



Item No. 14

Meeting Date Wednesday 26th October 2022

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

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**Healthcare Improvement Scotland Inspection of Prison Healthcare Service at
HMP Low Moss (31st January-2nd February 2022)**

Purpose of Report:	To advise IJB Finance, Audit & Scrutiny Committee of: <ul style="list-style-type: none"> – the outcome of the most recent formal inspection activity within Prison Healthcare. – ongoing work to ensure improved and sustained performance.
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Background/Engagement:	Previous reports have been presented to IJB Committees in October 2017 , December 2017 , August 2018 and April 2021 . As a result of the pandemic, formal inspections were replaced with Liaison visits in 2020/21. Information pertaining to the HMP Low Moss visit can be found at the following link:- HMIPS - Report on Prison Liaison Visit to HMP Low Moss - 5 August 2020.pdf (prisonsinspectoratescotland.gov.uk)
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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team <input checked="" type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/>
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	Other <input checked="" type="checkbox"/> Adult Services Governance Group Not Applicable <input type="checkbox"/>
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the findings of the most recent inspection activity, and b) Note the actions the HSCP has taken, and intends to take, to ensure ongoing sustainable service improvement.
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Relevance to Integration Joint Board Strategic Plan:
Prison Healthcare Services assist in supporting vulnerable people and promoting health and social wellbeing

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	People who use health and social care services have positive experiences of those services, and have their dignity respected. Health and social care services contribute to reducing health inequalities
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Personnel:	N/A
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Carers:	N/A
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Provider Organisations:	N/A
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Equalities:	The aim of the transfer of healthcare responsibilities from the Scottish Prison Service (SPS) to NHS is to ensure the equivalence of healthcare provision for the prison population
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Fairer Scotland Compliance:	N/A
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Financial:	N/A
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Legal:	N/A
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Economic Impact:	N/A
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Sustainability:	N/A
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Sustainable Procurement and Article 19:	N/A
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Risk Implications:	<p>The need to ensure continuous improvement in the context of the challenging financial climate.</p> <p>Prison Healthcare operates within the confinements of the prison setting, which is controlled by SPS, and this can impact on service delivery. Close and productive partnership working is required to ensure positive patient outcomes.</p>
Implications for Glasgow City Council:	Evidence of ongoing and sustained service improvement
Implications for NHS Greater Glasgow & Clyde:	As above

1. Purpose

- 1.1 The purpose of this report is to advise the IJB Finance, Audit & Scrutiny Committee of:
- the outcome of the most recent formal inspection activity within Prison Healthcare.
 - the ongoing work to ensure improved and sustained performance.

2. Background

- 2.1. Across NHS Greater Glasgow and Clyde there are three prison establishments for which Glasgow City HSCP has hosting responsibilities for healthcare provision:

Prison	Population
Barlinnie	1251
Low Moss	821
Greenock	192

- 2.2. Additionally, in accordance with the Scottish Government's strategy for transforming care of women in custody, a new 24 bedded women's Community Custody Unit (The Lilius Centre) is scheduled to open in October 2022, into which prison healthcare will deliver services.
- 2.3. Her Majesty's Inspector of Prisons for Scotland (HMIPS) assesses the treatment and care of prisoners across the Scottish Prison Service estate against a pre-defined set of standards. This process is supported by inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, Scottish Human Rights Commission and The Care Inspectorate.
- 2.4. With the exception of a Covid-19 liaison visit in August 2020, there has been no formal inspection activity at HMP Low Moss since January 2018.

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- 2.5. This full inspection by HMIPS took place over 3 weeks from 31st January 2022. The healthcare service was inspected over a 3-day period from 31st January 2022 – 2nd February 2022 by an inspection team led by HIS.

3. General Inspection Findings

- 3.1 The Prison Healthcare Service was inspected under **Standard 9 – Health & Wellbeing**. This standard has 17 Quality Indicators (QI), of which one had no relevance as it applies to women in custody.
- 3.2 The service received an overall rating of **Generally Acceptable**. For the 16 QIs the service was rated against:
- 8 were rated Generally Acceptable
 - 7 were rated Satisfactory
 - 1 was rated Poor
- 3.3 The Poor rating was given for QI 9.2 – *“Individual's care needs are assessed and addressed whilst in prison”*. This was specifically in relation to lack of access to secondary care appointments due to GeoAMY transport issues. Whilst it was recognised that this was no reflection on the prison healthcare service and was indeed outwith their control, the fact that this has led to problems for patients accessing certain healthcare services could not be ignored and required to be emphasised in the inspection. Recognition was also given to the fact that attempts have been made to address this problem at a local level, but the report also highlighted that this had been an issue for all prisons across Scotland and therefore required a national response. Since the inspection there have been improvements made by SPS and GeoAMY but Prison Healthcare continues to monitor the situation closely.
- 3.4 Similarly, a recommendation was made in relation to late court arrivals, causing NHS staff to have to stay beyond their scheduled hours to ensure safe patient admissions. Acknowledging that this has been an ongoing problem for all receiving prisons since the introduction of virtual courts and the aforementioned challenges with the prisoner transport service, the recommendation called for national co-ordination and discussion with partner agencies.
- 3.5 There were 14 examples of good practice identified and 17 recommendations for improvement. Specifically, the inspection team were pleased to see the introduction of on-call operational management support, the introduction of “Safe to Start” morning huddle process to manage the ongoing staffing challenges and the support provided by the management and leadership within the prison service. Inspectors were able to gain an understanding of the ongoing formal workforce review and were enthused by the fact that there has been completion of a formal Health Needs Analysis across the three prison to inform this process. They also highlighted the positive investment in additional professional nurse

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leadership and practice development nursing to support clinical governance and drive an improvement agenda.

