The Regulation and Quality Improvement Authority

Inspection Report

3 June - 6 June 2024

South Eastern Health and Social Care Trust

Healthcare in Prison
Hydebank Wood
Hospital Road
Belfast
BT8 8NA

Telephone number: 028 9025 3666

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

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, 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 (SEHSCT) assumed responsibility for the provision of primary and mental health care and substance use services within the four Northern Ireland Prisons on 1 April 2008. The services include access to a wide, multi-disciplinary team which include GP, Nursing, Allied Health Professional (AHP), Pharmacy, Radiology and Dentistry services.	

2.0 Inspection summary

An announced inspection took place on 3 June 2024 and concluded 6 June 2024, with feedback provided to the SEHSCT. 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).

RQIA assessed the SEHSCT against the *HMIP Expectations version 6, 2023, "Criteria for assessing the treatment of and conditions for men in prisons"* and *the HMIP Expectations version 2, 2021 (updated March 2024), "Criteria for assessing the treatment of and conditions for women in prisons"*. Specifically, for the purpose of this joint inspection, RQIA assessed healthcare against the relevant criteria as set out in one of the four *Healthy Prison Tests, Section 3 "Respect"*. The findings from RQIA's assessment against these criteria is detailed within the combined CJI/HMIP reports on Hydebank Wood women's prison and Hydebank Wood secure college. The joint report includes three key concerns relating to healthcare which includes safeguarding arrangements, attendance at appointments and the provision of social care.

In addition, and in accordance with its role in monitoring the SEHSCT's adherence to the Duty of Quality set 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 SEHSCT, against the *Department of Health (DoH) Quality Standards 2006*.

RQIA, within the scope of this inspection, reviewed progress toward some of the recommendations made in CJINI's *Review into the Operation of Care and Supervision Units (CSU) in Northern Ireland Prison Service (February 2022).*

This inspection followed the usual principles governing how RQIA undertakes inspections for HSC services as detailed in Part IV of the 2003 Order.

All aspects of healthcare delivery were inspected during this inspection. RQIA's inspection team comprised care and pharmacist inspectors, and RQIA's Sessional Consultant Psychiatrist.

The inspection focussed on eight key themes; Mental Health; Primary Care and In-patient Services; Promoting Health and Well-being; Sexual and Reproductive Health; Medicines Management and Pharmacy Services; Social Care; and Strategy, Clinical Governance and Partnerships. Substance Misuse Treatment was inspected by an inspector from HMIP team.

Overall the outcomes as measured against the *DoH Quality Standards, 2016*, reflected an improving picture, however areas for improvement were also identified. The SEHSCT has many strengths which includes a resilient team of confident, skilled healthcare staff who demonstrated good leadership qualities. There was evidence of good collaborative working amongst the multi-disciplinary team (MDT) and operational prison staff.

The SEHSCT governance oversight of Healthcare in prison (HIP) was increasingly effective in driving improvement. HIP leadership and teams were innovative and motivated. Waiting times to access HIP services were largely in line with community waiting times, however the number of patients who did not attend their primary health and external health care appointments was high. Promotion of health and well-being was managed well.

The Clinical Addiction Service provided an effective service, the SEHSCT had commissioned Start 360 (a non-profit support service) to deliver Alcohol and Drugs: Empowering People (AD:EPT) service to provide psychosocial support to patients with substance misuse needs. However a number of patients experienced lengthy waiting times for an initial assessment for the AD:EPT service.

Medicines were administered to patients in a secure and respectful manner, by an effective and responsive pharmaceutical and nursing service.

Review of the management of Adult Safeguarding (ASG) concerns were found to be managed in accordance with the revised procedure implemented by SEHSCT in consultation with Northern Ireland Prison Service(NIPS). ASG concerns escalated to NIPS by SEHSCT were appropriately recorded. A process to record and share the decisions made and outcomes following investigation was in place, however this requires further development. The SEHSCT staff were knowledgeable on the application of the ASG regional policy and SEHSCT procedures. ASG is managed by NIPS, following referral by SEHSCT staff.

Eight areas for improvement (AFI's) included in the quality improvement plan (QIP) from the most recent inspection on 4 -6 November 2019 were reviewed. Seven were met and one was partially met. The AFI which was partially met has been re-worded and stated for a second time in the QIP resulting from this inspection.

