</b></p> <p>Scoping work to initiate an in cell telephony pilot at HMP&amp;YOI Polmont was well underway prior to the pandemic which included site surveys, specifications for cabling and input on an options appraisal. Work was also undertaken to provide full costings and a planned timeline for the pilot and to initiate a procurement exercise for handsets.</p> <p>The challenges presented by the pandemic in maintaining family contact meant however that the opportunity of an estate-wide mobile phone solution was prioritised as an alternative. The phased rollout of mobile phones across the prison estate began in June 2020 and was completed in early September. HMP&amp;YOI Polmont, was prioritised and was one of the first prisons to receive the technology.</p> <p>The introduction of mobile phones has allowed those in custody to maintain contact with their family and friends. Similarly, virtual visits in Polmont were also prioritised and introduced quickly in order to provide another means of maintaining family contact when physical visits were not possible due to Covid-19 restrictions.</p> <p>The Samaritans telephone number is pre-programmed on all mobile phones which enables people in custody to access the Samaritans support service 24 hours a day, 7 days per week. Young people and children are allocated 310 and 930 minutes respectively at the start of every month.</p> <p>Options for longer term solutions to in-cell telephony are being explored which will replace the mobile devices currently in use.</p>
07	Consideration should be given to reviewing the legislation to require all young people in custody to engage in wellbeing activity	<p><b>Action in progress.</b></p> <p>SPS undertake a range of measures to encourage participation and engagement with wellbeing and other activities. The consideration for the need to amend legislation will be kept under review and for the next Parliamentary term.</p> <p>Polmont developed a business case for remuneration for remand population to engage, on a voluntary basis, in work and activities. Prison Rules allow remand to participate in work but the current Prisoners Wage Earning policy may need reviewed to further support engagement going forward.</p>
08	Expert community services, activities and therapeutic supports which underpin improvements in health and wellbeing, and which may help	<p><b>Action in progress.</b></p> <p>In 2019-20 additional funding of £1.65 million was made available over 3 years to help bolster bail supervision and create new capacity. This will help justice social work services and provide the judiciary with alternatives to remand.</p> <p>In 2020-21 a number of directly funded voluntary justice sector organisations were advised of 3-year indicative funding. The total funding agreed in principle was around £3m, subject to the outcome of the Spending review and draft SG Budget. This</p>

	address the underlying trauma behind the desire to self-harm, need sustainable core funding.	provided some level of comfort, alongside several national funds set up to support voluntary organisations impacted on by the pandemic and in some areas loss of income.
09	The SPS and NHS Forth Valley should consider the use of holistic age-appropriate risk assessment tools on induction, to inform the management of young people in their care who arrive with little significant information about any risk and arrange a 72-hour case conference once further information has been gathered	<p><b>Action in progress.</b></p> <p>SPS visited St. Mary's Kenmure in November 2019 and a report was submitted for consideration. SPS were undertaking work to determine if specific risk assessment practices adopted by secure care providers would be appropriate within Polmont and could be adapted for a custodial setting. An initial meeting took place to explore if the assessment process utilised within St Mary's could be aligned to existing SPS case management tools/practices however this work has been significantly impacted due to lack of resources.</p> <p>A care partner recording system has been implemented by the NHS Mental Health Team at Polmont which provides standardised assessments and care plans. It also provides clinical template documents for all new assessments and current caseload, which are reviewed and discussed at a weekly Clinical Team Meeting. Decisions and outcomes are recorded and appropriate services and support sought for young people as required. In addition, the assessment on admission process was reviewed and adapted to make pathways more streamlined and reduce delays. NHS Forth Valley has agreed Standard Operating Procedures outlining the criteria for urgent and routine new assessments and caseload allocation.</p>
10	Inter-agency review arrangements should be considered for all young people in readiness for their release.	<p><b>Implemented.</b></p> <p>It is recognised that the release process can be a vulnerable time for young people.</p> <p>Staff at Polmont undertake an interagency pre-liberation review with individuals, 6 weeks prior to release. If an individual is on Talk to Me in the 6 weeks prior to release a separate case conference is convened with community partners and family where appropriate to ensure continuity of care in the community. Assurances given at various points in 2021 and in February 2022 that this is taking place.</p> <p>The current release process is as follows: 6 weeks prior to release an email is sent to community lead partners. At the 4-week stage a case management board is held with partners to discuss release plans. A consideration of needs form is completed (for convicted young people) which covers accommodation, benefits, through-care services, and travel arrangements. The release plan also covers healthcare, substance misuse, support, and any additional needs. Release packs are provided, GP applications issued and mobile telephones offered with support contact details. A release plan is completed for any remand young person or woman who is given bail or released following a virtual court. This is embedded into practice and is well managed.</p>

		<p>People serving long term sentences and statutory cases are managed through the enhanced ICM process. Pre-release case conferences take place three months prior to release with community based SW input. This is a robust process.</p> <p>WSA and voluntary through care arrangements are in place.</p>
11	<p>The Scottish Government should consider developing and adopting a standardised approach, including developing minimum information data sets, conforming to the GIRFEC principle, across the justice system to ensure relevant history and information accompanies all young people entering custody</p>	<p><b>Not implemented.</b></p> <p>The Health &amp; Justice Collaboration Board was paused in March 2020 while resources were prioritised to focus on responding to Covid-19.</p> <p>The Health &amp; Justice Collaboration Board has since resumed and is currently working on information sharing improvements across health and justice.</p>
12	<p>The Scottish Government should re-energise its work to introduce the electronic transmission of information across the justice system and children's services.</p>	<p><b>Not implemented.</b></p> <p>The Health &amp; Justice Collaboration Board was paused in March 2020 while resources were prioritised to focus on responding to Covid-19.</p> <p>The Health &amp; Justice Collaboration Board has since resumed and is currently working on information sharing improvements across health and justice.</p>
13	<p>Consideration should be given to risk alerts completed by a named person or lead profession being shared electronically across the justice system</p>	<p><b>Not implemented.</b></p> <p>We will gather evidence from named person/lead professionals across Scotland to assess current processes for risk assessments, whether risk alerts are being shared and what action could be taken.</p>



14	<p>The template for risk alerts should be reviewed and consideration given to including information on identified needs and vulnerabilities, including wellbeing and welfare assessments, e.g. risk of harm to self or others and health and wellbeing matters (including any physical and mental health concerns, medication, alcohol and substance use). This information should be shared with whoever is transporting the young person and included in the PER</p>	<p><b>Action in progress.</b></p> <p>The Prisoner Escort Record (PER) provides an opportunity for all risks / issues to be recorded on the day and covers all the topics identified in the recommendation. There is an area on the PER currently where the dispatching agency (e.g. Polmont) is able to identify risks alerting GEOAmeY. GEOAmeY then have a responsibility to put in place risk reduction measures (RRM) to minimise the risk identified. OD are working with GEOAmeY to improve how they apply RRM.</p> <p>It is planned to further review the PER form with GeoAmeY and move to an electronic format however this work remains at an early stage.</p>
15	<p>On the day a child or young person is remanded or sentenced, their Child's Plan and Criminal Justice Social Work Report (CJSWR) (where a CJSWR has been completed) should be shared electronically</p>	<p><b>Implemented.</b></p> <p>Where a young person is remanded or sentenced to custody, guidance is available to practitioners through the Children and Young People's Centre for Justice (CYCJ) setting out what and how key information, including a Child's Plan, should be shared with the prison service.</p> <p>The National Standards for Social Work Services in the Criminal Justice System guidance details the need to share information – with particular reference to a risk of self-harm proforma.</p> <p>An SPS email address was created for all reports to be sent electronically via an information sheet. Further work is ongoing with SPS and practitioners to ensure that this process is robust and working in practice as it is understood that in some cases information is still being received both electronically and in hard copy. Receiving the information electronically helps with the development of care and release plans and allows a more joined up approach through engagement with the right community partners in a more efficient manner.</p>

16	Once information requirements and minimum data sets have been agreed, consideration should be given to a sustainable quality assurance and scrutiny mechanism to ensure the systematic flow of information	<p><b>Action in progress</b></p> <p>This links to recommendations 11 and 12, above.</p> <p>Discussions around data gathering are ongoing with key agencies to ensure all key data is collated.</p> <p>This is a significant piece of ongoing work and will require further discussions with external partners to establish any future standards around information sharing.</p> <p>Minimal data sets are included in the new Youth Justice standards published in June 2022. These standards will continue to be developed and agreed. There is a WSA implementation group to deliver on the WSA actions within the Vision and will ensure this is included in that work.</p>
17	If a young person is at risk of a custodial sentence, where possible and without disturbing the court process, consideration should be given to their hearing being listed as early as possible in the court day, to support their transition into custody and ability to access appropriate support	<p><b>Implemented and ongoing.</b></p> <p>Discussions around data gathering are ongoing with key agencies to ensure all key data is collated.</p> <p>This is a significant piece of ongoing work and will require further discussions with external partners to establish any future standards around information sharing.</p> <p>There is further work which will be carried out around under 18s in court and how this process can be improved.</p>
18	Similarly, where practical, liberations should be arranged for times when those with complex support needs can receive appropriate support	<p><b>Implemented and ongoing.</b></p> <p>Liberations of young people at Polmont where there are complex support needs or vulnerabilities are arranged at times to ensure that support and continuity of care in the community can be maintained as required.</p> <p>The Prisoners (Control of Release) (Scotland) Act 2015 makes provision for flexible release for the purposes of reintegration.</p> <p>Following receipt of a high number of flexible release applications over Christmas and New Year 2020, SPS held a lessons learned session with a variety of community justice partners, NHS and voluntary sector who alerted SPS to some procedural challenges that they had experienced. As a result, SPS took forward a number of short term actions, including issuing an additional communication to partners and prisons and highlighting some immediate interim changes to processes. Longer term actions include reviewing SPS's full guidance and processes.</p>

