

## REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 28 AUGUST 2019

### HMP&YOI Grampian – Inspection Findings and Action Plan

#### 1 Recommendations

It is recommended that the Integration Joint Board (IJB):

- 1.1 Acknowledge the work already undertaken around the findings of the recent inspection and subsequent action plan; and
- 1.2 Ask that the Clinical and Adult Social Care Governance Committee monitor and support ongoing implementation of the Action Plan.

#### 2 Purpose

- 2.1 To provide an update to the Integration Joint Board on the findings of the inspection carried out at HMP and YOI Grampian in February 2019 and outline progress in implementing the action plan.

#### 3 Background

- 3.1 HMPYOI Grampian was inspected in February 2019, one of four prisons in Scotland to be jointly assessed by HM Inspectorate of Prisons for Scotland (HMIPS) and Healthcare Improvement Scotland (HIS) against the new and enhanced national standards.
- 3.2 HMIPS and HIS have jointly reported on Standard 9: Health and Wellbeing Standard – *“the prison takes all reasonable steps to ensure the health and wellbeing of all prisoners”*.
- 3.3 HMP & YOI Grampian was one of the first prisons to be inspected using this framework and therefore there was no opportunity to compare previous inspections and recommendations. Standard 9 includes a self-evaluation tool and sets out a framework on the delivery of health care services within a prison setting. Aberdeenshire Health and Social Care Partnership (AHSCP) are now required to submit this self-evaluation on an annual basis.
- 3.4 The inspection team identified a number of areas of good practice during the inspection and commented on the progress made since the previous inspection in 2015 and the follow up inspection in 2018. The inspectors were pleased to see the progress made by the Grampian Health and Wellbeing Programme Board and in particular the improvements and developments around the Mental Health and Substance Misuse Workstreams. They did however highlight that a number of challenges remain around the delivery of the health care service and this was reflected in the overall rating.

- 3.5 The full inspection report was published on 11 July 2019: the link is attached below.

<https://www.prisoninspectorscotland.gov.uk/publications/report-full-inspection-hmp-yoi-grampian-4-15-february-2019?page=18>

#### 4 Findings of Inspection and Action Plan

- 4.1 An Action Plan was developed following the findings of the inspection (Appendix 1) addressing the key areas highlighted by the inspection team. Several short life working groups have been set up to look at specific actions, especially where a joint approach is required with the Scottish Prison Service to address them. The areas identified as a particular priority by the inspection team are detailed below:

- **Late Admissions** – As part of the admission process to HMP & YOI Grampian all prisoners receive a health screening. Inspectors raised concern that those prisoners who arrive after the nursing team go off shift at 9:15pm are not screened until the following morning when the nursing team come back on shift. This happens very infrequently and usually when a prisoner is being transferred from the islands. Immediate plans were put in place to ensure that this screening is covered whilst we put a longer-term solution in place. It is hoped to make use of Attend Anywhere and undertake a virtual assessment using colleagues based at either Kittybrewster Custody Suite or the Minor Injury Unit at Peterhead Community Hospital. It should be noted that risk of self-harm is always screened by SPS officers on admission and any identified action immediately taken in line with long established procedures.
- **Recruitment and Retention of Staff** – Recruitment of staff continues to be a significant issue as it is across NHS Grampian. Following feedback from inspectors we now have written risk assessments and escalation plans in place for when staffing levels fall to a level that impacts on service delivery. We are currently looking again at the overall staffing complement and skills mix to ensure that we have the correct staff mix to provide a safe, effective, quality service.
- **Administration of Medications** – Inspectors raised concern about the administration times for some medications, particularly night-time medications, which were being dispensed as early as late afternoon to fit with the prison regime, this issue has been addressed with the SPS. A medicine management group has been set up to oversee all issues related to medicine management within the prison and staff are currently trialling a number of initiatives such as methamesure and increasing the use of in possession drugs to allow staff to make more effective use of their time during medication rounds. We are also currently scoping out the potential for a pharmacy post to be based within the prison.
- **Long Term Conditions** – Inspectors noted that prisoners with long term conditions had adequately been proactively reviewed to prevent exacerbations in their condition and to promote self-care / management. Staff have worked on a register of all prisoners with a long term condition with the help of colleagues from primary care and have put a review

system in place so that those prisoners with long term conditions are reviewed by a nurse-led service in line with what would happen within a community GP practice.