Two new AFI's in relation to staff mandatory training and accessibility of the complaints process were identified during this inspection.

The findings and areas for improvement (AFI) from this inspection are detailed in this report and are relevant only to SEHSCT. These findings were shared with SEHSCT on 6 June 2024.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with patients, relatives, staff and management and observe practices throughout the inspection.

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 SEHSCT 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

Patients' comments overall were positive in relation to the care and treatment provided. Patients told us that most staff were friendly and approachable, demonstrated good knowledge of the care they required and an understanding of their individual needs.

Overall staff feedback was very positive. Staff demonstrated good knowledge of the patients in their care and an understanding of their individual needs. Staff reported good morale within their teams and felt supported by their manager and the wider HIP service.

Staff told us they felt that the relationship between healthcare and operational prison staff was excellent with a shared appreciation of each other's roles. Staff highlighted there was good collaborative working to support the needs of the patients through case reviews, Supporting People at Risk evolution (SPAR Evo) and the Prisoner Safety and Support Team (PSST).

RQIA observed consistency across the whole healthcare team and good working relationships between the mental health and primary health care teams. Both teams worked together to promote a holistic approach to care. Leaders were visionary and proactive in their roles and the enhanced leadership has been beneficial to staff and those receiving a healthcare service.

5.0 The inspection

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

During the previous inspection from 4 to 11 November 2019, healthcare was incorporated into the reports of the unannounced inspections published by the Criminal Justice Inspection Northern Ireland.

CJINI - Criminal Justice Inspection Northern Ireland - Unannounced Inspection of Ash House Women's prison Hydebank Wood

CJINI - Criminal Justice Inspection Northern Ireland - Unannounced Inspection of Hydebank Wood Secure College

Within these reports there were eight recommendations relating to healthcare; these were reviewed during this inspection.

Recommendations from the last inspection on 4-6 November 2019		
		Validation of compliance
Recommendation 1.31/1.60	1.31 (Ash House)/1.60 (HBW Secure College) The prison should ensure that it makes adult safeguarding referrals to the HSCT where appropriate.	**Met**
	Action taken as confirmed during the inspection: We evidenced that Adult safeguarding referrals had been forwarded to SEHSCT by NIPS. This AFI has been met.	
Recommendation 1.67/2.75	1.67(Ash House) An intensive programme of psychosocial support for patients with substance misuse needs should be available to women at Ash House. 2.75 (HBW Secure College) Patients with substance misuse needs should have access to an intensive programme of psychosocial support.	**Met**
	Action taken as confirmed during the inspection: Review of records evidenced that the SEHSCT have commissioned Start 360 AD:EPT service to provide an intensive programme of psychosocial support for all patients with substance misuse needs. This AFI has been met.	

Recommendation 2.55	2.55 There should be a systematic approach to identification of those women eligible for public health screening programmes whilst in prison, with effective oversight and assurance of delivery.	**Met**
	Action taken as confirmed during the inspection: It was established that robust health screening mechanisms for women were in place across the prison. This AFI has been met.	
Recommendation 2.65/2.81	2.65 (Ash House)/ 2.81 (HBW Secure College) The NIPS should work with the SEHSCT to agree and implement a robust policy and procedure for the safe management of medicines held in-possession by patients.	**Met**
	Action taken as confirmed during the inspection: The Medicines Administration Policy: Risk Assessment and Administration, had been reviewed and revised by the SEHSCT. Medicines were being administered in accordance with the updated policy. This AFI has been met.	
Recommendation 2.66/2.82	2.66 (Ash House)/ 2.82 (HBW Secure College) The disposal of medicines at high risk of misuse or diversion should be recorded and audited.	**Met**
	Action taken as confirmed during the inspection: Systems for the disposal of medicines at high risk of misuse or diversion had been reviewed and robust records were maintained. The disposal of medicines was in accordance with the SEHSCT's revised policy and procedures. Practices were audited by the SEHSCT pharmacy team. This AFI has been met.	

