AUDIT & PERFORMANCE COMMITTEE

30 November 2018

HM INSPECTORATE OF PRISONS FOR SCOTLAND – HMP PERTH INSPECTION

Report by Head of Health (Report No. G/18/204)

1. SITUATION AND BACKGROUND

The purpose of this report is to provide the Audit and Performance Committee with an update following an announced inspection by HM Inspectorate of Prisons for Scotland supported by Health Improvement Scotland (HIS) between 14 May and 1June 2018.

HM Inspectorate of Prisons for Scotland (HMIPS) has responsibility for inspecting care within prison establishments. The new Inspection and Monitoring Standards for Inspecting and Monitoring Prisons in Scotland were launched on the 14 May 2018.

The inspection and Monitoring Standards comprise of 9 standards:-

Standard 1 – Lawful and Transparent Custody
Standard 2 – Decency
Standard 3 – Personal Safety
Standard 4 – Effective, Courteous and Humane use of Authority
Standard 5 – Respect, Autonomy, and Protection against Mistreatment
Standard 6 – Purposeful Activity
Standard 7 – Transitions from Custody into the Community
Standard 8 – Organisational Effectiveness
Standard 9 – Health and Wellbeing

Each Standard has a number of Quality Indicators (QIs) which are graded individually to inform the overall grade for the Standard as a whole.

HMIPS is supported by Inspectors from Healthcare Improvement Scotland (HIS), Education Scotland, Scottish Human Rights Commission, Mental Welfare Commission and the Care Inspectorate.

The Prisoner Health Care team in HMP Perth is the first in Scotland to complete the "Health Improvement Scotland Prisoner Healthcare Quality of Care Approach Self Evaluation tool". Devised by HM Inspectorate of Prisons for Scotland and supported by Health Improvement Scotland, the Perth team completed the self-evaluation in advance of the inspection supported by a significant quantity of evidence during the inspection.

The inspection took place between 14 and 18 May. The overall inspection team consisted of 18 inspectors which included 2 HIS inspectors and 4 clinical partners to inspect the healthcare service within HMP Perth using Standard 9. HIS inspectors subsequently revisited the establishment on 31 May and 1 June to follow up concerns raised at the time of the initial inspection

Since transfer of responsibility from SPS to NHS Tayside and P&K IJB, the leadership team across Prisoner Healthcare have been driving continuous improvement, proactively identifying and prioritising opportunities to modernise the services. Significant investment was made under the CHP to address historical patient safety concerns in the form of additional staffing resources.

The Prison Healthcare Patient Safety Collaborative was developed in partnership with NHS Tayside Patient Safety Team and uses an improvement approach to drive forward change within the service and is the first collaborative in Scotland which relates to prison healthcare. The team has been driving progress against a in the context of rising complexity across the prisoner population (substance misuse, mental Health issues and increasing frailty) and with significant constraints within workforce supply. A number of other material factors have affected the rate of transformation including staff performance, recruitment and retention challenges and average sickness absence.

There are three work streams across the collaborative

- Deteriorating patient
- Medicines safety
- Multidisciplinary communication.

Leadership and Culture is an underlying theme across each of the work streams.

2. ASSESSMENT

The service was inspected against Standard 9 Health and Wellbeing which consists of 17 Quality Indicators, 16 of which are applicable to HMP Perth. The report was published on the 10 October and a summary of the performance grading for standard 9 quality indicators are outlined in Appendix 1

The service has been working on developing an improvement plan to support the issues identified through the inspection as well as continue to progress with the ongoing work around wider service improvement. A full improvement plan (Appendix 2) has now been completed in response to the report and the actions required to continue to progress towards achieving the standards. There are likely to be significant cost implications which are currently being escalated. Progress has been made in relation to a number of the areas highlighted as areas of concern.

There is evidence of improvements made relating to assessment and coordinated care of people with physical healthcare care needs on admission and ongoing; the "Talk to Me" assessment is now being completed for people returning from court; the documentation in the Primary Care Team has been revamped based on the NHS Tayside District Nursing record and a revised MH team assessment has been implemented; regular professional and managerial supervision; relocation of the teams to a single office and relocation of the daily huddle which has improved communication between the SCNs and their teams. The introduction of care assurance walkrounds is a positive step which is being embraced by the SCNs and CNs and their governance role, but the scorecards are requiring a significant amount of time to manually populate and there may be a need to consider increased administrative support for this.

Each team now have up to date training plans which have been shared with them with SCNs working towards ensuring consistent planning for release of staff. The themes that emerged through the survey monkey undertaken by the Clinical Educator is being taken forward through the person centred culture programme.

There remain challenges with the ability of all teams to provide consistent clinic based activity due to the time taken to administer medications although there is evidence of improvement in this respect within Halls C3 &4. An action plan is in place to ensure ongoing monitoring of this issue, including SPS.

3. RECOMMENDATIONS

The Audit and Performance Committee is asked to

- Acknowledge the work undertaken to date
- Note the improvement plan was approved by Perth and Kinross Care, Clinical and Professional Governance Forum on 2 November
- Note and approve the improvement plan for submission to Health Improvement Scotland
- Note a mock inspection took place wk commencing 15 November
- Note HIS will return for 3 days on the 26 November for an interim inspection
- Note full HMIPS re-inspection will take place in approximately 12 months
- Acknowledge and support that the service will continue with the patient safety collaborative
- Acknowledge the service will continue working with wider healthcare services including public health, mental health and substance misuse and other partners including Criminal Justice, Police and Procurator Fiscal to develop new models of care which meet the needs of the population of both HMP Perth and HMP Castle Huntly.

4. REPORT SIGN OFF

Responsible Executive Director and contact for further information.

If you require any further please contact:

Contact for further information	Responsible Executive Director
Jillian Galloway	Robert Packham
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Date: 15 November 2018

Additional supporting information

1. Summary table of graded performance against each quality indicator
2. Improvement plan for HIS
3. Clinical Governance and Risk Management Paper Update Summary for Prison Healthcare Patient Safety Collaborative

QI	Quality Indicator	Grading
9.1	As assessment of the individuals immediate health and wellbeing is undertaken as part of the admission process to inform care planning	Generally Acceptable
9.2	The individuals healthcare needs are assessed and addressed throughout the individuals stay in prison	Poor
9.3	Health improvement, health prevention and health promotion information and activities are available for everyone	Generally Acceptable
9.4	All stakeholders demonstrate commitment to addressing the health of inequalities of prisoners	Generally Acceptable
9.5	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 on release	Poor
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 on release	Unacceptable
9.7	Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release	Poor
9.8	There is a comprehensive medical and pharmacy service delivered by the service	Poor
9.9	Support and advice is provided to maintain and maximise individuals oral health	Satisfactory
9.10	All pregnant women, and those caring for babies and young children, receive care and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release	N/A
9.11	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	Generally Acceptable
9.12	Everyone at risk of self-harm or suicide receives safe, effective and person centred treatment, and supported throughout their stay in prison, on transfer and on release	Poor
9.13	All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner	Generally Acceptable
9.14	All staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting	Generally Acceptable
9.15	The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control	Satisfactory
9.16	The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective and person centred care	Poor
9.17	There is a commitment from NHS Board to the delivery of safe, effective and person centred care which ensures a culture of continuous improvement	Generally Acceptable

Tayside Prison Healthcare Services

Her Majesty's Inspectorate of Prisons for Scotland

Inspection and Monitoring

Improvement Action Plan

Std 9	All Prisoners received care and treatment which takes account of all relevant NHS Standards, guidelines and evidence based treatments. Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and well being of all prisoners

Quality Indicator 9.1

An assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning.