## **5 Equalities, Staffing and Financial Implications**

- 5.1 There are no staffing or financial implications resulting from this report.
- 5.2 An equality impact assessment is not required as this report is to provide information on the recent inspection and work around the action plan.

**Mark Simpson**  
**Partnership Manager (North)**  
**Aberdeenshire Health and Social Care Partnership**

Report prepared by Corinne Millar, Location Manager.

Enclosed Papers: Action Plan



APPENDIX 1

HMIPS Report – Recommendation 89 +91					
Area for Improvement	Lead/Work streams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership should take action to address the delay in mental health support for people who are subject to 'Talk to Me'	Mental Health Strategy Group  Lynn Cameron – Health Care Manager	Those prisoners assessed as being at risk of suicide are reviewed by an appropriately trained member of staff, a care plan put in place and referrals made for further mental health input	Look at timescales and role of the proposed Action 15 workers in relation to this assessment	Review September 2019	Standard 9.12 – <i>'everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment and support with their wellbeing throughout their stay in prison, on transfer and on release'</i>
The partnership and SPS should work to ensure that there is a robust process in place to ensure that those prisoners arriving late into the prison receive a formal health screening assessment.  Withdrawal status of prisoners not addressed at admission assessment.	Corinne Millar – Location Manager  Lynn Cameron - Health Care Manager  Erika Skinner – Project Manager  Elaine Dingwall- clinical manager	Establish the screening that is undertaken by the SPS on admission and what would be required of nursing team off duty  Interim arrangements put in place to allow the screening to be undertaken by a trained member of staff	Scope out the use of a virtual assessment with nursing staff based in the Minor Injury Unit's in Fraserburgh and Peterhead. Further discussion to be held with Erika Skinner on how we could use technology more effectively specifically for this purpose and more generally within	Review Sept 2019	Standard 9.1 – <i>an assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning</i>

		<p>Attend Anywhere is available in the prison and staff will have trained to use this.</p> <p>Key trainer has been recruited for 1 day per week to train other staff and to lead the use of attend anywhere within the prison.</p> <p>Discussion with Lorna Watt and Moyra Duncan around the feasibility of workers based within the custody suites undertaking this assessment virtually but agreed not to proceed and look at Action 15 workers who will be based more locally undertaking this assessment in case medication is needed.</p> <p>Meeting held with staff on 23<sup>rd</sup> July 2019 with staff, HR and staff side to agree process by which a staff member</p>	<p>the prison environment</p> <p>Design an assessment for withdrawal to be used at admission.</p>		
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		will stay on for a later shift to undertake assessments. Agreed that this would be a temporary measure for 6 months until a longer term sustainable solution is found. The outcome of this meeting was that off duty is planned for September 2019 including the late late shift. If staff have any issues these have to be raised with the HC manager OR Clinical manager.			
HMIPS – Recommendation 90					
<b>Area for Improvement</b>	<b>Lead/Workstreams</b>	<b>Update on progress and completed actions</b>	<b>Outstanding Actions</b>	<b>Timescale</b>	<b>Standard 9 Link</b>
The partnership should consider how mental health services both in the prison and community could be better linked with case management and release processes	Lynn Cameron - Health Centre Manager  Mental Health Strategy Group	Multi-disciplinary meetings are set up to review patients holistically and ensure all health and care needs are met - <b>July 2019</b>	Working group comprising of professionals from social work and prison healthcare set up to look at transitions from prison to community - first	December 2019	Standard 9.12 – <i>‘everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment and support with their wellbeing throughout their stay in</i>

