HEADQUARTERS
One Lochside
1 Lochside Avenue
Edinburgh
EH12 9DJ

Our Ref: HQ26112

30 July 2026

Dear

Thank you for your request dated 3 July 2026 under the Freedom of Information (Scotland) Act 2002 (FOI(S)A).

For reference, you requested: “Please provide copies of the current Scottish Prison Service policies, operational guidance, healthcare guidance or other recorded information relating to prisoners who undertake a hunger strike or refuse food.

In particular, I request any documents covering:”

RFI 1: “The definition of a hunger strike used by the Scottish Prison Service.”

RFI 2: “Procedures to be followed when a prisoner commences a hunger strike.”

RFI 3: “Medical monitoring arrangements.”

RFI 4: “Risk assessment procedures.”

RFI 5: “Decision-making responsibilities of prison staff and healthcare professionals.”

RFI 6: “Decision-making responsibilities of prison staff and healthcare professionals.”

RFI 7: “Escalation procedures.”

RFI 8: “Guidance regarding mental capacity and consent.”

RFI 9: “Any review procedures or reporting requirements.”

We have now completed our search for the information you requested.

RFI 1 – 9 Response: The information requested is contained within the SPS Food Refusal Policy which is included with this response.

This concludes our response to your request.

If you are unhappy with this response to your request, you may ask us to conduct an internal review, by writing to The Chief Executive, One Lochside, 1 Lochside Avenue, Edinburgh, EH12 9DJ. Your request should explain why you wish a review to be conducted and should be made within forty working days of receipt of this letter, and we will reply within twenty

working days of receipt. If you are not satisfied with the result of the review, you then have the right to make a formal complaint to the Scottish Information Commissioner.

Yours sincerely

SPS Operational Adviser

SPS Food Refusal Policy

Scottish Prison Service

Operations Directorate

Published January 2018

Revised November 2018

Unlocking Potential. Transforming Lives

Guidance Content

1. Introduction/Background

1.1 This document defines the roles and responsibilities of NHS Scotland and SPS staff managing people in custody who refuse food and/or fluid. This is an SPS document, based on The Department of Health (2010) Guidelines for the clinical management of people refusing food in immigration removal centres and prisons adapted to reflect the different legal and operational setting in Scottish prisons. This document does not cover clinical issues, which are the remit of NHS boards. This document supersedes GMA 56A/01 “Prisoners Refusing Food/Fluids”, which was obsolete as it pre-dated the transfer of health services to NHS Scotland.

1.2 The document applies to all public and private Scottish prisons and covers the care and management of people in custody who are intent on refusing food and/or fluids. Food refusal as a term within this process incorporates refusal of food and/or fluid. Fasting and eating disorders are out of scope of this document.

1.3 A person in custody has right to refuse food and/or fluid and treatment, unless it can be established that they lack capacity. Assessment of mental capacity is the responsibility of NHS Scotland.

1.4 Annex 3 provides information on the consequences of food refusal for a person in custody who refuses food and/or fluid.

2. Roles and Responsibilities

2.1 SPS and NHS Scotland

2.1.1 Initial identification of a person in custody refusing food might be by either SPS or NHS staff. In either case, staff who initially identify that an individual is, or is planning a Food Refusal, will ensure that the Healthcare Manager and the Duty Manager are informed.

2.1.2 During the course of a food refusal SPS and NHS staff will contribute to the appropriate care and management of the individual refusing food, through a case conference and care planning process if initiated.

2.1.3 It is important to ensure the individual refusing food and/or fluid understands that SPS and NHS Scotland aim to keep them as well as possible during the period of food refusal.

2.2 SPS

2.2.1 SPS staff will be responsible for all non-clinical aspects of the individual’s care and management.

Including:

- Establishing the reason(s) for food refusal.

- If appropriate resolving or improving any issues that are contributing to reasons for refusal.

- Recording food and fluids offered and whether eaten/drunk using the Food Refusal Record of Meals (Annex 5). The record will commence immediately the food refusal is identified.

- Open a Food Refusal Decision, Action Log and Notification Record (Annex 2).

- Ensuring the individual is offered a meal at every meal time and encouraging the individual to take some food and/or fluid. This strategy may be more successful if the individual is reassured that their concerns are being addressed.

- Holding an initial case conference within 24 hours of the food refusal being identified. Participants will include the individual refusing food and/or fluids, NHS Scotland staff, prison staff and those most likely to bring about the resolution of the situation, such as chaplains, advocacy services and if appropriate the individual's family or friends. The case conference will:

    - Identify how best to resolve the situation by developing strategies for psychological, physical and social well-being.

    - Identify how the individual wishes to be managed clinically if the situation cannot be resolved satisfactorily.

    - The case conference attendees, discussion and outcomes should be recorded on the form at annex 3 and upload to PR2 case conference screens.

- Encouraging the individual to comply with clinical assessment by NHS Scotland; explaining to them the importance of NHS Scotland professionals monitoring their health and well-being and keeping them as well as possible.

- Identifying how best to resolve the situation by developing strategies for psychological, physical and social well-being.

- In consultation with NHS Scotland, considering whether Rule 41 would be appropriate. Rule 41 allows a Governor to order that a person in custody be accommodated in specified conditions following advice from a healthcare professional. It enables certain measures to be taken to protect the health or welfare of the individual and/or others.

- When an individual has been refusing food and/or fluid for 7 days, the food refusal must be reported to HQ Operations Directorate and Health and Wellbeing Branch, including sending a copy of the Food Refusal Decision/Action Log (Annex 2). Updates must be provided weekly thereafter and additionally when there is any significant deterioration or development or the individual is hospitalised.

- Ensuring the individual continues to be offered all entitlements in line with the relevant Prison Rules. E.g. outside exercise, access to pastoral care, unless decided otherwise at a case conference where it is considered in the best interests of the individual.

- Ensuring the individual understands the seriousness of Food Refusal. Annex 3 “Refusing food or drink – advice sheet” will be issued and the individual asked to sign a copy. Staff will ensure the person in custody is able to read and understand the sheet and offer assistance if necessary, including interpretation services if appropriate. The individual will be asked to sign and date this sheet to show they have understood, entering comments if they wish. Staff will make a copy of the signed sheet and return the original to the individual.

- In the event of the individual starting to eat again, seeking guidance from NHS Scotland colleagues.

- To record all relevant information on appropriate documentation and keep PR2 up to date.

2.3 NHS

2.3.1 NHS Scotland colleagues will be responsible for all aspects of clinical assessment, care and treatment of the individual, including:

- Assessing if there is any lack of mental capacity and/or mental illness identified, and keeping this under review.

- Identifying whether there is underlying psychiatric or physical illness causing or contributing to the individual’s decision for food refusal.

- Reviewing current medication as this may be contraindicated for someone who is not eating.

- Identifying how the individual wishes to be managed clinically if the situation cannot be resolved satisfactorily (e.g. whether they consent to being fed through a drip or a tube).

- Assessing the individual’s health at the start of the food refusal and throughout the time of food refusal.

- Contributing to the case conference and care planning process.

- Keeping the individual informed of the consequences of food refusal on their health and wellbeing. At the beginning of the food refusal SPS staff will issue Annex 3 - “Refusing food or drink – advice sheet” and ensure the individual is able to read the sheet and offer assistance if necessary, including interpretation services if appropriate.

- In the event of the individual starting to eat again, giving guidance on the risk of re-feeding syndrome and what diet will be provided to manage the risk.

2.3.2 Healthcare professionals seeking guidance on clinical management of food and/or fluid refusal, e.g. the frequency and nature of observations, must refer to the local NHS Board.