Recommendation 2.67	2.67 Discipline staff should routinely supervise medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion. (repeated recommendation 2.69, 2016 Inspection Report)	**Met**
	Action taken as confirmed during the inspection: Effective supervision, resulting in increased patient confidentiality and decreased potential for trading/bullying in queues was observed. This AFI has been met.	
Recommendation 2.74/2.65	2.74 (Ash House)/ 2.65 (HBW Secure College) Arrangements for accessing mental health crisis response service out of hours should be specified and communicated to staff.	**Met**
	Action taken as confirmed during the inspection: Staff told us that arrangements had been specified and communicated to HIP staff regarding accessing mental health crisis response out of hours. This AFI has been met.	
Recommendation 2.75/2.66	2.75 (Ash House)/ 2.66 (HBW Secure College) Mental health care documentation should record the assessed need of the patient and meet professional standards.	**Partially met**
	Action taken as confirmed during the inspection: Review of mental health assessments indicated that they were completed to a good standard. However, mental health care plans did not adequately record the specific intervention and care provided to meet or address the assessed need. This area for improvement has been re-worded and stated for a second time.	

5.2 Inspection findings

5.2.1 Mental Health

The SEHSCT provide HIP mental health services to patients in Hydebank. The mental health team include nursing staff, occupational therapy, psychiatry, psychology and Speech and language therapy. Staff and managers told us the addition of Speech and Language therapy had strengthened the delivery of the service and improved patient outcomes. NIPS staff also commented positively on the benefits to patients of this service. It was established that the increased psychology resource has improved access to psychological therapies.

Mental health services were available Monday to Friday, 9am to 5pm with arrangements by exception for out of hours. Plans to move to a seven-day service had not transpired since the last inspection however there were adequate arrangements in place which staff ably described. This service was rarely requested, however if needed, access to the crisis response team could be made out of hours through the SEHSCT senior managers on-call system. RQIA recommend SEHSCT continue to review the need for out of hours' crisis response mental health services within the Hydebank site.

The SEHSCT's Towards Zero Suicide service improvement manager continues to progress the re-design of the mental health assessment. Plans are in place to roll out additional training to staff later this year, as well as training/awareness raising sessions to the prison population.

We were told requests for mental health assessments made under Article 51 of The Magistrates' Courts (Northern Ireland) Order 1981 had significantly increased from the courts. The order directs for the assessment to be undertaken by two qualified practitioners, one of which to be a Part II doctor appointed under the Mental Health (NI) Order 1986. This is to assure the independence and impartiality of the assessment. Due to the impact on existing resource we were told these assessments were not always completed by a Part II doctor. The SEHSCT should keep this arrangement under review.

The SEHSCT plan to implement a Learning Disability pathway in autumn 2024. Recruitment is currently underway to employ a Learning disability nurse to support implementation of the pathway. The pathway will focus on introducing positive behaviour support approaches as part of a prison wide approach which will include provision for patients experiencing neurodiversity.

There was an informal mental health stepped care model in place. The stepped care model is used to make a clinical decision as to which sort of treatment is currently the most effective for the person they are assessing, yet least resource intensive. The SEHSCT's Operational Policy for mental health service provision in prison requires development to formalise the mental health stepped care model currently in place.

The HMIP patient survey completed during the inspection indicated that 77% female and 79% male respondents reported experiencing mental health problems. Within 7 days of committal all individuals had been offered a mental health triage assessment, thus providing early opportunity to identify mental health concerns and refer for further assessment.

The HMIP survey indicated 54% of women and 64% of men felt depressed on arrival to Hydebank with 22% of women and 46% of men reporting to have felt suicidal. The initial primary health care screening completed on committal allows for primary healthcare to identify any individuals with immediate mental health needs requiring immediate support at point of reception.

All patient referrals to the mental health team are discussed at the weekly MDT meeting, including any patients who are on the waiting list. A management/care plan is agreed. Patients are allocated to the most appropriate multi-disciplinary team member.

At the time of inspection patients referred to the mental health team were seen within regional timeframes and their needs were addressed. Compassionate care was provided by the mental health team. NIPS and the mental health team were found to work collaboratively. When a patient required extra support, a SPAR evo was opened and used as a tool to help manage the identified risk.

CJINI and RQIA's *Review into the operation of CSU in the NI Prison Service (February 2022)* recommended the involvement of mental health and primary care teams in the assessment of all prisoners physical and mental health following their placement in a CSU. It was positive to note this practice was in place within the Hydebank site.