			meeting scheduled for 12 September 2019		<i>prison, on transfer and on release</i>
HMIPS – Recommendation 92					
Area for Improvement	Lead/Work streams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
SPS and HMP YOI Grampian Management should ensure that prisoners are taken to their appointments timeously	Lynn Cameron – Health Care Manager  SPS  Workstream - Health and Wellbeing Strategy Group	Monthly meetings held with health care manager and SPS manager to discuss issues  Process to escalate to senior manager if there is a reduced number of SPS staff allocated to health centre duties developed.	Work towards having 2/3 members of SPS staff based in the health centre on a permanent basis.	Ongoing	Standard 9.4 – <i>'All stakeholders demonstrate commitment to addressing the health inequalities of prisoners'</i>
HMIPS – Recommendation 93					
Area for Improvement	Lead/Work streams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership and SPS must work together to ensure that they are accurately recording data on the number of missed appointments, reasons for them, and the impact it has on delivery of healthcare	Lynn Cameron – Health Centre Manager  SPS  Workstream - Health and Wellbeing Strategy Group	Appointment cards given to prisoner	Non attendance audit ongoing  Appointment audit of all clinics in place.	Ongoing	Standard 9.4 - <i>'All stakeholders demonstrate commitment to addressing the health inequalities of prisoners'</i>

HMIPS – Recommendation 94					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
<p>The partnership must ensure that sufficient trained and competent staff are available to undertake core duties in the health centre, including venepuncture and Blood-borne virus testing.</p>	<p>Corinne Millar – Location Manager</p> <p>Lynn Cameron – Health Care Manager</p> <p>Public Health</p> <p>Workstream - Health and Wellbeing Strategy Group</p>	<p>Meeting held on 21/6/19 to look at how testing could be carried out on the hall</p> <p>BBV Testing was offered to all prisoners between 24/6/19 and 28/6/19</p> <p>Away day held with primary care staff to plan training and care. Allocation of lead nurses for each long term conditions</p> <p>Lynn to update Mark Simpson re the staffing risk for inclusion in the AH&amp;SCP risk register and NHSG wide register.</p>	<p>Training plan being developed for all staff.</p> <p>Continuity Plan Completed.</p> <p>Lynn is going to check with Perth prison to see how their pharmacy team work.</p> <p>Currently there is no system within the service to identify long term conditions to enable care to be provided and staff – a skill gaps analysis has been carried out and a training programme established. NES bus was on site at HMP</p>	<p>November 2019</p>	
<p><b>Recruitment and Retention of Staff</b> The health care team is consistently struggling to manage and maintain a consistent workforce even with the use of bank/agency nurses. They are regularly working below agreed staffing levels and although this has been escalated (we were told in the past to</p>					

<p><b>the head of nursing within Aberdeenshire IJB and the director of Nursing with NHS Grampian), the issues in relation to staffing are not logged on a risk register (with the IJB or NHS) and there was not a contingency plan/escalation plan in place for when staffing is below agreed levels.</b></p> <p><b>Business continuity plans should be drawn up for times when staffing levels are either at a minimum or fall below the minimum .The partnership must assess and manage risks associated with the use of a significant number of bank and agency staff whilst maintaining staff and patient safety.</b></p> <p><b>A general lack of leadership among the nursing team was</b></p>		<p>Moyra and Lynn to establish the optimum skill mix of the team, looking at different disciplines to enhance the team.</p> <p>Business continuity plan drawn up.</p> <p>Vacancies put to recruitment as soon as they are identified.</p> <p>Six sandpiper bags (one for each hall) have been delivered and training is being arranged and SPS want to be involved in this too).</p> <p>SBAR written to request prima rate of pay to help recruitment and retention of staff.</p>	<p>YOI where a number of nurses attended as well as SPS staff.</p> <p>17/5/19 3 vacancies have closed this week, 1-PC 2 Applicants. 1 MH- 1 applicant. 2 HC SW many applicants. Psychological therapist post has gone to be more widely advertised through psychological journals etc.</p> <p>21/6/19 Current vacancies 1 x band 5 Mental Health- being advertised widely. Band 5 x 1 primary care. Temporary SMS BAND 6 X1 Contingency plan written and shared with senior team.</p>		
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<p><b>identified. With less senior staff expected to make clinical decisions without support from senior colleagues.</b></p> <p><b>Team leads and nurse clinical</b></p>		<p>Band 2 vacancies all filled.</p>			
<p>HMIPS – Recommendation 95</p>					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
<p>The partnership must ensure that health promotion information displayed for prisoners around the prison includes information on how to access condoms, naloxone training and the risks of taking drugs</p>	<p>Elaine Dingwall – Senior Charge Nurse</p> <p>Public Health</p> <p>Work stream - Health and Wellbeing Group Action Plan and Substance Misuse Strategy Group</p>	<p>HCSW allocated to monitor and replace the leaflets available in the halls and health centre</p> <p>Discussed use of health line with SPS and they will work toward getting the line added to the prison line</p> <p>Audit the number of condoms distributed by health care staff.</p>	<p>Develop joint working with various departments (fife college, media unit, family centre and health hub etc) on health related projects</p> <p>Using the public health calendar to plan information sessions.</p> <p>Weekly broadcasts via media unit from health</p>	<p>November 2019</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Standard 9 – <i>‘Health improvement, health prevention and health promotion information and activities are available for everyone’</i></p>