		<p>There is evidence that the flexible release process is being used in Polmont albeit numbers of applications remain low. Applications have been made in order to alleviate mental health concerns and to support those young people with complex needs and learning difficulties.</p>
19	<p>The greatly increased risk during the first three months in custody should be emphasised in the TTM Strategy and staff training.</p>	<p><b>Implemented and ongoing.</b></p> <p>Following publication of EROMH, SPS reviewed the TTM training and were content that it raises awareness of the risk of suicide in those coming into custody during the first three months. It is of note however that subsequent data gathered by SPS indicated a changing pattern where the majority of the deaths by suicide occurred 3 months after coming into custody. It is therefore important both that training continues to reflect the broad range of risks and that any changing patterns continue to be robustly monitored.</p> <p>Whilst the TTM policy still sits with HQ, the responsibility for training design has been passed to SPS College where they have the most appropriate expertise. The training content will be considered and updated further by SPS College following the planned review of TTM taking place during 2022/23.</p> <p>The Mental Health Nursing team is now part of the closure and transitional care planning for patients who have been monitored under TTM policy. We also partake in support on release care planning all of which forms joint working with SPS within the TTM policy.</p>
20	<p>A bespoke suicide and self-harm strategy for young people should draw on the evidence and good practice.</p>	<p><b>Not implemented – substitute action taken.</b></p> <p>A comprehensive review of the SPS' previous suicide prevention strategy to replace ACT2Care with Talk to Me was conducted in 2016 in partnership with key partners including Samaritans, Choose Life, NHS Health Scotland, NHS Psychiatric services, Families Outside and Breathing Space. As part of the review, consideration was given at that time to developing a separate suicide prevention strategy for young people. SPS' National Suicide Prevention Management Group (NSPMG) met to discuss the recommendations of this report and agreed unanimously not to change Talk to Me, with The Samaritans and NHS 24 strongly voicing their opposition to the proposal for separate strategies for young people. The consensus of expertise was to the effect that when someone is in distress and at risk of suicide, the process during the period of crisis is the same regardless of the individual's age though the content of the response may differ.</p> <p>As a result, SPS is working towards one overarching Mental Health Strategy with a series of outcomes that will reflect the needs of the whole population with the specific needs of young people weaved throughout the framework. Collaborative work was underway with Children &amp; Adolescent Mental Health services, Adult Mental Health services, Youth Justice services and lived experience representation to develop the aspects of the new SPS Mental Health Strategy which will take account of the specific needs of young people, concentrating on services and support for the mental health of young people in custody up to the age of 25.</p> <p>Whilst there have been significant delays, elements of the strategy have been progressed, including agreeing a framework and, with the help of Public Health colleagues, developing outcomes. Other areas of work, including staff training, continue</p>

		<p>to be taken forward by the Young People’s Strategy Group and will form part of the strategy. A Mental Health Improvement Nurse from NHS Tayside, seconded to SPS, is now leading the development of the strategy. The SPS Mental Health Strategy will be informed by the suite of healthcare needs assessments which have been undertaken by SG, and the synthesis healthcare report, which will report in the Summer. The work has been prioritised to progress.</p> <p>A self-harm policy was developed to provide staff with guidance to support people who self-harm, and reduce the harm caused through self-harm. This was shared with the NSPMG and approved in principle by the EMG in April 2021 with a request that a further pilot and implementation plan be put in place. The self-harm policy was to be mainstreamed into operational use at Polmont and across the estate on completion of pilots in Polmont and Edinburgh, however, there were challenges and learning which should inform how we take matters forward. This included informal feedback from staff that they would default to TTM due to concerns for overall safety of individuals. Overall, feedback from the pilot highlighted that a simpler process would be preferable.</p> <p>Learning suggests that our processes for working with individuals who present as vulnerable would benefit from being potentially combined, simplified and refreshed. The current TTM is a 5-year strategy 2016-2021. The planned review during 2022-23 provides an opportunity to consider the wider learning which has been gathered.</p>
21	Recognition of the acute points of vulnerability; remand, social isolation and accessing available history and information, needs to be addressed in the bespoke strategy	<p><b>Not implemented – substitute action taken.</b></p> <p>Refer to recommendation 20.</p> <p>The acute points of vulnerability identified in this recommendation are also consistent with the adult prison population – as was the need for up to date health needs information/history. This is already recognised in the SPS TTM strategy and will be further addressed in the mental health strategy which is being developed.</p>
22	When designing the revised suicide and self-harm strategy for young people, consideration should also be given to developing a more gradual reduction in care process for those being removed from it	<p><b>Not implemented – substitute action taken.</b></p> <p>Refer to recommendation 20 and 21.</p> <p>Within TTM, the SPS cover thresholds for being moved onto a strategy and supporting people transitioning out of and beyond policies.</p> <p>SPS has issued guidance to staff to ensure that people only transition from the TTM process when all relevant information is available and it is deemed appropriate. Anyone who transitions from TTM after being accommodated in a safer room on 15-minute maximum contact will have a transitional care plan in place to support them afterwards. TTM is due to be reviewed in 2022/23.</p>

23	The SPS, the NHS and community partners should develop multi-disciplinary team approaches for management plans specifically for those considered at risk or vulnerable, e.g. those young people on remand or in early custody	<p><b>Implemented.</b></p> <p>Talk to Me already allows for a multi-agency team and support services approach where appropriate and dependent on individual needs. This allows the young person to be held in conditions specified by a multi-disciplinary care plan. A revised process for the use of the Talk to Me concern form was also implemented in July 2020. The introduction of a process to submit a concern electronically via Families Outside has been welcomed and is under review to consider learning and next steps for further improvement. The electronic concern form for external partners is now live and there is a local process in place to manage it. There is a need to consider how this process can be adapted to raise wider, more general concerns. This will be picked up within the Death in Custody Review action plan.</p> <p>SPS, in partnership with Families Outside, have produced information posters which are displayed in visit areas explaining how family and friends can raise any concerns they have about someone in custody. Visitor Frequently Asked Questions are also provided in the visitor waiting room and point people in the direction of who to speak with to raise a concern.</p> <p>If there are concerns around the health and/or welfare of a young person's mental health, a Rule 41 can be used to accommodate a patient/person in custody under specific conditions.</p> <ol style="list-style-type: none"> <li>1. Following discussion with a member of the mental health team and SPS, initially Rule 41 may be implemented. Discussion would include reasons why specified conditions are appropriate, development of care and treatment plan for health care and advice on issues to be considered in a care and management plan for operational staff; including level of association with other people in custody, staff, visitors and health and safety issues regarding safe systems of work. The First Line Manager must then escalate to the Unit Manager. This must be agreed by both SPS and NHS.</li> <li>2. The care plan will be implemented with support, input and guidance from SPS.</li> </ol> <p>The MDMHT is in place which has MDT attendance. These meetings are minuted and any individual actions are incorporated into management plans.</p>
24	Embedding trauma informed practice, knowledge of child development and age, and gender specific training for all staff working with children and young people is essential	<p><b>Implemented and ongoing.</b></p> <p>Refer to recommendation 4.</p> <p>A small selection of Polmont staff were invited to undertake a pilot of the NES TURAS "Developing Your Trauma Skilled Practice" (online) which was well received by the staff who have undertaken this training so far. Other online packages including Safeguarding, UNCRC and NES New to Forensic: Working with Children, will be delivered to staff at Polmont. Further training will be developed in line with the SPS Mental Health Strategy and appropriate partner agencies will be consulted.</p>