- 3.6 The team were commended for their enthusiasm and team spirit but Inspectors did highlight the fragile nature of the staffing levels and the impact this was also having particularly on the provision of formal clinical supervision.

4. Practice Specific Findings and Recommendations

4.1 Primary Care

4.1.1 The following areas were identified as areas of good practice: -

- Good systems and process in place to identify long-term conditions needs
- Good admissions process contributing to this and daily triage of referrals to prioritise care delivery
- Audit of record keeping and care plans has shown sustained improvement
- Good links with Ailsa Care (social care provider commissioned by SPS)
- Evidence of good palliative care practice

4.1.2 The following area was identified for improvement:

- A Standard Operating Procedure (SOP) should be put in place for the Occupational Therapy referral process.

4.2 Mental Health

4.2.1 The following areas were identified as good practice:

- Processes in place for identifying people requiring services
- Data collation for treatment times improved
- Weekly allocation meeting and liaison with CMHTs
- Introduction of mental health assessment clinic
- Reviews of assessments and introduction of person-centred care plans

4.2.2 The following areas were identified for improvement:

- The need to introduce a standardised tool for risk assessment (CRAFT)
- Access to psychological therapies for remand prisoners
- More accurate tracking of waiting times
- Review of system for initial identification and monitoring – high dose antipsychotics
- Clearer definition re scope of service
- More coordinated approach to attendances at talk-to-me case discussions

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4.3. Addictions

4.3.1 The following areas were identified as good practice:

- Patients identified on admission and triaged with appropriate treatment provided until community prescription confirmed
- Evidence of choice in line with MAT standards
- Introduction of new personalised care plan
- Close links with Harm Reduction Team and roll out of nasal naloxone
- Effective Alcohol liaison nurse in post
- Health Improvement Peer mentoring programme
- Continuity of care through application of Drug & Alcohol Information System (DAISy)

4.3.2 The following areas were identified for improvement:

- Recommencement of staff training & supervision when there are safer staffing levels
- New care planning process should be rolled out for everyone

4.4 Pharmacy & Oral Health

4.4.1 The following areas were identified as good practice:

- Introduction of pharmacy clinics and medication reviews
- A drive towards in-possession medication and more patient autonomy
- Injectable medicines encouraged with support to self-administer
- Good triage process in place for oral health

4.4.2 The following areas were identified for improvement:

- SPS must find solutions to support medicines being administered at more suitable times
- SPS must find solutions for secure lockable storage for in-possession medicines
- SPS must provide robust and timely communication to healthcare staff on patients being liberated in order to provide appropriate prescriptions

5. **Programme of Improvement**

5.1 The Prison Healthcare Service has reviewed all of the recommendations and an action plan has been created with respect of each of the recommendations. This plan is currently in the process of being taken through internal governance arrangements as well as in discussion with the Governor in Charge at HMP Low Moss regarding joint key actions.

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5.2 Specifically, work is ongoing to:

- Develop the SOP for OT referrals
- Custom build a version of the mental health risk assessment tool (CRAFT) for the service IT system (VISION)
- Align the wider mental health EMIS system to the service to improve waiting times data
- Implementation of high dose monitoring system via caseload spreadsheet

5.3 With regard to the recommendation about psychological therapies for remand prisoners, those who are on remand but fully committed (>140days) do have access to this service. For those on remand <140 days, it is more challenging to provide ongoing therapeutic support due to the uncertainty of how long a person might be in custody. The service will however consider how this can be implemented. Prison Healthcare now reports on waiting times as part of the NHSGGC Psychological Therapies reporting process.

5.4 Recruitment and retention of nursing and general practice staff to prison healthcare has been an ongoing problem for the service both locally and nationally for a considerable time. This has not been assisted by the general shortage of nursing across the NHS. Staffing levels are slowly improving which has seen a gradual reintroduction of formal clinical supervision where possible. Attempts are being made to address this wider systemic issue via the formal Workforce Review which will make recommendations on a revised GP model, the introduction of advanced nurse practice and other skill mix.

5.5 Since the inspection, the Governor and Senior Management Team has changed at HMP Low Moss. The positive working relationship, established with the previous Governor, has continued and there have been some recent developments which have seen improvements to the medicine administration process. Both the Governor and the Healthcare Management Team are committed to taking a joint approach to the issues raised in the inspection.

6. Recommendations

6.1 The IJB Finance, Audit and Scrutiny is asked to:

- a) Note the findings of the most recent inspection activity, and
- b) Note the actions the HSCP has taken, and intends to take, to ensure ongoing sustainable service improvement

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