		Health Care news has been developed and is currently delivered 2monthly.  Substance Misuse Lead to ensure naloxone training is provided to all prisoners that require this	team on health promotion topics  Audit the number's completing naloxone training and how many prisoners exit the prison with naloxone	ongoing	
HMIPS – Recommendation 96					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership should develop joint working and information sharing protocols	Corinne Millar - Location Manager  Lynn Cameron – Health Care Manager  Janice Rollo – Clinical Governance  SPS  Work stream - Health and Wellbeing Strategy Group	Information sharing document developed in 2013 but out of date. Requested advice on this from NHS Grampian- awaiting guidance	Review all information sharing protocols  Consider in relation to the Test of Change Integrated Health and Social Care Project	October 2019	

HMIPS – Recommendation 97					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership should review the mental health referral process ensuring that there is transparency on how long patients will need to wait for assessments	Work stream – Mental Health Strategy Group  Lynn Cameron- Health Care Manager Donna Jepson- mental Health nurse lead	Process changed so that all referrals with regards to mental Health see the GP in the first instance then tier 3 and 4 are referred to the mental health team. Process started on the 29 <sup>th</sup> July. All prisoners and SPS staff informed of the change.	Patients to be informed of the length of wait for mental health appointments. Psychologists, nurses and Dr.	Review August 2019	Standard 9.5 – <i>“Everyone with a mental Health condition has access to treatment equitable to that available in the community and is supported with their wellbeing throughout their stay in prison, on transfer and release”</i>

HMIPS-Recommendation 98					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must ensure that patients with long-term physical healthcare needs are reliably identified, the appropriate care packages are put in place which are discussed and agreed with the patient and documented in their record	<p>Corinne Millar – Location Manager</p> <p>Lynn Cameron - Health Care Manager</p> <p>Work stream - Health and Wellbeing Strategy Group</p>	<p>Establish chronic disease registers on spreadsheets for accurate lists and recall purposes. Define coding list to add read codes (SCIMP) on the vision clinical system</p> <p>Those with Long-term conditions are identified and coded on vision and nurses have undergone training to use database and review those with long term conditions</p> <p>Primary Care Away Day held to review all aspects of treatment for long term conditions</p> <p>Primary Care Clinics held everyday by specialist nurses currently</p>	<p>Review process around the population of registers</p> <p>Ensuring that all care plans and packages are reviewed and that the prisoner is part of that process</p> <p>Evaluating data around long term conditions</p> <p>Staff training in specialities ongoing. Once training completed nurses will be given shadowing opportunities</p> <p>Set up multi-disciplinary meetings to review all aspects of care</p>	Ongoing. Review Progress in 3 months	Standard 9.6 – ‘Everyone with a long term health condition has access to treatment equitable to that available in the community and is supported with their wellbeing throughout their stay in prison, on transfer and release

		<p>Request to GP to highlight any long term conditions on admission and look at system for all new diagnosis to be captured via admission sheets /GP attendances/Doc man workflow</p> <p>Care Plan training completed with all staff – <b>August 2019</b></p>			
HMIPS – Recommendation 99					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must ensure that patients who have test results outside accepted parameters are referred to an appropriate member of the healthcare team to ensure any corrective actions are taken. This information must be	<p>Corinne Millar - Location manager</p> <p>Lynn Cameron- Health Care Manager</p> <p>Work stream - Health and Wellbeing Strategy Group</p>		Administration team record date 2 weeks after an appointment has been attended to remind GP to look for results.	August 2019- review	

