

Presentation by Julie Andrews PALS Manager / Dev Muniah Prison Health Operations Manager Norfolk Prisons





## **Prison Profiles**

## HMP Norwich – 24hr H/C Cover

- Category B/C multi-functional prison for adult and juvenile males split over 2 sites
- Predominantly serves the Courts of Norfolk and Suffolk

#### Accommodation

The site consists of 10 wings and a Special Care Unit:

A: Induction unit, First Night Centre, Substance Misuse stabilisation and maintenance;

**F&G:** Local Discharge Unit (LDU) housing low-risk Cat C prisoners, local to the East of England, serving 24 months or less

**H:** Type 3 Healthcare Enhanced Care Unit (also serving HMP Wayland & HMP Bure) – 10 Cells

L: Elderly Lifer Unit – First accredited GSF in the country – 15 Cells

- Operational Capacity: 769
- Reception Criteria: Normal reception arrangements. HMP Norwich accepts male prisoners (Adult men & Young Offenders) whether convicted (Cat B, C or D) or on remand



## HMP Bure – Day cover only

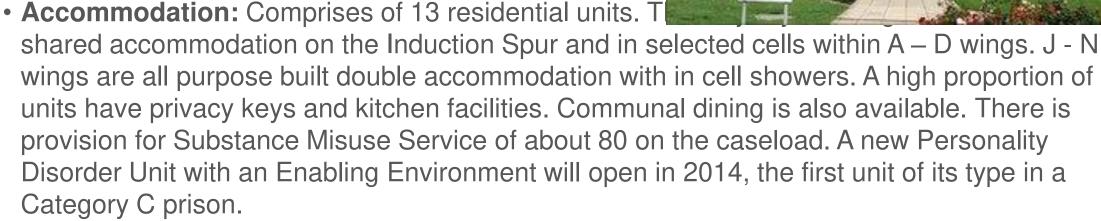
- HMP Bure is a category C prison
- Operational Capacity: 656
- Accommodation:
- Seven residential units comprising mostly single cells
- Residential Block 7 is built to house vulnerable and frail patients.
- Reception Criteria: HMP Bure accepts category C adult male sex offenders. Priority will be given to East of England offenders
- Hours of Operations 0800hrs 1830hrs



## HMP Wayland – Day Cover only

Category C adult male training prison.

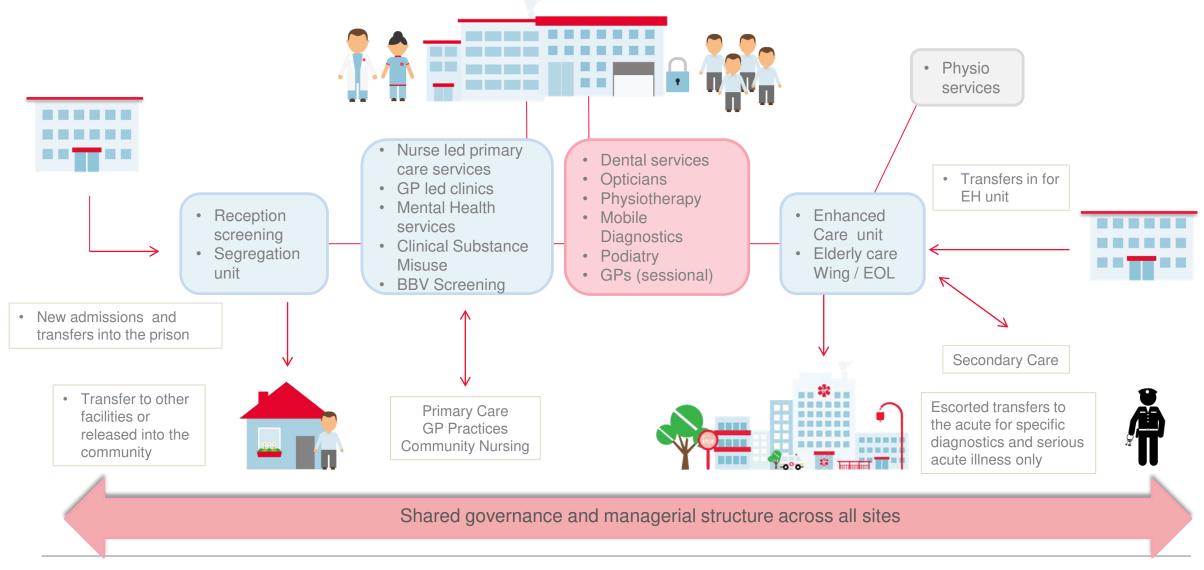
Operational Capacity: 1,017



- Reception Criteria: A Category C prison taking suitable prisoners from within the catchment area who wish to address their offending behaviour
- Hours of Operations 0730hrs 1930hrs



### **Service Model Overview**



## **Prison Demographics UK**

# CHANGE IN THE PRISON POPULATION OF GREAT BRITAIN SINCE 1900 Also shows change since 2000 in Northern Ireland



Source: MoJ (England and Wales) Offender Management Statistics Quarterly, various years; Scottish Government, Prison statistics and population projections; DoJ (Northern Ireland) The Northern Ireland Prison Population 2016 and 2016/17.



**Initiative** 

## **Empowerment**



#### What we did

- Stress levels for staff were high, increase in patients complaints increased.
- By proactively addressing the situation finding a solution to support staff engaging in the workforce.
- Introduced Mindfulness and Mind Coach across the workforce Improving stress levels in staff was aimed to have a positive influence on patient outcome.
- This initiative and ultimately a change in culture this improved sickness rates by creating an environment where members of staff are engaged in the program. This initiative to be shared across the organisation particular in areas where staff experience high stress levels.

## How to implement: 3 easy steps



#### 1. Idea

- To reduce stress for staff
- Sourced a course in Mindfulness and Mind coach
- formulated the concept and discussed with Line
   Manager
- Supervision plan was put in place clinical psychologist.

#### 2. Delivery

- Mindfulness introduced on a individual basis through self-referrals.
- Sessions took place each week for 8 weeks
- Additional resources provided to staff
- Mind coach workshop introduced maximum 8 members of staff

#### 3. Results

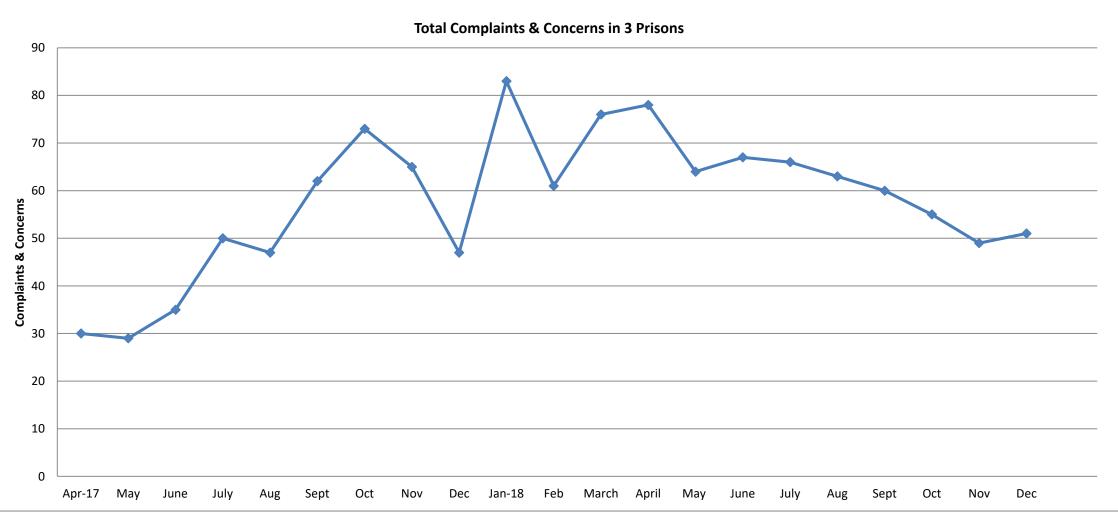
 Post Session Surveys on 7 staff members who were referred out of 120 total number of staff.

# Stress levels 1-low 10 – high Scoring per staff per month

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| Staff | Oct - 2018 | Nov - 2018 | Dec - 2018 | Jan - 2019 |
|-------|------------|------------|------------|------------|
| 1     | 10         | 6          | 3          | 1          |
| 2     | 10         | 7          | 4          | 2          |
| 3     | 10         | 5          | 2          | 1          |
| 4     | 10         | 6          | 3          | 1          |
| 5     | 10         | 4          | 3          | 2          |
| 6     | 10         | 5          | 2          | 1          |
| 7     | 10         | 7          | 3          | 1          |
| Total | 70         | 40         | 20         | 9          |

## **Total Complaints & Concerns in 3 Prisons**



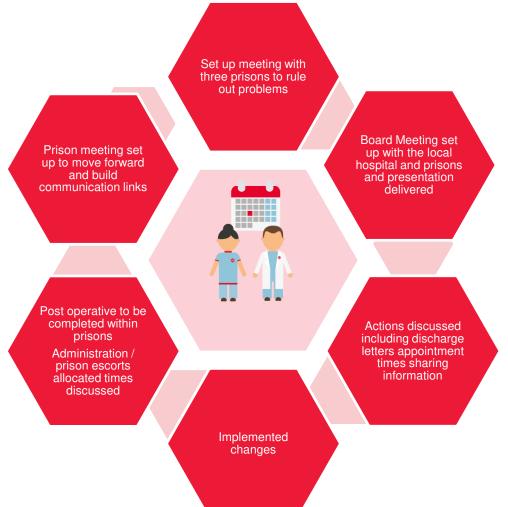
## "Building on the future"

At our last staff survey, in May 2018, in the Norfolk Prisons, 81% of staff reported that 'someone at work cares about my physical and mental health and wellbeing'. 55% of staff reported that they had felt unwell due to work related stress within the last 12 months. 23% staff reported that they had been on the receiving end of violence in the workplace from patients, which was highest within the organisation.

In 2018, in light of the increasing violence in Prisons, which in turn impacts on the stress level of staff, outcomes for patients, and finally increase in complaints. By introducing Mindfulness and Mind Coach across the workforce, this initiative and ultimately a change in culture. This improved sickness rates by creating an environment where members of staff are engaged in the program. This initiative to be shared across the organisation particular in areas where staff experience high stress levels.



**Prison** – Striving for Better Partnership Working & Integration Building Better Communication Links with Local Hospital





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## Why it is so important?

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- Prison related complications Lock Downs & Regimes
- Dates of Future Appointments cannot be told to patients due to Security risk, this will definitely cause short notice cancellations
- **Death in Custody** over 40 inquests in the last 5 years. All deaths are subject to scrutiny and investigation through an inquest. A PPO investigation and clinical review is conducted on all Deaths. This is due to death in custody of state. Previous recommendations have included care at the Hospital
- Responsiveness to care it is crucial that any plans or changes to plan is communicated to the healthcare team otherwise relevant medication cannot be prescribed in a timely manner, potentially causing harm to patients.

## **Hospital Escorts and Appointments**

- **Escorts -** Minimum of 2 officers per Patients if venue changes there are implications around security, a security visit is required
  - \* Maximum of 4 escorts daily, 2 am & 2 pm
  - \* Time of Outpatients appointment impacts on regimes If over lunch or longer appointment then an am and pm appointment is taken up by escorting staff
  - \* **Bedwatches** this adds additional pressure on escorting
- Exceptional Escorts Cancer treatment & Dialysis As more frequent appointments are require, this adds additional pressure. We are working with the prison to increase number of escorts as no care can be compromised
- Regimes We are however restricted with the time of the Regimes

## **Sharing of Information**

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- **Discharge information** This has been a previous recommendation from Coroner It would be great to get into a better position where discharge summaries are shared during discharge to enable us to act on recommendations.
- **Telephone Communication** We have previously repeated been denied an update, this is also usually an opportunity to discuss whether we can facilitate any care locally reducing stay at the hospital.
- Confidentiality It would be great to get in a position where code words are used
  when discussing cases over the phone so there is assurance that the identity of the
  nurse calling is verified and authorised. This has also been a recommendation from the
  Coroner.



# **End of Presentation**

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