3. Principles of Care Management

3.1 Identification of a person who is refusing food and/or fluid

3.1.1 Food refusal is often a form of protest or attempt to raise the profile of an individual's situation. Individuals refusing food as a protest are likely to report this themselves to draw attention to their protest. A person in custody may inform any member of staff that they plan to commence refusing food and/or fluid. The staff member will assure them that such matters are taken very seriously, ask them why they are planning to refuse food, and if appropriate discuss ways to resolve or improve any issues. Staff monitoring attendance at mealtimes and noting whether individuals return meals uneaten may aid early recognition of food refusal. Good practise would include a system to highlight non-attendance for meals. However, in many prisons this will be impractical for operational reasons.

3.2 On-going care and management

3.2.1 On-going care and management must include**:**

- Regular multi-disciplinary case conferences attended by the individual themselves, prison and NHS Scotland staff, prison staff and others identified as likely to bring about the resolution of the situation, such as chaplains, and/or advocacy services.
- The frequency of case conferences will be determined at the initial conference and reviewed at each case conference thereafter. The frequency decided will be dependent on the condition of the individual. Clinical review may dictate a case conference be held sooner e.g. if an individual's health deteriorates.
- The decision to limit the individual's access to entitlements in line with the Prison Rules 2011, or to accommodate them in a specified part of the prison or separately from other prisoners, will be taken only at a case conference where it is considered in the best interests of the individual.
- Transfer to hospital will only take place if assessed as necessary by a healthcare professional. In the event that the individual is transferred to hospital this may precipitate an end to the food refusal. Reasons for this should be explored with the individual to inform their management on return to prison.
- Psychological support and, where appropriate, support for religion or faith according to the person's beliefs will be provided by Chaplaincy team, advocacy services and if appropriate the individual's family or friends.

- If the individual becomes terminally ill there will need to be close liaison between SPS, NHS Scotland and the individual's family. The appropriate Scottish Minister(s) will need to be briefed as appropriate.
- If the individual decides to begin eating again after refusing food and/or fluid for more than a few days, they are at risk of refeeding syndrome, which can be fatal. Operational staff must be aware of the risk and arrange for a review by a healthcare professional if and when a prisoner ceases food refusal.

4. Recording and Reporting

4.1 Local Recording

4.1.1 Establishments must open and maintain a Food Refusal Decision, Action Log and Notification Record Annex 2 and keep a record of food and fluids offered and refused using the Record of Meals at Annex 5. All case conference should be minuted using the form at annex 4. Documentation of the individual's wishes is essential to demonstrate that the individual is not only refusing food and/or fluid but understands the likely consequences of doing so.

4.1.2 PR2 should also be updated including Prisoner Risk and Conditions and notes and case conferences in the Community Integration Plan under the Social Care domain.