Grading – Generally Acceptable Performance

Primary Care nurses to revert to managing the admission clinic	30 June 2018	Head of Nursing (HON)	Complete – Primary Care Team now assessing patients on admission to HMP Perth or on return to HMP Perth from Court using new Prison Healthcare traffic light assessment tool...	30 June 2018	• Vision Healthcare Records • Shift allocation sheet • Traffic light assessment tool	H&SC 1 H&SC 2 H&SC 3 H&SC 4 H&SC 5
Implement Opiate Withdrawal screening on admission	12 November 2018	Senior Charge Nurse (SCN) Substance Misuse	Plans underway for substance misuse duty worker to attend reception to conduct Clinical Opiate Withdrawal Assessment Scores on all patients identified as being at risk of opiate withdrawal.	In progress	• Vision Healthcare Records	H&SC 1 H&SC 2 H&SC 3

| Implement the use of PGDs in the reception process | 1 April 2019 | Lead Pharmacist\ Specialist Clinical Pharmacist\ Lead Nurse\ Head of Nursing | PGDs from another NHS Tayside service have been identified for use within Prison Healthcare and are currently under review with a view to implementation in April 2019 due to current PGD requiring review by the service, approval from NHS Tayside PGD governance group and nurse PGD education

Identified that NHS Tayside does not currently utilise PGDs for alcohol and drug detoxification treatment. Plan for these to be developed. | | • Completed PGD
• Vision Healthcare Records | H&SC 1
H&SC 2
H&SC 3 |

Ensure robust system is in place for sharing information with other health colleagues following admission to HMP Perth	31 December 2018	SCN Primary Care Team Substance Misuse Mental Health	• Traffic Light Assessment implemented for all individuals admitted to Prison which highlights specific individual needs • Team specific referrals are completed following admission assessment • NHS/SPS Night Report Updated to include all patients at risk, circulated to SPS Night Manager, SCN/CN for each nursing team/Pharmacy • Location changed of twice daily patient safety huddle • Relocation of all nursing teams into one central office space • Charge Nurse progressing Patient Safety test of change to improve quality of twice daily patient safety huddle	2 July 2018 30 June 2018 23 August 2018 12 October 2018 In progress	• Individual Health Care records • Night Reports • Observation of Practice • Test of Change for Safety Huddle.	H&SC 1 H&SC 2 H&SC 3 H&SC 4
Healthcare service information should be available in an easy read format and staff ensure appropriate translation services as accessed	31 October 2018	Health Centre Co-ordinator	Introduction of an easy read and colour Healthcare Patient Leaflet provided to all patients on admission starting from July 2018 Sourced easy read referral forms from other establishments and currently tailoring these for HMP Perth by 31 October 2018 HON memo to staff reminding of	30 June 2018 25 May 2018	• Patient Information Leaflet • Evidence of use of translation services within patient records • Posters in consulting rooms Translation Services.docx	H&SC 1 H&SC 2

			need to use translation services where appropriate.			
Update Substance Misuse Information Pack	30 December 2018	SCN Substance Misuse Team	Packs updated with new prints by 26 October 2018. Acknowledging that information in packs will need to be reviewed for easy read formatting	In progress	• Updated Substance Misuse pack.	H&SC 1 H&SC 2

Quality Indicator 9.2

The individual's healthcare needs are assessed and addressed throughout the individuals stay in prison.

Grading – Poor Performance

Review GP admission process to streamline appointments and reduce the waiting times for GP appointments	30 November 2018	Lead GP\ Health Centre Co-ordinator	Medical staff met and agreed new process for managing appointments and introducing stage 2 health assessments within 14 days of admission as per NICE Guidelines unless there is an acute need for medical review post admission to HMP Perth. Vision clinic profiles amended to include planned urgent and emergency appointment slots. Standard operating procedure for managing GP appointments written. Planned implementation date 19 November 2018.	13 September 2018 In progress	• Minutes from Meeting • Vision Clinic Profiles • Standard Operating Procedure	H&SC 1 H&SC 5
Improved record keeping and documentation for nursing staff	31 December 2018	Lead Nurse\ Head of Nursing	All nursing staff and pharmacy staff attended record keeping training in line with NMC and Healthcare Support worker	31 August 2018	• Audit Results • Training records • SCN/CNs challenging quality of	H&SC 1 H&SC 3

				Code and NHS Tayside record keeping policy.	29 June 2018	information with PCT staff and individual improvement plans reviewed through supervision at least monthly.	
				Revised Record Keeping Audit Tool implemented for all enhanced care records implemented 29 June 2018.	Ongoing	• Individual Staff Supervision Records	
				NHS Tayside District Nursing documentation implemented for all active Enhanced Care patients (replaced hospital assessment documentation), implemented 31 August 2018.	12 October 2018		
				Third version audit tool implemented for new documents	22 October 2018		
				All Diabetes and Wound Care Plans transferred into electronic vision record	31 August 2018		
				Record Keeping Standards Reviewed in individual managerial\professional supervision with individual staff.			
				Hosted first meeting of the newly established group through National Prison Healthcare Network reviewing documentation across all establishments. Continuing to contribute with a view to preparing standardised documentation for prison healthcare across all establishments, commenced 17 September 2018			

Ensure robust system is in place for identifying patients with additional health and or social care needs	31 October 2018	SCN Primary Care Team	Traffic Light Assessment implemented for all individuals admitted to Prison which highlights specific individual needs using quality improvement methodology	2 July 2018	• Individual Electronic Health Care Records • Tests of Change • Audit Results enhanced care document FINAL.doc / Traffic Light Assessment PDSA#1 Admission Audit.pdf Enhanced Care PDSA#1.doc	H&SC 1 H&SC 3 H&SC 4
			Admission Audit Tool redrafted and implemented following introduction of Traffic Light Assessment	October 2018		
			Traffic Light Assessment document uploaded to vision and records available in chronological order	September 2018		
			All patients on enhanced care caseload are assigned a named Primary care team Band 6 Associate Nurse in addition to a Band 5 Named Nurse with role and responsibilities clearly articulated and understood			
Implement a robust MDT process between NHS & SPS to ensure, a joint approach to meet the health and social care needs of individuals with complex needs throughout their stay in HMP Perth	30 November 2018	Head of Nursing	Primary Care Team introduced a weekly review meeting for those on enhanced care case load	July 2018	• Agenda for Hall specific MDT meetings • Individual Patient Records • Person Care Referral form • Minutes of NHS/SPS Operational Meeting	
			Joint NHS/SPS Hall specific Multi-disciplinary meetings planned for implementation 7 November 2018	Ongoing		
			Referral form agreed and implemented with SPS for requesting personal care	September 2018		

Improve access to self-referral forms in the residential halls and ensure they are available in an easy read format	30 October 2018	Health Centre Co-ordinator/SPS Unit Managers	Sourced easy read referral forms from other establishments and currently tailoring these for HMP Perth. Work with SPS to improve the availability of referral forms in the halls	In progress Ongoing	• Forms observed in Halls • Receipt of self referrals in Health Centre	H&SC 1 H&SC 3
Explore the potential of having a free phone number to the health centre to enable patients to call and make appointments	31 October 2018	Health Centre Co-ordinator/GiC	Governor in charge has agreed in principal to a phone line accessible for patients to be tested and implemented. SPS estates team exploring practicalities and cost of a freephone line to the Health centre.	 In progress	• Emails Correspondence • Minutes from Prisoner Forum	H&SC 1 H&SC 2 H&SC 4
Improve access to health promotion/health improvement information in the halls	30 November 2018	Head of Nursing	New posters have been made available in hall areas promoting a range of health promotion initiatives (Smoking Cessation/Naloxone). Appointed 2.5WTE Health Improvement Advisors who will commence posts in November 2018. Community Harm Reduction Worker to be based in HMP Perth by 30 November 2018 for four sessions per week. Who will work with staff/patients to improve knowledge and access to health improvement information	October 2018 In Progress In progress	• Observation of Posters in Halls, • Observations of staff in post.	H&SC 3 H&SC 4
Improved access to Occupational Therapy assessments for people requiring cell functional	30 November 2018	Head of Nursing	Occupational therapist and physiotherapist attended HMP Perth to assess patients identified by inspectorate.	Complete June 2018	• Individual Electronic Patient Records	H&SC 1 H&SC 3 H&SC 4

assessments						
					• Referral Pathway • Email Traffic	
			Referral pathway agreed and implemented with community Occupational Therapy Service.	Complete July 2018		
			Agreement reached with Perth and Kinross Joint Equipment store to supply stock of basic equipment within HMP Perth.	24 October 2018		
			Agreement arranged with SPS and Joint Equipment Store for delivery of larger equipment.	24 October 2018		
			Three Primary Care Nurses have attended training for assessing patient's needs for basic OT equipment.	24 October 2018		
		Head of nursing/ Head of Offender Outcomes SPS	Joint NHS\SPS and community OT meeting to identify the requirements for upgrading a disabled cell with appropriate equipment, information supplied to SPS to aid business case preparations	September 2018		
			Falls coordinator and SCN have agree a modified falls assessment tool which is now in new record specific to Prison Healthcare, based on Forth Valley Prison healthcare Tool	Ongoing		
			Falls coordinator additionally met with HoN and SPS 4/10/2018 to explore wider management of falls prevention in prisons and agreed actions which include awareness			

			sessions for SPS Physical Instructors/Health Staff and discussion of indentifying those at risk of falls at SPS Nurse link worker meetings which are held monthly			

Quality Indicator 9.3

Health Improvement, health prevention and health promotion information and activities are available for everyone

Grading – Generally Acceptable Performance

| Improve access to Naloxone kits on liberation | 30 December 2018 | SCN Substance Misuse | Casework Team Leader has planned visit to HMP Edinburgh to gain learning

Posters placed in reception to highlight availability and how to refer as well as provided to each individual on admission in information pack along with harm reduction information.

