



**HMIPS**

HM Inspectorate of Prisons for Scotland  
INSPECTING AND MONITORING

**Report on Follow-up Meeting with  
HMP Perth Healthcare Leadership Team,  
Perth and Kinross Health & Social Care Partnership**

**2 March 2020**

## **HMP Perth progress against inspection recommendations**

A full inspection report of HMP Perth was published by HM Inspectorate of Prisons for Scotland (HMIPS) in October 2018, following a visit in May 2018. The report outlined an intention for Healthcare Improvement Scotland (HIS) to return to the establishment to monitor progress against the improvement action plan to ensure concerns identified had been appropriately addressed. HMIPS undertook a return visit to HMP Perth in November 2018 and published a report on its findings in April 2019. At that time, HMIPS and HIS recognised that it would take time to embed the improved practices, recruit the new staffing model and determine the impact on patient care of the revised working practices.

HMIPS originally intended to undertake a further visit in late 2019. However, in discussion with HIS, subsequently agreed that a return on-site visit was not necessary at this stage, and instead the follow-up action would take a more proportionate approach of meeting between HIS and HMP Perth Healthcare Leadership Team, Perth and Kinross Health & Social Care Partnership (HSCP). This meeting would discuss progress on the identified areas for improvement from the full inspection.

A meeting was subsequently held on 2 March 2020 at HMP Perth, attended by two inspectors from HIS. The outcome from the 2 March 2020 meeting was that HIS now has a level of assurance that there has been significant improvement made since the initial full inspection in May 2018 and the subsequent follow-up visit in November 2018. HIS commends the commitment to improvements demonstrated during the meeting.

A summary of the progress made by HMP Perth Healthcare Team, Perth and Kinross HSCP, to date is outlined below.

- Effective systems and processes were described to support the assessment of individuals' health and wellbeing on arrival to the prison.
- There was evidence of partnership working with the Health and Justice Collaborative, to improve services for individuals with complex healthcare needs ahead of their arrival at the prison.
- The Scottish Prison Service now provides in-house provision of social care. The healthcare service liaises directly with the social care provider to support individuals' needs.
- While emergency and urgent GP appointments were available the same day, there was a 10-week wait for routine GP appointments. To address this issue, there was an active recruitment drive for advanced nurse and emergency nurse practitioners.
- Patients identified as having a blood born virus would generally commence treatment within 72 hours. During their period of treatment they would not be transferred to other facilities.

- There was a robust approach to harm reduction and the promotion of Naloxone to individuals within the prison.
- Dosette boxes (plastic trays that separate medicines into individual compartments) were used for patients with literacy issues to promote independence.
- There was a vacant post for a Psychologist to deliver psychological therapies. This post is to be hosted by NHS Tayside through partnership. At present there were unmet needs for approximately 40 patients, and this deficit was included on the Prison Healthcare Risk Register. These patients had and would remain on the nurses' caseloads and were regularly monitored, including the use of case conferences until a Psychologist comes into post. Where low-level psychological therapies are required, these can be delivered by nurses who have been trained to do this.
- The assessment of all patients with primary care needs had been further embedded since the last inspection. Anticipatory care plans that have been in place for patients within the community are not routinely shared with the prison healthcare service, but this is to be considered going forward.
- A test of change to reduce the waiting time by patients requiring opiate substitution therapy was to commence soon after this meeting, to improve service to patients.
- Band 6 nurses were to undertake a non-medical prescribing course which would allow them to complete polypharmacy reviews and prescribe medicines which would provide a better service to patients.
- Patients could access the Pharmacist by self-referral, or could be referred by a Nurse or a Scottish Prison Service (SPS) Officer.
- Pain management patient groups had been commenced with third sector agency, Pain Association, to promote a broader understanding of pain management and what can and cannot be achieved with medication. This had resulted in an increased uptake in the use of TENS machines for self-management of pain. This had been supported through a successful bid from the Scottish Government supporting Realistic Medicine in a custodial environment.
- The prison does not currently have a Home Office Controlled Drug Licence in place, but the application for this Licence had been submitted. The Healthcare Team are to inform HIS inspectors once the licence has been granted.
- A variety of approaches to the introduction of Mouth Matters had been tried by the Health Improvement Advisor. This was about to 'go live' and would link in with Physical Training Instructors at gym inductions to improve exposure. Mouth Matters was also promoted during visits and the Well-Man Day.

- A record was kept of all people returning from court with a change in circumstance, and they were all assessed against the SPS Talk to Me Strategy.
- A Patient Relations Administrator had provided a consistent and streamlined approach to managing complaints and logging the responses. To close the loop and drive improvement, feedback from complaints and comments were fed back to staff.
- Systems and processes had been developed to prospectively obtain patient feedback from consultations to inform improvement. Overall, the number of pharmacy-related complaints had fallen, with only one stage 1 complaint received in February 2020 and no stage 2 complaints.
- By way of preparedness for the outbreak of COVID-19 within HMP Perth, joint multi-agency working had planned the identification, care and management of vulnerable patients within the prison. Work was underway to identify how to communicate about COVID-19 effectively with people in the prison. The information available at present was not in 'easy-read' format, however the posters were in picture format.
- The Healthcare Management Team had worked closely with the Partnership and NHS Tayside to ensure the provision of effective healthcare to patients. NHS Tayside had provided additional funding to expand the workforce and the Partnership provided support to allow block-booking of agency/bank staff to maintain continuity of care to patients during the recruitment. The numbers of agency/bank staff booked in this manner had reduced by 50%. All agency/bank staff had been and continued to be appropriately trained to undertake their roles, including induction, controlled drug, electronic systems and mandatory SPS training.
- There had been an increased stability in the workforce, with a proactive approach to planning for the workforce going forwards. The Management Team had considered which skills/professions the prison population would benefit from having in post, including advanced nurse practitioners, emergency nurse practitioners and social care provision.
- There were multiple examples of joint working between the Prison Healthcare Team and all of the Partnerships across Tayside, NHS Tayside and the SPS, and they were described in relation to multiple indicators within Standard 9, including the improvement of medicines administration.
- The Prison Healthcare Team was asked to join the High Consequence Disease Meetings with NHS Tayside's Public Health Department, in relation to the threat from COVID-19. This had resulted in robust risk management and planning for any impending COVID-19 pandemic.
- Communication between the Healthcare Team had improved, leading to increased support of staff.

- HIS was encouraged to hear that the Prison Healthcare Team were prepared to share the learning process they had gone through since May 2018 with other establishments.

HIS will continue to follow up on the progress being made by HMP Perth during future inspections as part of HMIPS's ongoing programme of prison inspections.



HM Inspectorate of Prisons for Scotland is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

<http://www.nationalpreventivemechanism.org.uk/>

© Crown copyright 2020

You may reuse this information (excluding logos and images) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

This document is available on the HMIPS website  
<https://www.prisonsinspectoratescotland.gov.uk/>

First published by HMIPS, July 2020

HM Inspectorate of Prisons for Scotland  
Room Y1.4  
Saughton House  
Broomhouse Drive  
Edinburgh  
EH11 3XD

0131 244 8482