

14 May 2019

Response from the Royal College of Nursing Wales to the Health, Social Services & Sport Committee's inquiry into Provision of health and social care in the adult prison estate

About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

The Royal College of Nursing Wales is grateful for the opportunity to respond to this consultation and would like to raise a number of points in relation to the inquiry:

Effectiveness of Current Arrangements

Like any care system or setting looking to achieve positive health outcomes for its respective population, there needs to be the right amount of professional clinical staff, with the right skill mix, to deliver the right service, in the right place, at the right time. Nursing staff are on the frontline of delivering health care to those in prison, yet they increasingly find themselves facing barriers to providing high quality, person-centred care to their patients.

Of those respondents to the RCN's 2017 Safe Staffing Survey who work in prisons, 64% said that care was compromised on their last shift. Of all respondents to the survey, those working in prisons rated the quality of care most poorly (Royal College of Nursing, 2017).¹

However, whilst there are a number of challenges faced by the nursing workforce working in prisons, it is important to recognise the value that nurses can bring to this sector and the opportunities that the prison environment offers in terms of wide ranging

¹ *Safe and Effective Staffing: Nursing Against the Odds*, RCN UK Policy Report, 2017

skills development. The prison environment lends itself well to roles such as Advanced Nurse Practitioners (ANPs) and Consultant Nurses which the RCN would like to see further developed in Wales. Better use of roles such as ANPs, Nurse Consultants and healthcare support workers, pharmacy technicians and paramedics could transform how care is delivered in Welsh prisons whilst supporting career development and improving recruitment and retention.

Demand for health care in Welsh Prisons

Many people in prison come from our most deprived and disadvantaged communities and have very poor health. They are often disengaged from mainstream health services before and after any prison term; 36% of people in prison are estimated to have a physical or mental disability compared to 19% of the general population, 11% have a physical disability, 18% have a mental disability and 7% have both². Therefore, a period of imprisonment presents a unique opportunity to turn around their health outcomes and life chances. That is not to say however that prison should be relied upon to 'fix' other wider-ranging societal issues. Improving services in prison must be accompanied by an improvement in services to vulnerable populations within the community. This will help prevent people coming into prison in poor health in the first place. Prison can be a useful setting to provide health services to vulnerable individuals, but these individuals should never have to be detained in order to access health services.

One example of this is to reduce prisoners' exposure to communicable diseases, thereby preventing prisons from becoming focal points of infection. In Wales, the Welsh Government has publicly affirmed its commitment to meeting the WHO target of eliminating Hepatitis C in the country by 2030. Public Health Wales has acknowledged the significant role that Welsh prisons can play in achieving this target³. Since 2010, Welsh prisons have been routinely testing for blood-borne viruses (BBVs), including hepatitis C. In 2016, Wales moved to opt-out testing where all men in prison are offered BBV testing within the first few days of imprisonment. BBV specialist services from local health boards run clinics in every prison, providing treatment for hepatitis C, hepatitis B and HIV. This is one example of the positive work being carried in Welsh prisons and it is important to acknowledge the positive impact this is having on public health.

In order to enhance the knowledge of all health care professionals across the sector it is important that BBV training is included in pre & postgraduate syllabus and induction for all new healthcare staff starting in all Welsh Health Boards (including those working in prisons).

² Prison Reform Trust, Bromley Briefings Prison, Autumn 2017

³ <http://www.wales.nhs.uk/sitesplus/888/page/43746>

Current Pressures and Barriers to Improvement

The populations within prisons in Wales can vary significantly, and the health needs of these populations varies accordingly. For instance, the differences in health needs between remand and long-stay prisons, or between specific units such as for older persons or young adults, can be significant. However, there are a number of recurring themes in relation to current pressures and barriers to improvement that RCN Wales would like to explore further.