		<p>The Trauma Informed Delivery Group meet bi-monthly and are now working closely with external experts who have agreed to be considered the Advisory Board. The SPS Internal Delivery Group and the External Advisory Group have now met, with a commitment from the Advisory Group to continue to engage in an advisory and supportive capacity through a dedicated Virtual Group means, leaning on their experience of embedding this culture, as the SPS progresses through this process of Becoming a Trauma Informed Organisation nationally.</p> <p>A workshop format with Senior Leaders is currently being considered and designed, in partnership with external experts who deliver bespoke NHS training with particular Prison focus experience. SPS College and internal Delivery Group will work closely with Consultant Clinical Psychologist, Lead for Prisons Psychological Therapies Service, to understand how best to mould the National Framework to design a workshop for maximum initial engagement, this will set the foundation of our direction to becoming a Trauma Informed Organisation and support further collaborative work on training design. An outline paper noting our informed intended direction, and what this entails, will be shared with our Director group for comment; future considerations include a Champions Network, and a Lived Experience Panel. Engagement continues.</p>
25	Young people withhold distress from staff and fellow prisoners, so auditable processes must be in place to respond effectively when family, friends, peers or contacts in the community raise concerns	<p><b>Implemented.</b></p> <p>Where a concern is raised from an internal or external source, a concern form is raised by staff at Polmont. A member of staff must interview the young person to assess their current risk and action as appropriate which may include referral to support services or placing on Talk to Me.</p> <p>Governor and Managers Action notice 72A/13 provides advice on the process that should be followed if a concern from an external source is received. The revised process for the use of a concern form (GMA 032A/20) was implemented in July 2020. This has provided a clear and robust process for actioning any concerns from an external or internal source. Concern forms are recorded on PR2 and the TTM co-ordinator keeps a database with this information. As per recommendation 23, learning is being taken forward regarding broadening out so that families can raise more general concerns.</p> <p>The electronic concern form for external partners is now live and there is a local process in place to manage it.</p> <p>The phone lines were tested on 27.01.22 and although it takes some time to listen to the automated messages did get through to the control room which is covered 24 hours per day. There is a separate telephone number for the Family Contact Officer with an answer machine in place to record any message.</p>
26	There is a need to create more dedicated time for SPS personal officers to build nurturing relationships that are not	<p><b>Implemented and ongoing.</b></p> <p>SPS recruitment strategies were revised to prioritise the recruitment of residential officers who fulfil the personal officer function from 2020 and ensure establishments remain at complement.</p>

	compromised by population fluctuations or operational pressures	<p>See recommendation 4. The two-day workshop will introduce staff to the theory base and importance of building positive relationships. The first pilot took place in early May 2022 and was attended by four staff across functions. Initial feedback was positive and a further session with staff and a senior manager is planned for June 2022.</p> <p>A Short Term Working Group was identified to reinvigorate the personal officer role within Polmont. It is planned that this will be rolled out over each of the halls gradually, with children being prioritised. The Standard ICM team will work closely with their colleagues within offender management to ensure that they are supported in what is required for their role as a personal officer. Several meetings have taken place and a number of actions have been progressed.</p>
27	Staff confidence in dealing with distress and building nurturing relationships should be enhanced by regular and refresher training, and awareness in Child and Adolescent health and wellbeing	<p><b>Implemented and ongoing.</b></p> <p>Refer to recommendation 4.</p> <p>Mental health is touched on in the bespoke training developed for staff. However, this will be further redeveloped in line with the SPS Mental Health Strategy (see recommendation 20). As per recommendation 4, Mental Health First Aid for Young People training will restart with an initial focus on residential staff.</p>
28	The agreed recommendations from the Dr Briege Nugent review of TTM should be implemented	<p><b>Implemented.</b></p> <p>Revised Talk to Me guidance was issued December 2019 to all staff at Polmont and will be continually reviewed as part the National Suicide Prevention Group (NSPMG). Almost all recommendations from Nugent's TTM evaluation that were agreed by the NSPMG have been completed and those remaining are in train.</p> <p>Review of TTM taking place in 2022/2023 (see recommendation 20).</p>
29	More research is needed on the provision of effective and responsive emotional support for staff, families and children and young people following a suicide in custody	<p><b>Implemented.</b></p> <p>Further work will be taken forward as a result of the Response to Deaths in Prison Custody Review.</p> <p>Action 4 of the SG's National Suicide Prevention Action Plan is to ensure that timely and effective support for those affected by suicide is available.</p> <p>Research and resources are available via the NHS including Bereavement in Custody book. A Family Support Booklet developed by Chaplaincy and Families Outside in 2020 (GMA 038A-20) also contains details on the revised DIPLAR process, the Fatal Accident Inquiry process and provides families with signposts to support services.</p>



		<p>Organisational Lead for Public Mental Health at NHS Health Scotland sits on NSPMG and on the suicide prevention leadership group. SPS has good links, is updated and considered on any research undertaken.</p> <p>SPS will consider further our response to the independent DIC review in taking forward new development work in this area. As an organisation, a number of actions are already underway that will support an improvement in response to deaths that occur in custody including reviewing existing guidance and policies. The DIC Review roundtable will create the base for a future action plan, in which consideration will be given to the issues raised by families who are grieving for loved ones and the role all trauma informed organisations have in supporting them.</p>
30	There should be a change in the legislation and organisational practice which seeks to minimise re-traumatisation and stigma, e.g. body searching should be intelligence-led only;	<p><b>Implemented.</b></p> <p>Routine body searching of under 18s within Polmont following visits, as part of routine cell searches and within reception has been discontinued in response to the EROMH. Standard Operating Procedures are in place.</p> <p>A range of technology (e.g. body scanner, Cell Sense and BOSS chair) is utilised in order to minimise body searches, but children may still be required to receive one for intelligence led purposes, when deemed necessary for the preservation of life or personal safety in respect of the Talk To Me process, or at the conclusion of a control and restraint intervention, on the authorisation of the FLM.</p>
31	The SG and SPS should consider the development of a softer, more normalised environment, for those in acute distress to be supported	<p><b>Action in progress.</b></p> <p>This will continue to be taken forward as part of the Mental Health Strategy work underway.</p> <p>Polmont was allocated capital funding of £600k to update and refresh Iona Hall in Polmont. Some information from visits to secure care was considered to influence and improve on the environment and conditions. Young people were also given an opportunity to inform the refurbishment programme and regime development. Improvements are ongoing.</p> <p>Prior to Covid-19, SPS carried out a Safer Cells review covering all 15 prisons and visited secure care providers to discuss approaches taken to young people in acute distress in different settings. A cross directorate subgroup was subsequently established to take forward findings from the review and ensure they are in line with EROMH recommendations. The group agreed that a national design brief for Safer Cells was difficult to achieve due to variation in facilities and buildings across the estate. Draft principles for Safer Cells were however created to consider how to improve the environment and enable greater support and interventions in cell, including the use of digital technology. A review of all safer cells within Polmont was undertaken by SPS Estates, including photographic evidence of the cells. User voice was gathered with a small group of young people and women in order to inform this work and some short term improvements have since been made to the safer cells in Polmont.</p> <p>Future use of safer rooms, and alternative supports will be incorporated as part of the wider Mental Health Strategy work underway.</p>

		In addition, we recognise the particular challenges with isolation during the pandemic and therefore a range of supports, including learning material and activity packs, were provided to children and young people during the pandemic to reduce the impact. Relaxation and mindfulness tapes and videos are also now available through in-cell televisions and radios.
32	The SG and SPS should review the evidence for multisensory rooms for young people in distress and consider implementing in HMP YOI Polmont	<p><b>Action in progress.</b></p> <p>Refer to recommendation 31.</p> <p>HQ research team developed a specification for a literature review on the efficacy of multi-sensory rooms to be presented to the NSPMG who will be asked to consider their appropriateness within the young people's estate. Unfortunately, the specification did not attract any bids to complete the work within the financial year and the intention is to roll it over into 2022-23.</p>
33	A more strategic approach to healthcare, including alternatives to prescribing policy and availability is required to address significant identified shortfalls.	<p><b>Action in progress.</b></p> <p>Through the Prisons Digital Health &amp; Care Systems Provisioning Programme, work is underway to identify options for delivering a national integrated clinical IT systems to improve patient care and information sharing, including during transitions into and out of custody. The programme will oversee the delivery of an integrated solution for a patient management system; medicines prescribing; administration and stock control; and continuity of care and access to patient clinical history.</p> <p>The National Prison Care Network (NPrCN) has undergone an extensive restructure, ensuring a national strategic partnership approach; a renewed emphasis on person centred care shaped by people with lived and living experience; with healthcare professionals, and wider partners engaged. A new governance structure is now established with authority to drive service improvements which strive for national consistency in health and social care delivery. The Medicines Facet Group of the NPrCN provides guidance and recommendations for the safe and effective use of medicines in prisons and consistency of prescribing.</p> <p>In addition, led by Healthcare Improvement Scotland, the Prison Pharmacy Group (PPG) manages and monitors the delivery of contracted pharmacy services to the prison estate, models of pharmaceutical care in prisons and monitors prescribing practices. The National Prisons Pharmacy Adviser and HIS Chief Pharmacist are actively engaged with Health and Justice colleagues and the Chief Pharmaceutical Officer to explore how pharmaceutical care for people in prisons can be strengthened.</p>
34	The Scottish Government and the NHS should address the issue of the	<b>Action in progress.</b>