National Harm Reduction Sessions continue to be run by Caseworker for each new to prison admission.

Lead Pharmacist is exploring legalities of providing patients with a GP10 on liberation for supply of naloxone, update expected 31 October 2018

Information posters provided to Unit Managers regarding naloxone availability to increase population awareness

Meeting held 22 October 2018 | In progress | • Visible of posters in halls
• Copy of pack

Copy of presentation | H&SC 1
H&SC 2
H&SC 3
H&SC 4
H&SC 5 |

			to review current naloxone issue process, actions to be progressed			
			Meeting held with Chair of Tayside Drug Related Death Group and Tayside Chair of Blood Borne Virus Managed Clinical Network where it was agreed to introduce non fatal overdose pathway into Prison Healthcare, further meeting planned for November 2018			
Improve peer involvement around the use of Naloxone	1 January 2019	SCN Substance Misuse BBV & Sexual Health MCN Manager	Secured community harm reduction worker to commence 4 sessions per week (November 2018) to work in HMP Perth to support implementation of peer development Successful recruitment of 2.5 WTE Health Improvement Advisors to support public health initiatives including Peer support, expected to commence in post by end of November 2018	In progress		H&SC 1 H&SC 2 H&SC 4
Ensure information regarding harm reduction measures and managing an overdose is readily available in all residential areas	5 November 2018	SCN Substance Misuse	Harm reduction posters have been provided to residential managers to put up in halls. Joint NHS/SPS implementation, 1 October 2018, of Naloxone provision for Prison Officers administration. Standard Operating Procedure (SOP) developed, which incorporates collation of non fatal overdose information, 9 kits supplied to	24 October 2018 1 October 2018	• SOP • Naloxone Kits in Halls	H&SC 1 H&SC 2

			SPS			
Improved access to smoking cessation services	1 April 2019	Specialist Clinical Pharmacist/ Head of Offender Outcomes (SPS)	Successful recruitment into 2.5WTE Health Improvement Advisor Roles which are due to commence in November 2018. Two staff members completed two day smoking cessation training in July 2018. Two day smoking cessation training booked for new members of staff in November 2018. Group format for smoking cessation support implemented in each hall with the support of Public Health and Casework Team from 20 August 2018. Currently there are 76 service users engaged with smoking cessation services with no waiting list. All referrals appointed to a group within 7 days. Referral process developed and implemented for pharmacy team to see patients on a 1:1 basis. Identified pathway used within hospital services for engagement with community service that is currently being adapted for use within Prison Settings. This will allow individuals engage with the service to engage with their Community Pharmacy upon liberation. This process will be tested prior to the Smoke Free Prisons on 30 November 2018.	In progress	• TORT figures • Waiting List • Public Health data for number of quit attempts and success rate.	H&SC 1 H&SC 2 H&SC 3

Quality Indicator 9.4						
All stakeholders demonstrate commitment to addressing health inequalities of prisoners						
Grading – Generally Acceptable Performance						
Quality Indicator 9.5						
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 on release						
Grading – Poor Performance						
Implement comprehensive range of low level psychological interventions and treatment for patients	30 April 2019 January 2019 30 December 2018	SCN Mental Health	Successful bid, Mental Health Strategy Action 15 Funding, for 2 WTE Nurse Therapists Band 7 Secured places on low intensity psychological therapy courses for December 2018 and January 2018 for 3 current mental health nurses Nursing staff have commenced NES online modules for low intensity psychological training	In progress	• Copy of bid • Emails • Learn Pro Dash Board	H&SC 1 H&SC 2 H&SC 3
Review the mental health nursing delivery model to increase clinic productivity and timely access following referral	30 November 2018 July 2018	SCN Mental Health	Temporary change to operating hours of team, team operating Monday – Friday 0700 – 1600 hours which supports a Registered Nurse to be on duty not involved in medicines administration Secured Contract with Agency to cover period of team vacancy (now filled) and long term	23 August 2018 July 2018	• Team Roster – SSTS • Test of Change PDSA • Waiting Times	H&SC 1 H&SC 2 H&SC 3

			sickness absence from July 2018			
	15 October 2018		Utilising agency nurses for B Hall medication administration to release Mental Health nurses to run clinics, from mid October 2018	15 October 2018		
	17 November 2018		Exploring options for splitting B Hall medication administration, plan to test mid November 2018	In progress		
	17 November 2018		Test of Change planned for mid November 2018 for early screening (within 72 hours of referral) of patients referred to service, this will test early intervention urgency of need	In progress		
Implement the use of a standardised and validated assessment/risk assessment tool in mental health nursing team	30 November 2018	SCN Mental Health Consultant Psychiatrists	Sourced validated risk assessment Currently training staff on use of Risk Assessment and plan to implement by 17 November 2018 Team currently introducing adapted Mental Health assessment tool, forms part of the vision electronic record but is separate to the above risk assessment, full implementation for all active case load patients by 30 November 2018	October 2018 In progress	• Individual Healthcare Records	H&SC 1 H&SC 2 H&SC 3
Ensure all patients have a personalised care plan and regular reviews	30 November 2018	SCN Mental Health	Recovery care plans now upload to vision and team progressing implementation for all active case load	In progress	• Individual Healthcare Records • Observation of Practice	H&SC 1 H&SC 2 H&SC 4

			SCN attended Mental Welfare Commission National Session on Care Planning in Mental Health Settings (26 October 2018) and has shared knowledge with mental health team to aid effective care planning.	26 October 2018		
	15 November 2018		SCN is in the process of setting set review clinics for specific Nursing Staff to support regular planned reviews in line with care plans	In progress		
Improve joint working with substance misuse and mental health	31 October 2018	SCN Mental Health SCN Substance Misuse	Representation from each team now attending each teams weekly allocations meeting Three SCNs now sharing office and all nursing teams in one office	22 October 2018 October 2018	• Minutes from MHT MDT meeting • Substance Misuse Nurse attendance as required.	H&SC 1 H&SC 2 H&SC 3
Improve communication with patients on the progress with their referrals	30 December 2018	SCN Mental Health	Acknowledgment letters now sent on receipt of referral Progressing use of appointment cards	September 2018 In progress		H&SC 1 H&SC 2 H&SC 3 H&SC 4
Ensure waiting times info displayed in the health centre is accurate	30 October 2018	Health Centre Coordinator	SCN providing mental health waiting times to Health Centre coordinator for displaying	Ongoing	• Publicised Waiting Times	H&SC 1 H&SC 2 H&SC 3 H&SC 4

Quality Indicator 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 on release

Grading – Unacceptable Performance

Establish long term conditions register	Commenced August 2017 at HMP Castle Huntly. Ongoing. Newly commenced at HMP Perth	Clinical Lead/GPs	Patients transferred to Castle Huntly have a medical indication listed for all medication. The new changes to the admission process at Perth mean that a disease register can be compiled. Data pulled from viison on numbers in HMP Perth with LTC such as Asthma, Epilepsy and Diabetes is assisting in giving priority to which conditions should be provided first	In progress		H&SC 1 H&SC 2 H&SC 3
Establish Long term condition clinics	March 2019 November 2018 November 2018	Clinical Lead/GPs/ Head of Nursing/ Specialist Clinical Pharmacist	With above data LTC clinics will be established in order 1. Asthma 2. Epilepsy 3. Diabetes 4. Thyroid 5. Hypertension 6. COPD Clinics will be established at Castle Huntly in Nov 2018 and systems tested before they are introduced in full to Perth Pharmacy Technician is planning implementation of Asthma clinics mid November 2018 SCN Primary Care SCN meeting with Epilepsy Nurse Specialist early November to establish training needs to allow nursing staff to run Epilepsy Clinic.	In progress In progress In progress		