Mental ill health (including suicide and self-harm)

Prevalence rates of mental health conditions within prison settings are much higher than the general population. During a debate at the RCN Congress in 2018, a particular challenge was identified by members with regard to supporting those who have been identified as needing specialist mental health support but face long waits for transfers to secure mental health services. Welsh Government's *Together for Mental Health* strategy outlines efforts to improve mental health services which can support offenders, and this includes statutory provision under the Mental Health (Wales) Measure 2010. A progress report published in 2018 stated that a working group in autumn 2018 would be established to support the development of consistent mental health services in Welsh prisons. An update on the work of this working group is requested.

The numbers of suicides and incidents of self-harm are on the rise within prison settings in Wales, and this adds extra pressure upon nursing staff, both in terms of workloads and emotional strain. The research undertaken by Dr Robert Jones of Cardiff University's Wales Governance Centre suggests that prisons in Wales are performing less well than prisons in England on a range of prison safety measures. The number of recorded self-harm incidents and prison assaults in Wales has increased at a higher rate than prisons in England since 2010, and there were more prison disturbances at HMP Parc in 2016 and 2017 than at any other prison in England and Wales⁴.

Specialist Mental Health Nurses are highly skilled professionals who are trained to deal with patients suffering from mental ill-health, particularly those in mental health crisis. Mental Health Nurses can be a source of specialist advice and support, as well as being able to refer to other agencies when required. Crucially, these nurses also have knowledge and skills in de-escalation which can help prevent incidents of abuse and disturbance developing into physical violence. These skills should be acknowledged and utilised for the benefit and safety of patients and staff. All patients within prisons must have access to specialist mental health support where required.

⁴ *Imprisonment in Wales: A Factfile*, Dr Robert Jones, June 2018

Substance misuse

People in contact with the criminal justice system, including those in prison and on probation, tend to be in poorer health than the general population and have a greater need for health and care. For many people detained in prison, their poor health status arises from, and/or has been exacerbated by, early Adverse Childhood Experiences (abuse, neglect and trauma) social circumstances (problems with housing and employment) and higher rates of smoking, alcohol and substance misuse.

Abuse of cannabis, opiates, steroids, synthetic cannabinoids and other diverted medicines has been widespread for some time⁵, but now our members are reporting widespread use of psychoactive substances amongst the prison populations, such as the psychoactive substance known as 'Spice'. Spice is known to have dangerous effects on both the person smoking it and anyone who inhales the fumes second-hand. Psychoactive substances have unpredictable and severe physical and psychological effects (changes in blood pressure, seizures, reduced drive to breathe and extreme strength, agitation, paranoia and psychosis). These psychological effects can sometimes be severe or enduring enough to require intervention under the Mental Health Act.

These substances also negatively affect staff, diverting health and prison staff away from their usual roles, which can lead to assaults and an additional pressure on NHS resources such as ambulances and emergency services. We are aware of incidents in which nursing staff have been caused harm whilst undertaking their duties, and the RCN believes that the health & safety of healthcare staff attending to prisoners who have taken illicit substances is a particular issue. In some cases it has required intervention from RCN representatives to ensure that health & safety protocols are in place. Health and safety protocols (and Personal Protective Equipment (PPE)) where appropriate) must be introduced and adhered to.

Nurses and health care assistants are often first on the scene when inmates need emergency care, and current HM Prison and Probation Service (HMPPS) guidance, suggest they are expected to enter cells before the smoke has cleared. Our members from across the UK report suffering the effects of inhaling the drug for hours following exposure, with some unable to drive home after their shifts. The RCN would like to see the HMPPS guidance updated and revised urgently to ensure the safety of prison staff is properly accounted for.

⁵ *Prison Drugs Strategy*, HMPPS & MoJ, April 2019

The RCN is also calling for all healthcare staff to be provided with greater levels of training in how to deal with psychoactive substance related incidences. Current training is very limited and this should be a focus for improvement. There is also a need to ensure all healthcare staff are provided with training in relation to the synthetic pepper spray PAVA. The use of PAVA is being rolled out by the Ministry of Justice (MoJ) across prisons in the UK and there is a lack of clarity as to who will be providing training for nurses to both protect themselves on the management of patients affected by the use of PAVA. We expect that Welsh Government ask for full assurance from MoJ about the safe implementation and use of the spray. Finally, RCN Wales also recommends that the Committee calls on the MoJ and the HMPs to step-up actions to prevent drugs getting into prisons in the first instance.

Learning disabilities

A significant amount of people within the criminal justice system have learning disabilities (LDs) or some form of specific learning difficulty. The prevalence of learning disabilities within Welsh prisons should be properly assessed in order to determine the needs of these individuals and whether those needs are being met. Learning Disability nurses should either be incorporated into prison healthcare teams, or access to specialist learning disability nursing care should be ensured. RCN Wales has recently raised concerns regarding cuts to the LD lecturing team in Bangor and is urging Health Education and Improvement Wales (HEIW) to sufficient LD nurse education places are commissioned in order for the workforce to be sustainable.

Access to LD nursing expertise can also be increased by encouraging and facilitating more nurses to be dual-registered (i.e. a Registered Nurse in the both the Adult and Learning Disability field) and also by investing in more specialist consultant nurse posts within the LD specialty.

Ageing population

The ageing prison population in England and Wales has led to growing concerns over the distinct health and social care needs of older people in custody. A report recently published following an inquiry into prison healthcare in England found that older prisoners are often held in establishments unable to meet their needs and many will be released into the community without any social care support in place⁶.

Increasing prevalence of dementia due to an ageing prison population is and will

⁶ Prison Reform Trust, Bromley Briefings Prison, Summer 2018

continue to bring additional pressures in terms of managing a challenging long-term condition in a prison. It will therefore be important to not only ensure the right clinical staff are recruited with the right skill-mix but also that clinical best practice initiatives are imported from mainstream healthcare, such as RCN's SPACE principles⁷ and Dementia-Friendly Charters as introduced across hospitals⁸. There is also an important role for social care in prisons and sufficient resources must be invested to ensure that services are able to meet growing demand and access to social care provision is consistent across the Welsh prison estate.

End of life care

Another consequence of an ageing population is that a higher-percentage of the prison population will die whilst being incarcerated, serving out their sentence. It is our understanding that the majority of individuals on end of life care within prisons choose to remain in prison and would prefer not to go into hospital or a hospice. Many measures have been put in place to enable this to happen with examples available of very high quality of care being delivered. However, it is important that end of life care pathways within prisons are examined, and areas for improvement identified to ensure that the needs of prisoners who are nearing the end of their lives are being met and are done so consistently across all prisons in Wales.

Violence against nursing staff

The RCN have significant concerns regarding assaults on our members including physical attacks which can cause lasting health problems. According to RCN research, assaults on prison staff across England and Wales have increased by 143% in the last four years and some of our members report it as a reason for individuals leaving the setting to find employment elsewhere⁹. We fully supported the development and enactment of the Assaults against Emergency Workers (Offences) Act 2018, which includes prison officers and nursing staff working in prison healthcare settings who provide NHS funded services, within the provisions of the legislation. The RCN calls for the effective implementation of this legislation, which must be fully enforced in all Welsh prisons, adopting a 'zero tolerance' approach. Furthermore, improved staffing levels, properly funded services and better support from employers would help further mitigate the risk that too many healthcare staff face on a regular basis.

Our members told us that difficulties relating to security regimes, particularly fewer prison officers, has an impact on the working of the whole prison, and healthcare staff

⁷ <https://www.rcn.org.uk/clinical-topics/dementia/current-work>

⁸ <https://www.dementiaaction.org.uk/dementiafriendlyhospitalscharter>

⁹ Royal College of Nursing, *Staffing for Safe and Effective Care: Nursing on the Brink*, May 2018

have to try to find ways of working around this. For example, without adequate security support nurses have to make adjustments related to how they access prisoners for medication administration, or for clinical interventions such as mental health support, identifying individuals for addiction therapy/intervention, sexual health or blood-borne virus or other health promotion or screening work. This can result in the safety of patients and staff being compromised. When nurses are unable to find ways to work around the lack of availability of prison officers, there is a risk that this vital work will be left undone and compromise patient care.

Workforce

Nursing staff in prisons have the ability to effectively identify, treat and manage long term and other conditions, whilst building relationships with individuals during a challenging period of their lives. One RCN member who previously worked in prisons, said it was hard to describe how varied and challenging the role is as it required so many skills:

“Working as a nurse in prison requires many different skills. You have to be a primary care nurse, an acute nurse, a mental health nurse, a palliative care and elderly nurse – and sometimes even a prison officer – all at the same time. I dealt with suicide, self-harm, serious mental health, the use of Spice, acute abdominal pain, sepsis and even an incident of manslaughter – and that was just in one week.”

The number of nurses working in Welsh prisons is not published at a national level and can only be obtained via the health leads in individual prisons. The RCN calls for this data to be collected and published at a national level. The lack of readily accessible data for prison healthcare, and in particular the nursing workforce numbers, makes accurate assessment of the current provision incredibly challenging. However, our analysis demonstrates that the numbers of such skilled nurses employed in the NHS is falling. Welsh data is also rarely disaggregated which adds to the difficulties in planning health services, particularly given the number of providers of prison healthcare providers, both within the NHS and the independent sector.

RCN Wales believes the Welsh Government and HEIW should develop a National Strategy for Prison Nursing, which would include workforce planning. This would be informed by a full assessment of the level of need within Welsh prisons. It is our understanding that a shared priority plan for health in prisons in Wales has been developed between HMPPS, Welsh Government and Health Boards. This plan should be published and publically available, with stakeholders (including Royal Colleges, Trade Unions and other third sector organisations) being fully consulted as it is actioned and implemented. A co-ordinated workforce plan for prison healthcare would provide

recognition of roles; education, training requirements and competencies; and a more flexible and agile workforce able to meet population need.

Health boards should then be using that information on prison nursing and the analysis of need within the prison population to build capacity into their Integrated Medium-Term Plans (IMTPs); plans which should include an assessment of nursing need and the numbers of nurses required to meet patient need. While plans to improve healthcare services in prisons are explicitly mentioned in some IMTPs, others do not even mention prison health, and the RCN calls for all Health Boards in Wales to recognise prison health within each aspect of their work.

It is evident that maintaining safe staffing levels within Wales' prison estate is critical, and RCN Wales calls on the Welsh Government to extend the Nurse Staffing Levels (Wales) Act 2016 to include prison nursing and the Welsh prison estate. Extending the scope of the existing legislation would protect patients within prisons and ensure that sufficient nurse staffing levels are maintained to deliver high quality care within prisons in Wales.

Recruitment and retention of staff remains a challenge due, in part, to the existence of a flat career structure, and RCN Wales calls for more opportunities for growth and development to be made available for nursing workforce within prisons. Practical steps such as ensuring protected time for continued professional development (CPD) can be taken to improve staff morale. Having a well-trained workforce with the appropriate skill-mix to cater for prisoners' needs is crucial; a lack of education and training opportunities can lead to health professionals feeling unskilled and stressed, which in turn increases clinical risk.

Furthermore, it is also important to ensure that not only is staff training available, but that staff are able to be released to partake in this training (i.e. ensuring the necessary backfill is available).

The issue of vetting the workforce is also important and needs to be considered. In a sector which already experiences relatively high staff turnover, long delays caused by the vetting process can jeopardise prospective employees commencing their posts. This can result in an increased cost to the system or even losing prospective employees to other employment opportunities. The prison service must ensure swift and safe access for all NHS staff (at no additional cost to themselves) to be able to provide care for those in prison in Wales, and the RCN believes this requires urgent review.

Women's Prisons

The lack of a women's prison in Wales raises the question about how well Wales is able to care for its offender population. By requiring Welsh women to move away from their communities female offenders are moved away from their support networks which is potentially unhelpful in terms of rehabilitation. It is important therefore Welsh women are still able to access their family while in prison. Also essential is for the necessary health information to be transferred across the border, and that the healthcare needs of Welsh women in English prisons are being met. Provision and planning also need to be provided for offenders who are imprisoned whilst pregnant in order to ensure the needs of them and their baby can be met appropriately.

Youth Unit in HMP Parc

Serious concerns were raised in Her Majesty's Inspectorate of Prisons (HMIP) annual report for 2016/17 about the safety levels within custodial institutions for children across England and Wales. Most recent figures show that rates of self-harm have marginally increased since HMIP conducted the majority of its inspections during 2016/17. In the year ending March 2017, Youth Justice Board statistics showed that the rate of self-harm and proven assault had reached its highest level in the youth secure estate since 2012.

The Welsh Government has previously been clear in their intent to find a 'Welsh Solution' to the problems facing young people in the secure estate across Wales. The RCN would welcome details from Welsh Government on their proposals for a system which is better suited to meeting the needs of vulnerable young people in the youth justice system. Access to Children's Nurses, School Nurses and CAMHS teams needs to be ensured, and HEIW should incorporate this into the workforce strategy for a 'Healthier Wales'.

Resources

It is the view of RCN Wales that the current funding system is outdated, allowing for too much variation across the prison estate, and therefore need to be revisited, with a new agreement reached with the UK Government about how the prison estate should best be funded. Arguably, many of the issues discussed above are related to funding, and calling for reform should therefore be a priority for Welsh Government.

Conclusions and Recommendations

There are many barriers to nurses providing high quality, person-centred care to their patients, and all of these issues need to be addressed. It is important to recognise however the value that nurses and the nursing workforce bring to Welsh prisons, and the rewarding and fulfilling career that prison nursing offers.

The Royal College of Nursing Wales' recommendations for the Committee to consider are as follows:

- **Welsh Government and HEIW should develop a National Strategy for Prison Nursing, which would include workforce planning. This would be informed by a full assessment of the level of need within Welsh prisons, and meet the requirement of the 'Healthier Wales Workforce Strategy'**
- **The Strategy should include a focus on recruitment and retention of prison nursing workforce, in order to address nurse staffing shortages e.g:**
 - **increasing the opportunities available for career development within the prison healthcare sector**
 - **Ensuring access to CPD**
- **Workforce data on prison healthcare workforce should be collected and published nationally in order to inform workforce planning**
- **All Health Boards should include prison nursing in their Integrated Medium-Term Plans (IMTPs)**
- **The Nurse Staffing Levels (Wales) Act 2016 should be extended to prison healthcare settings**
- **An update from the working group established (as part of the Together for Mental Health strategy) to support the development of consistent mental health services in Welsh prisons to be requested**
- **Clear health and safety protocols (and Personal Protective Equipment (PPE) where appropriate) must be introduced and adhered to protect staff attending to prisoners who have taken illicit substances.**
 - **HMPPS guidance updated and revised to ensure the safety of prison staff is properly accounted for**
 - **healthcare staff to be provided with greater levels of training in how to deal with psychoactive substance related incidences**

- **Welsh Government should seek full assurance from MoJ about the safe implementation and use of PAVA spray**
- **Learning Disability nurses to be incorporated into prison healthcare teams and/or access to specialist consultant learning disability nurse care to be ensured**
- **Good practice principles in relation to dementia care to be incorporated into Welsh prisons (e.g. RCN SPACE principles and Dementia-Friendly Charters)**
- **End of life care pathways within prisons to be examined and areas for improvement to be identified**
- **The Assaults against Emergency Workers (Offences) Act 2018 must fully and effectively implemented across Welsh prisons**
- **The vetting process for prison healthcare staff to be reviewed to ensure swift and safe access for all NHS staff providing care for people in prisons**
- **The current funding system to be reviewed with a new agreement reached with the UK Government.**