Patient clinical records were held electronically. Mental health assessments were comprehensive and detailed the individual needs of patients. Care plans demonstrated evidence of patient involvement where patients chose to participate. However, care plans did not sufficiently reflect the assessed individual need and interventions being implemented by the mental health team (see section 5.1). The Trust assured RQIA that plans were in place to review the documentation.

CJINI and RQIA's *Review into the operation of CSU in the NI Prison Service (February 2022)* identified the need to review current arrangements to ensure patients have equal access to care and treatment in a secure, in-patient mental health or learning disability hospital. It is positive that patients awaiting admission from prison are discussed along with patients waiting in the community and equitable decisions are made on the basis of risk to each individual. When required, patients can access a Psychiatric Intensive Care Unit (PICU). However, there are significant pressures on all inpatient mental health services across Northern Ireland. This could have an impact on patients who may experience a delay in admission to hospital, which may lead to a further deterioration in the patient's mental health.

There was no specialised service for patients who have a diagnosed personality disorder and those who present with severe and complex behaviours. As noted in *The Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons, October 2021* the Trust should work with Commissioners to plan, commission and implement a therapeutic approach to personality disorder within the prison service.

5.2.2 Substance Misuse Treatment

There was evidence of a Northern Ireland prison-wide substance misuse strategy having recently been published and the priorities were being implemented at a local level. The strategy outlined the three important strands to restrict supply, reduce demand and a commitment to work closely with health and justice partners to support recovery. Drug strategy meetings and an action plan with measurable outcomes were being developed.

At committal individuals were screened promptly for alcohol and drug dependency. They received appropriate clinical treatment and observation for managing withdrawal symptoms by the primary care team during their early days in custody.

The SEHSCT provided clinical treatments for substance misuse and commissioned Start 360 to provide AD:EPT.

All patients were seen by AD:EPT on induction and advised of what services were available including harm minimisation support which was accessible during their time in prison.

It was noted that AD:EPT were supporting 28 patients and we evidenced that 34 patients were on the waiting list. New referrals were waiting 8-10 weeks to be seen by the team. This was discussed with SEHSCT during feedback.

NIPS separately commissioned Start 360 to deliver an emotional support service to any individual struggling with coming into custody.

The SEHSCT had recently revised the operational policy for the addictions team.

The addictions consultant psychiatrist attended the prison on a weekly basis and provided flexible and safe prescribing for patients on Opiod Substitution Therapy (OST) and provided clinical support and alcohol treatment for patients. There was evidence of regular OST prescription reviews, often in conjunction with the AD:EPT team manager. The administration of OST was undertaken by nurses in HIP.

We were advised that pregnant patients with an addiction issue could access specialist addiction services through a MDT approach.

It was positive to note that a wide range of recovery-based group and individual interventions were provided including; counselling, auricular acupuncture and Self-Management and Recovery Training (SMART) groups. We were advised that a group of patients had recently completed the current SMART recovery programme and had suggested changes in the language used to make it more patient friendly to them. The project designers were revising the booklets based on this feedback.

Alcoholics Anonymous attended on a weekly basis and plans were in place for Narcotics Anonymous to provide mutual aid support.

Pre-release planning was well co-ordinated and there were good community links to make sure support was maintained post-release. Patients were offered naloxone treatment and training (to treat opiate overdose) on release.

5.2.3 Primary care and in-patient services

All individuals receive an initial health screen assessment at committal. It was positive to note that the initial health screen assessment had improved since the last inspection, allowing for immediate health concerns and risk factors to be identified and addressed at committal.

A comprehensive health and social care assessment is completed by a primary care nurse within 5 days of committal. Referrals and signposting appropriate to the needs of the patient were made and recorded within the assessment action plan. Information is available to patients in different language formats as required. Patients were very positive about their relationship with health staff.

Nursing staff are available to patients 24 hours a day. It was positive to note the SEHSCT had enhanced their nursing team with an advanced nurse practitioner to work alongside the GP service.

There was access to allied health professionals (AHP) services including; speech and language therapy, occupational therapy, physiotherapy and dietetics within the Hydebank site.

Review of a sample of electronic clinical care records evidenced that assessments and care plans were completed. Care plans appropriately addressed assessed needs. It was noted that patients had participated in the assessment and care planning process.

