

**Item No. 10**

**Meeting Date Wednesday 6<sup>th</sup> December 2017**

**Glasgow City  
Integration Joint Board  
Finance and Audit Committee**

**Report By: Alex MacKenzie, Chief Officer, Strategy & Operations**

**Contact: Fiona McNeill, Head of Adult Services South, Prison & Police Custody Services and Services**

**Tel: 0141 427 8376 / 0141 211 6607**

**PRISON HEALTHCARE – HMIPS INSPECTION REPORT HMP LOW MOSS  
DRAFT IMPROVEMENT AND ACTION PLAN**

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| <b>Purpose of Report:</b> | To advise IJB Finance and Audit Committee of the progress being made to address issues raised in the recent inspection into HMP Low Moss relating to prison healthcare, for which the HSCP has a hosting responsibility. |
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| <b>Background/Engagement:</b> | The inspection of HMP Low Moss took place between 29 May and 9 June 2017. The full inspection report is available through the following link:<br><a href="https://www.prisoninspectoratescotland.gov.uk">https://www.prisoninspectoratescotland.gov.uk</a> |
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| <b>Recommendations:</b> | The IJB Finance and Audit Committee is asked to:<br><br>a) note the submission of an improvement action plan to HM Inspectorate of Prisons for Scotland (HMIPS). (Appendix 1)<br><br>b) note the intention of HMIPS to undertake a return visit to HMP Low Moss between 24 <sup>th</sup> and 26 <sup>th</sup> January 2018 to assess progress.<br><br>c) note the progression of wider improvement work undertaken by the HSCP including:<br><br>- better workforce planning across prison healthcare;<br>- improving the interface between prison healthcare and other HSCP services; |
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|  | <ul style="list-style-type: none"> <li>- Self –assessment activity at HMP Greenock; and</li> <li>- preparatory work for the anticipated introduction of new national standards for inspecting and monitoring prisons in Scotland</li> </ul> |
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**Relevance to Integration Joint Board Strategic Plan:**

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| Prison Healthcare Services assist in supporting vulnerable people and promoting social wellbeing. |
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**Implications for Health and Social Care Partnership:**

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| <b>Reference to National Health &amp; Wellbeing Outcome:</b> | <p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>Health and social care services contribute to reducing health inequalities.</p> |
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| <b>Personnel:</b> | N/A |
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| <b>Carers:</b> | N/A |
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| <b>Provider Organisations:</b> | N/A |
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| <b>Equalities:</b> | The aim of the transfer of responsibilities from Scottish Prison Service to NHS is to ensure the equivalence of healthcare provision to the prison population. |
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| <b>Financial:</b> | While not the primary purpose of this report, from initial scoping work undertaken in relation to the new draft national standards for inspecting and monitoring prisons in Scotland, it is likely that additional investment will be required to meet the full breadth of the standards. A more detailed analysis of this will be reported to the Committee following the introduction of the new standards. |
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| <b>Legal:</b> | N/A |
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| <b>Economic Impact:</b> | N/A |
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| <b>Sustainability:</b> | N/A |
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| <b>Sustainable Procurement and Article 19:</b> | N/A |
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| <b>Risk Implications:</b>                                | The intention of HMIPS to undertake a return visit at the end of January 2018 may mean that elements of the improvement action plan remain outstanding, particularly where there is a lead-in time for staff recruitment. |
| <b>Implications for Glasgow City Council:</b>            | To be assured of the work being undertaken by the HSCP to meet HMIPS standards for health and wellbeing set out in the Low Moss inspection report.  |
| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | As above.   |

## 1. Introduction and Background

- 1.1 HM Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and care of prisoners across the Scottish Prison Service estate against a pre-defined set of standards.
- 1.2 HMIPS is supported in their work by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, Scottish Human Rights Commission and the Care Inspectorate.
- 1.3 The inspection of HMP Low Moss took place between 29 May and 9 June 2017, with the final written report published on 3 October 2017. The inspection report is set out to reflect performance against 10 main sections, one of which is Health and Wellbeing and is the focus of the Improvement Action Plan (appendix 1).