recorded in the patient record					
HMIPS - Recommendation 100					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must review how the pharmacy service in HMP YOI Grampian is delivered to ensure that the service is managed and delivered safely and effectively	<p>Corinne Millar – Location Manager</p> <p>Lynn Cameron - Health Care Manager</p> <p>Elaine Neil – Lead Pharmacist</p> <p>Work stream – Medicine Management Group</p>	<p>Disclosure references completed to allow us to proceed to the application process for a Controlled Drug Licence</p> <p>Medicine Management group set up to review all issues relating to pharmacy within the prison</p> <p>SBAR completed on the need for pharmacy staff to be fully trained.</p> <p>NMC registered and HCSW given training by</p>	<p>Healthcare Manager and Pharmacist Lead to complete application for Controlled Drug Licence</p> <p>Scope out introduction of pharmacy staff to the prison health care team – costings already completed</p>	Ongoing. Issues discussed at Medicine Management Group which meets monthly	Standard 9.8 – <i>‘there is a comprehensive medical and pharmacy service delivered by the service</i>

		lead pharmacists to update their skills and ensure all nurse aware of legal and professional requirements of practice			
HMIPS – Recommendation 101					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must ensure that medication is administered as prescribed to minimise the risk of harm to patients. This includes ensuring that doses are not taken too close together or out with the time of day they are prescribed	Lynn Cameron – Health Care Manager  Elaine Neil – Lead Pharmacist  SPS  Work stream – Medicine Management Group	Discussion with SPS colleagues on changing the time of the afternoon drug round – agreement to this  Agreement to have more in procession drugs rather than supervised  SOP drafted for use of in procession drugs	Roll out of in procession drugs starting in the female wing – July/August 2019  Mental Health Team reviewing whether they can administer some medications via injection monthly opposed to daily tablets.	Ongoing - reviewed at Medicine Management Group which meets monthly	Standard 9.8 – <i>‘There is a comprehensive medical and pharmacy service delivered by the service.</i>

		Methameasure introduced and being rolled out across the prison establishment and SOP drafted – <b>completed May 2019</b>	<p>Review of medications to see what needs to be kept in the pharmacy</p> <p>Review of pregabalin and gabapentin being undertaken- all patients to reviewed by the medicines group and decision made if these drugs are required.</p> <p>Work closely with Lloyds pharmacy with regard to the increased number of in possession medicines.</p>		
HMIPS – Recommendation 102					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must ensure that all staff involved in the administration of controlled medicines check the patient identity, drug dose and amount to be	<p>Corinne Millar- Location manager</p> <p>Lynn Cameron - Health Care Manager</p> <p>Review of medicines management Group</p>	Supervised medications are reviewed in line with relevant legislation and professional guidance	Methameasure introduced and being rolled out across the prison establishment and SOP drafted – <b>completed May 2019</b>	Ongoing review of medicines management Group meeting monthly.	Standard 9.8 - <i>'There is a comprehensive medical and pharmacy service delivered y the service'</i>

<p>administered to minimise any errors. CD Licence must be acquired and applied for at appropriate times.</p> <p>The in stock medications were limited and did not cover a basic range of health care needs.</p> <p>Excessive wastage of medications and no mechanism to monitor and record waste</p> <p>Due to lack of medicine management leads to multiple orders being put in.</p> <p>One patient could have medicines supplied in multiple ways, weekly or monthly.</p>					
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<p>The staff responsible for ordering and managing drugs do not hold a pharmacy qualification.</p> <p>Limited pharmacy monitoring and medication optimisation took place.</p> <p>Routine spot checks of in possession medications.</p>					
HMIPS – Recommendation 103					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
<p>The partnership must ensure that all care plan documentation for pregnant women focussed on outcomes and incorporates the women’s personal strengths and wishes</p>	<p>Lynn Cameron - Health Care Manager</p>	<p>All pregnant women are allocated a named consultant and community midwife who completes an action plan which is updated weekly</p> <p>A multi disciplinary team is involved in the care planning for women and all care</p>		<p>Review December 2019</p>	<p>Standard 9.10 – <i>‘All pregnant women, and those caring for babies and young children, receive care and support equitable to that available in the community and are supported with their wellbeing throughout</i></p>