			GP attended the epilepsy clinic plans to begin epilepsy reviews for more complex case by end of January 2019	In progress		
			Spirometer ordered to support COPD clinics and training to be arranged for nursing staff.	In progress		
			Secured ISD support to complete week of care audit for PHC, audit planned for 26 November 2018	In progress		
Review admission process for GPs with a view to creating additional GP capacity for holistic health assessments within 2 weeks of being admitted to HMP Perth	30 November 2018	Clinical Lead and GPs	Clinic template agreed by GPs for new process as per QI 9.2	October 2018	 Enhanced Care PDSA#1.doc • Clinic template	
Develop improved documentation and care plans which are available on vision and in a chronological order	30 November 2018	SCN Primary Care Mental Health Substance Misuse	Nursing teams' assessments and care plans have been uploaded to vision, all active Primary Care enhanced care patients now have new electronic records (based on NHS Tayside District Nursing Documentation), mental health and substance misuse are progressing migration to electronic assessments and care plans. All new patient assessments are completed electronically. All Nursing staff have access to	Ongoing October	• Individual healthcare records enhanced care document FINAL.doc	H&SC 1 H&SC 2 H&SC 3

			DOCMAN	2018		
Ensure training plans are in place and staff are release and supported to attend training to support their education and development	30 March 2019	SCN	Practice Educator and Practice Development Nurse completed a training needs survey monkey questionnaire for all nursing, case work and pharmacy staff Nursing and Case Work Teams have developed training plans specific to speciality and banding which are being shared with all staff. Person centred cultures programme will also focus on themes highlighted through survey monkey	Ongoing	 MHT Training Plan (1).doc SMT plan.doc PCT Training Plan.docx SBAR Perth Prison Nursing Team.docx • Team Rosters • Learn Pro Dash Board • Individual Staff members PDP	H&SC 1 H&SC 2
			SCN are planning rosters to release staff to attend training sourcing supplementary staffing where required	Ongoing		
			SCN have set a protected learning session each week for their specific teams., where they are focusing on completing training on new assessment documents and on-line training	Ongoing		
			Substance Misuse and Mental health staff have commenced attending Trauma and Stabilization Training and NES online low level psychological intervention training which will support them to progress onto	Ongoing		

			further courses to deliver low intensity psychological interventions		Developing cultures of person centrednes	
			SCN have completed Leading Better Care self -assessments to identify gaps in knowledge, development is being monitored in managerial and professional supervision	Ongoing		
			SCN planning 15 hours non-clinical time each week to undertake managerial duties, supported by contact with agency, this is review at weekly SCN huddle	Ongoing		
			SCN getting opportunities to shadow peers in (2 days per week for 8 weeks) community and acute hospital settings to bring back learning of embedding governance/care assurance processes and additionally to increase awareness of wider NHS of PHC	Ongoing

In progress | | |
| | | | SCN/HoN supported and encouraged to attend external conferences, training and meetings to enhance networking and knowledge and promote growth | Ongoing | | |
| | | | HON supported to widen HON knowledge/experience by covering OOH/FMS 1 day per week for 3 month period | October 2018 | | |

Work with podiatry to include electronic documentation on vision of podiatry appointments	31 January 2019	Health Centre Coordinator	Agreement reached with podiatry that they will migrate to use of vision to support single patient record. Plan to meet in December 2018 to agree what health care templates are required to support migration	In progress In progress		H&SC 1 H&SC 2

Quality Indicator 9.7

Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.

Grading – Poor Performance

Implement Opiate Withdrawal Tool (OWL) on admission			As per 9.1			H&SC 1 H&SC 3
Review Detoxification Pathway	April 2019	Consultant Psychiatrist Substance Misuse	Acknowledgment by team that this action directly relates to review of whole pathway and improved timely access to Opiate Replacement Therapy which would require additional access to non-medical prescribers In line with community substance misuse services in Tayside a review was completed of NMP workforce requirements within the prison setting Bid submitted to Alcohol and Drug Partnerships across Tayside for government funding, to secure additionally funding for 5.5 WTE Non-Medical	August 2018 September 2018 September 2018 - awaiting	• ADP Bid that includes workforce review figures	H&SC 1 H&SC 2 H&SC 3

			Prescribers (NMP) and additional funding for upskilling current band 5 substance misuse Registered Nurses as NMP to give the team the capacity to prescribe in addition to case management	outcome of bid In progress		
			Work ongoing to draft and implement PGD for detoxification management to reduce reliance on medical staff to prescribe	In progress		
			Commenced substance misuse quality improvement meetings reviewing prescribing pathway			
Review Substance misuse pathway in order to improve access to appropriate timely assessment and ensure where possible it reflects the community model	30 April 2019	SCN Substance Misuse Team	Implementation of new referral process; patients can now be directly allocated to a Registered Nurse following referral for assessment rather than immediate allocation to Case Worker, allocation now based on needs of individual	September 2018	• Individual Patient Healthcare Records	H&SC 1 H&SC 5
			Currently reviewing role of substance misuse duty worker role to include assessment of patients following admission to establishment	In progress		
			New substance misuse assessment sourced which team have reviewing and agreed as suitable	October 2018		
			Submitted bid for additional NMP workforce to allow additional clinical capacity as	September 2018- await outcome of bid		

			above, await decision			
Improve standard of substance misuse assessments	31 December 2018	SCN Substance Misuse Team	Substance Misuse Team attended training session on pharmacology treatments for illicit drug use to improve knowledge base and support knowledge base for assessing patients	October 2018	• Training plan • Draft assessment document	H&SC 1 H&SC 5
			New substance misuse assessment document sourced as above and due for implementation in November 2018	In progress		
			Consultant Psychiatrist has substance misuse assessment training planned from week beginning 22 October to enhance nursing staffs knowledge for completing comprehensive substance misuse assessments	In progress		
			It is acknowledged by the team that a team specific audit tool will need to be drafted to monitor quality of assessments	In progress		
Work with SPS to improve the balance between recovery and harm reduction	30 April 2019	Head of PHC/GiC	SPS and NHS plan to reinvigorate joint recovery strategy on commencement of New Head of Offender Outcomes.	In progress		H&SC 1 H&SC 4 H&SC 5
Ensure robust individual care plans are in place with appropriate and timely	30 December 2018	SCN Substance Misuse team	Record Keeping audits implemented Electronic care plans	October 2018	• Scorecard • Record Keeping Audits • Individual Health Care Records	H&SC 1 H&SC 3

follow up			implemented team migrating from paper	In progress	• Test of Change – A Hall medication administration	
			It is acknowledged by the team that a team specific audit tool will need to be drafted to monitor quality of care plans			
			To improve regularity of reviews for those on active case load team are progressing test of change to reduce time spend administering medication, these tests are being progressed in conjunction with SPS and are supported by Patient Safety Quality Improvement Advisor	Ongoing		
Improve discharge planning process	30 April 2019	SCN Substance Misuse	Team building on improving who they liaise with following a patients liberation, communication with harm reduction services, implementation of raising awareness of non-fatal overdoses during period in custody	In progress		H&SC 1 H&SC 4 H&SC 5

Quality Indicator 9.8

There is a comprehensive medical and pharmacy service delivered by the service

Grading – Poor Performance

Reduce the time taken to administer medications in the morning in order to reduce the impact on SPS regime and to increase capacity for nursing teams to deliver	As per Plan	Head of Prison Healthcare, Governor, Lead Pharmacist, Lead Nurse, Specialist Clinical	Medication SLWG established to identify ideas to improve timings for medication administration. Significant change in time taken in C3 &4. Other tests of changes are either ongoing or planned for other halls.	In progress	• As per plan • Test of Change data • Action Plan	H&SC 1 H&SC 2 H&SC 3

consistent clinic activity.		Pharmacist and Head of Nursing	Where other ongoing tests of change are planned for other halls there remain challenges in reducing the time taken to administer medications			
Establish a process for follow up reviews or assessments to ensure individuals are taking in possession medication correctly	April 2019	Head of Nursing Specialist Clinical Pharmacist	Ongoing medication spot checks in collaboration with SPS and MDT review of all these checks. Pharmacy Technician has commenced clinics reviewing those patients who are over-ordering their medications or are identified as having issues with managing their medications. Patient Safety Collaborative test of change involving a MDT review of all patients found to be under the influence of an unknown substance. MDT Review of all patients who are on pregabalin on gabapentin including SPS and NHS Tayside pain team in these reviews to commence 3 December 2018.	Ongoing September 2018 Ongoing In progress	• Individual healthcare records • Medication check data • Test of Change	H&SC 1 H&SC 3
Improve prescribing practice within HMP Perth	April 2019	Lead GP Specialist Clinical Pharmacist	Prison Healthcare has been invited to participate in NHS Tayside Prescribing Management Group. Work has been undertaken to improve formulary compliance resulting in a decrease in non-formulary compliance. Training has commenced for Senior Pharmacy Technician to undertake more in-depth poly-	November 2018 Ongoing Ongoing		

			pharmacy reviews.		
			Lloyds Pharmacist is now undertaking key audits to look at key prescribing targets within HMP Perth. This has been highlighted by NPHN pharmacy group as good practice	Ongoing	
			Ongoing work with reducing GP waiting times and appointment system will allow GPs within the service to carry out poly-pharmacy reviews.	Ongoing	
			MDT review of all patients who are on pregabalin or gabapentin including SPS. This is due to commence in November 2018 and will be completed by March 2019.	In progress	
			Prescribing benchmarking completed against other establishments. Monthly analysis has been commenced and first full report will be available by end of November 2018. Initial analysis shows that there has been reduction in the prescribing of; • Non-formulary non-steroidal anti-inflammatory drugs • Non-formulary topical preparations • Non-prescribable items within NHS Scotland e.g. Vaseline and Deep Heat • Oral Nutritional	Ongoing	

			Supplementation • Pregabalin and gabapentin. The data also shows that whilst the Public Health data previously showed an ineffective smoking cessation service that patients were engaging with the service for their 12 week programme.			
Review of reporting of incidents through DATIX	Ongoing	Head of Nursing Specialist Clinical Pharmacist	All SCN's have undertaken a refresher course in DATIX verifier training delivered by Clinical Governance a Risk co-ordinator. DATIX incidents forming part of the team Scorecards. Monthly reports off all incidents within HMP Perth are reviewed by clinical teams to support learning and development from these incidents.	July 2018 September 2018 October 2018	• Score Cards • DATIX Reports	H&SC 1 H&SC 3

Quality Indicator 9.9

Support and advice is provided to maintain and maximise individuals oral health

Grading – Satisfactory Performance

Improve the provision of health promotion work for oral health	30 December 2018	Head of Nursing	Contact with Oral health team, work to be agreed and commenced	In progress		H&SC 1 H&SC 3

Quality Indicator 9.10

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 their stay in prison, on transfer and on release

Not applicable

Quality Indicator 9.11

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

Grading – Generally Acceptable Performance

Review documentation for palliative care patients to ensure it meets the needs of a primary care environment	30 September 2018	SCN Primary Care Team	Palliative and end-of-life care needs are now assessed using the new prison specific electronic document and pathways. The document considers all aspects of daily living baseline 4AT, palliative care, wound management, MUST assessment and mobility. The document directs staff to follow direct pathways ie palliative care pathway	30 September 2018	• Palliative Care Pathway	H&SC 3 H&SC 4

Quality Indicator 9.12

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

Grading – Poor Performance

Ensure process in place to review all return from courts who have had a change in conviction status are reviewed on admission back to the establishment	30 May 2018	Head of Nursing	All prisoners who are returned from court with a change in circumstance are now assessed by a nurse as per Talk to Me.	30 May 2018	• Admission lists.	H&SC 1 H&SC 3 H&SC 4
Ensure all patients on Talk to Me are reviewed prior to case conference	30 September 2018	SCN Mental Health	Mental Health Team are endeavouring to see patients prior to the case conference and are working in collaboration with	30 September 2018		H&SC 1 H&SC 2 H&SC 3

			SPS to ensure this, as not always possible due to time constraints in particular if patient needs reviewed prior to leaving establishment to attend court in the early morning			

Quality Indicator 9.13

All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner

Grading – Generally Acceptable Performance

Ensure robust process is in place to reduce the response time to complaints	January 2019	Health Centre Coordinator	Reviewed and implemented revised triage process	August 2018	• Datix reports of complaints received and action	H&SC 1 H&SC 3
			Implemented reminders sent to stage 1 investigators prior to deadline, which has reduced number of which that are escalated to stage 2	August 2018		
			Onsite support of (1 day per week) of Complaints and Feedback Coordinator to assist with stage 2 responses and adherence to NHS Tayside policy	Ongoing		
			Commenced drafting local Standard Operating Procedures for the onsite managing of complaints and feedback, which include contingency planning for periods of leave	In progress		
				In progress		
			Successful recruited to a Patient Relations Administration Assistant, anticipated start date of December 2018	Ongoing		

			Commenced Healthcare forums with patient population and staff to support engage, effective communication and quality improvement	Ongoing		
Complaints awareness training for staff	30 December 2018	SCN Primary Care Team Substance Misuse Team Mental Health Team	Training plans now incorporate learn pro complaints module for all staff which are being progressed Training plans for band 6/7 staff include complaints investigation training which are being progressed	Ongoing	• Learn Pro Dash Board • Team Training Plans	H&SC 3 H&SC 4

Quality Indicator 9.14

All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting

Grading – Generally Acceptable Performance

Implement a paper light documentation system to support all clinical and admin teams	30 November 2018	Health Centre Coordinator Head of Nursing	4 additionally DOCMAN scanners ordered to increase access to hardware Primary Care Team have progressed to Vision electronic patient records, reducing paper documents Substance Misuse and Mental Health Teams are currently migrating to vision electronic records Letter templates uploaded to Vision, for general correspondence to patients	October 2018 September 2018 In progress Ongoing	• Observations of Practice	H&SC 1 H&SC 3

Access to SCI Gateway for referrals to secondary care	30 December 2018	Health Centre Coordinator	Testing sending referrals out to secondary care was successful however a problem remains with information on return, IT continuing to seek a solution	in progress	
Review administrative support provided to clinical teams	30 December 2018	Health Centre Coordinator	Successfully recruitment for administration support for Head of Nursing

Review completed 22 October 2018 where it was agreed that administration support would be allocated to substance misuse nursing team with immediate effect to support processing of all referrals, appointing patients previously only available for Case Work team for ISD purposes | October 2018 | |
| | | | Review planned for early November to establish administration needs of mental health team, to support referral management, appointment patients and minutes taking | In progress | |
| | | | Plan agreed for induction of new administrative staff | October 2018 | |

Quality Indicator 9.15

The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control

Grading – Satisfactory Performance – not actions required

Quality Indicator 9.16

The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective and person-centred care

Grading – Poor Performance

Ensure training plans are developed and staff are released for training to support their learning and development	30 March 2018	All	As per 9.6	Ongoing		
Ensure staff within SM have access to appropriate training	30 March 2018	SCN Substance Misuse Team	As per 9.6	Ongoing		
Review workforce plan and explore the options of rotational roles to improve retention of staff	30 March 2018	Lead Nurse Head of Nursing	Initial discussions commenced between Lead nurse and Head of Nursing to explore services to be included.	In progress		
Review skill mix within the primary care nursing team	30 March 2019	Head of Nursing	Meeting held to review needs of team and agreed as band 6 posts become vacant to recruit to Senior Community Nurse, Practice Nurse and Emergency Practitioner Nurse. Currently progressing recruitment of a Senior Community Nurse as a test Consideration being given to service redesign	In progress		H&SC 1 H&SC 3
Ensure all staffs mandatory training is up to date and completed	30 November 2018	SCN's	As per 9.6 Reported monthly on team scorecards	Ongoing	• Scorecards	
Ensure all staff have PDP and annual appraisal	30 March 2018	SCN Head of Nursing Specialist Clinical Pharmacist	Dates set for appraisals and staff are currently inputting PDP on to electronic system	Ongoing	• TURAS and LearnPro Scorecards	

Relocate the patient safety huddle and handover	30th August 2018 30 November 2018	SCN Primary Care Substance Misuse Mental Health	Patient safety huddle board has been relocated from stair well to nursing office. Charge Nurse progressing Patient Safety test of change to improve quality of twice daily multi-disciplinary huddle.	30th August 2018 Ongoing	• Observation of Practice • Test of Change Paperwork	
Implementation of team scorecards	30th September 2018	Head of Nursing\ Specialist Clinical Pharmacist	Use of monthly care assurance scorecard for each of the nursing teams and Pharmacy team have been implemented. Scorecards forming basis of collating information for the Service Performance Framework. Nursing Teams continuing to improve quality of scorecards. Specialities attending business meeting quarterly to present care assurance updates.	30th September 2018 Ongoing Ongoing Ongoing	• Team scorecards • Minutes of Business and Clinical Governance meeting. • Performance review dashboard • Team Scorecards SCN_Scorecard August 2.doc 8. PCT August 18 scorecard.docx MHT SCORE CARD AUGUST 2018.docx 8. SCN Walkround Care Assurance Tool.	

