HMIPS
HM Inspectorate of Prisons for Scotland
INSPECTING AND MONITORING

Report on Return Visit to HMP YOI Grampian

1-3 October 2019

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Introduction

This report is part of the programme of inspections of prisons carried out by HM Inspectorate of Prisons for Scotland (HMIPS). These inspections contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies; known as the National Preventive Mechanism (NPM); which monitor the treatment of and conditions for detention. HMIPS is one of several bodies making up the NPM in the UK.

HM Chief Inspector of Prisons for Scotland (HMCIPS) assesses the treatment and conditions of prisoners across the Scottish Prison Service (SPS) estate against a pre-defined set of Standards. These Standards are set out in the document 'Standards for Inspecting and Monitoring Prisons in Scotland', published in May 2018 which can be found at https://www.prisonsinspectoratescotland.gov.uk/standards.

The Standards reflect the independence of the inspection of prisons in Scotland and are designed to provide information to prisoners, prison staff and the wider community on the main areas that are examined during the course of an inspection. They also provide assurance to Ministers and the public that inspections are conducted in line with a framework that is consistent, and that assessments are made against appropriate criteria. While the basis for these Standards is rooted in International Human Rights treaties, conventions, and in Prison Rules, they are the Standards of HMIPS.

HMIPS assimilates information resulting in evidence-based findings utilising a number of different techniques. These include:

1. obtaining information and documents from the SPS and the prison inspected;

2. shadowing and observing SPS and other specialist staff as they perform their duties within the prison;

3. interviewing prisoners and staff on a one-to-one basis;

4. conducting focus groups with prisoners and staff;

5. observing the range of services delivered within the prison at the point of delivery;

6. inspecting a wide range of facilities impacting on both prisoners and staff;

7. attending and observing relevant meetings impacting on both the management of the prison and the future of the prisoners, such as Case Conferences; and

8. reviewing policies, procedures, and performance reports produced both locally and by SPS HQ specialists.

The information gathered facilitates the compilation of a complete analysis of the prison against the Standards used. This ensures that assessments are fair, balanced and accurate.

This report provides a summary of the inspection findings during a return visit that took place following a full inspection that identified a number of concerns in the provision of healthcare in HMP YOI Grampian.

Overview by HM Chief Inspector of Prisons for Scotland

Background

HMIPS undertook a full inspection of HMP YOI Grampian on 4-15 February 2019. During the inspection, a number of concerns were raised regarding the provision of healthcare within the establishment. The potential risk associated with these concerns was such that Standard 9, Health and Wellbeing, was graded as Poor Performance.

The following concerns were considered to be significant and were therefore formally escalated to the healthcare manager and the prison Governor for action:

- Prisoners who were arriving from the islands to the prison were not always able to receive their health screening as part of the reception process due to the nurse having finished their shift. This meant that they may not receive essential prescribed medication, they were not assessed for withdrawals, or assessed to see if they are fit to be in custody. It also meant that the prison was not complying with the SPS suicide prevention strategy Talk to Me (TTM) and risk was not fully assessed or appropriately managed until the next day.

- The healthcare team consistently struggled to manage and maintain a consistent workforce, even with the use of bank/agency nurses. They were regularly working below agreed staffing levels, and although this had been escalated in the past (to the Head of Nursing within Aberdeenshire Integrated Joint Board (IJB) and the Director of Nursing within NHS Grampian), the issues in relation to staffing had not been logged on a risk register (with the IJB or NHS) and there was no contingency plan/escalation plan in place for when staffing fell below agreed levels.

- The healthcare team did not have a Home Office controlled drug license. This was escalated as a significant concern and we asked the healthcare team, IJB lead, and lead pharmacist within NHS Grampian for assurance that they would immediately start the process to secure this.

- There were issues with the administration times of some medications. For example, drugs that were prescribed as night-time medications (such as antidepressants and antipsychotics) were being dispensed as early as 15:00 to suit the regime within the prison.

- Inspectors were concerned to see that there was not a robust process to ensure that patients with long-term conditions were identified and reviewed in line with current best practice. On reviewing clinical notes it was noted that not all patients with physical healthcare needs had in place the appropriate care, including care planning and appropriate assessment documentation.

