

RECEPTION

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Further information

Send contributions for the next issue by 22 December 2008 to:

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REVOLVING DOORS

Setting up a ‘personalisation’ pilot in HMP Everthorpe

The Revolving Doors Agency is a national charity targeting offenders who have low level mental health problems and multiple (often complex) needs. They are usually caught up in the cycle of crime and mental illness, and services historically have struggled to find innovative ways to meet their needs effectively.

These offenders typically cost the public sector disproportionate amounts of money, particularly in terms of criminal justice, health, housing, drugs/alcohol services and social care.

As part of the National Development Programme, Revolving Doors is working with regional/ local stakeholders and commissioners to develop innovative pilots for this target group. Pilots will be sited in eight regions in England and Wales, most commencing around September 2008.

As a result of a regional needs analysis conducted between September and December last year, one pilot will take place from HMP Everthorpe, specifically focusing on the increasing numbers of short term offenders being released with little or no aftercare.

Personalisation model

The pilot will work with a small group of offenders (around 10) prior to release to enable a “personalisation” model to be embraced, allowing offenders more choice and control over their support services. This will potentially involve individual budgets, albeit without the direct financial control by offenders themselves.

While the personalisation agenda has a great foothold in the social care arena, there have been only limited developments in the criminal justice sector. The HMP Everthorpe

pilot is the first of its kind and, if successful, could influence the shape of prison resettlement across the country from a wider health and social care perspective.

A mentor/advocate will work with each offender to help prioritise goals and services, and will continue to provide that support on release. It is anticipated that this post-holder will sit within the local authority adult social care team.

Roll out

An evaluation of effectiveness will be carried out for the duration of the pilot.

Funding between September 2008–April 2009 has been secured through Revolving Doors and the Care Services Improvement Partnership (CSIP). After this stage the pilot will be gradually mainstreamed using local monies if the evaluation is favourable.

For more information about the pilot, contact Claire Cairns, Regional Adviser for the Yorkshire and Humber area, on 07795 606662 or email: claire@paulcairns.karoo.co.uk

More about the Revolving Doors Agency at: www.revolving-doors.org

RCN Fertility Nurses Group Conference & Exhibition

Regulation – rest assured

Saturday 7 February 2009
Royal College of Nursing
20 Cavendish Square, London W1G 0RN

For more information contact
Pat Anslow on 029 2054 6492
Email pat.anslow@rcn.org.uk
www.rcn.org.uk/events

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UPDATE

Many changes in progress at the RCN! Here's the latest news from ANNIE NORMAN, RCN Adviser – Criminal Justice Services/ Learning Disabilities (CJS/LD).

Time of transition with RCN Nursing Department and your forum

I felt it important to ensure that you get a newsletter this month and at a time when there are many changes afoot.

As you may know the RCN Nursing Department, formerly the (Professional) ND, has gone through significant change. There are new advisers taking up post such as Paul Vaughan for Health Care Support Workers (HCSWs), Alan Dobson (Acute), Denise Kelly (Management) and Betty Kershaw (Education) and some

other colleagues moving on.

The Prison Nurses Forum is in a transitional phase too. We currently have just one elected member – Dawn Fawcett from HMP Everthorpe – but the good news is, we are going through the elections process and have had a great deal of interest from members wanting to join the national forum committee. You will be getting election papers right away and I hope to report details of all

the new committee members soon.

Transition has not stopped us from making really good progress on an existing piece of work. The development of RCN guidance for CJS nursing teams will be published in the not too distant future. We have had a fabulous reference group set up to ensure we cover all the crucial aspects. This will be helpful, we hope, for new and existing staff, PCTs and other providers.

Custody nursing

I have been getting a significant number of enquiries relating to custody nursing, ranging from professional queries to service provision and set up. This area is of particular interest to Dr Peter Carter, RCN Chief Executive & General Secretary, who recently met Karen Swinson, Nursing Consultant with the Metropolitan Police in London. Subsequently a letter was sent to Sir

Here's a report from MANDY WHITTINGHAM, Deputy Head of Health Inspection HMIP.

Spotlight on health care inspection of immigration removal centres

In addition to prisons, HM Inspectorate of Prisons (HMIP) undertakes inspection of immigration removal centres (IRCs), including health services provision. We use separate inspection criteria (“expectations”) that can be found on our website at <http://inspectorates.homeoffice.gov.uk/hmiprison>

Of 10 IRCs in the UK, nine are in England and one in Scotland, all managed by the UK Borders Agency. Unlike prisons, IRCs can hold men, women and children, and three have facilities for families with children.

