

## Integrated Approaches to Care- Nursing Times Submission 2018

**Please provide a summary of your project in 100 words. What was the problem you were trying to solve, how did you go about solving it, what challenges did you face and what outcomes did you achieve? Please note if you are shortlisted an edited version of this 100 words will appear in any publicity about the finalists, and we could use this as the basis for an article about your project.\***

Prison health care (PHC) in Northern Ireland was in urgent need of transformational reform to align service provision with prisoners' clinical needs, to maintain safe services and to build workforce capacity. Prison Health Care risks were rated extreme and on the corporate risk register.

A Reform Project was established to drive the cultural change required to embed improvement methodology, improve service user engagement and health outcomes. The nursing team's commitment to compassionate care and improving services has enabled exceptional progress.

**We are now going to ask for more detail about your project. What was the challenge you were trying to solve? What inspired you to start this initiative?**

**(For example, were there problems with access for service users, were there delays, did quality of care fall below accepted standards). (200 words)\***

Prison Healthcare in Northern Ireland transferred from the Department of Justice to the Department of Health in 2012. Health outcomes and inspections indicated an underperforming service. External Inspection in May 2015 noted deterioration in healthcare, concerns re leadership and staffing levels and a need to develop sustainable clinical governance and rapidly improve patient care. Other review reports and feedback from patients/clients indicated poor satisfaction with the service. There were substantial external influences that were impacting staff and causing significant stress within a difficult working environment. These were sensitively and carefully managed alongside a major reform programme.

PHC face the additional challenge of working in a counter- cultural environment requiring a high level of partnership working with Prison Service (NIPS).

Stabilising the workforce and developing leadership was central to cultural change. Plans were put in place to also improve:

- Chronic disease management and improving sexual health
- Committal procedures
- Service User Engagement
- Co-working with Northern Ireland Prison Service

**What were your aims? (200 words)\***

Our aim was to drive cultural and transformational change, including the development of co-production and collaborative practice and progressing from cooperation to collaboration through a series of work streams.

- a. Measure: Creation of Prison Reform Board and 7 Work streams:
  1. SQE / Pathways
  2. Performance
  3. Finance

4. Stabilising Workforce
5. Staff Engagement
6. Governance
7. Criminal Justice / NIPS

**How did you go about implementing a change? (Who was involved, in what capacity, and what did you do to innovate and bring about change?) Were there any further challenges and how did you overcome them? (300 words)\***

The whole nursing team in Prison Healthcare was involved in transforming the service led by the Director. Significant progress has been made in stabilising the workforce through the development of exemplar induction and training programmes for nursing staff in Prison Healthcare which have been recognised by the International Committee of the Red Cross. The team embraced quality improvement methodology including undertaking projects to improve and innovate communication in the prison committal process and to improve the flow of people entering custody including the introduction to prison healthcare of the 10000 voices project. Nursing staff became involved in developing chronic disease management programmes and sexual health screening.

- Prison healthcare in collaboration with the South Eastern Health and Social Care Trust Nurse Consultant in Sexual Health and QUB successfully gained funding from the 'Burdett Trust for Nursing' in 2016 to support the development of a competency based training programme for nurses within prison healthcare to deliver Level 1 sexual health care.
- Screening Programmes have been developed for BBV and TB
- Co-working on the *Joint Strategy for the Prevention of Suicide and Self-harm* with Northern Ireland Prison Service colleagues continues
- An increased uptake in the recruitment of staff to nursing posts therefore a significant reduction has occurred in the use of agency staff
- Several staff are undertaking the Trust multi-disciplinary Safety Quality and Experience (SQE) course and a SQE project occurred to promote decreased patient dependence on analgesia- the Lagan Project-with very positive feedback from service users.
- Investment in successful training programmes has occurred and the service achieved the Investors in People Award 2016/17
- A Diabetic Clinic was piloted at one of the prisons involving diabetic nurse specialists by video-link meaning more patients could be seen and less resource utilised than travelling to external clinics.

**What were the results? What did you achieve? What data or evidence have you got to prove the success of your project? (200 words)\***

Leadership is enhanced through partnership with International Committee of the Red Cross, RCN and organisational comprehensive training and induction for all staff. The whole team have embraced Quality Improvement methodology with a range of innovative improvements;

- ECHO (Engaging communities for healthcare outcomes) - 1<sup>st</sup> of kind in prison healthcare with national engagement bringing together healthcare, Prison staff and clinical specialists across UK Prisons providing a platform for sharing best practice to improve our end of life care, self-harm and Blood Borne Viruses (BBV).

- Improving sexual health - major public health issue, through partnership with QUB.
- Therapeutic choir winning Most Innovative Mental Health Development and National AHP Awards overall winner April 17
- Co-Production with development of Peer Health mentors, a first in UK prisons.
- Safety Quality and Experience (SQE) project - Innovative Pain management programme to reduce dependence on analgesia.
- Health Screening Programmes established (AAA, BBV, Cancer, Diabetes, TB)
- Inter trust relationship work ensuring safe transfer of care.
- Health Champions – engagement and promoting wellbeing
- Weekly Lessons Learned ‘sound bites’ to all staff.
- Successful smoking cessation clinics have been held in Hydebank and Magilligan prisons

A Prison Engaging Communities for Healthcare Outcomes (ECHO) pilot has brought together trust staff, Northern Ireland Prison Service staff and clinical specialists with prison healthcare in UK Prisons.

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics.

It has provided a platform for sharing best practice, networking and discussing challenges in providing good care to people in custody. It is the first ECHO of its kind in prison healthcare.

**List five key outcomes and implications of the project.\***

External inspections in May 2017 and April 2018 noted significant improvements in all areas. In April 2018 the Inspectorate Team acknowledged the most change they had ever seen in a Prison environment and described it as *transformational*.

We established service user forums with many positive outcomes; service Users reported that the healthcare forums are a better way to communicate with the healthcare service. Other service user initiatives have been ‘10x 9 events,’ ‘In your Shoes, In my Shoes’ Workshop and the ‘Spanner in the Works’ Drama project. Evaluations of events held have been extremely encouraging, with users reporting feeling valued and involved. Service users helped design the new complaints process.

Staffing levels at highest ever with on-going positive recruitment campaigns raising profile. Leadership is enhanced through partnership with International Committee of the Red Cross, RCN and comprehensive training and induction for all staff.

PHC did not gain Investors in People standard for accreditation in 2015 and 2016 however achieved IIP accreditation in Feb 2017 with 85% of staff stating they love working in the service. Staffing levels at highest ever with on-going positive recruitment campaigns raising profile.

The whole team have embraced Quality Improvement methodology with a range of innovative improvements;

**What are your future plans for this project? (200 words)\***

Prison Healthcare continues to focus on a number of initiatives to drive forward with the momentum gained. The Director is leading on 5 Nations work relating to comparative national datasets for Prison Healthcare, as part of the World Health Organisation collaboration on Prison Healthcare.

Additionally Prison Healthcare New Service Developments 2017-18 include:

- The completion of joint strategies with the Northern Ireland Prison service with regards to drug misuse and self-harm / suicide prevention.
- Targeted Mental Health training.
- Improved Chronic Disease management initiatives including hepatology clinics.

**What advice would you give to others implementing a similar project? (200 words)\***

Engage service users from the outset. They provide the most valuable insight to how your service is achieving (or not achieving!) When working in co-production with another service a large degree of flexibility is required. When target dates become blurred and obstacles arise –adapt but do not give up. The end result on service user outcomes and staff morale is worth it!