



Locked out

Inmates of the UK's prison service face a double bind of rising health issues and a growing shortage of medical staff, find **Clare Connell** and **Ryan Perrott** of Connell Consulting

MPs are set to investigate health inequalities within the justice system, as the prison service looks to slowly be heading towards a potential healthcare crisis. Rates of suicide, drug use, self-harm, violence, and mental health have been on the rise in recent years, with prison healthcare staff being stretched to new limits in what is becoming an increasingly dangerous and overwhelming work environment. These worrying developments have caught the eye of the Health & Social Care Committee at Westminster, which has set up the Prison Healthcare Inquiry in response. The inquiry will not only examine the effectiveness of services in meeting the health needs of prisoners, but what more can be done to reverse the growing shortage of healthcare staff in the justice system.

So what impact will the inquiry have on employers and agencies delivering NHS services within prisons and young offender institutions (YOIs)? Early recommendations suggest that providers of non-NHS staff could benefit from proposals to ring fence funding in order to improve the recruitment and retention of prison nurses. A further recommendation is calling for a national council to cover staff that are not directly employed by an NHS organisation, which could potentially bolster the role of employment agencies in the prison healthcare system.

Contributing to the inquiry is the Howard League, which has noted that in light of recruitment problems faced in the nursing sector, there is already a high reliance on agency healthcare staff within the prison system. Prisoners themselves have reported that agencies make up a high proportion of the healthcare staff that deliver care services. Ann Norman, the professional lead for criminal justice and learning disabilities at the Royal College of

Nursing (RCN) has said “nurses play an essential role in the justice system, but their numbers are plummeting.” Her Majesty’s Prison Inspectorate has similarly noted that “we consistently observe acute staff shortages within prison health provision and this is often the primary reason for gaps in provision.”

The shortage of nurses is having widespread implications within prisons and YOIs. Nearly one in five inmates who are diagnosed with a mental health problem do not receive any support from a mental health professional while in prison (*figure 1*). According to the Howard League, prisoners also perceive a significant link between staff shortages and the increased risk of suicide. In a survey from the RCN, 64% of nursing staff in prisons reported that care was compromised on their previous shift, with 45% attributing this to staff shortages.

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Suicide and violence on the up

Concern is also raised, not just at the shortage of healthcare staff in the justice system, but at the lack of experience, good quality training and career development of prison nurses. These challenges around nursing staff are coming at a critical time for prisons; in particular, suicides have increased 75% between 2007 and 2016,

with 122 prisoners taking their own lives in 2016, the highest total since current recording practices began in 1978. Data released from the Ministry of Justice in April 2018 also showed that there were 29,485 assaults in 2017, a 13% rise from the previous year, as well as an 11% increase in recordings of self-injury.

In recent years therefore, prisons have become a complex, challenging and overwhelming environment for healthcare staff, and this is seen as a key factor in driving staff shortages. A combination of staff pressures, poor opportunities for development and training, and the risky working environment have contributed to staff being undervalued and under-supported. Staff have been left exhausted and traumatised at having to deal with increased drug use, overcrowding, violence, and the growing suicide rate among prisoners. The RCN has said, “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”. It also reports that the increasing number of violent assaults on prison nurses is having a big impact on staff leaving to find employment elsewhere. The head of healthcare at one Essex prison told us: “If you can get something that is less stressful, and the environment would be less stressful, then nine times out of 10 people would go for that.”

Exacerbating these problems is the growing complexity and multi-dimensional nature of care that is now being required in prison settings, only putting more pressure on nurses, and deepening the challenge of recruitment and retention. Prison inmates often have a range of different health requirements, many of which incur complicated long-term management. One former prison nurse explained that “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”. The head of healthcare at a Yorkshire prison told us that “as a prison nurse you are a master of very little, but you have to know a little bit about absolutely everything”. Demographic changes that are being seen nationwide are also being reflected in prisons, in particular the ageing population, which is driving an increased focus on end-of-life care in custodial settings.

Then there is the increased use of ‘spice’, a highly addictive psychoactive substance that is being smuggled into prisons in worryingly vast quantities. In March of this year, an inmate at the Winson Green prison in Birmingham died after taking a toxic batch of the drug ‘mamba’, a synthetic substance similar to spice. The health and safety of prison nurses is also at risk as a result of the spice epidemic – an NHS trust in County Durham withdrew all staff from an entire wing at the Holme House prison because the environment was deemed too unsafe to work in. Nurses have recently reported passing out as a result of inhaling spice fumes when on their way to emergency incidents in prison cells. The rise of these powerful new drugs is therefore only making the job of prison nurses more complex and unsafe.

Vicious cycle

In summary, the working conditions and opportunities of prison healthcare staff is driving crippling shortages in the sector, with huge challenges for recruitment and retention. Nurses are having to work in overcrowded prisons with their own safety at risk from violent assault and substance usage, all while they have to manage multiple complex needs with limited training. Nurses can receive similar pay and work in other healthcare environments, which carry far lower levels of risk and pressure. Ultimately, this has created a situation where recruiting and retaining nurses has become incredibly difficult. It has created a catch-22 in the sector – working conditions have become highly unattractive to nurses, thus driving the shortage, and the shortage is only increasing the risk and pressure, which makes the job role unattractive in the first place. One prison healthcare worker in Hull described the unattractive nature of the job role to us, explaining: “I think inherently nurses do not want to work in prisons, because of their perceptions more than anything.”