There was a good system to manage both GP and external appointments. The system identifies the number of patients who do not attend scheduled appointments and the reason why. Data reviewed evidenced a high number of patients who did not attend. Some improvement work had been introduced, and the number of non-attendances had reduced, however it was noted many health care appointments continued to not be attended.

The system for appointments also identified a number of patients did not attend their outside hospital appointments. This was primarily due to the availability of the Prison escort and court custody service (PECCS) to facilitate transport arrangements to hospital. Appointments that could not be facilitated were not shared with the patient, thereby preventing the patient from exercising their right to complain. This was highlighted and has been identified as a priority concern within CJINI/HMIP inspection report.

Patients with long-term health conditions had their care needs addressed appropriately by the MDT and were required appropriate equipment provided.

5.2.4 Promoting Health and Well-being

Review of records and speaking to HIP and NIPS staff evidenced there was a whole prison based approach to improving the health and well-being of patients during this inspection. Robust gender specific screening mechanisms were in place for all individuals from their point of arrival. Public healthcare screening was in keeping with community screening and there was evidence of good access to immunisation programmes.

There was access to an appropriate range of primary care and gender specific services in line with community waiting times.

Patient appointment waiting times to access a GP were reasonable. GP communication of information such as results from patient investigations, at the point of release from Hydebank to the community GP, were very good.

Smoking cessation clinics were available within Hydebank. Chronic Obstructive Pulmonary Disease (COPD) screening was provided by Physiotherapy staff within Hydebank.

A wide range of health promotion information was available in health care areas and within the residential units in different formats.

A variety of programmes of activity taking place within the site arranged by NIPS for example Sports day, pickle ball tournaments and Mexican themed evening were observed.

5.2.5 Medicines management and pharmacy services

Patients' medicines were dispensed and supplied by an effective and responsive pharmaceutical service.

Medicines were available for administration as prescribed and arrangements were in place to ensure that patients had a supply of their prescribed medicines on release.

There was a policy for obtaining medicines out of hours (evenings and weekends). Commonly prescribed medicines and critical medicines were available in the out of hours' medicines cupboards. In order to provide a clear audit trail, a record was maintained of medicines taken from the cupboards and these were reviewed monthly. These medicines were prescribed by the out of hours GP or other visiting healthcare professional, for example, a dentist. If a medicine was not available in the out of hours' medicines cupboards, the out of hours GP could issue a prescription for collection at a local pharmacy.

Patient Group Directives (PGDs) were in place to enable the administration of some medicines without a prescription including: vaccinations, the treatment of acute alcohol withdrawal and pending final approval, buccal midazolam (emergency medication used to stop prolonged seizures).

Patients could access basic self-care medicines. These medicines were issued by either a nurse or a medicines management technician and records were maintained.

Patients' medication histories, including allergies, were recorded by a nurse during the initial reception screening and a self-administration risk assessment (SARA) was completed. Nurses had access to the Northern Ireland Electronic Care Record (NIECR). There was evidence that there was minimal disruption in prescribing regimes and urgent/critical medicines were accessed promptly both during and outside GP/pharmacy hours.

A medicines reconciliation was completed by a pharmacist (independent prescriber) within 72 hours of admission.

Medicines were administered from a secure and respectful environment by either a nurse or a pharmacy technician. Prison officers managed medication administration queues effectively ensuring only one patient was at the medication hatch at a time and reducing opportunities for bullying and diversion. A 'pod' system had recently been installed in Ash House which further enhances effective supervision and patient confidentiality; decreasing the potential for trading/bullying in queues. A second 'pod' system was currently under construction in Beech, with planned rollout across the site.

Patients could receive advice about medicines from nurses, pharmacy technicians and from a pharmacist if necessary/requested. Patient information leaflets were available and other formats were considered where appropriate.

Staff advised that secure storage was available for patients to store their prescribed medicines. Subject to a satisfactory SARA, medicines (apart from Schedule 2, 3 and 4 controlled drugs and some other medicines at risk of diversion) were issued in-possession weekly. Patients' adherence to medication was monitored by nurses and SARA forms were well maintained. Patients were reviewed a minimum of six monthly and also when adherence was poor and/or diversion was suspected. The prescriber was made aware of failed adherence checks and the patient's medication regimen was reviewed.