## 2. Improvement Action Plan

- 2.1 In accordance with the request made by HMIPS, on 27<sup>th</sup> October 2017 the HSCP submitted an Improvement Action Plan to HMIPS setting out the actions to be undertaken to address the issues raised within the inspection report relating to Standard 4: Health and Wellbeing.
- 2.2 The Improvement Action Plan is set out appendix 1. The action plan references each area for improvement identified within Standard 4 of the inspection report along with the proposed actions to be undertaken to address these. It also incorporates a 'RAG' (red, amber, green) coding to identify those issues that can be addressed immediately (green); those issues that will take some weeks to address but are predicted to be addressed by the time of the return visit by HMIPS (amber); and those issues that will be progressed, but are unlikely to be fully addressed by the time of the return visit (red).
- 2.3 Without repeating the detail of the Improvement Action Plan, the Committee's attention is drawn to the following areas of progress:

- i. Successful recruitment to addiction nurse vacancies – now at full compliment (based on existing staffing model).
  - ii. Recruitment to primary care nurse vacancies is progressing.
  - iii. In process of moving to a more effective staff rosters to maximise staffing availability
  - iv. Organisational development sessions held with prison healthcare staff
  - v. Improvement made in relation to clinical governance processes, including complaints, staff training and staff supervision.
  - vi. The work to improve processes around GP appointments, which has already resulted in significant reductions in waiting times.
- 2.4 Attention is also drawn to the fact that some areas for improvement highlighted within Standard 4 are issues that require joint consideration and agreement between prison healthcare services and the prison service. For example, to address the criticism over the lack of general availability of condoms within Low Moss will require a change to the restrictions on condom availability currently set by HMP Low Moss.

### **3. Wider Improvements**

- 3.1 Work is commencing to develop a more co-ordinated workforce planning approach for prison healthcare within the HSCP. In addition to assessing current and future workforce requirements across the 3 prisons within the NHSGGC area, this work will consider how best the HSCP can support the prison healthcare workforce, for example around more training and development opportunities, capacity-building and better access to bank staff.
- 3.2 Linked to the above, there will be a renewed focus on exploring opportunities to improve the interface between prison healthcare and other HSCP services, with a view to making greater progress towards the goal of ensuring the prison population have equality of access and experience to healthcare provision as far as is practicably possible.
- 3.3 A self-assessment is being undertaken within prison healthcare at HMP Greenock to identify good practice and any potential areas for improvement against the current HMIPS national standards. This, along with the Low Moss improvement action plan and learning from the most recent HMIPS inspectioof HMP Barlinnie, will provide a system-wide overview of prison healthcare in preparation for the anticipated introduction of new national standards.
- 3.4 The draft of the new national standards for inspecting and monitoring prisons is currently available for comment. It is anticipated the new standards will be formally introduced in Spring 2018. An exercise will be undertaken to compare current standards with the new draft standards and, informed by the output from 3.3 above, will guide the development of a single HSCP service specification to be applied to the 3 prisons within GG&C.

3.5 That said, it is important to highlight that an initial scoping of the new draft standards concluded that additional investment is likely to be required to meet all of the new standards, should they be approved for introduction. In particular, this potentially relates to the expectations of staff in addressing the impact of life events or trauma; extending multi-disciplinary input within addictions teams; and meeting in full the range of palliative care quality indicators specified in the new draft standards. (In relation to palliative care, it is worth noting that prison healthcare staff are currently working with the MacMillan Palliative Care Co-ordinator for Prisons, hosted in Forth Valley, to develop pathways, and that prison healthcare staff already work locally with hospices and the prison service to deliver end of life care.)