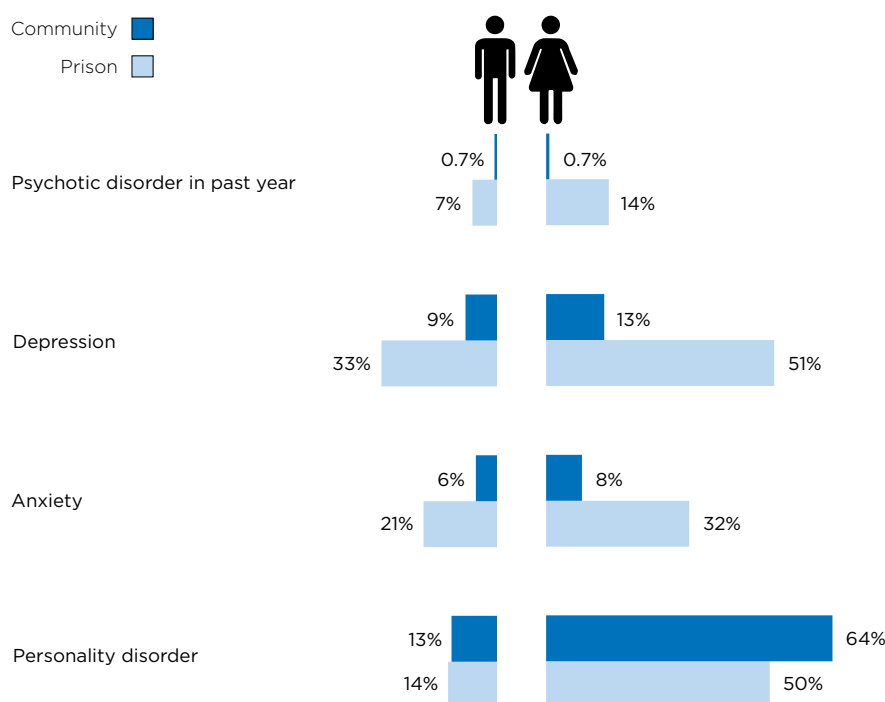
The parliamentary inquiry into prison healthcare aims to address this ever-worsening and deeply troubling situation. One of the core aspects of the inquiry will be to assess the effectiveness of prison healthcare services,

including the staff that deliver them. There will be focus on what measures can be put in place in order to improve the recruitment and retention of nurses in the prison system, with a wide range of stakeholder groups offering their suggestions. Recommendations have already been made from national charities, advocacy groups and internal health and justice organisations with hopes change could be delivered around pay, funding, training opportunities and workforce planning. While the inquiry is yet to publish any findings, there are hopes that changes could be made to how prison healthcare services are staffed.

Workforce planning

Among some of the initial recommendations (figure 2), there are calls for greater levels of workforce planning in prison healthcare so that staff coordination can occur much more efficiently at national level. A greater level of workforce planning would aim to ensure that nurses have the right skills and are in “the right place at the right time in prison healthcare settings” ensuring that the care is delivered in a more effective way. Significantly, the RCN elaborates on this recommendation saying that workforce planning should take place “regardless of provider.” This suggests that there is a role for agency staff within the proposed

FIGURE 1: MENTAL HEALTH IN PRISONS

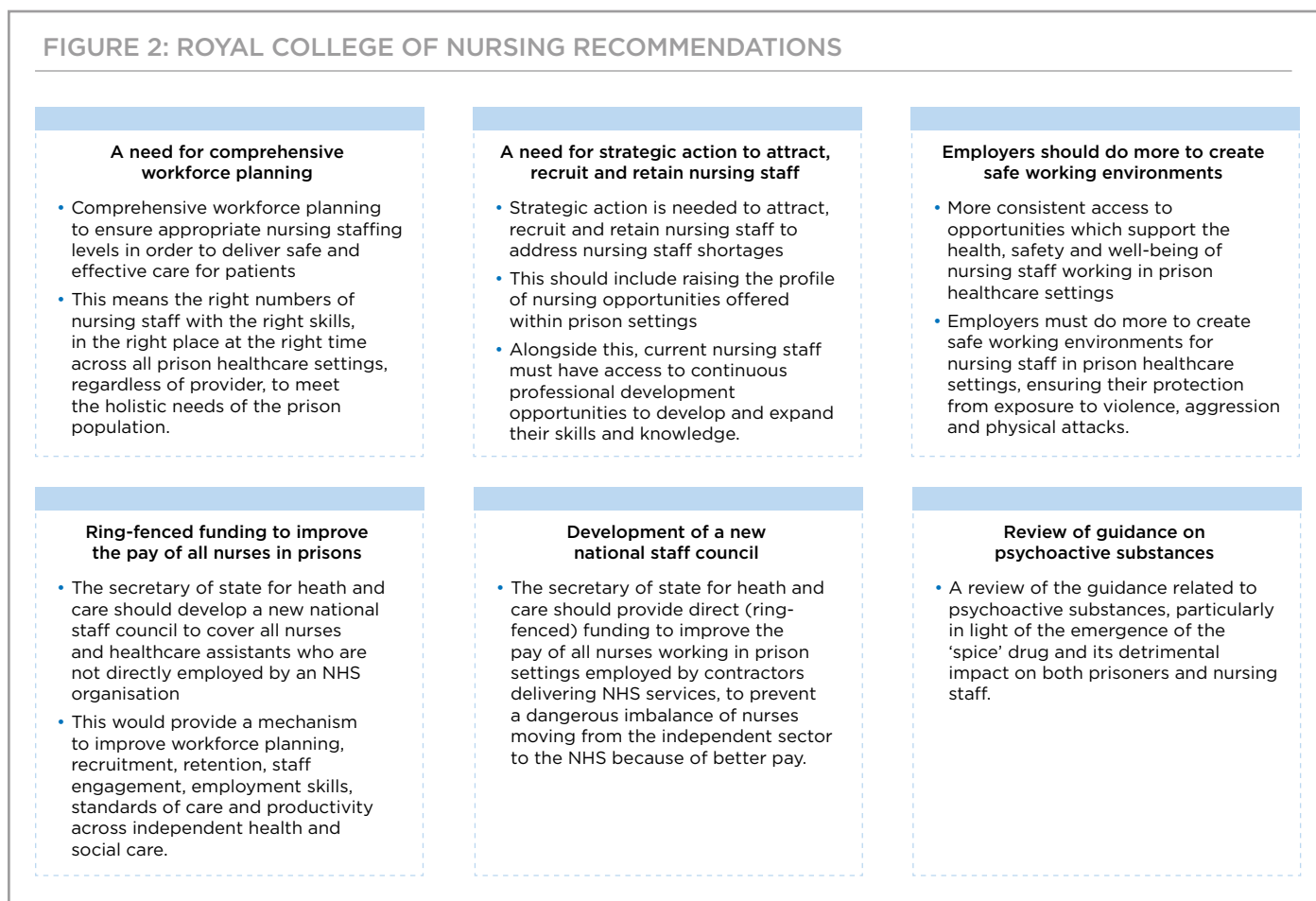


Source: Public Health England: Health and Justice Annual Review 2016/17

- In addition to higher infectious disease rates and high rates of substance abuse in prison settings, prisoners are also suffering from multiple and complex mental health issues at rates in excess of those observed in the general population
- Self-inflicted deaths in prison have never been higher (by absolute numbers) and have doubled since 2011. In 2016 more than a third of all prison deaths in England and Wales were self-inflicted
- Annual self-harm incidents have increased by nearly two-thirds since 2011, with 40,161 incidents recorded in 2016
- Annual assaults in prison have increased by more than two-thirds since 2011, with 29,485 assaults recorded in 2017
- In attempting to reduce self-inflicted deaths, the mental health of those in prison needs to be considered
- However, currently nearly one in five inmates who are diagnosed with a mental health problem do not receive any support from a mental health professional while in prison.



FIGURE 2: ROYAL COLLEGE OF NURSING RECOMMENDATIONS



workforce planning, offering new opportunities for partnership between the prison health system and employment providers. In future therefore, we may see agencies working more closely with the Department of Health & Social Care (DHSC) as part of a wider programme of workforce planning.

The RCN is also recommending that 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.” This recommendation, should it be considered by the inquiry, would be a very positive step for agencies and independent sector firms providing nurses to prisons. There would be guarantees and funding protections at state level for nurses provided by non-NHS organisations. Ultimately it would set out a financial commitment at the

highest level for the use of agencies in the prison healthcare system.

A further recommendation by the RCN calls for 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. The purpose of the council will be to act as a mechanism for greater planning and control over recruitment and retention strategies, staff engagement, employment skills, standards of care and productivity across the independent health and social care sector. This would suggest that DHSC could look to work more closely with the independent sector around the wider employment strategy for prison nurses. This could include greater cooperation around staff training and opportunities as well as recruitment and retention strategies. It could be positive news for employment agencies, should the recommendation be acted upon, enhancing further the role employment agencies

are playing in the prison healthcare system. It could also widen the role of employment agencies in a new national employment structure, requiring them to take more responsibility for training and development, alongside DHSC.

In all, it is too early to say what impact the prison healthcare inquiry will have until findings are published and recommendations are made to central government. From the recommendations made by stakeholder groups so far, however, it looks as though the already prominent role of employment agencies and independent sector firms providing healthcare in prisons could be strengthened even further. Stakeholders are keen to integrate agencies more closely into a more streamlined national structure, taking advantage of the extra capacity they provide. Agencies could be a key ally with DHSC in reversing the dangerous staff shortage that is currently crippling health and social care services in prisons. ■

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