	shortage of mental health staff experienced across Scotland.	<p>Action 15 of our Mental Health Strategy 2017-27 outlines the Government's commitment to funding 800 additional mental health workers in key settings, including A&amp;Es, GP practices, police station custody suites, and prisons, ensuring that local provision and support is at the heart of our plans.</p> <p>The Scottish Government provides funding for recruitment under Action 15, and strategic planning and commissioning is conducted by Integration Authorities, working with their local partners, according to the needs of their populations.</p> <p>Scottish Government have allocated almost £84 million since 2018/19 to deliver Action 15. As of 1 January 2022, 756.9 WTE Mental Health roles have been filled through Action 15 funding, which includes 47.7 WTE staff located within prisons and 26.7 WTE staff located in police custody suites. This equates to 95% of the overall target with 263.5 WTE of those posts being recruited within GP settings. The final recruitment figures will be published in the near future.</p>
35	NHS Forth Valley (FV) should consider joining the Quality Network for Prison Mental Health supported by the Royal College of Psychiatrists. Arrangements could then be made by NHS Forth Valley for regular audit and examination of service delivery, enhanced by following the process and standards of the Royal College of Psychiatrists for prisoner mental health	<p><b>Implemented.</b></p> <p>NHS FV participated within a joint review with the Quality Network on 17/06/21. The output from this review summarised the views of service staff, patients, and partner agencies. The peer review allowed the team to document relevant updates and further explore our strengths and weaknesses. This experience was extremely valuable, and allowed the team to gain a greater understanding of the level of care provided to their patients and for the team to be a part of this developmental process. It was also helpful in allowing the team to form links with other teams and establishments, this provided opportunities to share some practice and resources.</p> <p>This Quality Improvement exercise will be repeated in 2022/2023.</p>
36	NHS Forth Valley and HIS should ensure the development and implementation of workforce planning tools specific to prisoner healthcare	<p><b>Implemented.</b></p> <p>NHS Forth Valley completed workforce planning for the 3 prisons including Polmont. Action 15 Funding was prioritised to support increased Healthcare within Polmont. Continuous professional development and ongoing staff training aligned to NHS staff governance standards with compliance monitoring is in place and ongoing.</p> <p>A Workforce Plan has been developed and recruitment to this plan has been underway for over three years. This has been partly funded through Action 15, and work to access investment from NHS Forth Valley was made alongside a Business case to Scottish Government for further funding to support the identified workforce required.</p>

		<p>A workforce planning exercise was completed using the professional judgement tool. The National prison healthcare network are exploring a prison specific workforce tool.</p> <p>Action 15 funding has been utilised during 2020/21 to increase mental health posts within Polmont including nurses, specialist language therapy and occupational therapy (OT) staff. OT input in Polmont has increased from 2 sessions per week to 12 sessions per week. NHS FV now employs a speech and language therapist who works within Polmont 3 days per week as well as increasing the ratio of skilled nursing staff. 3 new senior clinical mental health nurses have been recruited, bringing a range of knowledge within the Mental Health and Learning Disability service and as a result, their career progression can be demonstrated within the Healthcare workforce.</p>
37	NHS Forth Valley must ensure that safe staffing legislation is applied to prisoner healthcare	<p><b>Implemented.</b></p> <p>NHS Forth Valley completed a revised workforce plan which identified the need for increased staffing across the three prisons in its area. The use of Action 15 funding to support this was agreed however it was identified that the resource alone will not be sufficient to ensure safe staffing (see 36). Supplementary staffing is used to support safe staffing levels when required across the 3 prisons.</p> <p>During the Covid-19 pandemic, services have been stepped down or up as staffing allowed, maintaining core functions for prisoner healthcare.</p> <p>Training and development planning forms part of the workforce plan.</p> <p>Additional investment has been made into the healthcare workforce which has created additional band 6 nursing posts, and specialist AHP support (occupational therapy and speech and language therapy). Use of agency staffing has ceased at Polmont.</p> <p>There have been significant recruitment challenges for the recruitment of Mental Health nurses in line with the wider picture which illustrates a shortage of registered Mental Health nurses at a national level across Scotland.</p>
38	A workforce capacity model should be undertaken to enable appropriate staffing levels and caseloads	<p><b>Implemented and ongoing.</b></p> <p>NHS Forth Valley completed a revised workforce plan which identified the need for increased staffing across the three prisons. Agreement on the use of Action 15 funding was gained to support this and has been utilised. Resourcing is being considered by the Health Board and SG – this work is still progressing.</p> <p>Prison nursing will be considered as part of the workforce plan in line with safe staffing legislation.</p> <p>Clear and robust pathways and processes for managing referrals from Polmont into the mental health team have been</p>

		<p>developed to improve the flow of patients through the service. This has been supported by the development of the Clinical Team Meeting for the mental health team. This is a multi-professional forum which supports the discussion of complex cases and safe discharge from the service.</p> <p>As of October 2020 the Wiseman tool has been implemented for use by NHS staff at Polmont. This is a caseload weighting tool that supports managers to allocate patients to staff, highlights clinical activity on caseloads as well as supports discussion about other caseload matters i.e. discharge etc.</p> <p>The Wiseman tool also demonstrates the level of complexity and risk of everyone on each caseload and therefore supports the more effective and tailored management of caseloads for those requiring mental health support.</p>
39	NHS Forth Valley should consider addressing the retention issues through a proactive recruitment campaign including considering improving terms and conditions and bandings for nurses	<p><b>Implemented and ongoing.</b></p> <p>A Nursing, Midwifery and Allied Health Professions recruitment campaign is being undertaken, to make these posts attractive career choices for new entrants, and to encourage existing practitioners to consider working/remaining/returning to practice in Scotland. This aligns with the Nursing 2030 Vision of promoting confident, competent and collaborative nursing for Scotland's future. Various methods have been used to date such as social media platforms. Next steps needed are National recruitment. On a local level advertising agencies are being explored, recruitment events to be attended, prison healthcare will have a dedicated section within the NHS recruitment page, and prison healthcare team have their own section on NHS Forth Valley Intranet. Open days in HMP Polmont have taken place with support from the Governor. Open days will continue to be offered as feedback has been very positive and has resulted in an increase of staff applying for vacancies.</p> <p>A rolling programme of recruitment to Prison Healthcare has been established. This is supported by social media messaging and the improved interface with the University of Stirling; ensuring undergraduate nurses have positive experiences of prison healthcare. Next steps will be to expand the links with other universities to encourage nurses to work in Prison Healthcare.</p> <p>Return to practice students will be considered for placement within the Prison Healthcare setting.</p> <p>NHS Forth Valley has worked closely with Stirling University to increase the allocation of undergraduate nurses within the Prison Healthcare setting. This increase is to promote nursing within prisons and to increase exposure. This has been a very positive development.</p> <p>NHS Forth Valley is actively working on a joint rotation policy to promote development opportunities between mainstream Mental Health NHS services and Prison Mental Healthcare.</p> <p>Consistent with Scotland- wide NHS recruitment, COVID-19 has brought significant recruitment challenges.</p>
40	There should be a rolling programme of	<b>Implemented and ongoing.</b>

	Continued Professional Development for NHS staff to include topics relevant to adolescent mental health, such as ASD, ADHD and other developmental disorders	<p>Work to address the recommendations which relate to staffing and training and support for staff at Polmont were well underway prior to the pandemic.</p> <p>The prison healthcare team have made links with NHS Forth Valley CAMHS to access relevant training. All members of the mental health nursing team are required to complete a Portfolio in e-CAMHS. This is completed under the supervision of a nurse specialist within the CAMHS team. All wider members of the Health Care team are required to complete the read only version of this.</p> <p>NHS Forth Valley has formed a neurodevelopment special interest group. The purpose of the group is to develop practice around diagnosis and management of neurodevelopmental conditions such as Learning Disability, Autism Spectrum Conditions and ADHD. Clinical Psychology is leading on devising training.</p> <p>A training needs analysis was completed and results have informed the Continuous Professional Development plans.</p> <p>A training programme has been introduced by the local Prison Healthcare Workforce Planning Group to address the main training gaps identified through previous inspection. This work is ongoing as per service and staff needs.</p>
41	The competency framework and Essential CAMHS training should be considered for staff	<p><b>Implemented.</b></p> <p>Work to address the recommendations which relate to staffing, training and support for staff at Polmont were well underway prior to the pandemic.</p> <p>A Mental Health Assessment Competency Framework has been produced for the prison setting. The Team leader is responsible for signing off members of the team when they evidence the appropriate level of competency. This has been supported by the Lead Nurse for Adult MH Nursing within NHS Forth Valley.</p>
42	Clinical and caseload supervision should continue to be offered and the barriers to lack of attendance examined and overcome;	<p><b>Implemented and ongoing.</b></p> <p>Work to address the recommendations which relate to staffing and training and support for staff at Polmont were well underway prior to the pandemic.</p> <p>Managerial and caseload supervision is in place for all staff across the nursing, AHP and addiction team. Group Reflective practice has been rolled out to Mental, LD and Addiction staff. This will continue on an ongoing basis.</p>
43	NHS Forth Valley should review prescribing policy and availability of prescribers to try and	<p><b>Implemented and ongoing.</b></p> <p>In relation to broader prescribing policies, work continues through both the local Prison Pharmacy Group and the National Expert Advisory Group for Medicines to promote a rationalised and consistent approach to prescribing across the 9 NHS Boards in which prisons are located. Moving forward the intention is to strengthen engagement with NHS Board Area Drugs and Therapeutics Committees (ADTCs) through the ACTC Collaborative hosted by HIS. Prescribing policies are not the</p>