Inspectors asked the Aberdeenshire Health and Social Care Partnership (the Partnership) to provide Healthcare Improvement Scotland (HIS) with an improvement action plan, to provide assurance that these concerns would be addressed, and advised that HIS would carry out a return visit towards the end of 2019.

Following receipt of the action plan, HIS met with the Partnership on 13 March 2019 to discuss in more depth how they planned to drive forward the improvement action plan. Following receipt of the Partnership's 2019 annual self-evaluation, HIS met with the Partnership again to discuss the progress made.

In October 2019, HMIPS, supported by inspectors from HIS revisited HMP YOI Grampian to assess the progress made with implementing their action plan since the last inspection.

Conclusion

During the return visit, inspectors saw that efforts had been made to strengthen and develop the health service delivery within HMP YOI Grampian. Inspectors could see that staff understood the reason for and were involved in the change process, with specific staff groups having a key role and responsibilities.

Inspectors saw that progress had been made towards meeting many of the recommendations from the February 2019 inspection, such as the development of new processes and pathways of care, improved training and support for staff and recruitment and stabilising links with other services across the Partnership.

However, it was disappointing to find that securing a controlled drug licence remained outstanding from the original inspection, and this was escalated for immediate action. In addition, considerable work was still required around improving the pharmacy service. Although it was encouraging that efforts had been made to recruit pharmacy staff, inspectors remained concerned by some of the medication management practices still in operation. This remains a key area for improvement.

In general, inspectors found that the Partnership was adopting a measured approach to service change, which was communicated to the IJB who retained an oversight, but further work is needed to address the recommendations made in this follow-up report.

Next Steps

We will review with HIS when it would be most appropriate to make a further visit to check on progress with addressing these recommendations.

Wendy Sinclair-Gieben
HM Chief Inspector of Prisons for Scotland

How we carried out the return visit

The team was made up of the Deputy Chief Inspector from HMIPS, and a senior inspector, two inspectors, and a clinical partner from HIS.

Prior to the return visit, the team analysed the previous report, the action plan, and the 2019 annual self-evaluation submission, along with supporting evidence provided by the Partnership.

Inspectors carried out the focused return visit from –1-3 October 2019. During the visit, the team reviewed a range of documentation, observed staff and patient interactions and spoke with members of staff and patients. In addition, a focus group was held with staff.

Inspectors focused on the following areas of healthcare provision during this visit:

- Healthcare service delivery
    - Reception and admission process
    - Primary care provision
    - Long-term conditions
    - Appointment system notification/data base
    - Health clinics
    - Policy development
- Staffing
- Pharmacy service delivery and medication management
- Governance and leadership

Return visit findings

Healthcare service delivery

1. Reception and admission process

Recommendation from February 2019 Inspection (QI 9.1)

The Partnership and SPS should work together 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.

During the February 2019 inspection, inspectors found that individuals from the islands who arrived late at night did not always receive a health screening assessment during their first night in custody, and were required to wait until the following morning. This did not comply with the SPS TTM Strategy and was escalated during the inspection.

Inspectors were told that work was underway to introduce an 'attend anywhere platform' from either Peterhead or Kittybrewster, so that remote assessment could be done outside of core working hours. Once the location has been confirmed, the SPS have agreed to deliver TTM training to nursing staff. In the interim, inspectors were pleased to find that, at the start of September 2019, the Partnership had introduced an additional late nursing shift, to capture any late admissions to the prison for an initial period of six months, until more permanent arrangements were in place.

In addition, staff informed inspectors that there were plans to introduce a 'nurse-led follow-up clinic' whereby patients would be seen by nursing staff one week after admission to the prison. Staff explained that this would provide them with an opportunity to capture any health issues missed during the admission process, and discuss any healthcare concerns with the patient.

It was clear that the Partnership had made progress since the previous inspection and were taking positive steps in response to the Recommendation. The addition of an additional late shift is pragmatic and allows the Partnership time to complete the arrangements for introducing remote health assessment, through the 'access anywhere platform'.

Recommendation 1: The Partnership and SPS must work together 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.

In 2020, inspectors will follow-up with the Partnership to assess progress against this recommendation, looking in particular at the introduction of the remote health assessment, and nurse led follow-up clinic

2. Primary care provision

Test Results

Recommendation from February 2019 Inspection (QI 9.6)

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 the corrective actions are taken. This information must be recorded in the patient record.

During the February 2019 inspection, inspectors did not find any evidence that patients were informed of their test results, particularly if these were outside normal parameters. Inspectors reviewed a number of patients' records and found that none indicated whether staff had reviewed the results, informed patients of their test results and whether any action was required. This was escalated to the health centre manager during the inspection.

Despite the Partnership stating in their 2019 annual self-evaluation that a diary system was in place to remind them to check test results two weeks after they were requested, inspectors found several patient records with test results that were over two weeks old and had not been reviewed. For example, blood tests for some patients with Type 1 diabetes were outside normal limits. Nothing was documented in these patients' records to show the actions taken in response to these abnormal results, including informing the patients and providing them with appropriate support and health advice.

Recommendation 2: The Partnership must ensure that staff are aware of and understand their responsibilities for checking, documenting and sharing all test results with patients and with colleagues, to ensure the appropriate follow-up treatment and interventions are put in place. This includes providing patients with information to make informed decisions about their lifestyle choices and subsequent benefits or risks to their health.

Blood Borne Virus

Recommendation from February 2019 Inspection (QI 9)

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.

During the February 2019 inspection, the numbers of prisoners routinely tested for Blood Borne Viruses (BBV) was unacceptably low. The reason given for this was that the BBV clinic could only be held when a suitably trained bank nurse was available.

In their 2019 annual self-evaluation, NHS Grampian stated that all patients were offered BBV screening as part of their admission, and if they wished to have the screening an appointment was made at the BBV clinic.

During this inspection, inspectors were told that a public health nurse from NHS Grampian attended the prison twice a month to deliver the BBV clinic. This recommendation is met.

Good practice: The local public health department had carried out a BBV screening campaign in July 2019 which had resulted in several patients, who had not been tested, coming forward to be tested.

National screening programme

During this inspection, the health centre manager told inspectors that they had identified a number of patients who, although eligible, had not been invited to participate in several national screening programmes, notably; bowel, breast, cervical and abdominal aortic aneurysm screening programmes. A database had been set up to identify and maintain a record of all patients eligible for these, and discussions with the community cancer screening consultant had taken place to ensure a system was introduced to make sure all eligible patients receive an invitation to participate in these screening programmes.

Inspectors will follow-up on progress with this in 2020.
Plans were in place to extend the use of the 'attend anywhere platform' virtual clinic system, so that video consultations could be carried out remotely. At the time of our inspection it was being utilised where risk factors had been identified. This ensured that patients were given healthcare appointments when needed and allowed a range of specialist consultations to be provided to patients.

3. Appointment system notification/database

Recommendations from February 2019 Inspection (QI 9.2 and QI 9.17)

The SPS and HMP YOI Grampian management should ensure that prisoners are taken to their appointments timeously.

The Partnership and the SPS must work together to ensure that they are accurately collecting data on the number of missed appointments, reasons for them, and the impact it has on the delivery of healthcare.

During inspection in July 2018, patients missing appointments within the health centre was highlighted as a concern.

Disappointingly, during the February 2019 inspection, inspectors found that this situation had not improved, despite monthly discussions between the prison, the health centre manager and the head of operations. Inspectors were also informed that patients were asked to complete a form to explain why they did not attend their appointment, but that no underlying cause had been identified. Staff advised that a newsletter was being developed which would include waiting time information, and

that an appointment card system was to be introduced. Although these were positive steps, inspectors asked that a system be introduced to monitor and record the reasons for non-attendance to appointments to identify the presence of any underlying causes.

Since February 2019, the health centre management team had introduced a process whereby nursing staff talked with patients who had not attended for their appointments, and had developed a database to document the reasons for non-attendance. In addition, the appointment card system was now embedded into daily practice. It was seen to be having a positive impact on supporting patients to attend their appointments. The impact of these changes will be subject to further evaluation by the healthcare team to improve attendance.

In addition, inspectors were told that there were problems accessing GEOAmey escorts resulting in patients missing non-emergency secondary care appointments. This is a national problem that has been highlighted to SPS HQ and has been reported in other prison inspection reports. A further area of concern was that there were conflicting opinions between healthcare managers and the SPS about who was responsible for informing patients that they had missed their appointments. Inspectors were told that some of the patients who had missed secondary care appointments in the previous six months had included those referred for urgent interventions.

Recommendation 3: SPS and GEOAmey must ensure that patients are escorted to their appointments in secondary care. Under the Duty of Candour, all patients who miss appointments in secondary care must be informed of the reasons for this happening, along with actions to be taken to mitigate the risks to the patient.

4. Palliative and end of life care

Recommendation from February 2019 Inspection (QI 9.6)

The Partnership must develop a policy to manage patients who require palliative or end of life care.

While there were no patients with palliative or end-of-life care needs in HMP YOI Grampian at the time of the February 2019 inspection or this return visit, formal policies and pathways should be in place in the event that a patient in the prison requires palliative or end-of-life care.

Inspectors were disappointed to find that little progress had been made towards developing a formal palliative and end-of-life care pathway and policy, even though the Partnership had described a range of planned initiatives being led by the project lead within its 2019 annual self-evaluation. These included a programme of care planning training for staff from July 2019; the introduction of a lead named nurse for older people, dementia, frail and palliative care; and funding from the Scottish Government to carry out a test of change into the social care needs of the prison population including patients with palliative care.

Through conversations with staff, inspectors were assured that staff possessed a greater level of awareness and understanding of the principles of palliative and end-of-life care than at the previous inspection. In addition, staff were now benefiting from specialist training and input.

Staff within the health centre were able to access treatment pathways and protocols via the NHS Grampian intranet, but inspectors noted that a significant number of these were due to be reviewed. Inspectors were told that the primary care team had agreed responsibility for policy development, and that senior managers planned to review the Standard Operating Procedures (SOPs). However, an expected date of completion had not been agreed.

Although it was encouraging to find the awareness and understanding among staff of palliative care, and end-of- life care had increased, and that links had been developed with specialist palliative care services, the Partnership should ensure that any existing SOPs are up-to-date and that a formal pathway is in place.

Recommendation 4: The Partnership must develop a policy to safely manage the healthcare needs of patients who require palliative or end-of-life care.

5. Long-term conditions (LTCs)

Recommendations from February 2019 Inspection (QI 9.6)

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 the patient record.
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 recorded in the patient record (**see Test Results above**).

During the previous inspection, inspectors reviewed a number of clinical records and found that patients were not being reviewed and followed-up in line with current best practice. Inspectors found that not all patients with physical healthcare needs had appropriate care plans in place and their assessment documentation was not reliably completed. Inspectors asked for an assurance that:

- all patients in HMP YOI Grampian with physical healthcare needs had been identified and that appropriate care had been put in place; and
- effective measures had been put in place to prevent individuals from being missed

Since February 2019, regular multidisciplinary team (MDT) meetings had been introduced to support the ongoing management of patients with LTCs. Inspectors attended one of these meetings and saw that the care plan was fully discussed, with agreed actions clearly documented in an updated care plan. Staff were observed to discuss any issues or concerns they had about patients with colleagues, and refer onto other disciplines for assessment. The revised care plan was then shared with the patient to ensure that they understood and were in agreement with the changes.

Two LTC databases had been developed, but as staff had not undergone training they were not yet being fully utilised. Inspectors were also told that regular LTC clinics were still not being held because primary care staff had not completed the requisite training.

Inspectors reviewed a number of patient records on the LTC databases, and with the exception of patients with asthma or chronic obstructive pulmonary disease (COPD), saw that patients were not always assessed using recognised screening tools or reviewed and followed-up in line with best practice. For example, inspectors reviewed a number of records for patients with diabetes and found that they were not being routinely referred to the podiatrist for foot health checks as per the SOP for the management of diabetes, and that retinal screening and blood sugar records were not being reliably recorded in the Vision patient electronic record. Furthermore, inspectors saw that there were occasions when another speciality had requested a patient to undergo a particular assessment, but the patient record did not indicate whether this had been actioned. For instance, there were several examples of patients who required to have their weight monitored using the Malnutrition Universal Screening Tool (MUST), but only their initial weight had been recorded and no further recordings had been made.

Except for patients in receipt of specific social care packages, other patients did not have a care plan in place. Inspectors were told, by the team lead for primary care, that anticipatory care planning was going to be introduced for patients with complex care needs.

Recommendation 5: The Partnership must ensure that there are a sufficient number of staff trained in long-term conditions management to deliver a service to this patient group.

Recommendation 6: The Partnership must ensure that all patients with a long-term condition have a person-centred outcome-focussed care plan.

6. Pharmacy service delivery and medication management

Recommendations from February 2019 Inspection (QI 9.8)

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.

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 at which they are prescribed. The Partnership must ensure that all staff involved in the administration of controlled medicines check the patient identity, drug, dose and amount to be administered to minimise any errors.

During the February 2019 inspection, inspectors identified numerous concerns relating to the pharmacy service. Some of the concerns were escalated during the inspection, resulting in the inspection team giving an ‘unacceptable performance’

rating for the medical and pharmacy service delivered at that time. Overleaf is a list of concerns that were escalated for action:

- the in-stock supply of medications in the prison was limited and did not cover a basic range of healthcare needs;
- there was an excessive wastage of medications and no mechanism in place to accurately monitor and record wastage. A lack of medicine management meant that patients medication could be ordered multiple times adding to the wastage;
- the checking and monitoring of Kardexes was limited; some Kardexes were unclear with multiple lines scored out;
- there was little evidence of medicine optimisation, or that prescriptions were streamlined and monitored. For example, some patients received medication in multiple ways such as weekly, then monthly and by supervision;
- staff's decisions to give in-possession medication relied heavily on national guidelines. While this is a good basis for making decisions, local guidance should reflect these and take account of the establishment regime. This could support the reduction of supervised medications where this is appropriate;
- the healthcare team did not have a Home Office Controlled Drugs License in place. This was escalated as a significant concern and inspectors asked the healthcare team, IJB lead, and lead pharmacist within NHS Grampian for assurance that they would immediately start the process to secure this.

Inspectors were encouraged to find that following the February 2019 inspection, the Partnership had recognised the need to have a local pharmacy team within HMP YOI Grampian and that a pharmacy workforce plan had been agreed. Arrangements were underway to advertise for a pharmacist, pharmacy technician, and pharmacy assistant. Even though this was a positive step, inspectors were disappointed to find that little progress had been made with many of the other concerns relating to the pharmacy service.

A Home Office Controlled Drug Licence was still not in place. As this is a legal requirement it was escalated as a significant concern. Inspectors were also informed that this was reflected in both the operational and Board risk registers. HIS have since received assurance from the Partnership that work is underway to ensure a licence is in place by the end of November 2019.

Inspectors observed a medication round and found that the system followed by staff was not robust enough to safeguard patients and staff from potential errors.

Patients were still not being given medications as prescribed. While observing a medication round, inspectors reviewed several Kardexes and saw that some medications indicated on the Kardexes to be prescribed PM and night, were being given as early as 15:00 hrs. Inspectors also saw staff issue a standard rather than slow release preparation of medication; fail to check the Kardex for previous doses before issuing PRN (as required) medication, and provide a tablet to be taken later to a patient. Intervention was required by the inspection team to prevent a potential error. These events were discussed with staff at the time and immediately raised with the health centre manager.

Morning medication administration was observed in the prison. In two out of the four halls observed, the competent witness administered the medications, including

controlled drugs to the patient. This contravenes the SOP in place within the prison for the administration of medicines. Although both the competent witness and the nurse checked the prescription Kardexes, patient identity cards were accepted as the sole method of confirming identity in two out of four halls. No verbal identity markers such as date of birth were requested to confirm identity. This contravenes the Royal Pharmaceutical Society guidelines and increases the risk of the wrong patient being given medicines.

Inspectors noted that there had been limited progress in ensuring that all patients received their medication at the times prescribed. For example, in some halls, afternoon and evening medication was given together, and these medicines may be given as early as 15:30 hrs. This was a concern as an appropriate gap between doses may not be achieved, and sedating medication was being administered very early.

There was little evidence that work to improve medicine optimisation had been carried out to reduce the numbers of patients receiving supervised medication, and increase the number of patients receiving in-possession medication.
Standard infection control precautions were not followed during the administration of medicines. This included staff not using personal protective equipment appropriately and not practicing hand hygiene techniques, in line with the national infection prevention and control manual.

Although the decision to establish a local pharmacy team is a positive step it is clear that much work is still required.

Recommendation 7: The Partnership must ensure that there is a system of governance which provides assurance of adherence to policies and procedures for safe administration of medication.

Recommendation 8: The Partnership must ensure that a Home Office Controlled Drug License is put in place as a priority for the holding and management of controlled drugs within the prison.

Recommendation 9: The Partnership must ensure that staff adhere to the Royal Pharmaceutical Society guidelines and local SOP for the safe administration of medicines, including controlled drugs, within the prison. This includes ensuring that evidence of identity is confirmed prior to administering medicines.

Recommendation 10: The Partnership must ensure that those prescribing medicines understand the times that they will be administered for each individual hall. If medicines are to be given in the afternoon, they must be appropriately prescribed. Where therapeutic timings need to be maintained, actions should be taken to appropriately manage this.

7. Governance and leadership

Recommendations from February 2019 Inspection (QI.9.16)

The Partnership must ensure that all staff are competent to undertake their roles, and that there is a regular assessment of staff competencies to maintain patient and staff safety.
The Partnership must ensure that clinical supervision is offered to all clinical staff and that these staff are 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.
The Partnership must assess and manage the risks associated with the use of a significant number of bank/agency staff whilst maintaining staff and patient safety.
The Partnership must ensure that training for healthcare managers within HMP YOI Grampian is prioritised. This will ensure 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 and staff that healthcare management within the prison is robust.

In February 2019, inspectors found that the Partnership continued to experience many of the challenges around maintaining a consistent workforce, previously highlighted in the 2015 and 2018 inspections. The difficulties in recruiting and retaining staff meant that the Partnership relied heavily on bank/agency staff, and inspectors were concerned that this practice could result in a dilution of the skill mix of permanent staff. This was not reflected on either the operational or the Board risk register, nor in their business continuity plans.

Furthermore, the nursing team lacked strong leadership, and some less senior staff were being asked to make clinical decisions without support from senior colleagues. However, inspectors were advised that once the team leaders and clinical nurse manager had completed leadership and management training this would be addressed. In addition, staff competencies were not regularly assessed and not every nursing staff group had access to clinical supervision. However, line management had recently been reintroduced and the health centre manager and the clinical nurse manager held weekly capacity and workforce meetings with the nursing team.

In March 2019, HIS met with the Partnership to discuss the progress made, and were encouraged to be informed that since the inspection several posts had been recruited to, and that additional staff had been identified to work in the prison on a temporary basis. The holiday approval process had been revised to ensure that staffing levels were always on or above the minimum acceptable levels to deliver care safely. Both the operational and Board risk registers now reflected the potential risks, and business contingency plans were being drawn up to manage occasions when staffing levels fell due to staff absence.

In their 2019 annual self-evaluation, the Partnership stated that:

- the same agency/bank staff now worked regularly in the prison which had improved the skill mix of each shift;
- work was underway to offer staff the opportunity to work within a community nursing team to develop their skills;
- a review of the current staffing levels meant that additional staff were to be recruited;
- Band 6 and above nurses were to undergo leadership and management training;
- plans to introduce a student mentorship programme were underway, with Robert Gordon University, to raise awareness and give experience of working within the prison healthcare environment.

As with previous inspections, the return visit in October 2019 found that agency and bank nurses continued to be used on a regular basis to ensure that acceptable staffing levels were in place to deliver healthcare safely. However, the Partnership had identified one agency that could supply staff who possessed experience of working in a custodial setting and, inspectors were told that, as far possible, staff were supplied from this agency. Inspectors were also informed that a number of posts were currently being advertised. Measures had also been agreed to manage the delivery of healthcare during periods of reduced staffing levels; whereby staff would only be required to deliver essential duties; and this was reflected in the Datix incident reporting system.

Clinical supervision was still not available to all nursing staff within the health centre. Inspectors were concerned that little progress had been made with the proposal for clinical psychology to deliver this by the end of 2019. In addition, some staff told inspectors that they did not have the opportunity to meet and discuss issues on a regular basis. Although follow-up on attendance at emergency situations was good among colleagues, and support from senior members of staff was available, inspectors were informed that staff relied on the SPS system for reviewing incidents. There was no distinct process for health staff to review incidents.

NHS Grampian had developed its own programme of mandatory e-learning, which healthcare staff working in HMP YOI Grampian were expected to complete. Different approaches were being explored to support staff to complete the programme. Inspectors reviewed several staff training records and found that they were not always up-to-date. While the dates of initial training were recorded, dates of any follow-up, renewal, or refresher training were not always visible.

Band 6 staff, including those working within the primary care team had completed leadership and management training, and several staff were due to attend coaching training. Since the previous inspection the Band 6 staff within the health centre had been supported to take on a more management and leadership role; including taking responsibility for a number of staff appraisals. The move to this method of conducting appraisals was being supported by senior staff.

Band 6 nurses had taken over responsibility for allocating work across the nursing team a week in advance, to allow staff to plan their workload around clinics and medication rounds. Although this was a recent development, during the return visit inspectors saw that this was already having a positive impact on service delivery.

Annex A

Summary of recommendations

Recommendation 1: The Partnership and SPS must work together 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.

Recommendation 2: The Partnership must ensure that staff are aware of and understand their responsibilities for checking, documenting, and sharing all test results with patients and with colleagues to ensure the appropriate follow-up treatment and interventions are put in place. This includes providing patients with information to make informed decisions about their lifestyle choices and subsequent benefits or risks to their health.

Recommendation 3: SPS and GEOAmey must ensure that patients are escorted to their appointments in secondary care. Under the Duty of Candour, all patients who miss appointments in secondary care must be informed of the reasons for this happening, along with actions to be taken to mitigate the risks to the patient.

Recommendation 4: The Partnership must develop a policy to safely manage the healthcare needs of patients who require palliative or end-of-life care.

Recommendation 5: The Partnership must ensure that there are a sufficient number of staff trained in long-term conditions management to deliver a service to this patient group.

Recommendation 6: The Partnership must ensure that all patients with a long-term condition have a person-centred outcome-focussed care plan.

Recommendation 7: The Partnership must ensure that there is a system of governance which provides assurance of adherence to policies and procedures for safe administration of medication.

Recommendation 8: The Partnership must ensure that a Home Office Controlled Drug License is put in place as a priority for the holding and management of controlled drugs within the prison.

Recommendation 9: The Partnership must ensure that staff adhere to the Royal Pharmaceutical Society guidelines and local SOP for the safe administration of medicines, including controlled drugs, within the prison. This includes ensuring that evidence of identity is confirmed prior to administering medicines.

Recommendation 10: The Partnership must ensure that those prescribing medicines understand the times that they will be administered for each individual hall. If medicines are to be given in the afternoon, they must be appropriately prescribed. Where therapeutic timings need to be maintained, actions should be taken to appropriately manage this.

Annex B

Inspection Team

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Annex C

Acronyms

BBV	Blood Borne Virus
COPD	Chronic Obstructive Pulmonary Disorder
HIS	Healthcare Improvement Scotland
HMCIP	HM Chief Inspector of Prisons
HMIPS	HM Inspectorate of Prisons for Scotland
IJB	Integrated Joint Board
LTC	Long-term Conditions
MUST	Malnutrition Universal Screening Tool
OPCAT	Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
SPS	Scottish Prison Service
SOP	Standard Operating Procedure
TTM	The SPS Talk to Me Strategy

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/

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

First published by HMIPS, April 2020

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