Detainees are held under wide ranging powers in the Immigration Act 1971. This is administrative law which does not engage the legal safeguards we are used to in criminal law. People can be

held indefinitely, they do not have to be produced before a court, there is no presumption of bail and they may not even have legal advice.

How IRCs differ

Like prison inspections, health care inspections of IRCs look at all aspects of health care provision for detainees, such as accessibility of services and clinical governance arrangements.

Unlike in the vast majority of prisons, however, commissioning of health services in IRCs does not lie with PCTs and, depending on the services provided, only some IRCs are required to register with the Healthcare Commission as independent providers. HMIP and the Commission have clear lines of communication with regard to their inspection of these establishments

in line with the memorandum of understanding between the two organisations.

Crossing language barriers

One aspect of health services that we particularly focus on in IRCs is that of language and understanding. It is important that detainees with a variety of languages are able to understand health screening questions, how to access health services and how medications, if prescribed, should be taken.

We check how and how often interpretation services are used, and make sure that if another detainee is used to translate it is with the patient's consent and is appropriate. For example, we were not content that a 14-year-old girl was expected to interpret for her grandmother and highlighted this at the time of our visit to a particular centre.

It is also important to ascertain if detainees have experienced torture or trauma in the past so that appropriate action can be taken.

Different groups have different needs

Some centres accommodate both single males and females and, although residential accommodation is separate, facilities such as the dining area are

Ian Blair offering RCN support through its members to improve health care practice through a skilled nursing workforce.

HMIP has recently reported on some police custody services and further information is available at: <http://inspectorates.homeoffice.gov.uk>

I shall be meeting Martin Tune from the Nursing and Midwifery Council shortly to raise a range of nursing issues and concerns. Rest assured, we will keep your needs as our highest priority.

Don't forget – if you have any news, articles or questions you want to raise through *Reception*, email me at: ann.norman@rcn.org.uk

And all that leaves for me to say is *thank you* for your hard work, for continuing in your resilience in a challenging but exciting area of practice.

usually shared. Some may find these arrangements difficult, particularly when one group (often females) is in a minority. Where families with children are accommodated, efforts are made to avoid children mixing with detainees other than in the family unit.

It is important to ensure the range of experience of health care providers is appropriate to the detainee population and that arrangements are in place for detainees to receive suitable care in the local community. Centres where families are held, even for short periods, need to make appropriate provision of care for infants, children and young people as well as adults so we would expect to see, for example, RSCNs working as part of the primary care team. Similarly, centres holding women need good links with midwifery services and other relevant services.

All people in detention are likely to have raised levels of anxiety and vulnerability, and the provision of health care should reflect the specific needs of this population. While the setting may be different, we aim to inspect to the same standard as we do in other facilities as well as share any good practice that we find across all the areas we visit.

Protecting vulnerable adults

Exclusive RCN members offer!

Just £22.50 plus VAT (normal price: £37.50)

Available paper-based and online

The recent RCN Congress debate defined, with a clear vote in support, RCN members' commitment to protecting vulnerable adults in their care.

The results of the debate supported the drive for statutory protection of vulnerable adults (POVA) training for all health care professionals. In the meantime awareness raising was considered to be a priority within the sector.

Earlier this year the RCN partnered the award-winning distance learning provider, EduCare, in developing a new programme to highlight key facts and issues surrounding the protection of vulnerable adults. The programme also had input from and is supported by the British Paramedics Association, MENCAP, Spirehealth, St John Ambulance and Unite the Union.

Course components

The programme breaks down the complexities of adult abuse, defining different types of abuse, identifying who might abuse, outlining signs and indicators of abuse, and giving best practice guidance and principles. This includes how to report suspected abuse.

Programme delivery is either paper based or, with added benefits, online in four short modules with questionnaires to test understanding. On successful completion, participants are awarded a personalised partnership certificate.

By undertaking this programme you will have absorbed the essential need-to-know safeguarding information and evidenced your commitment as an RCN member to the protection of vulnerable adults in your care.

Module 1

Understanding the basics

Learn about:

- the definition of a vulnerable adult
- different types of abuse
- who may be at risk and why
- the effects abuse can have on an adult.