4.2 Reporting to HQ

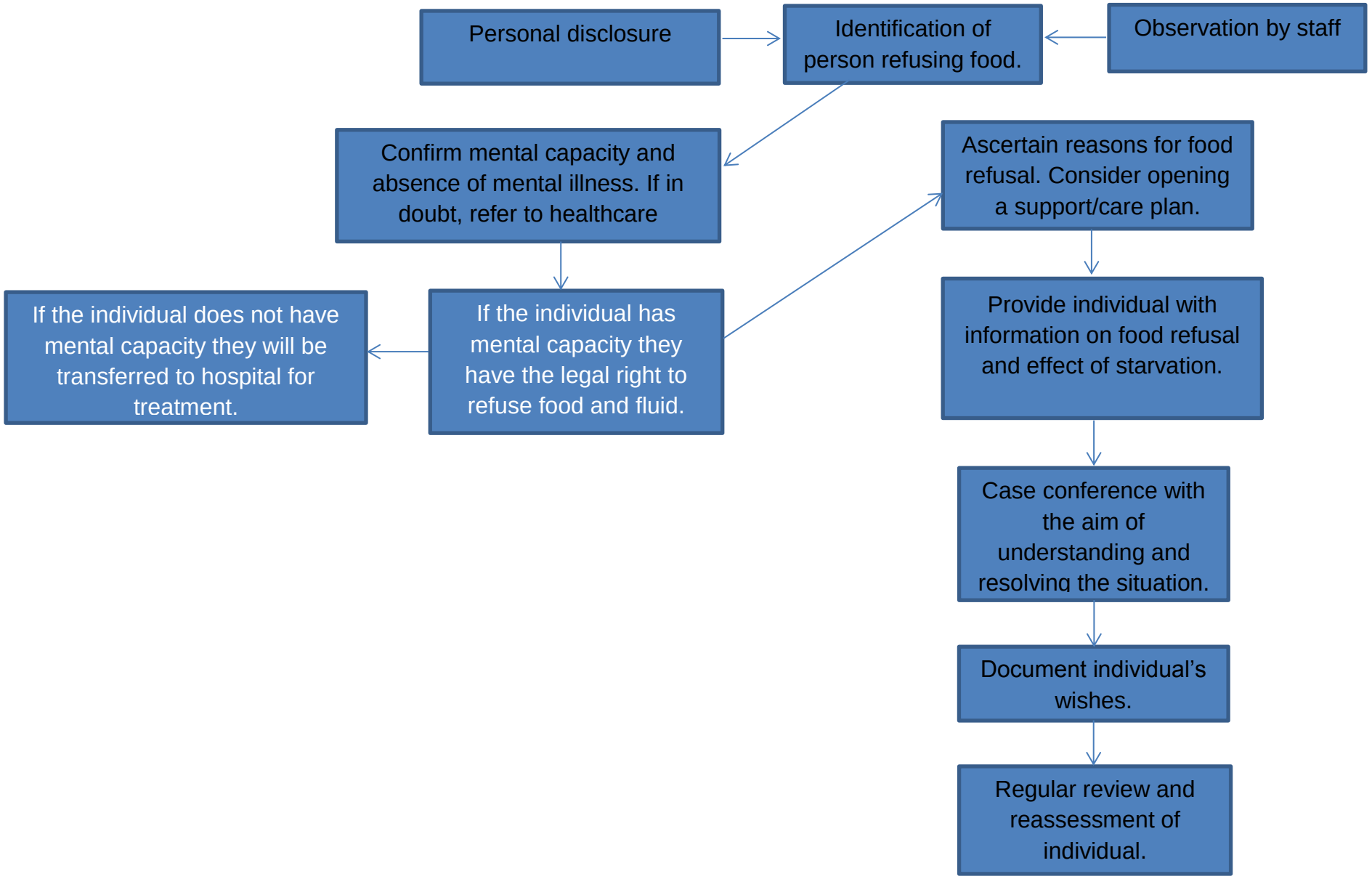
4.2.1 Operations Directorate and Health & Wellbeing Division must be informed when an individual has been refusing food and/or fluids for 7 days to HQFoodRefusal@sps.pnn.gov.uk. This must include a copy of the Decision, Action Log and Notification Record (Annex 2).

4.2.2 Updates must be provided weekly thereafter and additionally when there is any significant deterioration or development or the individual is hospitalised.

4.2.3 Establishments must send notification of discontinuation of the Food Refusal policy to HQ to: HQFoodRefusal@sps.pnn.gov.uk

4.2.4 The Policy Lead in HQ will record reported cases of food refusal and review annually to identify trends or concerns.