#### **4. Recommendations**

4.1 The IJB Finance and Audit Committee is asked to:


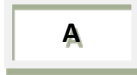





- a) Note the submission of an improvement action plan to HM Inspectorate of Prisons for Scotland (HMIPS). (Appendix 1)
- b) Note the intention of HMIPS to undertake a return visit to HMP Low Moss between 24<sup>th</sup> and 26<sup>th</sup> January 2018 to assess progress.
- c) Note the progression of wider improvement work undertaken by the HSCP including:
  - better workforce planning across prison healthcare;
  - improving the interface between prison healthcare and other HSCP services;
  - self –assessment activity at HMP Greenock; and
  - preparatory work for the anticipated introduction of new national standards for inspecting and monitoring prisons in Scotland

HMIPS Inspection of HMP Low Moss: May /June 2017

Improvement Action Plan to address HMIPS Inspection Report, Standard 4 – Health & Wellbeing

| Standard/ QI   | Action being undertaken to improve performance  | Impact  | Implementation Timeframe  | Lead Officer(s)  |
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| <p><b>4.1 There is an appropriate level of healthcare staffing in a range of specialisms relevant to the healthcare needs of the prisoner population</b></p> |   |   |   |  |
| <p>Rating: <b>Poor Performance</b></p>   | <p><u>Immediate Actions to Address Staffing &amp; Workforce Issues</u></p> <p>Since the time of the inspection we have successfully recruited 4 WTE Band 5 Addiction Nurse posts into current vacancies.</p> <p>A systematic process has been developed to identify and discuss patients who are known to both Mental Health and Addictions. This includes weekly meetings to discuss referrals received for Mental Health and Addictions, checking where patients are known to either service.</p> <p>Recruited to 1 WTE Band 5 Primary Care nurse into current vacancy (take up post November 2017). In process of recruiting into remaining primary care vacancies to achieve full establishment.</p> <p>Develop as part of workforce planning a process for over establishment based upon known turnover, maternity leave etc.</p> <p>Develop business case with a view to recruiting 2 WTE Business Support posts (working across Low Moss, Barlinnie and Greenock prisons) to manage healthcare complaints.</p> | <p>To take forward the NHSGGC drug alcohol and tobacco strategy within prisons.</p> <p>Enable multi-disciplinary approach to assessment and care.</p> <p>To achieve 'hall' nursing model which will result in more efficient use of staffing (replicating the model that operates in Barlinnie). Prevents senior staff being pulled away from their role. Will allow development of nurse led clinics (and in turn reduce the number of cancelled clinics</p> <p>Stabilise the workforce to meet workload capacity/demand and continued professional development</p> <p>Release nursing staff time to deliver frontline care.</p> | <p><b>A</b></p> <p><b>A</b></p> <p><b>&lt; 3m</b></p> <p><b>&lt; 3m</b></p> <p><b>&lt; 6m</b></p> | <p>Fiona McNeill (FMcN), Head of Adult Services (South), Prison &amp; Police Custody Healthcare</p> <p>Jayne Miller (JM), Service Manager, Prison Healthcare</p> <p>FMcN</p> <p>FMcN</p> <p>Alex Mackenzie (AMcK), Chief Officer, Operations</p> |