		plans are completed through discussion with the women.			<i>their stay in prison, on transfer and on release</i>
HMIPS – Recommendation 104					
Area for Improvement	Lead/Work streams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must develop policy to manage patients who require palliative or end of life care	Lynn Cameron – Health Care Manager	End of Life and Palliative Care training provided to all health care staff – <b>completed March 2019</b>  Care Plan Training completed - <b>July 2019</b>	Develop a policy to manage patients who require end of life or palliative care  Look at outcomes from Test of Change Project around integrated Health and Social Care and share any learning	December 2019	Standard 9.11 – <i>Everyone with palliative care or end of life care needs can access treatment and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release'</i>
HMIPS – Recommendation 105					
Area for Improvement	Lead/Work streams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must ensure that all staff managing complaints receive appropriate training to ensure that complaints are correctly managed	Lynn Cameron – Health Care Manager	All complaints are recorded on datix  The health care manager deals with all complaints  Datix's are a standing item on the agenda to look at what learning	Training to be arranged for band 6's for handling complaints and band 5's for providing feedback to patients.	Ongoing – review October 2019	Standard 9.13 – <i>'All feedback, comments and complaints are managed according to the respective local NHS board policy. All complaints are recorded and responded to in a timely manner</i>

		<p>can be taken from them</p> <p>Staff dealing with complaints are trained in datix and complaint handling</p> <p>Introduction of Named Nurse within the health care team to work toward early resolution of complaints</p>			
HMIPS – Recommendation 106					
Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must ensure that hand hygiene audits are regularly undertaken by an appropriately trained member of staff, and that actions are taken to address any non-compliances noted	<p>Elaine Dingwall – Senior Charge Nurse</p> <p>Neil Hendry – Operational Lead Nurse</p>	2 members of staff trained in skin and hand hygiene audits and audits commended in both	<p>Introduce the care audit tool for the health centre.- August 2019</p> <p>Audit results to be recorded on NHS Grampian systems</p>	Ongoing	Standard 9.15 – <i>the prison implements national standards and guidance, and local board policies for infection prevention and control</i>
HMIPS - Recommendation 107					

Area for Improvement	Lead/Workstreams	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must ensure that the development and provision of infection control guidance and tools are prioritised within the prison to minimise risks to patients and staff	Elaine Dingwall – Senior Charge Nurse  Neil Hendry – Operation Lead Nurse  NHSG Infection Control Team	Working with Infection Control Team to look at infection control issues in the prison  Staff undertake yearly e-learning  Quality Assurance Environmental Audit undertaken in January 2019 and will be undertaken every 6 months	Develop up-to-date guidance for staff on how HNSG policies apply to the prison setting	Ongoing	Standard 9.15 – <i>the prison implements national standards and guidance, and local board policies for infection prevention and control</i>
HMIPS – Recommendation 108					
Area for Improvement	Lead/workstream	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must ensure that all staff are competent to undertake roles, and that there is a regular assessment of staff competences to maintain patient and staff safety	Corinne Millar - Location Manager  Lynn Cameron – Health Care Manager	Since the health care manager came into post in September 2019 all staff have had an appraisal completed  All staff using the new electronic training system TURAS	Develop training plan in order to ensure all staff are trained in appropriate skills  Management to run TURAS report on training	November 2019	Standard 9.16 – <i>the prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care</i>

		<p>Review Core Skills that staff should have whilst working in the health centre</p> <p>Review of training to ensure that all staff have the necessary training and skills to undertake their job</p> <p>Enable staff to undertake training in specialist areas such as dementia, minor injuries, BBV, venepuncture, cardiac, asthma etc</p> <p>NES bus and nurse consultant provided training around emergency care, sandpiper bag etc</p>	<p>Staff to be provided with opportunities to shadow community based nursing staff to develop skills</p> <p>Training plan being developed for all staff.</p>		
HMIPS – Recommendation 109					
<b>Area for Improvement</b>	<b>Lead/workstream</b>	<b>Update on progress and completed actions</b>	<b>Outstanding Actions</b>	<b>Timescale</b>	<b>Standard 9 Link</b>
The partnership must ensure that clinical supervision is offered to all clinical staff and that these staff are	<p>Corinne Millar - Location Manager</p> <p>Lynn Cameron - Health Care Manager</p>	<p>All staff having approx 6 monthly 1:1</p> <p>Proposal discussed with Consultant Clinical</p>	<p>Develop model for reflective practice sessions with psychology colleagues</p>	December 2019	Standard 9.16 – <i>the prison healthcare leadership team is proactive in workforce</i>