	reduce delays in access to medication	<p>domain of pharmacy but are of a multidisciplinary team of medicine, nursing, pharmacy and other independent prescribing professions.</p> <p>It is a priority for the service to identify more staff to undertake the non-medical prescribing course and fund places. Places are accessed as staffing and placement availability allows. The aim is to have a minimum of one member of staff attend the training per year.</p>
44	NHS Forth Valley should work with the Scottish Patient Safety Programme to help implement the recommendations regarding medication made during the HMIPS inspection;	<p><b>Implemented.</b></p> <p>The changes in staffing resulting from the Mental Health Improvement Plan have reduced the need for Mental Health Nurses to be involved in medicines administration (until COVID and staffing shortages). The aim is to limit the mental health staff involved in this process and enable the use of Quality Indicator methodology to test and refine the processes for medicines administration.</p>
45	Other options for medication dispensing should be considered to free-up mental health nursing time and to enable further and enhanced therapeutic interventions to be delivered	<p><b>Implemented.</b></p> <p>Work to address the recommendations which relate to staffing and training and support for staff at Polmont was well underway prior to the pandemic.</p> <p>Legacy issues from the staffing structures that existed under the SPS's tenure mean that the skill mix in prison health centres does not match the service requirements. The work that is being undertaken at a national level through the NPHN, SEND and Excellence in Care workstreams in relation to development of workforce planning tools for prisons will inform staffing structures that will release nursing time to focus on direct patient care.</p> <p>Where nursing staffing levels allow, mental health nurses do not administer medication. Due to COVID/staffing levels many more medications moved to 'in cell' possession.</p> <p>It is considered that this recommendation is complete. Changes implemented during COVID remain in place.</p>
46	NHS Forth Valley should develop equitable access to services for all young people, and it should not be dependent on remand or sentenced status. This would need the development	<p><b>Implemented and ongoing.</b></p> <p>Equitable Health Services are offered to all of our population. All population has access to mental health team regardless of remand or sentenced status.</p> <p>The developments of brief interventions have been implemented when possible. Staff continue to, and have undertaken, Decider skills training. Decider Skills plays on prisoner TV's on a regular basis so prisoners can watch at their leisure.</p>



	of brief interventions to be made available	
47	NHS Forth Valley should work closely with the Excellence in Care programme leads to ensure that the national assurance and quality framework for nursing is implemented in this setting	<p><b>Implemented and ongoing.</b></p> <p>Prior to the pandemic this was progressing through the National Steering Group of National Prison Healthcare Network Excellence in Care Group (EIC). The local Forth Valley Practice Development Team has been supporting the implementation of care assurance within the 3 prisons. This verifies the quality of fundamental care within the Prison Healthcare setting. This is work in progress.</p> <p>Nationally, EIC has been on hold due to the pandemic but it is being re-established.</p>
48	<p>All other recommendations from the HMIPS review of HMP YOI Polmont must be implemented and embedded, including in particular;</p> <ul style="list-style-type: none"> <li>• recommendations regarding mandatory training and appraisals of staff</li> <li>• standardised assessments</li> <li>• detailed and accurate clinical recording</li> <li>• multi-disciplinary decision-making, which is rights-based and person-centred;</li> <li>• clarifying pathways, processes and</li> </ul>	<p><b>Implemented and ongoing.</b></p> <p>NHS Care partner recording system has been implemented for use by the mental health teams which provides standardised assessments and care plans. It also provides clinical template documents for all new assessments and current caseloads, which are reviewed and discussed at the weekly Clinical Team Meeting, with the decisions and outcomes recorded. Clinical teams meetings allow for shared decision making. All referrals and discharges are discussed through our CTMS.</p> <p>The Assessment on admission process was reviewed and adapted to make pathways more streamlined and to reduce delays. NHS Forth Valley has agreed Standard Operating Procedures outlining the criteria for urgent and routine new assessments and caseload allocation. Mental Health Nurses complete admission assessments allowing for an initial assessment of mental state to be completed.</p> <p>Turas staff appraisals take place on a yearly basis, with monthly caseload and managerial supervision. As well as monthly reflective practice groups.</p>

	agreed assessment and risk tools	
49	Staff absence is impacting services and this should be addressed by both the SPS and NHS Forth Valley.	<p><b>Implemented and ongoing.</b></p> <p>The new SPS Attendance Management Policy was postponed due to COVID however this was launched on 5th April 2021 and is now in place. The Governor in Charge, his Senior Team &amp; HR Team undertake a weekly “deep dive” into individual staff absences.</p> <p>A Senior Joint Management Group was established in 2019 between HMP&amp;YOI Polmont and NHS Forth Valley to oversee those recommendations for which there is joint responsibility. Staff absence is a standing agenda item for the monthly meeting. At the operational level, the Deputy Governor, Team Leader and healthcare manager also discuss workforce, sharing any changes/challenges. Minutes from bi-weekly meetings feed into monthly meetings.</p>
50	Access to health should be co-designed with young people to overcome barriers and stigma.	<p><b>Implemented and ongoing.</b></p> <p>The NHS Patient Relations Co-ordinator is working with the Patient Relations Team in Prisons to encourage engagement. Prior to COVID this recommendation was well established with patient focus groups. These were regrettably put on hold during COVID restrictions and staffing levels but will be recommenced when staffing allows.</p>
51	There should be improved links between NHS Forth Valley and the SPS at all levels of seniority to improve leadership of the health and wellbeing approach and accountability.	<p><b>Implemented.</b></p> <p>As per recommendation 49, a Senior Joint Management Group has been established since 2019 between HMP &amp; YOI Polmont and NHS Forth Valley to oversee those recommendations set out in the Expert Review for which there is joint responsibility.</p> <p>Since the publication of the Expert Review, a new multidisciplinary team model, led by a senior Forth Valley Psychiatrist, has been implemented in August 2019. The improved nursing skill mix within the prison is strengthening the mental health assessment process whilst supporting other members of the multi-disciplinary team with access to supervision. This is supporting the delivery of person centred, reliable and safe care. Clinical Team Meetings have created great teaching opportunities, with highly specialised members in the team including consultant psychiatrists, psychologists, occupational therapist, speech and language therapist. These short and informal learning opportunities are invaluable to the ongoing learning of the mental health team.</p>
52	Adolescent Mental Health training should be adopted and delivered in a phased	<p><b>Implemented and ongoing.</b></p>

	manner to SPS staff in HMP YOI Polmont.	<p>The Mental Health Strategy 2017-2027 and the Suicide Prevention Action Plan highlighted the need to review the current training available to “front line” staff. SPS is working with NHS Health Scotland to ensure the revised training is available to all SPS and NHS staff working in prisons.</p> <p>Key elements of training which have been rolled out to NHS staff are Essential CAMHS training and Decider Skills training. NHS Forth Valley also provides Decider Skills training to SPS staff. Delivery has been impacted significantly by the COVID pandemic.</p> <p>Mental health is touched on in the bespoke training developed for staff. However, this will be further redeveloped in line with the SPS Mental Health Strategy (see recommendation 20). As per recommendation 4, Mental Health First Aid for Young People training has been delivered by an external provider to a small cohort of staff. The training schedule was paused due to the pandemic, however, the procurement process has now concluded and the contract has been awarded. Training will restart following completion of an external review of the product. The first target group are residential staff as they have the most daily contact with the young people. Once this group has completed the course, a review will be undertaken and other appropriate staff groups identified for a further round of training.</p>
53	Systemic framework should be developed to embed the newly created multidisciplinary team meetings and clinical and caseload supervision.	<p><b>Implemented.</b></p> <p>NHS Forth Valley has established a new Prison Psychiatry team. They have also established a Prison Oversight Group which includes a workforce planning group. Pending the development of national workforce tools, this group is reviewing caseloads and staffing levels.</p> <p>A training needs assessment has been carried out by NHS Forth Valley and training priorities are being implemented including CAMHS essential training, Decider Skills training, Mental Health Competency framework and Trauma Informed training skills.</p> <p>The Mental Health Improvement Group was established in July 2019 in direct response to the recommendations in the Expert Review in relation to assessment and care planning documentation; psychiatry led MDT working; trauma informed practice and clinical supervision arrangements. The Mental Health Improvement Group was a short life working group and has now completed its work in 2021.</p> <p>The group has successfully designed a pathway for the delivery of mental health assessment and treatment services within Polmont. A Weekly Clinical Team Meeting has been established, which has multidisciplinary attendance. There are clear referrals pathways for each discipline and processes to provide updates and discuss cause for concern cases, promoting whole team approach to risk management and clinical decisions.</p>
54	The SPS and NHS should work together to ensure the provision and sustainable	<p><b>Implemented and ongoing.</b></p> <p>Therapeutic services are delivered in prison by the both the Healthcare and SPS staff.</p>