Annex 1: Initial Assessment of individual refusing food and/or fluid



Food Refusal - Decision, Action Log and Notification Record

Forename(s):		**Surname:**	
Number:		**D.O.B:**	
Establishment:	*Click here to enter an establishment.*		

Identification of Food Refusal:	**Enter details**	**Sign and Print**
Date:		
Time:		
Means of food refusal identification: (e.g. self-report/observation)		
Person identifying the food refusal		
Duty Manager informed:		
Healthcare Manager informed:		
Food Refusal Record of Meals commenced:		
Case Conference held within 24 hours of identification – enter date held:		
Care Plan agreed:		
Has a reason for the Food Refusal been disclosed? If so what is the reason?		
Individual issued with Annex 3, Food Refusal Advice Sheet. ***(Ensure individual understands advice sheet, note if it has been read and explained to them and/or if interpretation service was used. Take copy of signed sheet and return original.)***		
Operations Directorate and Health and Wellbeing Branch informed. ***(When an individual has been refusing food and/or fluid for 7 days. Updates must be provided weekly thereafter and additionally when there is any significant deterioration or development or the individual is hospitalised.)***		

Staff will ensure the individual is able to read and understand the sheet and offer assistance if necessary, including interpretation services if appropriate.

Introduction

You are refusing to eat and/or drink or severely limiting what you eat and/or drink. This is your right but it is important that you know how this will affect you. This advice sheet will explain:

- The effects of starvation.
- That medical advice is different at different stages of food and/or fluid refusal.
- Why you need to take care if you start eating and drinking again.
- Why you might need to go to hospital if you refuse food and/or drink for a long time and then start eating and drinking again.

Your legal rights

You have the legal right to refuse food and fluids. We will try to persuade you to eat and drink, you will be offered a meal at every meal time. We will not try to feed you or give you fluids against your will unless experts assess that you are unable to decide for yourself because of a psychological or physical illness.

The effects of starvation

Starvation affects every part of your body. It will make you weak and vulnerable to infections. Your skin may become fragile. You are likely to get uncomfortable or painful sores, particularly in the mouth and on bony pressure points. You may feel very cold. People often become constipated. Some people develop diarrhoea. Lack of food and/or fluid is likely to affect your thinking. It will probably make you very depressed or withdrawn. Eventually, it will start to damage your major organs. Your organs may fail. If your organs fails completely, you will die.

You will be affected in some ways very quickly. Weakness and lowered resistance to infection can start within three days of refusing all food and/or fluid. If you are already undernourished when you stop eating, or you have any illness, survival will be much shorter.

The effects of avoiding fluids

Your health will get worse very quickly if you refuse all fluids. You could die within a week to 10 days, especially during hot weather.

Medical care during food and/or fluid refusal

If you refuse food or fluids, you will be offered medical care.

NHS Scotland staff will check your health when you start refusing food. They may give you some advice on keeping yourself as well as possible. If you carry on refusing food and/or fluids they will keep checking your health. You will be asked whether you wish to go on refusing

food and/or fluids and whether you understand how dangerous this is for your health. NHS staff will be part of case conferences and care planning.

The dangers while starting to eat again

When the body starves, it loses many minerals, vitamins and cells. Organs stop working properly. This can make starting to eat again dangerous. If you decide to eat again, you need to eat very little at first. You may need to take supplements.

If you are very malnourished, starting to eat again is so dangerous that you might need to go to hospital for close monitoring of your heart and blood while food is slowly introduced into your system, possibly via a tube in the nose.

Choosing a representative

Since refusing food and/or fluid will lead to you getting very ill and possibly dying, think about asking someone to make sure that your wishes are followed once you cannot express them yourself. This could be a family member or friend who you trust. It could be a member of your faith, your doctor or a nurse.

It is important that you discuss your wishes with this person during your food refusal and that you feel that they can represent your wishes accurately. Remember this may be very difficult for a relative or friend.

Please print your name, enter comments if you wish, enter date and sign to show you have understood the advice sheet:

Print Name:	
Comments:	
Date:	
Sign:	

Member of staff to take a copy of signed sheet and return original to individual refusing food.

Food Refusal Case Conference

Forename(s):		**Surname:**	
Number:		**D.O.B:**	
Establishment:	*Click here to enter an establishment.*		

Date of Case Conference:	

Attendee Name	Attendee Role

Summary of Key Issues Discussed (Risk Factors, Progress, Significant Events etc.)

Information should be based on previous case conferences, feedback from staff and specialists, information from the Food Refusal Action Plan and record of meals documents. Strategies for psychological, physical and social well-being should be discussed.

Food Refusal Case Conference

Outcome of Case Conference:
Please record the outcome of the Case Conference, including the steps to be taken to manage any presenting concerns including approximate timescales i.e. a clear management plan for the prisoner. *It is essential that all decisions can be described as being necessary, proportionate, and balanced having taken into consideration all the available evidence as discuss*

Date of Next Case Conference	
Sign/Print name of Chairman	

Food Refusal – Record of Meals

It may be difficult to accurately record food and fluids consumed. The individual refusing food may be less likely to eat if they are conscious of being observed.

Record as accurately as reasonably possible. Space is available for comments e.g. "Offered John a meal - refused, returned and offered John a meal at the end of meal time - refused again or "John said he had a coffee this morning". Other food/fluids taken (e.g. canteen) should be noted in Comments.

Forename(s):		Surname:	
Number:		D.O.B:	
Establishment:	*Click here to enter an establishment.*		

Date:		**Page No.**	

Breakfast				
Officer:	Print:		Sign:	
Food*	Taken / seen to be eaten / offered and refused			
Fluids*	Taken / seen to be drunk / offered and refused			
Comments				
Dinner				
Officer:	Print:		Sign:	
Food*	Taken / seen to be eaten / offered and refused			
Fluids*	Taken / seen to be drunk / offered and refused			
Comments				
Tea				
Officer:	Print:		Sign:	
Food*	Taken / seen to be eaten / offered and refused			
Fluids*	Taken / seen to be drunk / offered and refused			
Comments:				

**** Delete as appropriate***

1. National Institute for Health and Clinical Excellence (2006) Clinical guideline – *Nutrition support in adults: Oral nutrition support, enteral tube feeding and parenteral nutrition*

2. Department of Health (2010) *Guidelines for the clinical management of people refusing food in immigration removal centres and prisons*

3. Mental Welfare Commission for Scotland (2015) *Good Practice Guide-Nutrition by Artificial Means*

4. Mental Welfare Commission for Scotland (2013) *Good Practice Guide-Advance Statement Guidance*

5. Mental Welfare Commission for Scotland (2010) *Consent to treatment*

6. Mental Welfare Commission for Scotland (2011) *Right to Treat?*

7. Scottish Executive (2005) *The New Mental Health Act - A Guide to Named Person*

Further Information:

The SPS recognises that from time to time employees may have questions or concerns relating to the Management of Prisoners Correspondence Policy and Guidance.

The SPS wishes to encourage open discussion with employees to ensure that questions and problems can be resolved as quickly as possible. Employees are encouraged to seek clarification on any issues with the appropriate Line Manager in the first instance.

Sustainability

Improving our environmental performance and doing things in a more sustainable way should be seen as integral to our core business practices.

In line with the SPS Sustainable Policy and to demonstrate compliance with the Scottish Government's commitment to improving environmental and sustainable development performance, please be mindful if printing this document – keeping paper usage to a minimum (print only version), printing on both sides, and recycling.

Equality Statement

The SPS is an equal opportunities employer where all employees are treated with dignity and respect. We are fully committed to equality, diversity and human rights and to ensuring our culture, working environment, policies, processes and practices are free from bias. This guidance applies to all employees regardless of protected characteristics, and, subject to any eligibility criteria, length of service, grade, working pattern or operational status.

Inclusive Communications

It is our ambition to ensure that SPS documents are readable, accessible and engaging for staff.

In formatting this document, good practice principles around engagement and inclusive communications have been adhered to.

If you require this document in an alternative format please contact Human Resources.

Review and Monitoring

This guidance will be reviewed every year or sooner where applicable to reflect changing business and legislative requirements.