				8. SCN Walkround Care Assurance Tool.	
Implement a robust MDT process between NHS & SPS to ensure, a joint approach to meet the health and social care needs of individuals with complex needs throughout their stay in HMP Perth	30 December 2018	Head of Nursing	Primary Care Team introduced a weekly review meeting for those on enhanced care case load Joint NHS/SPS Hall specific Multi-disciplinary meetings planned for implementation 31 October 2018 Referral form agreed and implemented with SPS for requesting personal care	July 2018 In progress October 2018	• Agenda for Hall specific MDT meetings • Individual Patient Records • Person Care Referral form • Minutes of NHS/SPS Operational Meeting
Ensure appropriate clinical supervision is in place for both mental health and substance misuse nursing teams	31 December 2018	Head of Nursing\ SCN Primary Care Substance Misuse Mental Health	Registered Nursing staff are all in receipt of managerial/professional supervision at least bi monthly Mental Health team have commenced value based reflective practice with an external facilitator. Substance Misuse Team currently sourcing value based reflective practice from an external facilitator. Progressing Charge Nurse and Senior Charge Nurse forums in collaboration with the Out of Hours and Forensic Medical Service.	Ongoing Ongoing In progress In progress	

Quality Indicator 9.17

There is commitment from the NHS Board to the delivery of safe, effective and person centred care which ensures a culture of continuous improvement

Grading – Generally Acceptable Performance

Patient Safety collaborative Work	1 April 2019	Head of Service	Secured 2 days per week of dedicated Quality Improvement advisor to support programme of work, she works alongside staff on site which has supported engaging staff in programme Notice Boards within health centre are plentiful of PDSA and charts plotting progress Patient Safety Programme threads thought all of the ongoing quality improvement work in the department support staff engagement and involvement in changes implemented	Ongoing/ in progress	• Patient Safety Programme improvements • Notice boards	
Implement Person Centred Care Practice Development	30 December 2019	Head of Nursing	Joint programme of work agreed between NHS and SPS to embark on a one year programme to embed person centred cultures within Prisons in Tayside Secured Senior Practice Development Nurse secured to lead programme, who is working nationally on Person Centeredness Cultures Initial meeting completed introducing model of programme		• Information Leaflet • Bid Developing cultures of person centrednes	

			facilitated which was positively received Successful, Scottish Government, bid for funding to support programme of work including releasing Head of Nursing to undertake co-facilitator role for programme to support sustainability follow end of formal programme Initial 3 Day Practice Development School planned for 3-5 December 2018 where approximately 20 NHS/SPS participants will participate in person centeredness culture work		

Links to Standards

Health & Social Care Standards (H&SC)

Chief Officer, Perth Health and Social Care Partnership

Signature   _____

Full name   _____   Date   _____

PRISON HEALTHCARE PATIENT SAFETY COLLABORATIVE PROGRESS REPORT

29 October 2018

SITUATION

The purpose of this report is to provide an update relating to the work undertaken within Prison Healthcare as part of the Prison Healthcare Patient Safety Collaborative.

BACKGROUND

Using the Institute for Healthcare Improvement Breakthrough Series Collaborative Model; a tried and tested change model designed to help organisations achieve sustainable change in specific topic areas, the NHS Tayside Prison Healthcare Patient Safety Collaborative was launched in August 2017 as an 18-month collaborative between NHS Tayside and the Scottish Prison Service (SPS), with an overall aim to provide safe and effective care to the patient population of HMP Perth and HMP Open Estate (Castle Huntly) by December 2018.

Three key workstreams were formed to help achieve this aim; deteriorating patient, focussing on clear pathways of care of the deteriorating patient in a safe effective and timely manner; medicines, focussing on safe and effective medicines management in prison healthcare, and multidisciplinary team working, focussing on safe and effective person centred communication.

The collaborative, supported by subject matter experts and the patient safety team, has held two learning sessions to date (August 2017 and March 2018), where attendees from both the NHS and Scottish Prison Service have been provided with a structure to build capacity and capability in improvement science and engage in learning and action periods to aid staff in making real system level change to lead to improvements in prison healthcare.

ASSESSMENT

Good progress has been made with each of the workstream teams despite a few busy and challenging months, particularly in the lead up to and following the announced HM Inspectorate of Prisons for Scotland visit. It proved difficult for staff to be released for a third learning session due to other competing priorities for both NHS and SPS staff. Instead, an engagement session was held in September 2018 in HMP Perth, which provided an opportunity for NHS and SPS to showcase the work they had undertaken to date. This proved to be successful and upon further reflection by the collaborative faculty members, agreement was reached that this model will continue to be used in place of learning sessions.

Work has continued to focus mainly around medicines administration times, which has to some extent slowed the pace of potential improvements in other workstreams.

An overview of some of the work undertaken to date, work in progress and some of which has been completed, is contained within the attached appendices; Appendix A (Medicines), Appendix B (Deteriorating Patient) and Appendix C (Multidisciplinary Team Communication).

RECOMMENDATION

- Note the current level of activity, including successes and challenges across each of the workstreams

Prison Healthcare Patient Safety Collaborative
29 October 2018

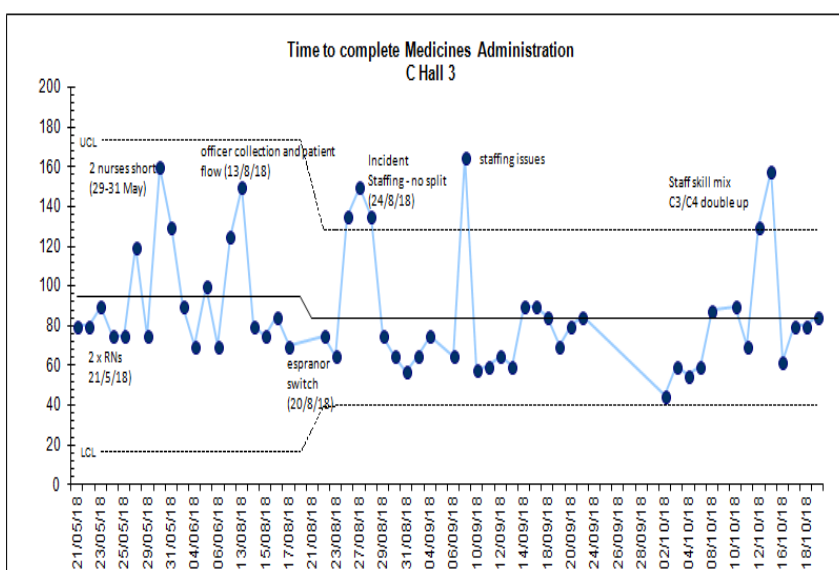**Medicines Administration (supervised)**

Aim: to ensure that supervised medicines are completed within 75 minutes (completed by 0845 hours) to allow nursing staff to commence specialist nurse clinics by 0930 hours, and allow the SPS route to move by 0845 hours.

Given the amount of data now available, I-charts (individuals charts) have been constructed to determine whether there is any common cause or special cause variation with the time to complete medicines administration across each of the flats within C Hall.
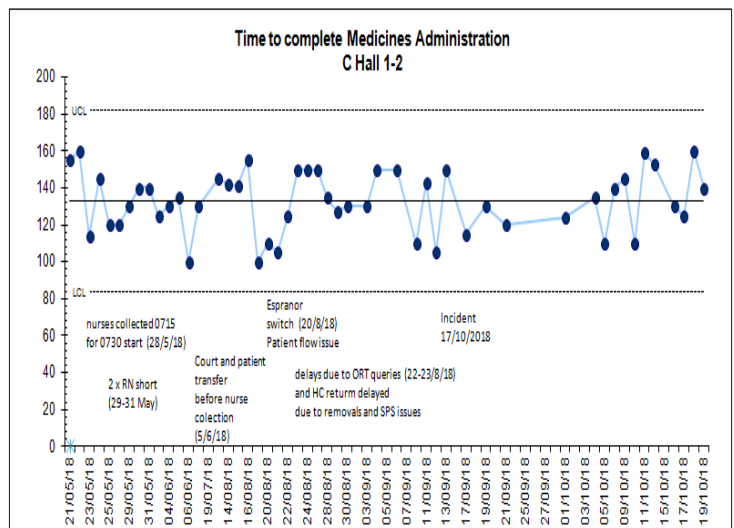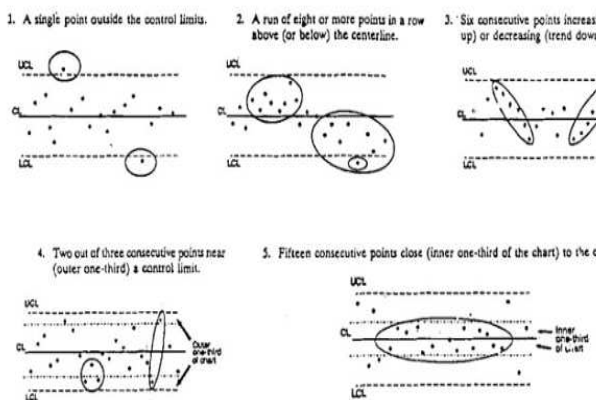

As can be seen from the data available for Flats 1 and 2 within C Hall, only common cause variation is evident with each of the data points falling in between both the upper and lower control limits. Unlike Flats 3 and 4 as described later, the switch to Espranor seems to have had little effect on the timings of medicines administration within Flats 1 and 2. The current average time to complete medicines administration is 133 minutes. The goal remains for medicines administration to be completed within 75 minutes. Consideration should be given to further tests of change which can be undertaken to help in achieving this goal.


The baseline average (mean) time to complete medicines administration in Flat 3 was 94.7 minutes. This has been recalculated after 20 data points and following the switch to Espranor on 20 August 2018. There are 5 points outwith the upper control limit between 24 August and 15 October, most of which have been attributed to staffing issues, which clearly affected the times to complete medicines administration. The revised mean now sits at 83.8 minutes demonstrating improvement from baseline.

Time to complete Medicines Administration
C Hall Flat 4
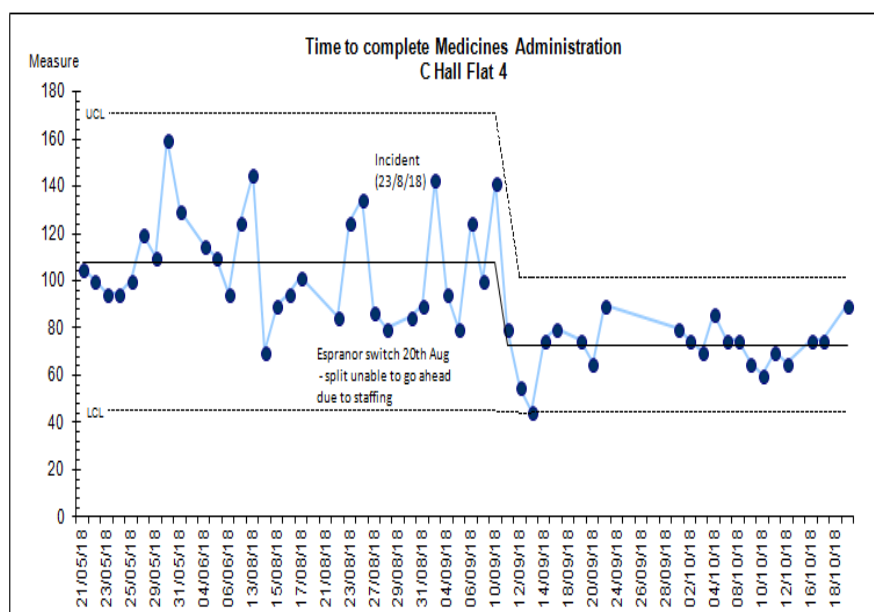
The baseline average (mean) time to complete medicines administration in Flat 4 was 107 minutes. There has been a clear reduction in the time to complete medicines administration from 11 September and the control limits have been adjusted to reflect the average time reducing from 107 minutes to 72 minutes.

Reduced variation is evident between 1-17 October with 12 consecutive data points close to the centreline, although fifteen would be required to evidence special cause using the rules to determine special cause.

Time to Complete Medidines Administration
B Hall
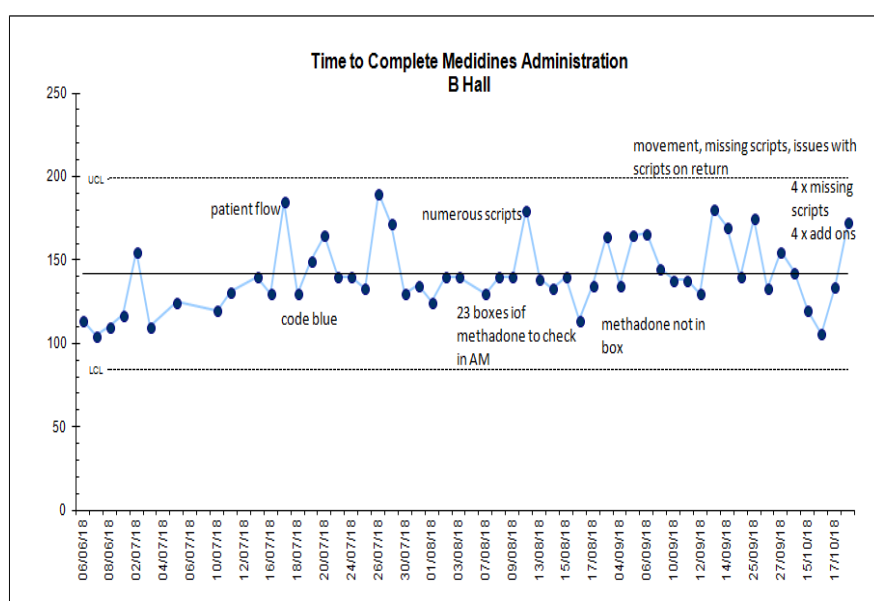
The mean time to complete medicines administration in B Hall is 141 minutes. Only common cause variation exists with this data.

An exercise has recently been undertaken to gauge an understanding of medicines breakdown within the hall, which includes identifying polypharmacy, and co-administering. This data is being explored further with the Mental Health Nursing Team to identify where potential improvements can be made.

A Hall

Time to Complete Medicines Administration
A Hall
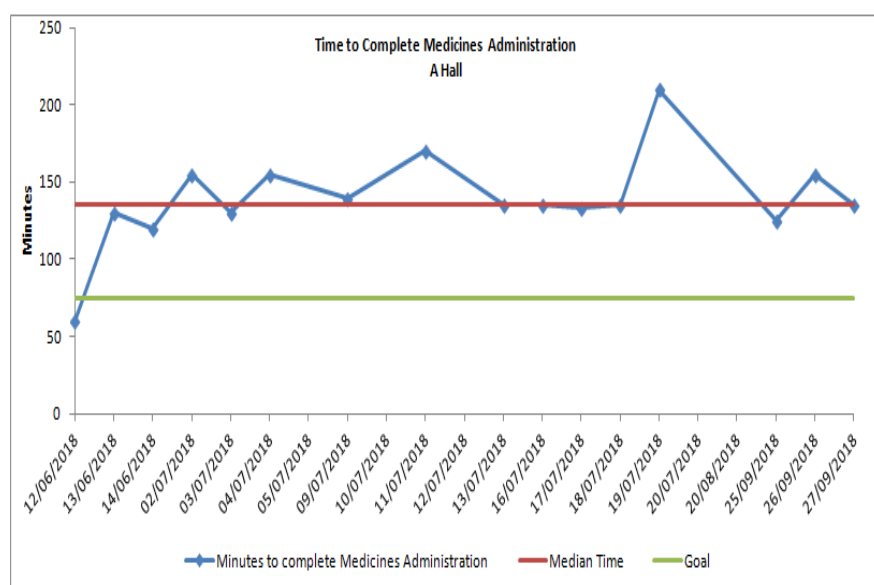
There is not yet enough data available for A Hall to construct a control chart. The current median time to complete medicines administration is 135 minutes.

A test of change is taking place week commencing 29 October which will see methadone administered in the afternoon as opposed to the morning. This is expected to show a reduction in the time taken to administer medicines in the morning, a reduction in the number of 2-3pm medicines and freeing up nursing time for clinics each morning. Data will be collected throughout the period of testing and the chart updated accordingly once this is available.

Route Move
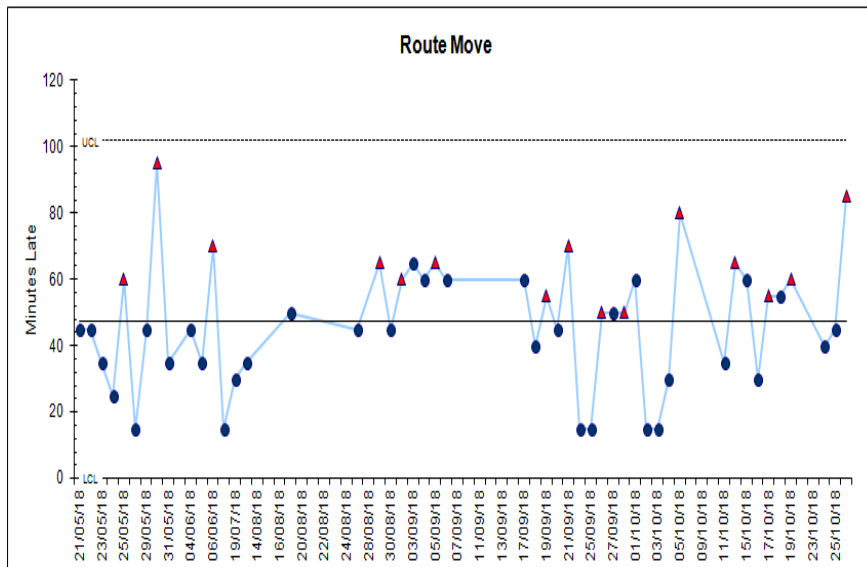
Challenges remain with the route moving by the required time 0845 hours each morning. The current average time of the route moving late is 47 minutes.

It is of note that more than half of the data points above the average relate to days of the week when weekly medicines take place (highlighted as red triangles)

Daily exception reports have been reviewed (where available) to help gain a better understanding of reasons for delay, but on the whole, these days correlate with staffing shortages/incidents.

Management of an Offender at Risk due to any Substance (MORS)

Pharmacy staff are working closely with the Substance Use Nursing Team to enhance communication within the prison healthcare teams, with a view to identifying and being notified of all patients being managed under MORS. The aim of this work is to ensure that patients being managed on MORS policy are not inadvertently supplied with weeklies/supervised medicines. Early testing has included the use of a MORS folder within Pharmacy where patient scripts are placed following confirmation of the patient being placed on MORS. In addition to this, pharmacy staff will now attend both morning and afternoon patient safety huddles where all patients on MORS will be identified. Baseline data is available from an earlier test of change and this requires to be updated taking into account the subsequent tests of change undertaken.

C Hall Evening Medicines Administration

A test of change is to be commenced looking to improve the issuing of evening medications in C Hall with an aim of reducing nursing administration time and demonstrate if this has any impact on the SPS time off duty. This test will involve 1 nurse and 1 competent witness administering evening medications initially in Flat 3. Patients from Flat 4 will then move to Flat 3 to receive their medication. Medicines will also be administered in Flat 2, with Flat 1 patients moving to Flat 2 on completion. This test of change is expected to reduce the time spent by nurses administering medicines to each flat separately and reduce the movement of nursing staff between each flat.

Issue of Weekly Medicines (completed)

The goal for this improvement work was to achieve 95% compliance with the issuing of weekly medicines, thereby reducing the number of weekly medicines returned to the health centre for PM issue, which caused additional stress and workload for both SPS and NHS staff. Through continued tests of change, this process seen a decrease in the time taken to issue medication from 75 minutes to a median time of 20 minutes, together with process reliability of >95% for morning issue of weekly medicines.

Availability of Prescription Charts (completed)

This was a short term improvement project aiming to ensure the availability of patient prescription charts at GP clinics within the establishment. A number of tests of change were undertaken, leading to 100% compliance with availability of prescription charts compared to 40% availability from baseline data.

Under the Influence Safety Bundle Checklist

The overall aim of this work is to improve the recognition, assessment and review of patients who present as under the influence, through a consistent approach by NHS and SPS staff. The goal is for 95% of patients who have been identified as 'under the influence' to have been managed appropriately using a safety bundle checklist. This bundle contains a comprehensive list of expected actions to be undertaken following the identification of a patient being at risk due to substances, including triage, assessment, patient review and MDT review. This bundle has been tested on a couple of occasions to date and refinements have been made to the checklist as appropriate. Since the last changes were made, there have been no patients under the influence to test the bundle on (as at end of October). A data collection toolkit has been developed to allow teams to track progress with the outcomes of this work.

Management of Acute Illness

The aim of this work is to improve the management of acute illness to ensure that patients who require to see a GP urgently are triaged in a timely manner. This involves nurses identifying patients with acute illness during medication rounds. These patients are subsequently seen in the health centre the same morning. Early evaluation indicates that this process is working well. As a next step, data will be collected to evidence the impact this change is making, e.g. % of inappropriate referrals, number of unused appointments which were subsequently used for waiting list patients (thereby reducing wait list time), and increased patient satisfaction/staff satisfaction.

Promoting Timely Patient Safety Assessment to Identify Potential Physical Health Needs

Work had previously been progressed to ensure timely patient assessment to help identify potential physical health needs, through the use of the NHS Tayside Traffic Light Assessment. Currently this is done for each patient on admission to HMP Perth, however, feedback from nursing teams suggest that this process can feel rushed, resulting in a less comprehensive assessments being undertaken. Staff had suggested testing carrying out the assessment during the nurse clinic the day following admission. It was felt that this would allow ample time for each patient assessment to be undertaken, thereby improving patient safety. This test has not been progressed due to limited availability of clinic rooms within the Health Centre. A further suggestion has been put forward to test a joint GP/nurse assessment clinic (day following admission). This will require to be explored further with the GP and nursing staff. Consideration will require to be given to the availability of clinic rooms.

Holistic Approach to Complex Care Delivery

Work was being progressed to improve communication across the multidisciplinary team for patients on enhanced care. This is being progressed through testing a multidisciplinary team meeting, which includes a core group; a GP, nurse in charge and named nurse, with engagement from SPS officers where necessary to ensure joint case management. These meetings have an aim to review all patients requiring enhanced care on the active caseload of the primary care team. This piece of work will rely on the reliable undertaking of the traffic light assessment process and these will be monitored closely together.

Improving Communication between the Health Centre and Patient Population at Castle Huntly
Members of the MDT workstream based at Castle Huntly have been actively working to improve patient experience by enhancing and promoting an environment which actively supports health and wellbeing information to the patient population.

The team sought the views from patients through the use of a patient questionnaire to obtain a baseline on how communication from the health centre is rated, and importantly, to help identify where improvements can be made. Questionnaires were completed, returned and analysed, and improvements have been identified. This includes utilising NHS noticeboards with certain health topics, utilising TV screens within the Links Centre to display healthcare related information, inclusion of NHS Health Centre overview as part of the induction programme (including overview of medication ordering, supply and collection which was highlighted as a concern by patients).

Work continues to progress and links are being formed between the healthcare teams across both establishments to ensuring partnership working.

A key piece of this work is the involvement and collaboration with two prisoners/patients, in taking forward some of the improvements identified.

Reducing Complaints relating to Self-Referrals
Members of the NHS healthcare Team and the Scottish Prison Healthcare have been part of the first cohort of the Tayside Quality Improvement Programme. This seven month programme has been designed to build capacity, capability and confidence for improvement for staff. While the programme acknowledges a variety of improvement approaches and methodologies, it is founded in the Model for Improvement, data for improvement and Lean.

The team have learned a number of key technical skills, including process mapping, root cause analysis, pareto analysis, constructing aims, driver diagrams and project charters.

Each team within the cohort were tasked with identifying a project to work on during their involvement in the programme. The team had set out with an aim of reducing complaints relating to self-referrals and although this not been achieved given the short duration of the programme, the learning that the team have generated has been evidential and they will have no issues with applying the theory and technical skills in their workplace in the future.

Availability of GP Summaries
Exploratory work is in the early stages to ensure that GP summaries are received in a timely periods for patients being admitted to the establishment. HMP Kilmarnock has had good success with this and it is hoped to learn from their processes to replicate this at HMP Perth.

Appointment Booking System (completed)
Tests of change were undertaken to reduce the time taken to process appointments by at least 15% in both Health Centres. In order to achieve this, a test was undertaken to inform patients of their appointments using appointment cards rather than typed letters in Vision. Following three tests of change, there was an overall reduction of 50% in processing time by administration staff. This process has now been fully implemented.

Update provided on behalf of the Prison Healthcare Patient Safety Collaborative
29 October 2018