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|  | <p>Job description being developed for Band 4 pharmacy technician being appointed to support delivery of medications to prisoners and support the health care assistant working within the dispensing area.</p> <p>Agree process with SPS Management for information sharing in relation to potential security concerns regarding health staff accessing the prison (including bank staff)</p> <p>Reviewing current rosters for primary care nurses to ensure they provide capacity and meet demand.</p> <p>Developing business case to recruit across prison healthcare 4 WTE Advanced Nurse Practitioners (ANPs).</p> <p>Reviewing the administration processes around managing GP clinics.</p> <p>Staff engagement and organisational development programme underway for all healthcare staff to reflect on inspection findings</p> <p>Discussions underway to identify sessional input from a dental hygienist</p> <p>Exploring the potential to secure sessional input from an occupational therapist (OT)</p> <p>Development of a process which supports expansion of nurse bank resource from NHSGGC nurse bank to provide cover to prisons, including meeting additional training needs</p> <p>Work with HEIs to engage with under graduate student nurses to raise awareness of the prison service as an alternative career path.</p> | <p>Further minimise the risk of medication errors and</p> <p>Minimise delays in allowing bank staff access to the establishment.</p> <p>Maximising the number of staff available on each shift</p> <p>Reduce waiting times for assessment and treatment. Reduce dependence on GP agency staff. Remove requirement for all admissions to be seen by a GP.</p> <p>Reduce staff absence and turnover</p> <p>Staff are better informed and able to contribute to improvement agenda</p> <p>Reduce dental waiting times</p> <p>Allow access to OT</p> <p>Increase bank nurse capacity</p> <p>Potential to increase applicants to the prison health service.</p> | <p>&lt; 3m</p> <p>&lt; 3m</p> <p>&lt; 3m</p> <p>&lt; 3m</p> <p>&lt; 3m</p> <p>A</p> <p>&lt; 6m</p> <p>&lt; 3m</p> <p>&lt; 6m</p> <p>&lt; 6m</p> | <p>FMcN</p> <p>FMcN</p> <p>JM</p> <p>FM &amp; Elaine Love (EL), Chief Nurse, Governance &amp; Regulations</p> <p>JM</p> <p>FM</p> <p>JM</p> <p>FM</p> <p>EL</p> <p>EL</p> |
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| 4.3 Appropriate confidentiality of healthcare consultations and records is maintained in the prison  |  |  |   |    |
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| Rating: <b>Generally Acceptable Performance</b>  | Where a complaint is made in relation to healthcare treatment regime it will be managed as part of the clinical care plan review process and recorded within the health record.  | Comply with requirements of NHSGGC record keeping.<br><br>Confidentiality of healthcare conversations is maintained.                     |    | JM |
| 4.4 Healthcare provided in the prison meets accepted professional standards  |  |  |   |    |
| Rating: <b>Poor Performance</b>  | <u>Immediate Actions to Meet Professional Standards</u><br>Line Managers required to plan, monitor and report compliance with GG&C Supervision Policy  | Regular supervision takes place  |    | FM |
|  | Training Needs Assessment completed to identify any staff that has outstanding mandatory training requirements. Programme of mandatory training commenced for all staff.   | All staff complete mandatory training  |    | JM |
|  | Line Manager Structures will ensure all staff have Professional Development Plan (PDP) in place as per NHSGGC policy   | All staff are up to date with PDP and eKSF   |   | FM |
|  | Professional Nurse Advisor working with PP / Education to develop evidence based competency frameworks with supporting algorithms for long term conditions to facilitate nurse led clinics. To support this work, a range of clinical specialists in each long terms condition will deliver education sessions and offer practice development support. | Provide clear standards and competency measures which can ensure clinical competency can be assessed against agreed competency framework |  | EL |
|  | Review and refresh performance management template across prison healthcare to include regular audit time. Ensure robust data recording, reporting and scrutiny processes are in place to support effective performance management   | Provide more robust evidence of service delivery and improvement and compliance against standards  |  | FM |
| 4.5 Where the healthcare professional identifies a need, prisoners are able to access specialist healthcare services either inside the prison or in the community. |  |  |   |    |
| Rating: <b>Generally Acceptable performance</b>  | <u>Immediate Actions to Address Concerns around Access to Specialist Healthcare Services</u><br><br>Primary care 'hall' nurses (when introduced) will provide a triage function and will screen referral forms and if necessary speak to the patient to gather additional information to ascertain the urgency   | Appropriate triage of needs assessment to improve timeous access to mental health team.  |  | JM |



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|   | <p>of mental health referrals prior to submitting to the mental health team</p> <p>Mental health nurses have been directed to agree frequency of contact and review dates with patients on their caseload and document in the agreed care plan</p> <p>As noted in the inspection report, funding has been secured through the mental health innovation fund to improve access to psychological therapies across all 3 prisons in NHSGGC. Staffing are now in post since the inspection.</p> | <p>Allows nurses to gather additional information to assess urgency of referral</p> <p>Will allow mental health nurses to provide regular structured treatment and interventions</p> <p>Delivery of low level psychological interventions, such as anxiety management</p> | <p style="text-align: center;">A</p> <p style="text-align: center;">A</p> | <p>JM</p> <p>JM</p> |
| <b>4.9 Health care staff offer a range of clinics relevant to the prisoner population</b>   |   |   |   |                     |
| Rating: <b>Poor Performance</b>   | CONCERN: Primary Care clinics frequently cancelled. See section 4.1 for actions to address this   |   | < 3m  | JM                  |
| <b>4.10 Preventive healthcare practices are implemented effectively in relation to Transmissible Diseases</b>   |   |   |   |                     |
| Rating: <b>Satisfactory Performance</b>   | In collaboration with SPS, prison healthcare staff will work with NHSGGC sexual health services to improve sexual health service provision within prisons, including health promotion and education, posters, leaflets and condom availability  | Better access for prisoners to sexual health services   | < 3m  | JM                  |
| <b>Preventive healthcare practices are implemented effectively in relation to the maintenance of hygiene and infection control standards</b>                          |   |   |   |                     |
| Rating: <b>Generally Acceptable Performance</b>   | Since the date of the HMIPS inspection, HMP Low Moss Health Care Team has obtained a GOLD standard within Infection Control.  | Ensure compliance with infection control standards, including audits  | A   | JM & EL             |
| <b>4.20 Preventative healthcare practices are implemented effectively in relation to care and treatment of those exhibiting self-harming and addictive Behaviours</b> |   |   |   |                     |
| Rating: <b>Poor Performance</b>   | <p style="text-align: center;"><u>Immediate Actions to Ensure Preventative Healthcare Practices are Implemented Effectively</u></p> <p>Implementation of GG &amp; C Prison Health Care Drug, Alcohol &amp; Tobacco Strategy (DAT Strategy) has addressed the multi disciplinary approach to delivery of care, now that the newly</p>  | Ensure multidisciplinary approach to the delivery of care   | A   | FM                  |

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|  | <p>recruited Addiction staff have completed induction. This Strategy replicates the GG&amp;C community model for Addictions.</p> <p>Naloxone Awareness session delivered by Scottish Drugs Forum for NHS staff.</p> <p>Training for Trainers has been organised for a further 12 NHS staff to increase the number of trainers</p> <p>Make available posters promoting Naloxone Training. Naloxone training for prisoners has re-commenced on a regular weekly.</p> <p>As uptake of kits remains low, prison healthcare staff will work with SPS staff to encourage prisoners to accept naloxone kits on liberation. This would be recorded and monitored as an integrated component of our refreshed management information system.</p> <p>Random spot-checks of prisoners in possession of medication will be carried out routinely and audited</p> | <p>Improve staff awareness of harm reduction</p> <p>Increase capacity to deliver training to prisoners</p> <p>Improve prisoner awareness of harm reduction</p> <p>Improve patient safety and reduce drug related deaths</p> <p>Ensure compliance with prescribed medication</p> | <p>A</p> <p>A</p> <p>A</p> <p>&lt; 3m</p> <p>A</p> | <p>JM</p> <p>JM</p> <p>JM</p> <p>JM</p> <p>JM</p> |
| <b>4.14 Health education activities for both prisoners and staff are implemented throughout the prisons</b>  |  |   |  |   |
| <p>Rating: <b>Generally Acceptable Performance</b></p>   | <p>In collaboration with NHSGGC / HSCP health improvement team, a broader range of health improvement interventions is being planned.</p> <p>The specific reference in the report to harm reduction groups will be addressed through implementation of the Drug, Alcohol &amp; Tobacco strategy.</p>   | <p>Improve access to health promotion groups and activities</p> <p>Raise awareness of harm reduction, reduce the risk of prisoner harm and promote health and well being</p>  | <p>&lt; 6m</p> <p>&lt; 3m</p>                      | <p>JM</p> <p>JM</p>                               |
| <b>4.20 Effective measures that ensure the timeous attendance of appropriate healthcare staff in the event of medical emergencies are in place and are practised as necessary.</b> |  |   |  |   |
| <p>Rating: <b>Poor Performance</b></p>   | <p><u>Immediate Actions to Ensure Effective Measures are in place to Support Response to Medical Emergencies</u></p> <p>The emergency bags are now sealed with a record of the earliest date of expiry item recorded on weekly audit sheet</p> <p>All nurses in Low Moss will receive METS/BLS training. This will be included as part of induction process for new starts</p>   | <p>All items in emergency bag meet requirements</p> <p>All staff appropriately trained to respond to emergencies</p>  | <p>A</p> <p>A</p>                                  | <p>JM</p> <p>JM</p>                               |