	<p>resourcing of therapeutic supports and services, which address the underlying trauma behind the desire to self-harm, not just the presenting behaviours</p>	<p>A revised internal governors and Managers action note (O20A/20) was issued in June 2020 to all staff which notes the revised secondary assurance process for reporting self-harm incidents.</p> <p>Refer to recommendation 20 for information regarding the review of TTM.</p> <p>Polmont have also provided a facility to NHS Forth Valley for therapeutic interventions which is being utilised by NHS Psychology Service dependent on staff availability.</p> <p>A Trauma Informed Prison working group and External Advisory Group have been initiated and SPS is working towards Becoming a Trauma Informed Organisation (see recommendation 24).</p>
55	<p>The SPS and NHS Forth Valley should consider developing a joint information pack for families about how the system works, with details of mental health support.</p>	<p><b>Implemented and ongoing.</b></p> <p>A Family Support Booklet was developed in 2020 by SPS Chaplaincy and Families Outside which contains details on the DIPLAR process, FAI and signposts families to support (see GMA 038A-20). This is now in use in all establishments.</p> <p>NHS have also updated their patient booklet to ensure it is family friendly and that it includes details about Mental Health support. This is not routinely issued to families unless a young person requests it or sends it out. Polmont were working with NHS Forth Valley to develop a family information leaflet. This work will now be considered by the MH Strategy. The intention would be to let families know what support is available, but more importantly, how they can support and participate in individual's mental health (TTM case conferences, ICMs).</p> <p>The SPS response to the independent Death in Custody review will continue to focus on improving practice in this area.</p>
56	<p>A discharge checklist for both the SPS and NHS would help to standardise the process when people are being managed by the mental health team and are released from HMP YOI Polmont.</p>	<p><b>Implemented.</b></p> <p>Different discharge checklists have been identified and it has been agreed that the previous checklist is not suitable. Two discharge pathways have been identified within Polmont. Standing Operating Procedures have been created for these and are being reviewed by the CNM, service manager &amp; prison psychiatrists. For completion of review by end of February 2022.</p> <p>Following this review, a Short Life Working Group has been formed who are undertaking a further review of the discharge pathway with their recommendations for further improvement of this pathway due in July 2022.</p> <p>Clinical team meetings are held weekly - Psychiatrist and Psychologist colleagues attend along with Occupational Therapist and Speech and Language Therapist and the Mental Health nurses. Discharges are discussed and decisions made as a team. The team determine at this point if a further referral elsewhere would be required.</p> <p>Mental health discharges (whether people are being liberated to community or discharged from Polmont case load but remaining in custody) are all taken through the clinical team meeting.</p>

57	Some aspects of delivery are under financial threat and some early services dealing with key issues such as domestic and sexual abuse have been lost - the SG should consider long-term sustainable funding for key aspects of service provision	<p><b>Action in progress.</b></p> <p>SG is considering solutions to the challenges faced by the voluntary sector due to single year funding arrangements across the justice sector working towards multi- year funding proposals where that is practical.</p> <p>In 2019-20 additional funding of £1.65m was made available over 3 years to help bolster bail supervision and create new capacity. This will help justice social work services and provide the judiciary will alternatives to remand</p> <p>In 2020-21 a number of directly funded voluntary justice sector organisations were advised of 3 year indicative funding. The total funding agreed in principle was around £3m, subject to the outcome of the Spending review and draft SG Budget. This provided some level of comfort, alongside several national funds set up to support voluntary organisations impacted on by the pandemic and in some areas loss of income.</p>
58	National Drug Formulary for prison healthcare should be developed	<p><b>Implemented and ongoing.</b></p> <p>The SG Chief Pharmaceutical Officer is leading on work to produce a single national formulary for the NHS in Scotland.</p> <p>Work is currently underway to support the development of a national formulary and is being progressed through a regional collaborative consensus model. A key aim is to reduce unwarranted variation in the prescribing of medicines across Scotland.</p> <p>This measured approach will see us initially move from eleven local, to three regional formularies. This work is in progress in the East of Scotland (NHS Borders, NHS Lothian and NHS Fife). Shared governance for the East region is currently being developed.</p> <p>We anticipate that as this work progresses in each Health Board/region this will lead to greater alignment in the formulary recommendations used within prisons.</p>
59	Consideration should be given by the Justice and Health Collaboration Board to repeating the work originally completed in 2013 by the SPS on evaluating the prevalence of Mental	<p><b>Implemented.</b></p> <p>The Scottish Government has committed to delivering a comprehensive needs assessment by Summer 2022 in order to ensure the most appropriate services are in place to meet the health and social care needs of the prison population.</p> <p>Work on the needs assessment was paused during 2020 to free up resources to respond to the Covid-19 pandemic, however, work resumed in early 2021. This established a number of commissioned research projects, on mental health, substance use and physical health, which will submit final reports to the Scottish Government in Spring 2022.</p>

	Health problems in prisons	<p>A Needs Assessment Advisory Group (NAAG) was established to oversee the overall programme of research and Research Advisory Groups (RAGs) support the individual research sub-projects. There is broad representation on each of the RAGs with membership including: the Scottish Prison Service, Public Health Scotland, the Scottish Recovery Consortium, Families Outside, the NHS, and New Routes, as well as officials from relevant policy areas within the Scottish Government.</p> <p>The health needs assessment is also supported by a Lived Experience Panel (LEP). This forum is comprised of people who are currently mentors for prison leavers and who themselves have experience of imprisonment. The role of the LEP is to ensure that the voice of those with lived experience of living in prison is heard and to influence and scrutinise the needs assessment.</p> <p>The first phase of the prison population needs assessment work, which focused on assessing social care needs was completed in 2020 with the <a href="#">report</a> published in January 2021. Officials are now considering how to best build on this study in the context of wider social care reform and the ongoing pandemic.</p> <p>Each of the sub-projects will produce final reports that will be published. These reports will also feed into a final synthesis report which will draw together learning and common themes from across the projects to help us understand the current health and social care needs of the prison population. This will inform how we prioritise and plan support and services going forward.</p> <p>The final synthesis report is expected to be published in Summer 2022.</p>
60	Refresher training in TTM for all staff in contact with young people should be regularly undertaken and adaptations made for specific populations such as adolescents. This training should not just include the processes and paper work of TTM but broader aspects of trauma informed behaviour, child and adolescent development, self-harm and suicide	<p><b>Implemented and ongoing.</b></p> <p>Talk to Me refresher training has been delivered to 87 per cent of available staff as at 01/06/22. This training covers correct procedures in response to concerns raised and identifies the key points of vulnerability, including remand/early days in custody and the risks associated with social isolation. The responsibility for design has transferred to SPS College where they have the most appropriate expertise.</p> <p>(TTM) policy and guidance was issued in December 2019 to all staff in Polmont and will be continually reviewed as part of the National Suicide Prevention Group (NSPMG). Revised Talk to Me Casefile Booklets have been used since June 2021, as per GMA 032A-21. A review of TTM is planned for 2022/2023. (see recommendation 20).</p> <p>Mental Health First Aid Training for Young People has also been delivered and, as per recommendation 4, delivery will restart following an external review of the product. Since the end of 2018, all new Officers deployed at HMP&amp; YOI Polmont undertake an induction focused on working with young people.</p>

61	the SPS could consider replicating the good practice in the secure unit system, where each young persons' case notes identified and highlighted potential triggers and escalation routes for staff, should these occur	<p><b>Implemented and ongoing.</b></p> <p>SPS visited St. Mary's Kenmure in November 2019 and a report was submitted for consideration on a needs basis, i.e. the Iona Hall refurbishment project and safer cell/environment working group.</p> <p>SPS to undertake work to determine if specific risk assessment practices adopted by secure care providers would be appropriate within Polmont and could be adapted for a custodial setting. An initial meeting took place to explore if the assessment process utilised within St Mary's could be aligned to existing SPS case management tools/practices however a lack of resources has prevented this work from progressing.</p>
62	the data on young people who committed suicide that had previously been on TTM suggests the need for a more gradual phased removal from TTM, with appropriate supports and follow-up checks in place	<p><b>Implemented and ongoing.</b></p> <p>The Talk to Me process already allows for a transitional care plan to be implemented when someone transitions from Talk to Me requires additional support.</p> <p>SPS issued guidance to staff to ensure that people only transition from Talk to Me when all relevant information is available. The use of Transition Care plans in the Talk to Me Booklets should be used in all instances.</p> <p>At HMP &amp; YOI Polmont there is a process where all individuals will be seen by NHS colleagues for a follow up. All individuals have at least one follow up support meeting and if further intervention is required additional contact/meetings will be arranged. The TTM booklet remains in the hall for 7 days for updates to be logged and any referrals made.</p>
63	NHS Forth Valley and the SPS should consider more intensive multi-disciplinary training on mental health issues, led by mental health specialists with an understanding of the prison context. Multi-disciplinary training is essential to build the relationships and respect required for shared practice and	<p><b>Implemented and ongoing.</b></p> <p>Prior to the pandemic, work to address the recommendations which relate to staffing and training and support for staff at Polmont were well underway.</p> <p>Refer to recommendation 4 regarding Mental Health First Aid for Young People training and the ongoing review of restrictive practices.</p> <p>Speech and Language Therapist has been delivering trauma informed workforce training and looking at more dates to be implemented.</p>



	learning, but individual disciplines will also require specialist input	
64	repeat placements on TTM should be subject to a focussed analysis to identify the causes and a multidisciplinary approach, with support from the mental health team, engaged to provide help for staff in managing distress and challenging behaviour issue	<p><b>Implemented.</b></p> <p>This is an area of work that is closely monitored by the suicide prevention co-ordinators, with oversight from the National Suicide Prevention Management Group (NSPMG).</p> <p>Refer to recommendation 20/21 for information on the Mental Health Strategy.</p> <p>Remit of the local Multi-Disciplinary Mental Health Team (MDMHT) meetings to discuss those on TTM and incidents of self-harm.</p> <p>During TTM co-ordinator meetings – individuals placed on TTM on numerous occasions and also any challenging individuals are discussed.</p>
65	the extent, efficacy and use of safer cells and their softer more normalised alternatives should be subject to a separate review and more in-depth review looking at existing secure care research	<p><b>Implemented and ongoing.</b></p> <p>Refer to recommendation 31.</p> <p>Future use of safer rooms will be incorporated as part of the Mental Health Strategy.</p>
66	Young people on remand are particularly at risk and although this review has highlighted some of the underlying causes, further work needs to be undertaken to identify the root causes and develop protective factors	<p><b>Implemented and ongoing.</b></p> <p>The SG Youth Justice strategy published in 2015, highlights the need to encourage alternatives to remand and custody. Where custody is deemed the only option by the court then the use of Secure Care is recommended, where possible, rather than a young offenders institute. A new vision will be published in summer 2021, which continues to promote this view.</p> <p>A multi-agency group was set up under the Advancing Whole System Approach implementation group in 2018 to consider the use of remand and bail, this group updated court guidance available through the Children and Young People’s Centre for Justice (CYCJ) website and carried out research in to the use of remand and bail. Data was published in December 2020 on this research and further discussions have taken place with HMCIPS and Community Justice Scotland to understand what more can be done.</p> <p>Research was carried out by CYCJ, with the report provided in August 2021. A number of factors highlighted for consideration including lack of consistent approach for Social Work notification of when a child appears in court, lack of</p>

		<p>communication on bail being opposed, availability of alternatives, child's understanding of the court process and supports and services which help prevent remand.</p> <p>Work is being taken forward over the next year in line with legislative changes through a Children's Care and Justice Bill and linked to the Bail and Release Bill.</p> <p>A community alternatives group has been established to consider best practice across Scotland and develop a framework.</p>
67	<p>a further piece of work to look at the comparison statistics of young people in Scotland with age cohorts under supervision or licence, or in residential care is recommended</p>	<p><b>Implemented and ongoing.</b></p> <p>Action 10 of the Scottish Government's Suicide Prevention Action Plan commits the Scottish Government to work with the National Suicide Prevention Leadership Group and partners to develop appropriate reviews into all deaths by suicide, and ensure that the lessons from reviews are shared and acted on.</p> <p>Work is currently being undertaken to establish multi agency reviews for all deaths by suicide. The ultimate outcome will be a multi-agency process with data collected &amp; analysed at local level, linked into the national systems which provides accurate, timely information about suicide deaths in Scotland ultimately supporting the future direction of suicide prevention activity at both local and national levels.</p> <p>Three areas were selected to host the test projects, namely Grampian, Scottish Borders and Dumfries and Galloway. As of February 2022, the first case reviews are taking place in Borders and Dumfries and Galloway, and the second case review in Grampian. In addition, exploratory meetings have been held with NHS leads in Ayrshire &amp; Arran, as well as Highland, around undertaking reviews. Discussions are continuing regarding the best options for support for families to engage in the review process, while local negotiations continue. An alternative for the existing bereavement support service to be extended to include this has been raised with Scottish Government.</p> <p>Investigations for a long term solution to data capture and analysis is ongoing with discussions held every two months with QES who continue to provide updates on their system and the learning they have gained from working across a range of areas in England. Opportunities for this have also begun to be considered with the data lead in PHS.</p> <p>It is anticipated that the new system of suicide reviews will be up and running by the end of 2022.</p> <p>In addition to the test projects, work is ongoing with the Mental Welfare Commission who have been given responsibility to develop a review process for those who die while detained under the mental health act and some of those deaths will be suicides; and Healthcare Improvement Scotland who have been tasked to review their suicide review learning system which includes the significant adverse event review process relating to suicides which have occurred within 12 months of contact with an NHS mental health system, where possible, we are trying to ensure these three pieces of work follow the same multi-agency process. NES now also take part in these discussions regarding training needs across all processes.</p>

		<p>The Scottish Government and COSLA will publish a new suicide prevention strategy and action plan in September 2022.</p> <p>Furthermore, the Scottish Government delivery lead for Action 10 has recently made contact with Suzy Calder in Scottish Prison Service to begin to discuss links between this work and the work currently underway in SPS on the development of their mental health strategy, as well as the review of the 'Talk to Me' protocol currently used for those with suicidal ideation.</p>
68	<p>Consideration should be given to the benefits of appointing an independent Chair for greater independence and consistency during the DIPLAR review</p>	<p><b>Implemented.</b></p> <p>Since the publication of the Expert Review, SPS has appointed an independent Chair, SPS Non-Exec Director Ms Gill Stillie, to chair all DIPLARS in cases of drug overdose or apparent suicide from December 2019. Ms Stillie will continue in this role whilst the separate DIC Review recommendations are progressed. In cases of apparent natural causes, the DIPLAR will be chaired by a Governor in Charge (GIC)/ Deputy GIC from another establishment, ensuring their independence from delivery of services in that prison.</p>
69	<p>further consideration should be given to the Chair meeting with the family prior to the DIPLAR to understand their concerns</p>	<p><b>Action in progress.</b></p> <p>A revised process for support for families following a death in custody was devised in partnership with members of the National Suicide Prevention Management Group (NSPMG). This was launched in November 2020.</p> <p>The SPS response to the independent Death in Prison Custody Review will continue to focus improvement activity in this area.</p>
70	<p>consistent processes should apply in all prisons both public and private</p>	<p><b>Implemented.</b></p> <p>Since the ERoMH identified inconsistencies between DIPLAR processes followed by the private and SPS run prisons respectively, prisons now follow the same process.</p>
71	<p>consideration should be given to further refreshing the shared DIPLAR process and format for information collation through comparison with other agency and jurisdiction processes</p>	<p><b>Implemented.</b></p> <p>Scottish Government lead on Action 10 of the Suicide Prevention Action plan, Every Life Matters. This group is looking at shared learning regarding review of deaths by suicide. SPS is part of this group.</p> <p>The group considered the different suicide review processes used in the community and determined that the DIPLAR was an effective process for multi-agency reviews of deaths by suicide.</p>

		There are processes in place for sharing learning from DIPLARs across all prisons across Health Boards through the National Prison Care Network.
72	further work is required to analyse the FAI determinations and recommendations against the DIPLAR learning to enhance learning	<p><b>Implemented.</b></p> <p>70 Fatal Accident Inquiry (FAI) reports since 2008 to 2018 were reviewed by SPS in order to contextualise the figures in Scotland, as well as to analyse the means of suicide used (with particular focus on the ligature point and ligature used), given that 93% of suicides in custody were caused by death by hanging.</p> <p>SPS reviewed the FAI determinations and DIPLAR learning for 40 deaths in custody which showed that the DIPLAR was effective at identifying actions and learning which were consistent with the findings from the FAIs.</p> <p>SPS now has a process in place to better record the learning and actions from the DIPLARS and recommendations from FAIs to allow for analysis of common themes and identify areas for operational and policy review and development.</p> <p>Training was delivered to all Governors, Deputy Governors and Senior Managers on the arrangements necessary to ensure the success of the DIPLAR process and to reinforce the need for openness and transparency, especially where things did not go well or where there is learning. Since this training has been completed, an audit of the DIPLARS has shown an improvement in the quality of the DIPLARS.</p> <p>All DIPLARS for drug related deaths and deaths by suicide are now chaired by an independent chair.</p> <p>This recommendation will be considered as part of the independent Death in Custody Review.</p>
73	a Memorandum of Understanding is developed or expanded between relevant agencies on the appropriate methodology for enquiry and reporting, the sharing of lessons learned and the management information systems needed to support effective information capture and analysis	<p><b>Implemented and ongoing.</b></p> <p>There is a Memorandum of Understanding (MOU) and Information Sharing Protocol already in place.</p> <p>The MOU between SPS and NHS is reviewed and monitored nationally by the National Prison Care Network (NPrCN). Locally each establishment GIC is required to meet regularly with their NHS Health Board lead to discuss any health related issues including any compliances with the MOU. The MOU was to be reviewed as part of the portfolio of the leadership and governance workstream of the health and social care in prisons programme board but due to COVID this has been paused.</p> <p>The NPrCN CSG agreed that the MoU should be kept as a priority as soon as resources allow. Members of the CSG have volunteered support to progress with the Network facilitating the development, however due to the resource required to support the review and the complex nature of the MoU, it remains a standing item on the CSG and will be picked up when the situation allows.</p> <p>The Information Sharing Protocol remains on the Scottish Health in Custody Network (SHiCN) OSB agenda as a standing item. The agreement that information sharing should be progressed as a priority across the justice system, still stands and</p>