Module 2

Recognising adult abuse

Examine:

- who abuses and why
- situations where abuse might occur
- what to do if a vulnerable adult confides in you
- how to report abuse.

Module 3

Reporting abuse

Understand:

- the importance of taking action
- what action should you take
- the importance of keeping records
- what happens after you report your concerns.

Module 4

Good practice guidelines

Look at:

- legislation and vulnerable adults' rights
- your organisation's responsibilities
- your personal code of conduct
- how to deal with false allegations
- the importance of constant vigilance
- pathways for further learning.

To take advantage of this exclusive offer, quote "RCN Member Offer" when you contact EduCare Customer Support:

Telephone: 01926 436211

Fax: 01926 436216

Email: info@educare.co.uk

Or visit their website at:

www.educare.co.uk

KATE CLAY reflects back on a day to remember.

NHS turns 60 with a gala celebration

I joined nearly 2,000 other health workers, patients and policymakers from around the country at a special service at Westminster Abbey on 2 July to mark the 60th anniversary of the NHS.

I was invited as one of two representatives of South Staffordshire PCT following an excellent year for the Healthcare Department at HMP YOI Swinfen Hall in Lichfield. The department had gained awards from the World Health Organization and from the Care Services Improvement Partnership within the last 12 months and had its Healthy Living Centre Project described as being of “national significance”.

Guests of honour at the service were

HRH The Prince of Wales, Prime Minister Gordon Brown, numerous government ministers, past and present, and representatives of the faith communities.

Heavy rain threatened throughout the day, but we were lucky to be inside the Abbey before the heavens opened. The beautiful setting and simplicity of the service created a wonderful atmosphere of thanksgiving and pride, and I felt very privileged to have been a part of this special day.

‘Reception’ of a different sort

The service was followed by a reception in the Queen Elizabeth II Conference Centre across the road from the Abbey and, while queuing to enter, we were treated to the ringing of the Abbey bells.

The reception included speeches from Alan Johnson, Secretary of State for Health, and Ann Keen, Parliamentary Under Secretary for Health. A highlight of the event was a performance by Lesley Garrett CBE, who is married to a GP.

I met many different NHS workers including nurses, commissioners, professions allied to health and doctors as well as patients and carers. It was fascinating listening to their stories and the achievements that had led to their attendance. I also felt proud to be there as a representative for offender health.

Thanks to those who allowed me to attend a special day – one I will remember for many years to come.

Kate Clay, now Healthcare Manager at HMP Stafford, was formerly Healthcare Manager at HMP YOI Swinfen Hall.

MELANIE CULLEN, RCN Employment Relations Adviser, reports.

RCN at work for you in employment relations

Industrial relations processes

The RCN is currently in discussions with HMPS and Offender Health regarding our recognition agreement and the framework for consultation. The current draft contains significant improvements which should improve our ability to influence going forward, but is still to be agreed with the other Prison Service and National Offender Management Service trade unions.

Health care support workers

We are also in discussions with Offender Health about updating current guidance to allow health care managers to develop their skill mix and increase flexibilities in line with the original intentions of *Agenda for Change*.

Control and restraint

After protracted debate with HMPS and

Offender Health over this issue, we now **believe** this problem is solved and all staff working in health care units who require training in C&R should receive the necessary training from HMPS. That includes PCT employed staff.

A risk assessment should be carried out and where staff training requirements are identified, HMPS will provide it. If you do not think you are receiving the training you need, here's what to do:

- Ask to see the risk assessment. If there isn't one, contact me.
- If you do not agree with the risk assessment, take this up locally, but if there is still a problem, contact me.
- If the risk assessment says you should have a certain level of training, but you are not getting it, contact me.

Indeed, if you have any other concerns

or comments around this issue, then do contact me!

Representatives network

The next networking day for RCN representatives working in Offender Health is on 21 January at RCN headquarters, Cavendish Square. We're always keen to welcome new people to our network – if you are thinking of becoming an RCN steward, safety rep or learning rep, do get in touch so we can keep you informed and invite you to any networking events.

Agenda for Change

This is almost fully implemented and the next step is the introduction of the AfC Knowledge and Skills Framework across the estate. We are aware of ongoing pay anomalies and outstanding pay issues in some areas, and we are addressing these with HMPS. If you have problems in your area, let me know so I can try and get the issues resolved.

Email: melanie.cullen@rcn.org.uk



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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies