

Inspection Report

31 October – 2 November 2023



South Eastern Health and Social Care Trust

Healthcare in Prison
Maghaberry and Magilligan Prison
Telephone number: 028 9261 1888

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Responsible Individual: Ms Roisin Coulter Chief Executive
Person in charge at the time of inspection: Stephen McGarrigle, Interim Assistant Director	Categories of care: Healthcare in Prison (HIP)
Brief description of the accommodation/how the service operates: The South Eastern Health and Social Care Trust (the Trust) assumed responsibility for the provision of primary health care, mental health care and substance use services within the four Northern Ireland Prisons on 1 April 2008. These services include access to a wide, multi-disciplinary team which include GP, Nursing, Allied Health Professional (AHP), Psychology, Pharmacy, Radiography and Dentistry services.	

2.0 Inspection summary

An announced inspection of Maghaberry and Magilligan Prisons commenced on 31 October 2023 and concluded on the 2 November with feedback to the Trust. The inspection was completed by RQIA, the Criminal Justice Inspection Northern Ireland (CJINI), His Majesty's Inspectorate of Prisons in England and Wales (HMIP) and the Education and Training Inspectorate (ETI).

These were follow up Reviews of Progress (IRP) to the HMIP inspections completed in October 2022 for Maghaberry and May/June 2021 for Magilligan. The inspection used the Independent Review of Progress (IRP) approach developed by HMIP, which was introduced to its inspection programme from April 2019. The focus of an IRP is to make an assessment of what progress organisations have made against accepted recommendations and priority and key concerns made in previous HMIP inspections. This approach aims to provide a timelier assurance of progress made against areas requiring improvement and is viewed as a more flexible approach to prison inspection work.

In addition, to following up the specific health care related IRPs, RQIA, in accordance with its role in monitoring the Trust's adherence to the Duty of Quality SEHSCT out in Articles 34 and 35 of *The Health and Personal Social Services, (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order)*, RQIA also assessed health care services provided by the Trust, against the *Department of Health (DoH) Quality Standards 2006*. During this inspection, progress was assessed on the Areas for Improvement made by RQIA on the previous inspection of Maghaberry Prison undertaken 3 - 17 October 2022.

Overall the outcomes of the inspection in relation to health care were positive. The HIP leadership team were motivated, enthusiastic and demonstrated a commitment to improvement.

A considerable amount of work has been undertaken to progress the areas for improvement (AFI) made on the most recent Maghaberry inspection. The report for this inspection is available on RQIA's website. In relation to the IRP priority and key concerns identified in the HMIP report the SEHSCT had made reasonable progress in areas directly related to healthcare concerns.

Concerns remain regarding the management of adult safeguarding. The Northern Ireland Prison Service (NIPS) and SEHSCT continue to work to their own procedures and there was a lack of clarity about which organisation has overall responsibility for the management of these.

Some progress has been made by the SEHSCT to support patients who require psychological support. The provision of psychological services remains under resourced and the care and treatment for those diagnosed with personality disorder remains unmet.

Patients continue to wait too long on accessing the Clinical Addictions Service. While the service has been increased, it remains under resourced with the demand for the service significantly increased in the past year.

The management of patient prison internal and external health appointments was reviewed, and with good collaborative working between the SEHSCT and NIPS, systems have improved to promote attendance at healthcare appointments. It is recognised that the availability of NIPS/ Prisoner Escort and Court Custody Service (PECCS) staff can have a negative impact on attendance at these appointments.

Some progress has been made in determining the current and future need for personal / social care and an interim solutions paper has been submitted to DoH/DoJ.

Ten areas for improvement (AFI's) included in the quality improvement plan (QIP) from the most recent inspection on 3 October to 17 October 2022 were reviewed. Four were met. While the date for completion on the remaining six AFI's is 31 January 2024, progress has been made. These have not been restated for second time and will be carried forward for review on the next inspection.

The findings and AFI's from this inspection are detailed in this report and are relevant only to the Trust. These findings were shared with the Trust on 1 November 2023.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

This information is considered and triangulated before a determination is made on whether the service is operating in accordance with the relevant legislation and quality standards. Our reports reflect how services were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the Trust to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

4.0 What people told us about the service

We spoke with a number of patients and staff. The patients spoken with gave a mixed response regarding their care and access to healthcare services. Some patients spoke highly of the staff and their access to health services within Maghaberry and hospital treatments. Whilst other patients felt that access to some psychotherapeutic interventions was limited and did not adequately meet their needs.

Healthcare staff were knowledgeable and demonstrated a high level of motivation to improve the healthcare of patients within the prison environment. Healthcare staff demonstrated a good understanding of the patient’s needs and were compassionate and considerate in their approach.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 03 October 2022		
Action required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).		Validation of compliance
Area for improvement 1 Ref: Standard 5.1 Criteria: 5.3.1 (a) Stated: First time To be completed by: 31 January 2024	The South Eastern Health and Social Care Trust must ensure that all patients receive access to all health services in a timely fashion as indicated within Trust guidelines.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Progress has been made with this area for improvement. However, available resources remain limited in meeting the complex healthcare needs of the prison population. There have been developments with the Trust putting measures to ensure priority is given to those with the highest clinical need.	

	<p>Mental Health services are undergoing an evaluation, with the aim of redesigning the service.</p> <p>There has been an increase in access to psychological therapies and clinical psychology. However, the service remains under resourced, further impacted by an ever increasing demand for the service. Waiting lists continue to be long.</p> <p>The Trust continues to work with commissioners to address the recommendations made from RQIA's Review of services for vulnerable persons detained in Northern Ireland Prisons (October 21) in respect to access to healthcare.</p> <p>RQIA will assess this AFI on the next inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 6.1 Criteria: 6.3.1 (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure patients have timely access to opioid substitution treatment and a full range of clinical and psychosocial support which meets NICE 5 guidance and the needs of the population.</p> <p>Action taken as confirmed during the inspection:</p> <p>Progress has been made with this AFI.</p> <p>A rapid review of the Treatment for Substance Misuse in Northern Ireland Prisons was undertaken October 2022. This review identified the clinical addictions service did not adequately meet the needs of patients. It also identified that the need for this service was increasing, due to rise in patients entering prison who were prescribed opiate substitution treatment (OST) in the community and who were presenting as high risk from opiate dependence.</p> <p>Following the review, funding was secured and the service increased. However, this area remains under resourced and continues to not meet the need of patients with substance misuse problems. Further impacted by an increasing demand for the</p>	<p>Carried forward to the next inspection</p>

	<p>service, leading to prioritisation of those at highest clinical risk.</p> <p>To maximise the resource a pathway based on clinical need has been developed. This has improved access to the most appropriate service, either the Addictions Team or a GP experienced in addictions. However, patients continue to wait too long on accessing the service.</p> <p>RQIA will assess this AFI on next inspection.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 5.1 Criteria: 5.3.1 (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 Jan 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that person centred care plans are in place for all assessed needs including those with dysphagia and skin integrity concerns.</p> <p>Action taken as confirmed during the inspection:</p> <p>Full compliance has been achieved. Up to date Person centred care plans were in place for patients assessed needs including those patients with dysphagia and skin integrity concerns.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 5.1 Criteria: 5.3.1(a)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure systems are in place to facilitate the sharing of appointment data with NIPS and strengthen communication so that patients are facilitated to attend appointments.</p> <p>Action taken as confirmed during the inspection:</p> <p>Full compliance has been achieved with this AFI.</p> <p>A joint standard operating procedure has been developed between SEHSCT and NIPS to facilitate the sharing of appointment data. SEHSCT have a system in place to support the gathering of data which has been analysed in relation to patient non-attendance at internal prison healthcare and external appointments, It is recognised that</p>	Met

	NIPS/PECCS availability impacts on patient's attendance at healthcare appointments.	
<p>Area for improvement 5</p> <p>Ref: Standard 6.1 Criteria: 6.3.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust should work with NIPS and the commissioners to review the arrangements for social care in prison; consideration should be given to aligning this provision to that available in the community.</p>	<p>Carried forward to next inspection</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Progress has been made and arrangements for social care in prison has been reviewed.</p> <p>A scoping exercise in relation to commissioning for social care needs in the prison population has been completed. It identifies that significant investment is required to implement the proposed options to expand the remit of the SEHSCT to include personal/social care.</p> <p>An interim solutions paper agreed by the Trust and NIPS has been submitted to the Department of Health and Department of Justice.</p> <p>RQIA will assess this AFI on next inspection.</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must review and amend the practice of administering medicines in advance of a prescription at committal.</p>	<p>Carried forward to the next inspection</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The RQIA Pharmacy Team focussed on The HMIP Independent Review of Progress (IRP) and followed up concerns identified in Magilligan Prison.</p> <p>RQIA will assess this AFI on next inspection.</p>	

<p>Area for improvement 7</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that systems are reviewed to confirm that medicine refrigerator temperatures, glucometer checks and medicine date checks are accurately monitored.</p>	<p>Carried forward to the next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>A number of medicine refrigerator temperatures and glucometers evidenced that the system in place was not effective. Up to date checking was not recorded and there were inaccuracies in the recording of fridge temperatures.</p> <p>RQIA will assess this AFI on next inspection.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that all relevant staff are aware of and are adhering to the Trust procedure for the disposal of Schedules 3 and 4 (Part 1) controlled drugs. These controlled drugs must be removed from the house locations in a timely manner.</p>	<p>Carried forward to the next inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>The RQIA Pharmacy Team focussed on the HMIP Independent Review of Progress (IRP) and followed up concerns identified in Magilligan Prison.</p> <p>RQIA will assess this AFI on next inspection.</p>		

<p>Area for improvement 9</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure the continued review of prescribing trends to identify any significant pattern changes (in medicines at high risk of abuse or trading) and, take appropriate action when appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Full compliance has been achieved with this AFI.</p> <p>Trends in prescribing of medicines at high risk of abuse or trading were continually reviewed and action taken in line with prescribing guidelines such as Royal College of General Practitioners (RCGP) Safer Prescribing in Prisons.</p> <p>Medication incidents and trends were discussed at the Quarterly Medicines Management meeting jointly chaired and attended by SEHSCT and NIPS senior management.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust should review the current arrangements in place for accessing the defibrillator to ensure it is fully accessible to all appropriate healthcare staff for use within the healthcare department.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Full compliance has been achieved with this AFI.</p> <p>A defibrillator has now been located where healthcare staff can access it in an emergency.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Incident Management and Adult Safeguarding.

As part of the Independent Review of Progress (IRP) approach, RQIA were asked to review the following priority one concern.

Leaders at the prison waited for the Prisoner Ombudsman's and Coroner's report to be delivered before they took action, rather than conducting their own immediate investigation and putting mitigating measures in place.

The Procedure for the Reporting and Follow up of Serious Adverse Incidents, Health and Social Care Board, November 2016¹ was followed for all incidents that met the criteria as SEHSCT out in the procedure.

Where the criteria for an SAI was not met the Trust used the Local Significant Incident Review (LSIR) process. This identifies areas of good practice, areas for improvement and any early learning. An effective governance arrangement was in place with LSIR's being subject to scrutiny by senior management. These are then shared with staff through learning lines and at staff meetings.

The Trust has appointed a Towards Zero Suicide Co-ordinator who has developed a comprehensive training programme to support prison and healthcare staff and peer mentors to identify those at risk of suicide. This training has yet to be provided to all SEHSCT and NIPS staff and peer mentors. It is recommended that this training is prioritised.

Adult Safeguarding (ASG) arrangements were reviewed. These arrangements remain a significant concern as NIPS ASG process are not aligned to Regional Protocols. SEHSCT have appointed an Adult Safeguarding Champion whose role is to review ASG concerns raised by the Trust to discuss and agree how these should be managed with SEHSCT senior management. SEHSCT staff had a good knowledge of Regional and Trust ASG policies and procedures, and what met the criteria for Adult Safeguarding. However, NIPS ASG policy dictates that all ASG concerns identified by SEHSCT staff are referred to NIPS for screening, investigation and management through their own procedures.

The Trust have escalated this to the Strategic Planning and Performance Group (SPPG). RQIA are aware that this has also been raised with NIPS senior management.

5.2.2 Access to healthcare

Since the last inspection progress has been made to improve patient access to health care. The SEHSCT have measures in place to maximise resources to which ensures priority is given to those with the highest clinical need. Mental Health services are undergoing an evaluation, with the aim of redesigning the service to improve access.

¹ [The Procedure for the Reporting and Follow up of Serious Adverse Incidents, Health and Social Care Board, November 2016](#)

A rapid review of the Treatment for Substance Misuse in Northern Ireland Prisons was undertaken October 2022. This review identified the substance misuse service did not adequately meet the needs of patients. Since the review funding has been secured from commissioners to increase the service and a new shared pathway based on clinical need has been developed to improve access to the most appropriate service such as the Addictions Team or an experienced GP. Additional nursing staff have been recruited.

Patients have same day access to a primary care nurse and can book a GP appointment directly with healthcare via the patient phone line. Urgent patient issues are discussed with the GP, after being triaged by an experienced nurse and can be seen the same day if needed. Dental Service waiting times for routine appointments have improved since the previous inspection through enhanced diary management. AHP appointment waiting times for routine appointments are in keeping with community performance.

In the most recent HMIP Maghaberry prison inspection it was identified that patient attendance at both prison internal health care and external hospital appointments was a concern. The reliance on PECCS was identified as one of the contributing factors to facilitating external healthcare appointments. There has been good collaborative working between the SEHSCT and NIPS since this inspection and a joint procedure for the management of all health care appointments was agreed. This has reduced patient refusal rates.

5.2.3 Psychological therapies.

There has been some investment from the SEHSCT, to enhance and increase the availability of psychological therapies. However, this remains significantly under resourced and does not adequately address the complex needs of the increased prison population.

During 2023 the SEHSCT and the Strategic Planning and Performance Group (SPPG) determined the future provision required for psychological therapies and the care and treatment required for patients with a diagnosed personality disorder and recommendations agreed.

The recommendations included the submission of two business cases, one to expand the psychological service over the next three-year period, the other proposing the development of a personality disorder service across NI prisons. Both business cases had been prepared and submitted for consideration, however funding decisions have not yet been made to deliver these priorities.

Commissioned funding in this area continues to impact on this resource. However, the SEHSCT had taken a number of steps to address the needs of patients who would benefit from the provision of psychologically informed treatments and those who would benefit from a specialist personality disorder service. Despite these efforts lengthy waiting times continue with forty individuals waiting for treatment at the date of inspection. We were informed by NIPS that a number of patients held in the Care and Supervision Unit (CSU) required psychological therapies input which was not available to them.

The Serious Case Review process involving NIPS and SEHSCT staff supports a consistent therapeutic approach to patients presenting with complex behaviours and needs. This has helped develop a culture of positive role modelling in supporting patients with personality disorder.

5.2.4 Needs assessment, care planning and social care

Where specific care needs had been identified risk assessments were in place to support patients and manage risk. These included Braden risk assessments for skin integrity, nutritional assessments (Malnutrition Universal Screening Tool (MUST)), risk of choking, and mobility assessments were completed and reviewed appropriately.

Care plans for reduced mobility, maintenance of skin integrity were completed with evidence of review. Patient specific care plans for the management of choking incidents were not always in place.

The SEHSCT had arrangements in place to identify those within the current prison population who may need personal and social care. Where indicated, nursing, occupational therapy, physiotherapy and speech and language therapy assessments were carried out, care plans were put in place. The patient's Health and Social Care Trust of origin had been contacted to coordinate and progress the provision of a care package under care management arrangements. The waiting times for the care packages to be fully implemented resulted in delays to patients receiving the support required.

Independent domiciliary care agency staff were visiting some patients on a contractual basis to deliver personal care commensurate with arrangements similar to persons living in the community. Limited progress has been made to improve the monitoring and governance oversight of these arrangements and further work is required with commissioners to agree who should be responsible for the delivery of personal and social care. SEHSCT staff and NIPS staff continue to provide personal and social care for some patients.

A scoping exercise in relation to commissioning for social care needs in the prison population had been completed. It identified that significant investment is required to implement the proposed options to expand the remit of the SEHSCT to include personal/social care. An interim solutions proposal covering the aspects of personal care has been submitted to the Department of Health and the Department of Justice for consideration and funding decision. Acknowledging the deficit in provision is difficult to plan for in context of a significant funding gap, urgent action is needed to address both the current and future the needs of this identified patient group.

Patients requiring assistance with mobility were provided with the required mobility equipment and adaptations made to their environment.

5.2.5 Medicine Management

A number of Areas for improvement (AFI's) relating to medicines management for Maghaberry Prison were not fully reviewed at this inspection as the date for completion is the 31 January 2024. The RQIA pharmacy team focussed on medicines management in Magilligan prison. These AFI's will be assessed at the next inspection.

Incidents relating to the management of patient's medication were investigated and appropriately managed. A Medicines Incident Review Group meets bi-monthly. This is supported by a quarterly Joint SEHSCT/NIPS Medication Management Meeting. Emerging trends are identified and any learning from these events are disseminated and shared with staff.

An AFI identified on the previous inspection to ensure a robust system is put in place to confirm the checking of some medical equipment was reviewed. Records reviewed evidenced that the system in place were not effective. Up to date checking was not recorded and there were inaccuracies in the recording of fridge temperatures. Confirmation was received from SEHSCT Senior Management that this would be addressed immediately. This AFI will be reviewed again on the next inspection.

There are appropriate governance arrangements in place to review patients' medication and measures taken in line with regional strategies to reduce the prescribing of medication which could be considered a high risk of abuse or trading.

A "Better Days Pain Management" programme currently facilitated only in Magilligan prison has also resulted in a decrease in prescribing of medication which could be considered a high risk of abuse or trading. While the evaluation following this programme was not yet available, early feedback received from patients indicated the programme had been received well.

Two concerns from the most recent report on Magilligan prison 21 May – 10 June 2021, available at [Criminal Justice Northern Ireland](#), were reviewed by the RQIA Pharmacy team. These concerns were as follows:

- *Standard Operating Procedures for controlled drugs should be up-to-date (to the SEHSCT).*
- *The South Eastern Health and Social Care Trust, along with their partners at the Health and Social Care Board, should work together to review the current capacity and capability of the addiction service to meet the needs of patients who require treatment and support for addiction.*

Standard Operating Procedures for controlled drugs were updated and implemented in March 2022. The Standard Operating Procedures define the legislative and clinical governance frameworks to ensure staff have appropriate procedures for the safe and secure management of controlled drugs. The SEHSCT had improved understanding of prescribing controlled drugs and adherence checks had improved and increased with evidence of compliance rates clearly recorded.

While the RQIA pharmacy team, focussed on access to the addictions team in Magilligan Prison, their findings were the same as found by the rest of the RQIA team in Maghaberry and could be applied to all three prison sites.

These findings have been included in section 5.2.2 of this report.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

	Standards
Total number of Areas for Improvement	6 *

* the total number of areas for improvement includes, six carried forward as they were not fully assessed at this inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Stephen McGarrigle Interim Assistant Director Healthcare in Prison, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).	
<p>Area for improvement 1</p> <p>Ref: Standard 5.1 Criteria: 5.3.1 (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that all patients receive access to all health services in a timely fashion as indicated within Trust guidelines</p> <p>Ref 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The RQIA Review of services for vulnerable persons detained in Northern Ireland Prisons (October 21) highlighted a 50% underfunding of healthcare within Prison in Northern Ireland and made 16 recommendations to be considered by stakeholders through 8 task and finish groups.</p> <p>This recognition of significant underfunding, in the face of increased patient population and complexity has placed significant pressure on all Healthcare services within Prison. This is further compounded by growing pressures within community services leading to patients entering prison with unmet need.</p> <p>Healthcare in Prison have instigated performance monitoring systems, to evaluate access to services and to ensure that limited resources are prioritised for those with the highest clinical need and communicated to our commissioners for discussions regarding additional resource.</p> <p>Mental health appointments have longer waiting times than desired. There is currently an ongoing evaluation of the Mental Health service being undertaken, to redesign services to maximise limited resources.</p> <p>There has been a small increase in the psychology resource and clinical psychology interventions since the last inspection, however the service remains significantly under resourced and does not adequately address the complex needs of the population.</p> <p>HiP is working with regional colleagues, to review the Transfer Directional Order process for admission to acute psychiatric</p>

	<p>facilities. However due to current pressures on these beds some patients continue to wait too long for admission which may lead to a deterioration in their mental health.</p> <p>It is challenging to benchmark access to GP against community standards due to a lack of central reporting mechanism to provide comparable targets. Of note all GP appointments are face to face. All patients have same day access to a primary care nurse and can book a GP appointment directly with healthcare via the patient phone line. Urgent patient issues are discussed with the GP, after being triaged by an experienced nurse and can be seen the same day if needed.</p> <p>Due to lack of comparable community Dental waiting times, it is difficult to benchmark Dental Service but waiting times for routine appointments have improved since the previous inspection through enhanced diary management. However due to increased demand due to patient population rise and lack of provision for care in community anticipate waiting time will increase over the medium term.</p> <p>AHP appointment waiting times for routine appointments are in keeping with community performance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.1 Criteria: 6.3.1 (a)</p> <p>Stated: First time</p>	<p>The South Eastern Health and Social Care Trust must ensure patients have timely access to opioid substitution treatment and a full range of clinical and psychosocial support which meets NICE 5 guidance and the needs of the population.</p> <p>Ref 5.2.2</p>
<p>To be completed by: 31 January 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>There has been an exponential rise in demand for Opioid Substitution Therapy within Healthcare in Prison, which currently exceeds the commissioned capacity within the existing service without compromising patient safety. This is compounded by the sharp rise in those patients entering prison with an active script from the community, limits the opportunity for new inductions. This is outlined in the Treatment for Substance Use in Northern Ireland Prisons Rapid review and consultation to inform the development of services, published in Oct 2022. HiP are collaborating with our commissioners to explore opportunities for additional resources to support service expansion, with recent positive developments through appointment of an additional Addictions keyworker. The impact of this additional staff has however been tempered by staff absence. A new shared care pathway has been designed to improve access to clinicians providing addictions treatment. There has been recent successful recruitment of GPs with Special Interest in addictions who are being inducted currently to take over care of stable patients reducing burden on the Addictions Consultant. Additional primary care nursing staff</p>

	<p>have been recruited also to help with administration . There is a current contract review being undertaken between SEHSCT and Start 360 for AD:EPT (Alcohol and Drug: Empowering through Therapy) to review service delivery model of psychosocial support.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.1 Criteria: 6.3.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust should work with NIPS and the commissioners to review the arrangements for social care in prison; consideration should be given to aligning this provision to that available in the community.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Following the transfer for responsibility for Healthcare in Prison from Department of Justice to Department of Health in 2008, only the budget for healthcare and not social care followed. DOH and DOJ are currently in receipt of an interim solutions paper, agreed by SEHSCT and Northern Ireland Prison Service and are currently considering this.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must review and amend the practice of administering medicines in advance of a prescription at committal.</p> <p>Ref: 5.2.5.</p> <hr/> <p>Response by registered person detailing the actions taken: Healthcare in Prison is currently resourced to provide Pharmacy / GP service on a Mon to Friday , 8-5 service model. Committals to prison exist outside of this timeframe leading to a period of time where the practice of administering medicines in advance of a prescription at committal exists. This risk has been assessed formally through GRA , which outlines current actions to mitigate risk. This risk has also been escalated to Adult Services directorate risk register. Pharmacy lead has a draft SOP on PODs(to guide the use of patients own medications within prison) out for consultation and is actively reviewing the current process, whilst also streamlining critical medication cupboards to reflect the regional critical medication list. There is also the Process for Use of Patients Own Controlled Drugs. This has also been raised at the HiP Quarterly Medicines Management meeting, where the group recommended implementing workable changes using quality improvement methodology . Additional guidance has been sought by the clinical director to the Head of Medicines Regulatory Group. Of note a pilot was undertaken in 2018 of a Pharmacy Independent Prescriber within Committals in HMP</p>

	<p>Maghaberry which improved safety, but HiP were unsuccessful in attracting additional commissioning to resource this on an ongoing basis. A level one business Case ' Healthcare in Prisons Improving Medicine Management on Committal at Weekends' has been completed and would prioritise if funding becomes available.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that systems are reviewed to confirm that medicine refrigerator temperatures, glucometer checks and medicine date checks are accurately monitored.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A review of systems has been undertaken by Lead Nurse , ensuring that all medicine refrigerator temperatures, glucometer checks and medicine date checks are accurately monitored. New Glucometers have been ordered with boxes, checking books and control solutions for all treatment rooms that do not currently have one.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.1 Criteria 5.3.1 (f)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The South Eastern Health and Social Care Trust must ensure that all relevant staff are aware of and are adhering to the Trust procedure for the disposal of Schedules 3 and 4 (Part 1) controlled drugs. These controlled drugs must be removed from the house locations in a timely manner.</p> <p>Ref:5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A Governance Assurance Improvement Learning (GAIL) forum was undertaken (04/10/23) with relevant staff to reinforce adherence to Trust procedure for the disposal of Schedules 3 and 4 (Part 1) controlled drugs. Contents of Drugs cupboards have been reviewed and excess quantities removed. Checks for this have also been included in the Pharmacy technicians workflow audit for house locations to ensure ongoing adherence with policy. There has also been a check incorporated into the Treatment Room and MAR Audit Tool. these audits are completed monthly by the nursing team</p>

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The **Regulation** and
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