Medicines were observed to be stored safely and securely in the treatment rooms and healthcare centre. Nurses and pharmacy technicians were responsible for treatment room checks, which included cleaning and equipment check schedules, monitoring the medicines refrigerator and room temperature, glucometer control checks and date checking emergency medicines. Records were maintained.

The system for the disposal of Schedule 3 and 4 (Part 1) controlled drugs had been reviewed to ensure they were returned to the health centre and denatured prior to disposal and records maintained. This was undertaken by the pharmacist and another member of healthcare staff and provided a clear audit trail. The disposal of other medicines, including those at high risk of misuse or diversion was recorded and audited.

Schedule 2 and 3 controlled drugs subject to safe custody requirements, were administered from a designated administration room in the healthcare centre. Controlled drug audits were completed by a pharmacist every three months.

There were robust governance processes to ensure safe and effective medicines management, including the monitoring of prescribing trends, to identify any significant pattern changes (in medicines at high risk of abuse or trading) and the monitoring of medication incidents. Learning from incidents was shared and there was evidence that learning was used to enhance staff skills and knowledge. Medication incidents, prescribing trends and adherence checks were reviewed as appropriate at Medicines Management Committee meetings, incident management meetings and Drug and Therapeutics committee meetings. The Trust Accountable Officer is made aware of all incidents involving controlled drugs, via Datix.

5.2.6 Sexual and reproductive health (including mother and baby units)

During the committals health screening, women's immediate health needs and risks were identified followed by a comprehensive health screening within 5 days.

Pregnancy testing and emergency contraception were made available in a timely manner if required. Screening for sexual health and blood borne viruses were offered and there was good access to cervical screening on-site and mammogram services in the community. Following these interventions, referrals for further examination and treatment were completed as required.

At the time of the inspection there were no known pregnant women at the prison. However, staff told us that good links with the community and hospital midwifery services to provide antenatal care were in place. It was established that a midwife attended the prison and offered individualised care when required.

It was noted that women who experienced loss, through miscarriage, separation or termination received appropriate support

Women could access support for the menopause through the primary care team. Contraception, barrier protection and related health advice was available and discussed in preparation for release.

The recently refurbished Mother and Baby Unit was bright and welcoming and appeared a more appropriate environment than at the last inspection. It was not in use during the inspection and the NIPS Mother and Baby Policy and Admissions Procedure were being updated at the time of the inspection. There was evidence that appropriate antenatal and post-natal care services were available when required.

5.2.7 Social Care

Staff told us that the need for social care was low and there were no patients in receipt of a domiciliary care package at the time of the inspection. A number of patients, had been provided with aids such as mobility aids and adaptations had been made to support continued independence for as long as possible. Patients with social care needs were receiving support when available, from nursing staff, the occupational therapist, the speech and language therapist and NIPS staff.

A commissioned social care arrangement was not in place within Hydebank, which had the potential to impact on the prison's capacity to return patients from acute care to the prison in a timely manner.

An interim policy had been developed by the SEHSCT outlining the current arrangements for social care provision in the absence of a commissioned social care arrangement within Hydebank. While the interim policy provides clarification regarding the oversight and governance of social care provision within Hydebank, there is a need for commissioners to further progress this area to align with what is available within the community.

5.2.8 Strategy, clinical governance and partnerships

HIP was led by a dedicated multidisciplinary team who demonstrated understanding and value for respective roles and disciplines within and external to SEHSCT.

It was noted that there was notable improvement to partnership working between the SEHSCT and NIPS since the previous inspection. It was established that regular, joint governance meetings were happening at senior management and operational management levels between HIP, NIPS and education.

Governance oversight of HIP was effective in delivering improved processes that supported the delivery of safe and effective care for patients. HIP had established good links to the wider SEHSCT which enables good sharing of information and further strengthens governance arrangements.

A multidisciplinary approach which included NIPS had been adopted to share essential information through a daily safety brief process across HIP.

Staff told us that they were well supported by managers and morale was good. A small pool of familiar bank staff provided consistent care to patients while offering flexibility and opportunity to meet increased service demand. A review of mandatory training records showed that not all staff had received training in accordance with their roles and responsibilities. Senior Management Team (SMT) told us that steps had been taken to actively address gaps in staff training. An area for improvement has been identified with regard to mandatory training.