		<p>will require engagement with a significant range of agencies. It should be noted that due to the constraints of the pandemic this work has also been paused. SHiCN does not have the appropriate resources to do this fully, once resource allows with partners, actions will be picked up for the review.</p> <p>The responsibility does not sit with SPS however as members of the Network SPS will be involved in the review.</p> <p>The DIPLAR is a joint SPS/NHS process and there is agreement with all Health Boards to participate in the process and adhere to guidance and timescales. Where it is appropriate for other partner agencies to participate in the DIPLAR process, an invitation is extended to the relevant agencies to participate. In recent years there has been attendance at DIPLARS by children and families Social Work, Police Scotland, GeoAmev and Secure Care services.</p>
74	<p>Consideration should be given to commissioning a small focused study contacting and following up with families who have experienced the self-inflicted death of a loved one in custody</p>	<p><b>Implemented.</b></p> <p>The independent Death in Custody Review was published in November 2021. A cross directorate, 'Death in Prison Custody Review Delivery Group', will support implementation of the response to recommendations from the review. This group will require to interface with any SG infrastructure that is established. Two additional secondment posts, Mental Health lead and Drug &amp; Alcohol Lead, have been secured within SPS HQ Health Team. Both of these posts will have a key role in supporting the review of policies and guidance for implementation as agreed in the resulting action plan from the Independent Review.</p>
75	<p>The SPS and SFIU should review the DIPLAR process to ensure information collated and shared does not impinge on the FAI process; and whether it could contribute to the FAI process</p>	<p><b>Implemented.</b></p> <p>The independent Death in Custody Review was published in November 2021. A cross directorate, 'Death in Prison Custody Review Delivery Group', will support implementation of the response to recommendations from the review. This group will require to interface with any SG infrastructure that is established. Two additional secondment posts, Mental Health lead and Drug &amp; Alcohol Lead, have been secured within SPS HQ Health Team. Both of these posts will have a key role in supporting the review of policies and guidance for implementation as agreed in the resulting action plan from the Independent Review.</p>
76	<p>The Scottish Government should consider a further collection and analysis of the suicide and self-harm statistics to gain an in depth understanding of comparative</p>	<p><b>Implemented and ongoing.</b></p> <p>Action 10 of the Scottish Government's Suicide Prevention Action Plan commits the Scottish Government to work with the National Suicide Prevention Leadership Group and partners to develop appropriate reviews into all deaths by suicide, and ensure that the lessons from reviews are shared and acted on. Action identified will introduce review processes for all suicides within a certain period of release from prison custody – residential care is not included in the proposals. In early 2020, the Scottish Government recruited a Delivery Lead for Action 10 of the Suicide Prevention Action Plan who has led work to develop appropriate reviews into all deaths by suicide within a certain period of release from prison custody.</p>

	<p>performance across the Scottish justice system and the UK</p>	<p>Work is currently underway to consider a system which could be used across the country to collect and analyse the data captured at a local level in order to help them identify learning and use this information to develop local action plans and improve local services. It is hoped any system would also link to the national datasets held by PHS such as scotSID and conversations have been held with them to establish what this would look like.</p> <p>There has been an agreement from the leads of other death review process e.g. child death, adult protection, drug deaths etc. to develop some kind of flow chart or similar to help local areas decide which process should be used in which circumstances e.g. if it is a child who has taken their own life using illegal drugs, which review process should be used, we are also attempting to ensure there is a consistent dataset across these processes so that local areas are collecting similar data for each death regardless of cause in order to simplify things.</p> <p>In the 3 test sites (Borders, Grampian and Dumfries and Galloway):</p> <ul style="list-style-type: none"> <li>• The first case reviews are taking place in Borders and Dumfries and Galloway, and the second case review in Grampian;</li> <li>• Discussions are continuing regarding the best options for support for families to engage in the review process, while local negotiations continue. An alternative for the existing bereavement support service to be extended to include this has been raised with Scottish Government.</li> <li>• Investigations for a long term solution to data capture and analysis is ongoing, with discussions held every two months with QES who continue to provide updates on their system and the learning they have gained from working across a range of areas in England. Opportunities for this have also begun to be considered with the Data Lead in PHS.</li> <li>• Exploratory meetings have been held with NHS leads in Ayrshire &amp; Arran and Highland around undertaking reviews. Further meetings have been planned to progress this.</li> </ul> <p>It is anticipated that the new system of suicide reviews will be up and running by the end of 2022. There are ongoing discussions with MWC and HIS to ensure that review processes in all settings are aligned. NES now also take part in these discussions regarding training needs across all processes.</p> <p>The Scottish Government and COSLA will publish a new suicide prevention strategy and action plan in September 2022.</p> <p>The Delivery Lead for Action 10 has recently made contact with Suzie Calder in Scottish Prison Service to begin to discuss links between this work and the work currently underway in SPS on the development of their mental health strategy and the review of the 'Talk to Me' protocol currently used for those with suicidal ideation.</p>
77	<p>Consideration should be given to examination of the contention that an extension in age of the</p>	<p><b>Implemented and ongoing.</b></p> <p>Whilst the WSA currently focusses on young people up to the age of 18, it is recognised that much of the approach could be expanded beyond the age of 18, allowing support to young people who are experiencing later maturation and require age- and stage- appropriate support.</p>

	youth justice and WSA processes would be beneficial	<p>Extending to older age groups will have an impact on resources for both children's services and adult justice. Any extension will require time, resources and commitment from all partners. A total of £800,000 funding was provided across all 32 in 2018/19 and a further £800,000 again in 2019/20 to support local authorities to re-energise strategic planning supporting the WSA up to age 18 and, where possible to support an extension to young people beyond this age up to 21 (to 26 for care experienced people). This funding has supported continued partnership working and strengthened links between youth justice, community justice, education, third sector and children's services.</p> <p>Some local authorities currently deliver a WSA service to those over the age of 18. For some aspects of WSA to extend beyond 18, there would need to be a change in legislation, where by the age of referral to reporter is increased to cover all 16 and 17 year olds which is under active consideration.</p> <p>More information is required around numbers and needs of those over 18 who would benefit from such an expansion, along with information about costings and resources.</p> <p>Expanding WSA beyond the age of 18 is included within the new Youth Justice vision and in the Justice Strategy.</p>
78	The Scottish Government should consider funding a work-force capacity review to meet the identified need of greater staff therapeutic interaction with young people	<p><b>Action in progress.</b></p> <p>Chief Nursing Officer Directorate (CNOD) have agreed to include nursing professions in prisons in the Transforming Roles programme. The Transforming Roles Programme was paused in March 2020 in response to COVID-19. As pressure relating to the pandemic eases, consideration will be given to re-moralising the programme.</p>
79	The Scottish Government should consider the development of new models of secure care and custody provision, taking account of the maturation evidence, the findings of the HMIPS inspection and the findings of the Care Review	<p><b>Action in progress.</b></p> <p>Demand and supply of secure care is complex. Secure units operations are funded almost exclusively from their bed rate. A new contract started in April 2020 and runs for 2 years with one year extension option to allow for changes. It is agreed that the current model is not acceptable long term.</p> <p><b><u>Future of secure care</u></b></p> <p>Discussions are ongoing with Ministers, providers, Scotland Excel, COSLA and SWS to consider a range of options for potential future action. This includes increasing capacity in Scottish centres by supporting them to deal with the implications of any reduction in cross border placements, supporting young people under 18 who are currently in Polmont in secure care settings instead, and retaining some young people in secure care beyond their 18<sup>th</sup> birthday to avoid short moves to Polmont.</p>



		<p>There is agreement from Ministers to progress negotiations around offering financial security and buying beds to ensure there is capacity for young people living in Scotland, including supporting young people who may have been placed in YOI in the future.</p> <p>Standards for secure care were launched on 5 October 2020. These standards were co-produced by young people with care experience and go some way to addressing the asks within the Promise. Focus is now on supporting implementation of the standards.</p> <p>Legislative change is also required. In particular around 16/17 year olds in the hearings system. A consultation on raising the age of referral to the reporter to all under 18s closed on 7 October 2020 an independent analysis of the results was published in early December 2020. This analysis showed there was a high level of support for a change.</p> <p>A further consultation on proposals for a future Children’s Care and Justice Bill, launched on 30 March for 12 weeks. This includes questions around reform for those in the criminal justice system, children’s hearings systems and secure care.</p> <p>This is a complex area and large piece of work, which is hoped to be completed before the end of the current contract.</p>
80	The Scottish Government should develop a centralised co-ordination centre for the management of information and sharing of relevant information between reviews initiated by the Scottish Government	<p><b>Not implemented.</b></p> <p>There are no current plans for establishment of a central SG team to co-ordinate Reviews. Review chairs should be appointed a key SG policy link and officials should continue to work across portfolios to ensure relevant links and connections are made across Ministerial portfolios. All policy portfolios will continue to work together to ensure links are made and independencies between review taken forward.</p>