<p>encouraged to take up this supervision. This will ensure that staff are supported in their reflections of actions they have taken, and have the opportunity to discuss their decision-making, especially in more stressful or complicated situations</p>	<p>Lynda Todd – Consultant Clinical Psychologist  Neil Hendry – Operational Lead Nurse</p>	<p>Psychologist around a psychotherapy sessions at the prison to undertake reflective practice sessions with staff</p>			<p><i>planning and management. Staff feel supported to deliver safe, effective, and person-centred care</i></p>
<p>HMIPS – Recommendation 110</p>					
<p><b>Area for Improvement</b></p>	<p><b>Lead</b></p>	<p><b>Update on progress and completed actions</b></p>	<p><b>Outstanding Actions</b></p>	<p><b>Timescale</b></p>	<p><b>Standard 9 Link</b></p>
<p>The partnership must ensure that training for healthcare managers within HMP YOI Grampian is prioritised. This will ensure that healthcare managers are given the skills to effectively manage healthcare services in the prison, promote confidence and resilience in the management team, and provide assurance to the board</p>	<p>Corinne Millar – Location Manager  Lynn Cameron- Health Care Manager</p>	<p>Band 7 completed middle management course and will be undertaking leadership course through RGU in September.  Band 6 nurses undertaking management courses  A Band 6 nurse is allocated to lead a shift and attend handovers</p>	<p>Link in with review of work being undertaken around the Minor Injury Review in relation to staff competencies and training to look for any crossovers  Band 6's have been booked on management courses apart from primary care due to sickness currently.</p>	<p>November 2019</p>	<p>Standard 9.16 – <i>the prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care</i></p>

<p>A general lack of Leadership among the nursing team was identified. With less senior staff expected to make clinical decisions without support from the senior colleagues.</p> <p>Team leads and clinical nurse manager have completed leadership and management training.</p> <p>Staff competencies were not regularly assessed and clinical supervision was not offered to all staff.</p> <p>Regular assessment of competence to maintain staff and patient safety.</p> <p>Partnership to ensure that health care managers receive training, that all managers will be given skills to manage health</p>		<p>Staff competencies to be observed by being shadowed by their Team Lead and a plan made around training - to be reviewed every 3 months</p> <p>Following staff having completed their annual review will be reallocated to the band 6 nurses on Turas.</p> <p>Staff competencies to be observed by being shadowed by their team manager.</p> <p>Following shadowing a plan will be made for each member of staff on the training they require to undertake. This will be reviewed every three months.</p>	<p>Band 7 is undertaking a leadership course through RGU and has undertake the middle management course.</p> <p>Band 6 nurses have been present at all handovers and this is allocated on off duty.</p>		
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care and promote resilience in the management team.					
HMIPS – Recommendation 111					
Area for Improvement	Lead/workstream	Update on progress and completed actions	Outstanding Actions	Timescale	Standard 9 Link
The partnership must assess and manage the risks associated with the use of the significant number of bank/agency staff whilst maintaining staff and patient safety	Corinne Millar – Location Manager  Lynn Cameron – Health Care Manager  Neil Hendry – Operation Lead Nurse	Staffing Risk included on risk registers for AHSCP and NHSG – <b>completed July 2019</b>  Business Continuity Plans in place for when staffing levels fall below the minimum level required to provide a safe service, looking at prioritisation and escalation route. Where agency staff are being used they are staff who regularly work within the prison to allow consistency  SBAR submitted to senior management to consider the introduction of a prima award for the recruitment and retention of staff.	Further work to be done on establishing the optimum skill mix of the team, looking at different disciplines and roles within the healthcare team, including a pharmacy team Currently 2 vacancies not filled and also awaiting a newly qualified nurse in September.  We are taking our first student nurses on placement from RGU in the autumn  Training plan is being developed for all staff.  Sandpiper bag training is still to be undertaken by all staff.	September 2019	Standard 9.16 – <i>the prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care</i>

		Meeting with finance on 2 <sup>nd</sup> July to look at budget and costings of introducing a further Band 7/Advanced Nurse Practitioner Post and a pharmacy team	Exploration of SU and mental health nurses in joint posts.		
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