Staff told us that new health care professionals had been appointed since the last inspection. This included a senior management post for Mental Health, Addictions and Engagement and a Clinical Nurse Educator.

It was noted that patients approaching their release from prison were achieving improved health and social care outcomes. We were told this was due to strengthened relationships with Consultant Nurses and Inclusion Nurses across Health and Social Care Trusts and the commencement of a pilot Social Work project to support the discharge and release of patients with complex needs.

Incidents were managed within an effective clinical governance framework which included a system focused on delivering and improving patient outcomes. Learning following incidents was captured and disseminated appropriately to enhance staff skills and knowledge.

We were told the SEHSCT offers psychological support to staff following incidents through post incident debriefs with reported good uptake. It was positive to note this support was offered to HIP and NIPS staff.

HIP staff were appropriately trained in basic life support (BLS) to provide a rapid response in the event of a health care emergency. It was noted that resuscitation equipment was appropriately placed around the site.

HIP staff we spoke to understood the reporting process for adult safeguarding concerns however greater attention was needed to ensure all staff had received the appropriate level of safeguarding training. From January 2024 adult protection concerns were being managed in accordance with a revised procedure developed by the SEHSCT and in consultation with the NIPS. Concerns escalated to the NIPS by the SEHSCT were appropriately recorded and there was a process in place to record and share the decisions made and outcome following investigation. However, outcomes following investigation of ASG incidents were not well recorded.

It was established that NIPS Adult Safeguarding Prevention and Protection Policy and Guidance needs to clearly direct staff in relation to the information that can be shared both to maintain confidentiality and to provide assurances on patient safety. The Strategic Planning and Performance Group (SPPG) were progressing a review of ASG arrangements in prison at the time of this inspection.

Where the criteria for a Serious Adverse Incident (SAI) was not met the SEHSCT 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 in place with LSIR's being subject to scrutiny by SMT. These are then shared with HIP staff through local learning lines.

Records reviewed evidenced complaints received by HIP were managed in line with SEHSCT policy. HIP complaints process and complaints boxes were not readily available throughout the site. An area for improvement has been identified with regard to accessibility of HIP complaints process and complaints boxes within the prison.

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	3*

* the total number of areas for improvement includes one that has been re-worded and stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the Healthcare in Prison management team, 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)	
Area for improvement 1 **Ref:** Standard 5.3.1 **Stated:** Second time	The South Eastern Health and Social Care Trust must ensure mental health care plan documentation accurately details how patient's assessed needs will be addressed. Ref: 5.2.1
To be completed by: 31 January 2025	**Response by registered person detailing the actions taken:** The Mental Health & Addiction Service Lead has commenced a Quality Improvement Initiative to review the recording of Mental health Care plans, which will be influenced by ongoing regional work. This will also review the current audit process of records and oversight
Area for improvement 2 **Ref:** Standard 5.3.1 **Stated:** First time	The South Eastern Health and Social Care Trust must ensure that all staff have completed all mandatory training appropriate to their roles and responsibilities. Ref: 5.2.1
To be completed by: 31 March 2025	**Response by registered person detailing the actions taken**: Healthcare in Prison have appointed a clinical educator, who will have a focus on leading improvements in the recording and review of mandatory training by service leads, and will implement action plans as a result. The clinical educator has a developed a program of training "focus of the month", where specific mandatory training is concentrated on.
Area for improvement 3 **Ref:** Standard 6.3.2 **Stated:** First time	The South Eastern Health and Social Care Trust must ensure the SEHSCT complaints procedure and process are accessible to patients throughout Hydebank Wood site. Ref: 5.2.8
To be completed by: 31 January 2025	**Response by registered person detailing the actions taken:** Health Care in Prison (HIP) seek to address complaints at local level, with HIP Engagement lead proactively engaging with service users to ascertain areas that can be improved. This will also be further improved by the development of ASK HIM /

	ASK HER mentors within Hydebank Wood. A co-designed Complaints, Suggestions & Compliments form has been developed and a monthly report sent to senior management, for review of themes. HIP staff are also advised, to ensure that there are sufficient feedback forms available

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews