

## Royal College of Nursing response to the House of Commons Health and Social Care Select Committee inquiry into prison healthcare

### Summary

- Nursing staff are on the frontline of delivering health care to those in prison, yet they increasingly find themselves unable to provide high-quality, person centred care to their patients. Staffing pressures, poor opportunities for development and training, and an increasingly challenging and risky working environment has contributed to staff feeling undervalued and unsupported.
- The environment that nursing staff in prisons face every day is tough. Overcrowding, increased drug use, violence and the high number of prisoners dying by suicides have left the prison system in crisis and staff traumatised and exhausted. Across the UK, the prison population is ageing, bringing fresh challenges for those providing care.
- The challenges faced by prison nurses mean this under-served population is not having their essential needs met. In May 2017, we surveyed our members working in prison settings to ask them about conditions on their last shift. Of all respondents to the survey, those working in prisons rated the quality of care most poorly, with 64% reporting that care was compromised on their last shift and 45% attributing this to staff shortages.<sup>1</sup>

### Recommendations

- **Comprehensive workforce planning to ensure appropriate nursing staffing levels to ensure the delivery of safe and effective care for patients.** This means the right numbers of nursing staff, with the right skills, in the right place, at the right time across all prison healthcare settings regardless of provider, to meet the holistic needs of the prison population.
- **Strategic action is needed to attract, recruit and retain nursing staff to address nursing staff shortages.** This should include raising the profile of nursing opportunities offered within prison settings. Alongside this, current nursing staff must have access to continuous professional development opportunities to develop and expand their skills and knowledge. This will also be crucial for retaining current nursing staff working in prison settings and equip them to meet fast changing patient needs.
- **More consistent access to opportunities which support the health, safety and wellbeing of nursing staff working in prison healthcare settings.** Employers must do more to create safe working environments for nursing staff in prison healthcare settings, ensuring their protection from exposure to violence, aggression and physical attacks. This will be central to retaining the current workforce.
- **The Secretary of State for Health and Care should provide direct (ring-fenced) funding to improve the pay of all nurses working in prison settings** employed by contractors delivering NHS services, to prevent a dangerous imbalance of nurses moving from the independent sector to the NHS because of better pay.
- **The Secretary of State for Health and Care should develop a new national staff council to cover all nurses and healthcare assistants delivering health and social care who are not directly employed by an NHS organisation.** A new inclusive sector council would provide a mechanism to improve workforce planning, recruitment, retention, staff engagement, employment skills, standards of care and productivity across independent health and social care.
- **A review of the guidance related to psychoactive substances,** particularly in light of the emergence of the Spice drug and its detrimental impact on both prisoners and nursing staff.

## Additional information

### The role of nursing staff within prison healthcare services

1. 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. Catherine Jones, a nurse 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”<sup>2</sup>.*

### Nursing staff shortages reduce the ability to deliver safe and effective care for patients

- 1.1 In 2017, we surveyed over 30,000 nurses, midwives and health care support workers about their last shift, giving accounts of the staffing levels on those shifts and the impact which it had. Of these, 225 respondents were from prison or police custodial settings<sup>3</sup>.
  - 45% agreed or strongly agreed that due to a lack of time related to shortages in the nursing workforce, necessary care had gone undone<sup>4</sup>.
  - 49% were concerned about the ‘skill mix’ (combinations of people and skills, including registered and specialist nurses, and support staff, providing care and treatment)<sup>5</sup>.
  - Only 26% of respondents said action was taken to address concerns they had raised related to staffing levels<sup>6</sup>.
  - 55% disagreed or strongly disagreed with the statement ‘I was provided with appropriate supervision and support’<sup>7</sup>.

### The health needs of the prison population are changing

- 1.2 Many people in prison come from our most deprived and disadvantaged communities, and have very poor health; 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 both<sup>8</sup>. Individuals are often disengaged from mainstream health services before and after any prison term. A period of imprisonment can therefore present a unique opportunity to turn around their health outcomes and life chances.
- 1.3 Prison services are also facing high rates of mental health conditions, and cannot depend on timely transfers to appropriate mental health services, putting additional pressures on nurses to care for acutely unwell individuals.

### Better support for prisoners with mental health conditions is needed

- 1.4 Prevalence rates of mental health conditions within prison settings are much higher than the general population<sup>9</sup>. During a recent debate at the RCN Congress, 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<sup>10</sup>. The recently published interim report of the Mental Health Act also emphasised that patients are left for too long in prisons when they should be in hospital; some (7%) are waiting more than 140 days to be transferred<sup>11</sup>. This was cited by members as a situation ‘not safe for us to practise as mental health nurses’<sup>12</sup>.

### Suicide rates in prison settings and impact on nursing staff

- 1.5 Numbers of suicides and incidents of self-harm are on the rise within prison settings, and this adds extra pressure upon nursing staff, both in terms of workloads and emotional strain. Between September 2016 and 2017, 300 people died in prison, of which 77 were self-inflicted<sup>13</sup>, this rate is 8.6 times that of

the general population. In 2017, there were 482 incidents of self-harm per 1,000 prisoners<sup>14</sup>. The increasing frequency of emergency situations such as these are challenging for nurses.

1.6 One respondent to our membership survey, who is working in a prison setting said: *“Only have one member of staff on the shift. Had there been any emergencies including arterial self-harms, overdoses and other serious incidences, I would have had to attend and manage them on my own, and left the rest of the prison without any health care. Had there been two incidences there would have been a death in custody.”*<sup>15</sup>

### **The impact of shortages amongst prison officers**

1.7 Shortages amongst other prison staff also impacts on the ability of nurses to deliver safe and effective patient care. Across all disciplines, there are now fewer staff looking after more prisoners. The number of frontline operational staff employed in the public prison estate has fallen by over a quarter (26%) in the last seven years—6,428 fewer staff looking after over 300 more people<sup>16</sup>. Our members told us that difficulties with the security regime, particularly fewer prison officers, has an impact on the working of the whole prison, and healthcare staff 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.

1.8 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. The burden of responsibility for this challenge should be placed upon the Board of the provider organisations through the delivery of comprehensive workforce planning and strategy, rather than individual members of nursing staff.

### **The impact of challenging working conditions on nursing staff in prison healthcare settings**

1.9 We know that working conditions, including staff shortages, training availability and pay, are primary factors in an individual’s decision to remain within the nursing workforce, and that these need to be urgently addressed to prevent further turnover of nursing staff and increased vacancy levels within prison settings. Many of our members delivering NHS services but not employed by NHS organisations tell us that they endure poorer working conditions, loss of career and education opportunities, less clinical leadership and have concerns about maintaining safe and effective best practice.

2. As part of our 2017 membership Safe Staffing Survey, we asked nursing staff to tell us about the impact which staffing pressures were having upon their health and wellbeing. Of the 225 respondents working within prison and police custodial settings;

- 49% agreed or strongly agreed that they have been demoralised by the impact of short staffing<sup>17</sup>.
- 60% agreed or strongly agreed that they felt upset/sad that they could not provide the level of care they had wanted<sup>18</sup>.

2.1 One respondent who works in a prison healthcare setting said: *“I don’t have days off as I am always trying to backfill shifts. If we work over our time it’s considered tough luck and we are told to remember that sometimes we have quiet shifts! Lunch breaks are not an option. We have been told to eat a sandwich in the car.”*<sup>19</sup>

### **Assaults on nursing staff and safety concerns**

2.2 We have significant concerns regarding assaults on our members including physical attacks which can cause lasting health problems. In one example, Paul Ramsay, clinical nurse manager at Cookham Wood Young Offenders Institution, lost the sight in one eye after being punched in the face by an inmate<sup>20</sup>. Assaults on prison staff have increased by 143% in the last four years<sup>21</sup>, and some of our members report it as a reason for individuals leaving the setting to find employment elsewhere.

2.3 We fully support the Assaults against Emergency Workers Bill currently making its way through Parliament at present, and since its inception, have worked alongside stakeholder organisations to make this a reality. The Bill will make it an aggravated offence to attack nursing staff who provided NHS funded services. This will include nursing staff working in prison healthcare settings who provide NHS funded services.

### **A review of psychoactive substances guidance is needed**

2.4 As the smoking ban is implemented across prisons, it is thought that prisoners will use more and more diverse methods of seeking intoxication from ever more damaging sources. Our members are reporting widespread use of psychoactive substances amongst the prison populations, in particular, a psychoactive substance called Spice. Spice has dangerous effects on both the person smoking it and anyone who inhales the fumes second-hand. We are aware of incidents in which nursing staff have been caused harm whilst undertaking their duties.

2.5 Nurses and health care assistants are often first on the scene when inmates need emergency care, and under current guidance<sup>22</sup>, they are expected to enter cells before the smoke has cleared. Our members report suffering the effects of inhaling the drug for hours following exposure, with some unable to drive home after their shifts. In at least one case, a nurse was taken to A&E by ambulance after being knocked unconscious by the psychoactive fumes.<sup>23</sup>

2.6 The scale of this problem demands swift and effective action from HM Prison and Probation Service. We would like to see an urgent review of the guidance that properly reflects the risks posed by this extremely dangerous drug. Existing HMPPS guidance conflates the chronic and longer term issues of exposure to second hand tobacco smoke with the serious and acute issue of exposure to psychoactive substances.<sup>24</sup> The guidance also suggests there is a duty for nurses and health care assistants “to intervene to protect a prisoner in danger of immediate harm in a cell where smoke or fumes have not yet cleared”.<sup>25</sup> This runs contrary to the guidelines produced by the Resuscitation Council which says emergency responders should assess dangerous situations and ensure their own safety before treating casualties.

### **The impact of multiplicity of providers and constant changes on the provision of prison healthcare services**

2.7 Contracts for prison healthcare services are held by a variety of organisations, and increasingly care is being delivered by non-NHS providers. Often, different aspects of healthcare within one prison will be provided by different organisations. Our members tell us that this fragmentation can add complication and confusion, especially in an environment where individuals are presenting with additional, complex needs, and would benefit from a more coherent, joined-up support package. The current commissioning process risks the creation of a ‘revolving door’ of staff transfers from one employer to another when the contracts for prison healthcare are available to change between different providers at regular intervals.

2.8 This has additional complexities for staff who are employed by non-NHS providers, but who are delivering NHS services, who may experience a gap in pay in comparison to their colleagues employed by NHS providers. This situation must be addressed, as gaps in pay could risk individuals being drawn away from these already under-staffed services.

### **Lack of available workforce data in prison healthcare prevents effective scrutiny**

2.9 The lack of robust data for prison healthcare, and in particular the nursing workforce numbers makes accurate assessment of the current provision incredibly challenging, however, our analysis<sup>26</sup> demonstrates that the numbers of such skilled nurses employed in the NHS is falling. This challenge is made more complex by the number of prison healthcare providers, both within the NHS and the independent sector.

3. We are calling for increased availability of robust data regarding the independent sector workforce, including the prison healthcare workforce, and long-term measurement of data that enables evidence-based decisions to improve health outcomes. Provision of workforce returns must be mandatory for all employers, including as part of any provider contract with a local authority. NHS Digital should lead on this, working with the Department for Health and Social Care and the Ministry of Justice as necessary.

## Additional information

**3.1 Learning to be gained from experiences in Scotland:** In 2016, the RCN in Scotland published a report titled '5 Years On', which detailed the experiences of the Scottish prison system in the first five years since the transfer to NHS Scotland. This report details the progress made towards the overall aims of reducing health inequalities, continuity of care and improving sustainability, but highlights the gap between rhetoric and reality, with little tangible progress made in terms of health outcomes for those detained. The full report can be found at: <http://www.rcn.org.uk/about-us/policy-briefings/sco-pol-five-years-on>

## About the Royal College of Nursing

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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## References

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- <sup>4</sup> Royal College of Nursing, *Staffing for Safe and Effective Care: Nursing on the Brink*, May 2018
- <sup>5</sup> Royal College of Nursing, *Staffing for Safe and Effective Care: Nursing on the Brink*, May 2018
- <sup>6</sup> Royal College of Nursing, *Staffing for Safe and Effective Care: Nursing on the Brink*, May 2018
- <sup>7</sup> Royal College of Nursing, *Staffing for Safe and Effective Care: Nursing on the Brink*, May 2018
- <sup>8</sup> Prison Reform Trust, Bromley Briefings Prison, autumn 2017. Available [here](#).
- <sup>9</sup> Prison Reform Trust, Bromley Briefings Prison, autumn 2017. Available [here](#).
- <sup>10</sup> Royal College of Nursing, Debate: Prison nursing, RCN Congress, 15 May 2018. Available [here](#).
- <sup>11</sup> The independent review of the Mental Health Act, interim report. Available [here](#)
- <sup>12</sup> Royal College of Nursing, Debate: Prison nursing, RCN Congress, 15 May 2018. Available [here](#).
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