NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 14 August 2023**
Title:	**HMP Kilmarnock Health Needs Assessment and Recommendations**
Responsible Director:	**Craig McArthur, Director East Ayrshire Health and Social Care Partnership**
Report Author:	**Martin Egan, Senior Manager, Justice Services**

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This report sets out the basis for completion of a Health Needs Assessment (HNA) for HMP Kilmarnock and highlights the principal health care and wellbeing needs identified. The report outlines the recommendations made that are to be led by the health team and others in relation to the wider wellbeing of those in the care of the prison to be led by key partners. There are specific recommendations that relate to changes in the skill mix and staffing arrangements to enhance and improve the delivery of health care and health outcomes. The report also sets out implications of the Scottish Prison Service (SPS) taking management of the prison and the need to develop the physical facilities

The HNA recommendations were considered and approved by East Ayrshire IJB on 21 June 2023. This included a direction in relation to changes in the skill mix and staffing arrangements to enhance and improve the delivery of health care and improve health outcomes for those in the care of the prison.

The report is presented for Board members awareness of the recommendations of the Health Needs Assessment

2.2 Background

The provision of primary care health services at HMP Kilmarnock has been the responsibility of NHS Ayrshire and Arran since November 2011. As part of the integration of health and social care these services are now hosted and delivered by East Ayrshire Health and Social Care Partnership. The last health care needs assessment for HMP Kilmarnock was completed in 2009/10 prior to these services being transferred to the NHS.

A driver to complete a Health Needs Assessment (HNA) was the Her Majesty's Inspection of Prison Services (HMIPS) inspection of HMP Kilmarnock and subsequent report published in May 2022. Whilst this was a whole prison inspection, the report made a number of recommendations in relation to the provision of healthcare at the prison. Prior to its publication Health Improvement Scotland (HIS) who jointly inspect with HMIPS escalated some immediate concerns which mainly focused on the physical facilities and environment in which healthcare is delivered in HMP Kilmarnock, but remain the responsibility of SERCO the private prison provider and SPS.

East Ayrshire Health and Social Care partnership, SERCO and the SPS submitted a jointly agreed plan to HMIPS that completion of a Health Needs Assessment would be the most appropriate process in which to evidence the current and future needs of those in the care of the prison and the staffing and facilities to deliver improved health outcomes.

The work of the Health Needs Assessment was led by a multi-agency reference group which included a number of health disciplines and public health, the SPS and SERCO (Full list set out on page 64 of the report). This group has approved the final report.

Following initiation of the Health Needs Assessment SPS made the decision that at the end of the existing 25 year contract with SERCO they would assume management of the HMP Kilmarnock on the 16 March 2024. A project team is now in place to manage the transfer of the prison from SERCO to SPS. The Senior Manager for Justice is engaged with the project team to ensure that the implications for the delivery of both healthcare and justice social work services are fully considered in the transfer plan.

2.3 Assessment

HEALTH CARE NEEDS OF THOSE IN THE CARE OF HMP KILMARNOCK

Scottish health legislation and policy embraces the principal of equivalence and that those in the care of a prison are able to access the same level, range and quality of healthcare that is provided in the community. However as highlighted in the report published by Scottish Government on Understanding the Mental Health Needs of Scotland's Prison Population (2022) there is a view a equivalence of care is insufficient and greater investment in prison health services is needed to compensate for the levels of depravation, risk factors for mental health and health inequalities experienced by the prison population.

Evidence included in the Health Needs Assessment demonstrate the higher levels of health needs of those in the care of HMP Kilmarnock than the general population which reflects their experience of adverse childhood experiences and other trauma.

Self-reported information from those in the care of the prison on health risk factors evidenced that;

- 83.58% Smoked
- 70.15% Used drugs
- 59.70% Drank alcohol regularly

Those in the care of the prison have significant mental health and wellbeing support needs and are more likely than not to have mental health need. The closed environment of the prison means that they are not able to access the range of community based support and wellbeing self-care strategies and are reliant on services provided in the prison. Suicide is a significant risk factor with nine of the deaths in the prison over a five year period 2016-2021 being due to suicide. The prison is also seeing increasing rates of self-harm and numbers those in the care of the prison where Prevention of Suicide in Prison Strategy protocols are put in place to reduce that risk.

There are high levels of drug use in those coming into the care of the prison and those needing support with their drug use. In HMP Kilmarnock this is significantly higher than the Scottish prison average. Drug testing that takes place for those entering prison showed that 79% of those entering HMP Kilmarnock tested positive for an illegal substance compared to a Scottish prison average of 71.1%. In the most recently available comparison figures in 2021 38.4% of those in the care of HMP Kilmarnock were receiving opiate replacement therapy compared to 30.8% in Scotland and this has been consistently higher and rising over the reporting period since 2016.

Those in the care of the prison experience a greater prevalence of a range of some but not all physical health conditions. The national report on the physical health needs in Scottish prisons noted that a number of studies suggest the health of people in prison is similar to that of non-offenders up to 10 years older.

As part of the Health Care Needs Assessment, those in the care of the prison were asked about their views of their health care needs and the services to meet these. The majority reported that their health had been bad or very bad in the last month. Many reported that their health had been better in the community and that health care was poorer in custody.

The main areas of concern for those in the care of the prison identified through the survey and focus groups discussions were;

- Access to mental health services;
- Medications being changed (Particularly pain medications);
- Access to GPs;
- Access to dental care.

The levels of health care needs identified for those in the care of HMP Kilmarnock are reflective of the needs identified in the series of reports published by Scottish Government in 2022 on the health care need of the Scottish Prison Population and

key messages from these reports have been included in the Health Needs Assessment.

RECOMMENDATIONS OF THE HEALTH NEEDS ASSESSMENT

The Health Needs Assessment produced 27 recommendations which are detailed in the report. These recommendations cover a range of areas which include those directly related to service delivery by the prison based health care team health along with ones which relate to work with or by key partners. The aim of the recommendations is to improve the delivery of health care services and the wider health and wellbeing outcomes of those in the care of the prison.

There are specific recommendations on changes to the skill mix of the mental health team and the work pattern of the band 6 charge nurses in the prison.

Recruitment of mental health nurses has been very challenging which reflect both local and national shortages of mental health nurses and the particular difficulties recruiting to prison health care. This situation in unlikely to change in the near term and the reduced capacity has impacted on service delivery. The service has needed to focus on those most at risk and need and has not been able to provide lower level and preventative care to those that could benefit from these.

Proposals are to create a band 6 mental health practitioner role and 2 band 4 mental health assistant practitioner roles from existing band 5 vacancies. These would strengthen service delivery in the triage and assessment of referrals and the delivery of mental health and wellbeing interventions including group work. This would more effectively meet the needs of those requiring mental health and wellbeing support.

Further proposals are to strengthen the leadership, quality assurance and support to the band 5 nursing team by creating an additional band 6 charge nurse post and moving to a shift pattern that includes evening and weekend work. This change is designed to support quality improvement and assist the development and retention of band 5 nursing staff with increased and visible support.

There are recommendations focused on developing the processes and delivery of healthcare to improve outcomes including action on the assessment of those coming into the care of the prison, those returning from court and preventative health care. The delivery of Medication Assisted Treatment (MAT) standards in the custodial setting of the prison is an identified priority and the prison population has a high level of recovery support needs.

Some of the recommendations are for our partners in the prison to lead the delivery of including the delivery of education, self-help groups and other wellbeing interventions to support those in the care of the prison and the development of the key worker role for prison custody officers.

Work on the recommendation to review the community re-integration model is being taken forward by a Community Justice Ayrshire working group. This work is further supported by the work East Ayrshire HSCP is undertaking with Scottish government as a pathfinder on Getting It Right For Everyone (GIRFE) which includes people in prison as a theme.

The development of more trauma informed services will be essential to meeting the needs and improving outcomes for those in the care of the prison for all staff groups providing care. Recommendation include the delivery of joint training to support a shared understanding of how this is developed and embedded

The reference group for the Health Needs Assessment is currently being re-shaped into a delivery group for the action plan that is being developed from the recommendations.

PHYSICAL FACILITIES TO DELIVER HEALTHCARE

The current facilities are based on the delivery of healthcare when HMP Kilmarnock opened in 1999. Since that time there has been a fundamental change in how health care is being delivered.

HMIPS inspection reports in 2016 and 2022 identified concerns in relation to the physical facilities both noting that the facilities were no longer considered fit for purpose.

Under the existing contractual arrangements between the Special Purpose Vehicle (SPV) who hold the lease for the prison, SPS and SERCO are responsible for maintaining the facilities as originally provided. Development of the facilities are the responsibility or SPS to fund but would need the agreement of the SPV to implement.

The transfer of the prison to SPS in March 2024 will simplify these arrangements with the removal of an additional party. It is the responsibility of SPS to develop a business case and identify funding to develop the physical facilities and work with SPS is taking place to support this activity. At this time there is no commitment from SPS to provide investment which is a recommendation from the Health Needs Assessment.

TRANSFER OF THE PRISON FROM SERCO TO SPS

HMP Kilmarnock has been managed an operated by SERCO from the opening of the Prison in 1999 under a 25 year contract. This contract has not been renewed and SPS will take direct management of the prison on the 16 March 2024.

SPS have in place a project lead and team to manage the transfer of the prison. The senior manager for justice has a regular engagement meeting with the project lead to identify and plan transition issues that need to be considered for the delivery of health care services in the prison.

Since 2011 the delivery of health care services in prison establishments has been the responsibility of the NHS Board in which the prison is located. There is a national MoU in place for these arrangements and the transfer of the prison to SPS will not change these governance arrangements.

2.3.1 Quality/patient care

The focus of the recommendations of the HNA are to improve the health and wellbeing of those in the care of HMP Kilmarnock. The specific recommendations in relation to the skill mix of the mental health team are to strengthen service delivery in a key priority area. Additional recommendations seek to strengthen the leadership and quality assurance arrangements to support quality improvement in patient care. Some of the recommendations that relate to the wider health and wellbeing of those in the care of the prison and funding to develop the physical facilities are for partners to lead

2.3.2 Workforce

The recommendations include strengthening the leadership and quality assurance arrangements in the prison. This will enhance charge nurse provision and ensure the availability of onsite senior nurse across the hours healthcare services are provided. This will enhance the support and development of health care staff and is anticipated will assist with retention of staff.

2.3.3 Financial

There are no financial implications. Savings identified in some areas of the prison healthcare budget along with anticipated slippage in the recruitment to vacant posts mean that costs related to workforce changes can be managed within the current prison healthcare budget provision.

2.3.4 Risk assessment/management

Recruitment and retention of health care staff at the prison continues to be a significant challenge with gaps in staffing particularly in the mental health team impacting on service delivery. Failure to deliver the proposed changes in the skill mix of the team and enhance the delivery of mental health services would have a significant negative impact on the mental health and wellbeing of those in the care of the prison requiring this support.

Risks relating to progress of the recommendations of the Health Needs Assessment will be identified and addressed by the delivery group.

There are potential risks of a rise in the prison population affecting the capacity to deliver health care. In part due to the contract arrangements between SPS and SERCO normally remains below 548. SPS have not yet finalised a population paper for HMP Kilmarnock which has a maximum capacity of 692 places. SPS have indicated that they do not plan a significant increase in population. However from engagement discussion it is likely that the population would increase to around 600 as individuals that would normally be placed in HMP Kilmarnock are no longer diverted to other establishments to remain below the 548 population figure. There may also be a change in the demographic and turnover of people in the care of the prison which would have an impact on the workload of the health care team. There is continued engagement with SPS to ensure the impacts of any proposals are fully considered.

2.3.5 Equality and diversity, including health inequalities

Those in the care of prison experience higher levels of health care needs than the general population across a range of areas. These are particularly significant in relation to mental health and those with addiction support needs. The proposal included in this report are designed to strengthen the mental health provision, delivery of MAT standards and support quality improvements in the delivery of healthcare service to a vulnerable, disadvantaged and stigmatised group in the care of the prison who experience health inequalities.

The positive duty of Article 2 Right to Life under the European Convention on Human Rights requires an additional obligation to protect those in custody from harm including protection from self-harm. The delivery of effective health services that reduce the risk of suicide and other health harms are required to meet these obligations.

2.3.6 Other impacts

The recommendations and actions identified in the Health Needs Assessment align with key messages from Understanding the Health Needs of Scotland's Prison Population, Scottish Government (2022). This and other reports have informed the local outcome improvement plan for the prison healthcare service.

2.3.7 Communication, involvement, engagement and consultation

The completion of the Health Needs Assessment was directed by a multi- agency and multi-disciplinary reference group which met on a monthly basis. This group included key stakeholders including SPS and SERCO. This group is now being reconstituted into a delivery group to take forward the recommendations of the HNA.

Specific engagement took place with those in the care of the prison to seek their views. This was undertaken through surveys and focus groups and their views are provided in the HNA report.

No additional NHS Board communication is required

2.3.8 Route to the meeting

East Ayrshire Integration Joint Board on 14 June 2023

2.4 Recommendation

For awareness. Members are asked to note the recommendations of the Health Needs Assessment

3. List of appendices

The following appendices are included with this report:

- Appendix 1 HMP Kilmarnock Health Needs Assessment 2023

HMP KILMARNOCK HEALTH NEEDS ASSESSMENT MAY 2023

Acknowledgments

Thank you to the Reference Group whose support and guidance was essential in carrying out the work and preparing the final report. Thank you to those in the care of the prison, and staff from who gave their time to complete questionnaires and contribute to focus groups.

Content

Executive Summary

The purpose of this health care needs assessment is to consider the health and health care needs of those in the care of HMP Kilmarnock and develop recommendations to address both current and anticipated future health care needs of those in the care of the prison. The report published by Scottish government on Understanding the Mental Health Needs of Scotland's Prison Population (2022) noted "Scottish health legislation and policy embraces the internationally agreed principle of equivalence. This ensures an ethical and legal obligation for individuals in prison to be able to access the same level, range and quality of healthcare as that provided in the community. However, there is also a view that equivalence of care is insufficient and greater investment in prison health services is needed to compensate for the levels of deprivation, risk factors for poor mental health and health inequalities experienced by the prison population"

The report is set out in eight sections.

Section 1 sets out the reasons and drivers for why a health needs assessment was undertaken at this time and the methodology used to undertake the assessment.

Section 2 provides the key results of the data mapping that was undertaken. In the course of the review there were gaps found in data being recorded in a format that captured trends that could be usefully analysed for the review and a recommendation has been made to review data collection to support future planning. The demographics of the prison show that 87% of those in the care of the prison are between 22 and 50 with a significant percentage of this group being untried and held on remand. Almost all of the remainder are over 50 with the Scottish Government report Understanding

the Physical Health Care Need of Scotland's Prison Population (2022) noting research suggests that those in custody present as 10 years older than their chronological age to the general population in relation to their health needs.

Self-reported health risk factors show high levels of smoking, drug and alcohol use and gambling for those coming into the care of the prison. HMP Kilmarnock has a significant proportion of its population experiencing drug misuse challenges with large numbers receiving Opiate substitution therapy (OST), 38.4% which compares to a Scottish prison average of 30.8%. In relation to trend data there is an increase in reported incidents of self-harm and since 2019 a rise in the number of those in the care of the prison identified under the Prevention of Suicide in Prison (PSIP) procedure. This concern is also reflected in the number of deaths due to suicide in the prison.

Section three provides details of the engagement work that took place with those in the care of the prison and staff groups. This was undertaken by both questionnaires and focus groups to encourage a wide participation and ensure that key issues were accurately identified.

Those in the care of the prison had a generally more critical and negative view of healthcare provision with significant numbers reporting health care issues and half reporting that their health had been better prior to coming into prison. The majority felt that access to health care was more difficult in the prison than in the community. The four areas of concern to people in the care of the prison that came out most strongly were access to mental health services, access to G.P's, access to dental care and issues in relation to what medication was provided in the prison and changes to medication.

The review received staff survey and focus group responses only from health care staff. Mental health and addiction support were identified as the major health care needs of those in the care of the prison. The majority of respondents felt that are able to access support for people in their care across a range if support needs although it was at a lower level in relation to mental health. Those that took part made a number of improvement suggestions that linked to the areas of concern identified by those in the care of the prison.

Section 4 details recent relevant reports that informed the review. A full literature review was not carried out as part of this health needs assessment but four recent reports were identified as being of particular relevance to inform the review these were;

- Understanding the Health Needs of Scotland's Prison Population, Scottish Government (2022)
- Mental health support in Scotland's prisons 2021: underserved and under-resourced. Mental Welfare Commission for Scotland
- HMP Kilmarnock Full Inspection Report HMIPS (2022)
- Independent Review of the Responses to Deaths in Prison Custody (2021)

The national reports on the Health Needs of Scotland's Prison Population evidences the high level of health and social care needs of the prison population which are

significantly higher than the general population. This is across the domains of physical health, mental health and problematic substance misuse. In relation to mental health the reports noted that existing provision does not meet need identified with resources being focussed on those acutely unwell and leaving others with limited support. They further noted that those is prison are more likely that not to have a substance misuse problem and the change in substances being used in prisons.

Section 5 provides information on the physical facilities to deliver health care. The need to develop the facilities was identified prior to NHS Ayrshire and Arran becoming responsible for the delivery of health care at the prison. HMIPS inspection reports for the prison in 2016 and 2022 both identify that the existing physical infrastructure is not fit for purpose. Recommendations on the clinical space required have been made but how these can be delivered will be dependent on what is possible to develop and re-purpose in the built environment and the identification of investment by SPS to fund developments. Any changes prior to March 2024 would also require the agreement of the Special Purpose Vehicle who currently lease the building with SERCO being contracted to manage the prison service.

Section 6 provides information on the current staffing model to deliver health care services in the prison. Challenges in the recruitment and retention to the existing model is outlined with particular pressures in relation to the delivery of mental health services. The review makes recommendations to alter the skill mix in the metal health team which recognise the longer term deficit in availability of Registered Mental Health nurses and the limited resources for early intervention and support. Proposals are to include assistant practitioners to deliver to deliver defined therapeutic interventions and the creation of a band 6 Mental Health Practitioner post undertaking initial triage of referrals and assessments. Changes in the work pattern of the Band 6 charge nurses are proposed to improve the support to band 5 nurses and enhance the quality assurance of health care delivery.

Section 7 provides information on the transfer of the prison from SERCO to SPS which will take place on the 16 March 2024. Whilst there are not concluded plans for SPS on how this may impact on the prison population and demographics engagement has taken place with the SPS project team managing the transfer and indications shared of what changes should be considered.

Section 8 provides a summary of all the recommendations that have been identified in the body of the report in the area of work that the recommendation originates from.

The recommendations in this Health Needs Assessment will be developed into a SMART action plan that involves all relevant stakeholders so that the information and learning from the assessment leads to tangible and measurable actions that result in improved health and wellbeing outcomes for those in the care of the prison.

Section 1 - Introduction

Why this health and health care needs assessment is required

The health and care needs of those in the care of prisons is higher than the general population and they continue to experience poorer health outcomes. Those in the care of the prison are a significantly vulnerable population who have frequently experienced multiple adverse childhood experiences and other trauma which is manifest in higher levels of mental health, physical health and addiction issues requiring treatment and support. The last health needs assessment for HMP Kilmarnock was completed in 2009/10 prior to NHS Ayrshire and Arran taking responsibility as the comprehensive provider of health care services at the prison in November 2011. With this background in mind there were a number of factors below that provided additional drivers to undertaking a review at this time.

The HMIPS Inspection of HMP Kilmarnock published in May 2022 made a number of recommendation in relation to the provision of health care at the prison. Prior to the publication of the report Health Improvement Scotland escalated some immediate concerns which mainly focussed on the physical facilities and environment in which healthcare is delivered at HMP Kilmarnock.

NHS Ayrshire and Arran, SERCO and SPS submitted a jointly agreed plan to HMIPS that completion of a Health Needs Assessment would be the most appropriate process in which to evidence the current and future needs of those in the care of the prison and the staffing and facilities to deliver improved health outcomes.

Additionally at the outset of the review the 25 year contract with SERCO to manage HMP Kilmarnock was due to come to an end and whilst the review was in progress the decision was made by the Scottish Prison Service that they would assume the management of the prison on the 16 March 2024. The design life of the prison is 50 years which would be up to 2049 and it may remain open for a longer period beyond that date. The current facilities were not designed for how health care is currently delivered and an assessment to understand the current and future health needs of the prison population would support the development of a business case for the investment required to meet these needs.

Aims

To understand the current and projected future health care needs of those in the care of HMP Kilmarnock using data evidence and information from engagement with those in custody and staff members.

To make evidence based recommendations to improve the health outcomes of those in the care of the prison.

To understand the requirements of the physical facilities to deliver improved healthcare service and better health outcomes.

To consider if the current health care staffing model and skill mix requires change to meet the identified needs.

About Kilmarnock Prison

HMP Kilmarnock is currently one of two privately run prisons in Scotland's prison estate with HMP Addiewell in West Lothian being the other. The prison accommodates prisoners from across Ayrshire and Arran and other health board areas. HMP Kilmarnock can accommodate a maximum of 692 prisoners, and during the period of the review had an average population of 541 male adult prisoners. The prison population includes;

- Remand – persons who have not been granted bail while awaiting trial;
- Short-term – convicted persons serving less than four years;
- Long-term prisoners - convicted persons serving more than four years;

Although HMP Kilmarnock is currently operated by SERCO Home Affairs, it is part of the Scottish Prison Service (SPS) estate and prisoners remain under the care of SPS. The prison opened in 1999 and has been managed by SERCO from its opening. Following the end of the contract SPS will be taking direct management of the prison on the 16 March 2024 and there is an SPS project team in place to manage the transition.

Prison health care services were transferred from services provided by SERCO Health to NHS Ayrshire and Arran in 2011. Further information on the current health services provided are set out in the staffing model chapter.

Methodology

An reference group was established in the spring of 2022 to advise and guide on the approach of the health needs assessment. This included a range of representation from the NHS, Serco and SPS and terms of Reference were agreed. **(Appendix1 Membership list and Appendix 2 Terms of Reference)** The group met on a monthly basis to progress the work of the health needs assessment, review the evidence that had been collated and agree recommendations based on this information.

A data map was developed to identify the quantitative data available to inform the health needs assessment. Not all the data originally identified was readily available and a pragmatic approach was taken to what was reasonably practical to gather with the resources available.

For the qualitative data and following consultation two questionnaires were developed for those in the care of the prison and for NHS and SERCO staff providing care in the prison. **(Appendix 3 Healthcare Questionnaire for People in the care of the Prison and Appendix 4 Questionnaire for Staff Groups)** These were based on work undertaken by NHS Highland for the assessment for HMP Inverness and we thank them for sharing their format and learning.

In addition focus groups were planned with those in the care of the prison and SERCO and NHS staff groups and to ensure the voice of those in the care of the prison and their experience of the services provided are strongly represented along with those of the staff providing those services.

Section 2 – Data Mapping

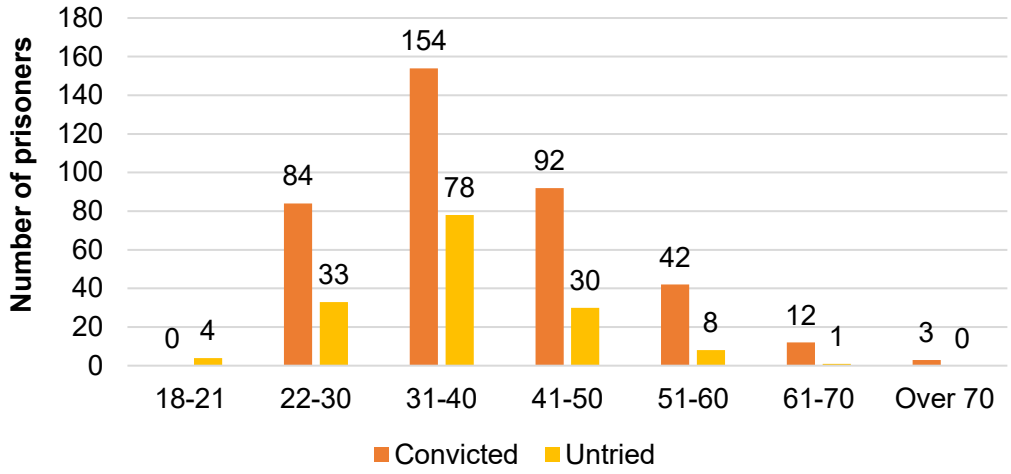
A data map was developed to identify what data sources were available to inform this health needs assessment. Learning from this process identified that some of the health data is not recorded in a way which readily allowed trends to be tracked over time. Some gaps in the available data were identified and what has been produced reflects what was reasonable practicable with the resources available.

Prison Population Demographics

There is little variation in relation to current prisoner numbers, with an average of 540.67 (541) prisoners in HMP Kilmarnock between July 2022 and September 2022. Snapshot data from September 2022 shows that of 541 prisoners, 387 prisoners (71.53%) were convicted and 154 prisoners (28.47%) were untried (Figure 1).

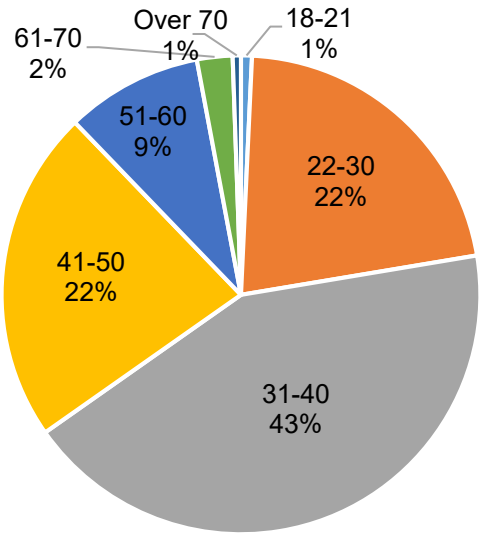
Due in part to the contract arrangements between SERCO and SPS the prison population has remained stable around the average figure of the last three months for some time.

Figure 1: Number of convicted and untried prisoners by age group (2022)



Based on snapshot data, the majority of prisoners in HMP Kilmarnock are aged between 22 and 50 years (Figure 2). The number of prisoners above the age of 61 is low; in total 14 prisoners were above the age of 61 (2.59% of all prisoners).

Figure 2: Percentage of prisoners by age group (2022)



The vast majority of prisoners in HMP Kilmarnock are of white ethnicity. Based on the snapshot data, 96.12% (n=520) prisoners are white; ethnicity data is further shown in Table 1.

Table 1: Ethnicity of prisoners (based on snapshot data from September 2022)

Ethnicity	Percentage of prisoners	Number of prisoners
White	96.12%	520
Asian, Asian Scottish Or Asian British	1.66%	9
Caribbean or Black	0.74%	4
Mixed or multiple ethnicity	0.56%	3
African	0.37%	2
Other ethnicity	0.56%	3

Healthcare Data

Self-reported risk factors prior to coming into prison

1	Smoked		83.58%
2	Used drugs		70.15%
3	Injected steroids		13.43%
4	Gambled		32.84%
5	Drank alcohol regularly		59.70%

Source HMP Kilmarnock Survey of those in the care of the prison (67 responses)

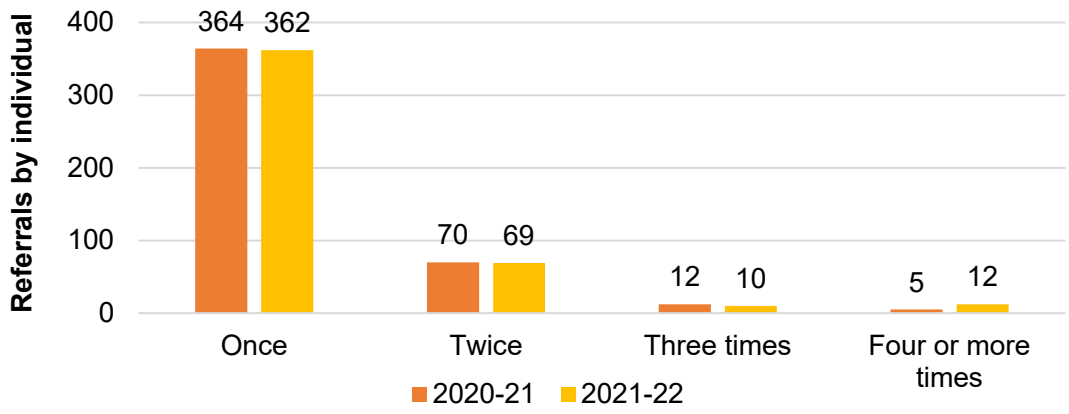
Those in the care of the prison were asked information about risk factors in the community prior to coming into custody.

Mental Health

A snapshot of the current mental health caseload was extracted in July 2022, which showed 30 prisoners were on the current mental health caseload. This was approximately 5.47%[1] of prisoners at that time. As a snapshot, this does not include prisoners who were on the mental health caseload previously. This figure is currently low due to significant staffing pressures in the mental health team and a requirement to focus resources on those most at risk and need for allocation and be provided with focussed support. This ensures that those with higher levels of need are seen and appropriately responded to quickly.

Mental health referral data is available for 2020-21 and 2021-22. In 2020-21, there were 561 referrals to mental health, and of these 64.9% of prisoners were referred once to the service, whilst 12.5% were referred twice and 3% were referred three or more times. Comparatively in 2021-22, there were 583 referrals to mental health, and of these 62.1% of prisoners were referred once to the service, whilst 11.8% were referred twice and 3.8% were referred three or more times (as shown in Figure 3).

Figure 3: Number of times referred to mental health in 2020-21 and 2021-22 by individual

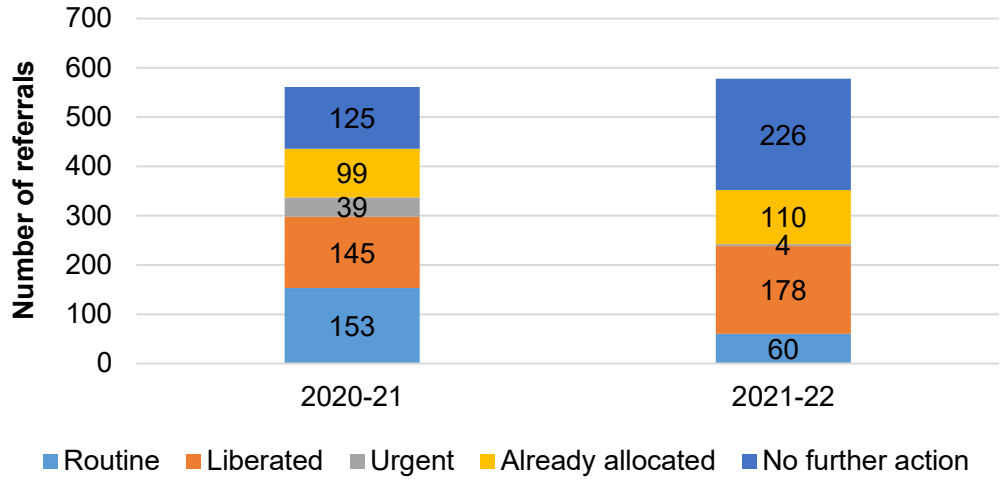


Of those referred to mental health, in terms of follow up action, 27.3% of referrals in 2020-21 and 10.4% of referrals in 2021-22 received routine care, whilst 6.95% of referrals in 2020-21 and 0.7% of referrals in 2021-22 received urgent care (Figure 4).

The data on follow up action is not directly comparable as during this period there was a change in recording practice to move from urgent / routine / no further action to RAG (red/amber /green) prioritisation of referrals. This was implemented due to significant staffing pressures and ensure that those most at risk and need are identified (RAG levels red / amber) and provided with a service.

[1] Based on a prison population of 548.

Figure 4: Follow-up action of mental health referrals in 2020-21 and 2021-22

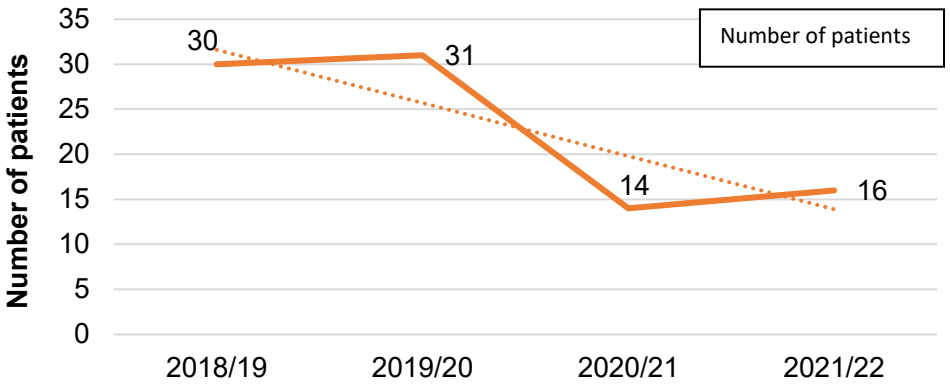


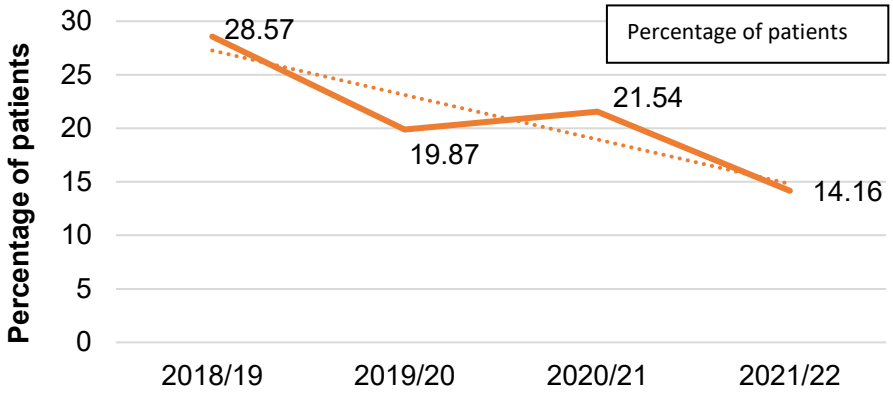
Between 2017-2018 and 2021-2022, there were 37 prisoners admitted to Woodland View under an Assessment Order (Section 52d), with one prisoner admitted under an Assessment Order twice during this period. In addition, between 2018 and 2021, 7 prisoners were transferred for treatment under Section 136.

Blood borne virus (BBV)

In 2018/19, 28.57% of patients receiving Hepatitis C treatment were receiving treatment at HMP Kilmarnock. Based on the percentage of patients receiving treatment, this has declined in HMP Kilmarnock since 2018/19 to 19.87% in 2019/20, 21.54% in 2020/21 and 14.16% in 2021/22 (Figure 5).

Figure 5: Number and percentage of Hepatitis C treatment patients from 2018/19 to 2021/22



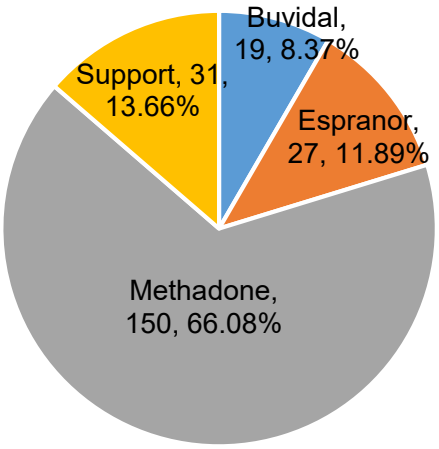


Since 2019, there have been 3 patients with HIV receiving treatment, and no patients with Hepatitis B receiving treatment at HMP Kilmarnock.

Addictions caseload snapshot in August 2022

Based on caseworker caseload in August 2022, the majority (66%; n=150) of those receiving intervention through addictions was in relation to methadone treatment, with 14% (n=31) of those on the caseload receiving support, 12% (n=27) receiving espranor, and 8% (n=19) receiving buvidal (Figure 6).

Figure 6: Intervention approaches based on addictions caseload in August 2022



There were 314 recorded referrals to addictions from January 2022 to July 2022, with referrals increasing in the latter months (Figure 7). Where information is included, intervention approaches included Methadone (49.5% of interventions; n=154), additional support (35.1%; n=109), Espranor (10%; n=31) and Buvidal (4.8%; n=15) (Figure 8).

Figure 7: Referrals to addictions from January to July 2022

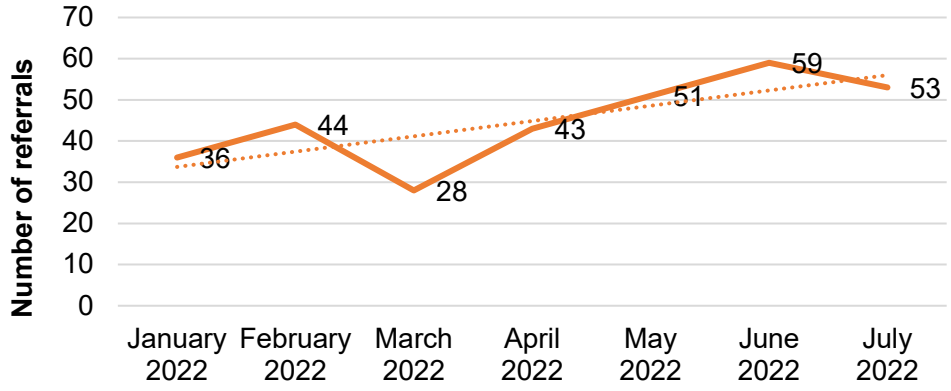
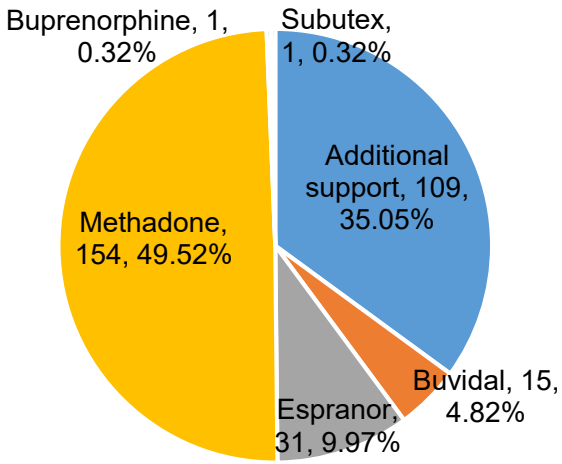
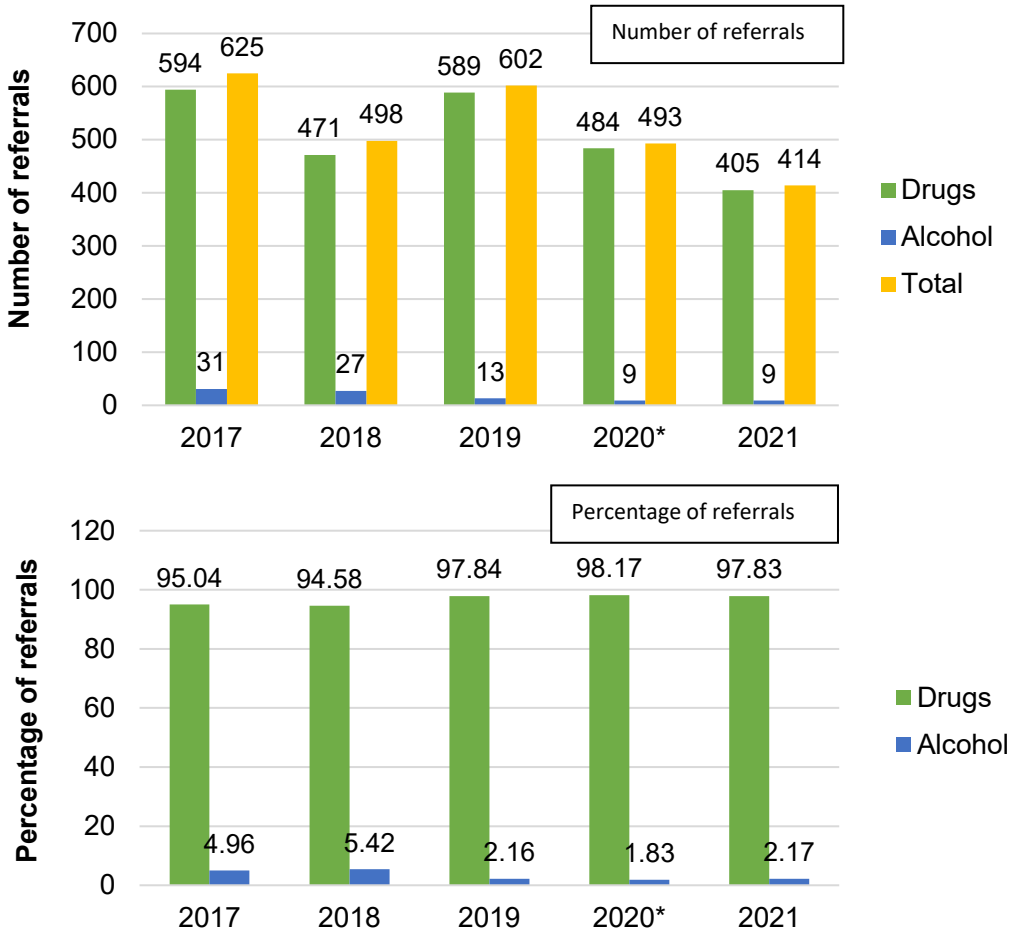


Figure 8: Intervention approaches based on addictions case load January to July 2022



The majority of drug and alcohol referrals received are drug referrals, with 97.8% of referrals in 2021 for drugs at HMP Kilmarnock (Figure 9). As shown, the percentage of referrals for drugs has remained consistently high during the period presented.

Figure 9: Drug and alcohol referrals by number and percentage from 2017 to 2021



*referrals until 30/11 in 2020[2]

Opiate replacement therapy

The percentage of prisoners receiving opiate replacement therapy is higher in HMP Kilmarnock compared to the national prisoner average (Figure 10). In 2021, 38.4% of prisoners received opiate replacement therapy in HMP Kilmarnock, compared to 30.8% in Scotland. In July 2021, 31.7% of prisoners receiving opiate replacement therapy were receiving methadone, 2.9% were receiving Espranor, and 3.8% were receiving Buvidal. In addition, Table 2 provides an indication of the type of opiate replacement therapy prisoners received based on snapshot data from August 2016 to July 2021.

[2] Until November 2020 referrals were recorded on SAMS; data is now recorded on Daisy.

Figure 10: Percentage of prisoners receiving opiate replacement therapy from 2016 to 2021 in HMP Kilmarnock compared to Scotland

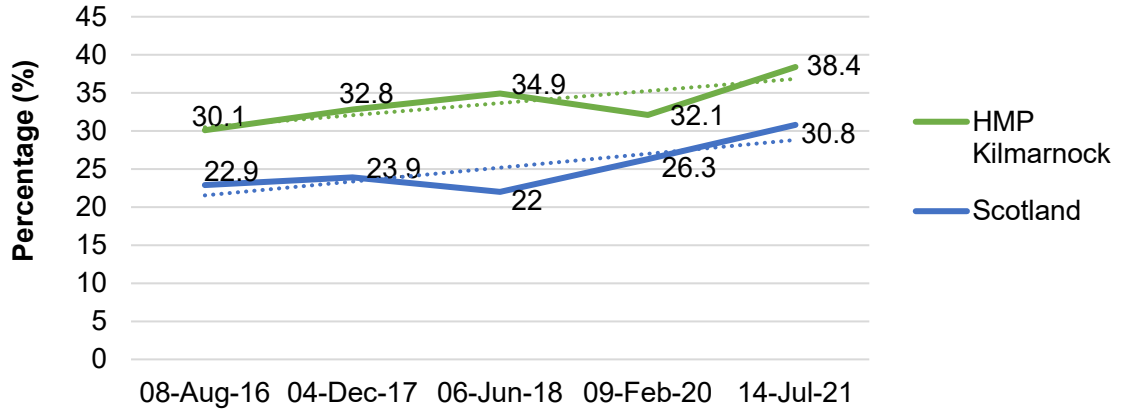


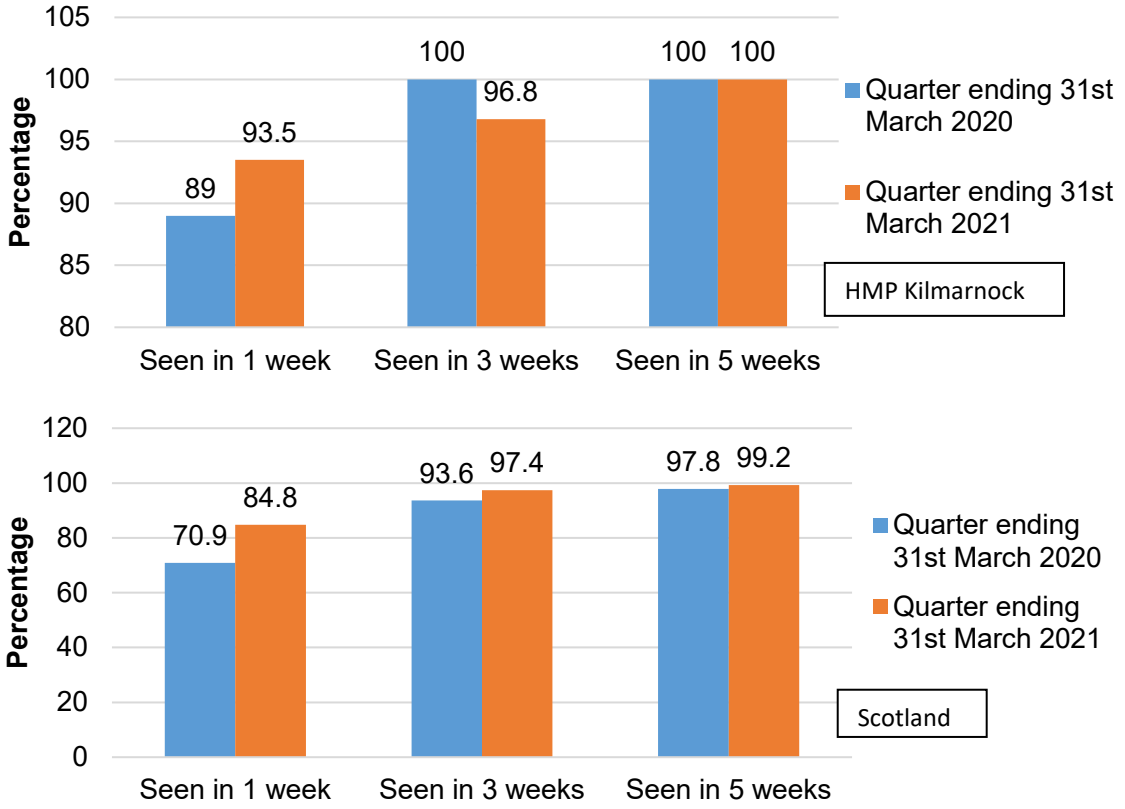
Table 2: Percentage of prisoners receiving opiate therapy HMP Kilmarnock (August 2016 to July 2021)

	August 2016	December 2017	June 2018	February 2020	July 2021
Methadone	29.3	31.4	33.9	30.8	31.7
Suboxone	0.8	1.4	0	0	0
Subutex/ Buprenorphine	0	0	1.0	0	0
Espranor	0	0	0	1.3	2.9
Buvidal	0	0	0	0	3.8
Total	30.1	32.8	34.9	32.1	38.4

Waiting times from referral to treatment

Quarter end data from 31st March 2020 and 31st March 2021, from East Ayrshire Alcohol and Drug Partnership (ADP), showed that prisoners in HMP Kilmarnock were all seen within 5 weeks for alcohol and drug treatment. Waiting time data shows that in the quarter ending March 2020 and March 2021 all HMP Kilmarnock prisoners were seen by 5 weeks for alcohol and drug treatment, whilst not all prisoners in Scotland are seen in the same time frame (Figure 11).

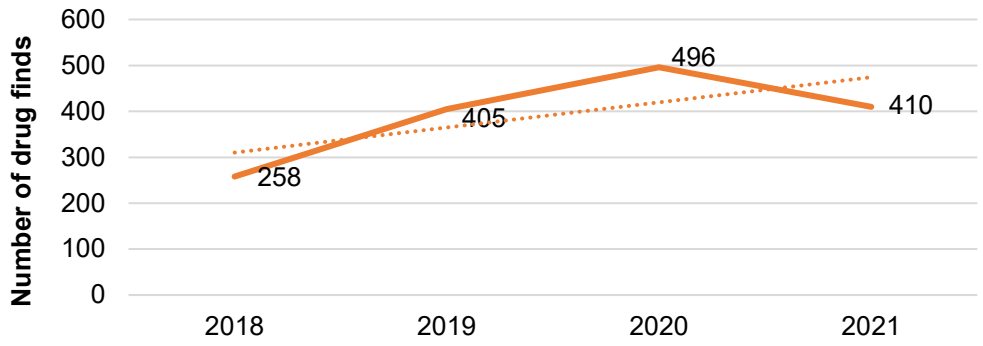
Figure 11: Waiting times for alcohol and drug treatment in HMP Kilmarnock and Scottish prisons in quarter ending March 2020 and March 2021



Drug finds

There has been a trend towards an increase in drug finds in HMP Kilmarnock since 2018 (Figure 12), however there was a decline in drug finds from 2020 to 2021.

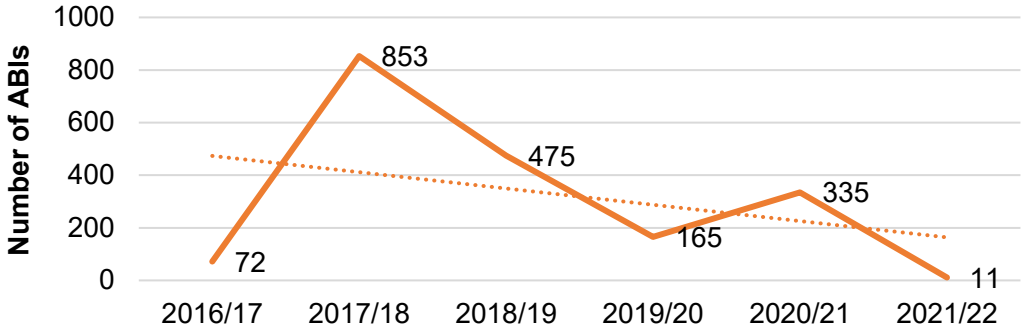
Figure 12: Drug finds from 2018 to 2021 in HMP Kilmarnock



Alcohol brief interventions

In 2018/19, there were 475 Alcohol Brief Interventions (ABI) delivered in HMP Kilmarnock (48.17% of all ABIs delivered in Ayrshire & Arran; this is compared to 45.83% of ABIs delivered in prison settings in Scotland). In 2019/20, there were 165 ABIs delivered in HMP Kilmarnock (24.12% of all ABIs delivered in Ayrshire & Arran; this is compared to 39.52% of ABIs delivered in prison settings in Scotland)[3]. There has been a general decline in the number of ABIs delivered in HMP Kilmarnock since 2017/18 (see Figure 13).

Figure 13: Number of ABIs delivered in HMP Kilmarnock from 2016/17 to 2021/22

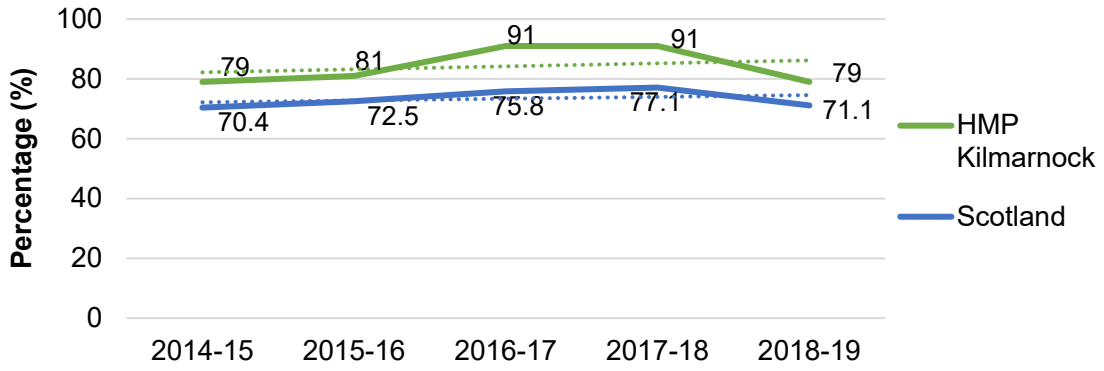


Testing positive for illegal drugs at reception and liberation

The percentage of prisoners testing positive for illegal drugs at reception, of those tested, is higher in HMP Kilmarnock than the Scottish prison average (Figure 14). In 2018/19, of 86 prisoners tested for drugs, 68 tested positive for illegal drugs (79% of those tested) at reception in HMP Kilmarnock; the breakdown of drugs identified is shown in Table 3.

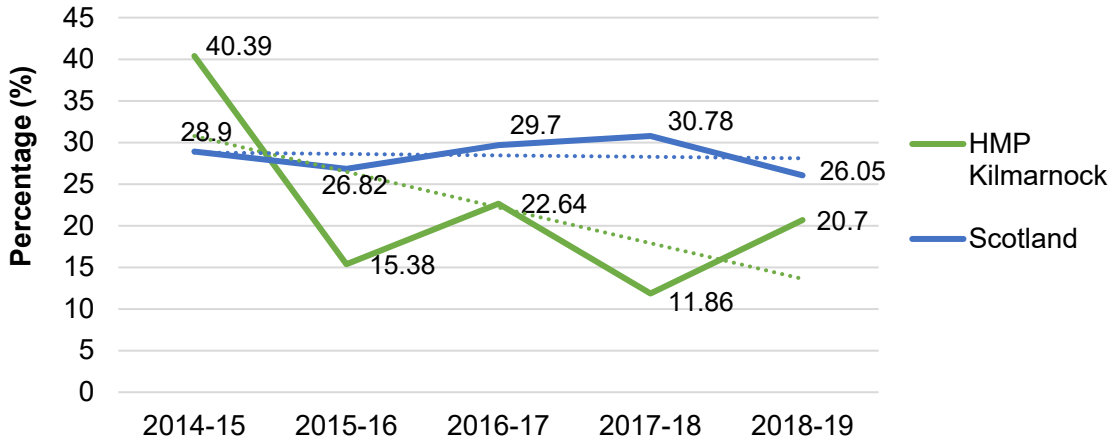
[3] Comparison data for Scotland for 2018/19 and 2019/20 available from Public Health Scotland

Figure 14: Percentage of prisoners testing positive for illegal drugs at reception from 2014/15 to 2018/19



The percentage of prisoners testing positive for illegal drugs at liberation is lower than at reception. In addition, the percentage of prisoners testing positive for illegal drugs at liberation has been lower in HMP Kilmarnock than the Scottish prison average in recent years (Figure 15). In 2018/19, of 58 prisoners tested for drugs, 12 tested positive for illegal drugs (20.7% of those tested) at liberation at HMP Kilmarnock; the breakdown of drugs identified is shown in Table 3. Liberation drug data from HMP Kilmarnock is more variable year on year, however trend data shows a general reduction in the percentage of prisoners testing positive for illegal drugs from 2014/15 to 2018/19.

Figure 15: Percentage of prisoners testing positive for illegal drugs at liberation from 2014/15 to 2018/19



Data collected in January to February 2022 in HMP Kilmarnock, shows the percentage of prisoners testing positive for drugs at reception and liberation (Figure 16). Around 53.9% of those sampled tested positive for cannabis at reception, with 49.2% testing positive for benzodiazepines, 38.5% testing positive for cocaine, and 35.4% testing

positive for opiates. This data also shows a higher percentage of prisoners tested positive for methadone (36.2%) and buprenorphine (27.7%) at liberation compared to reception; highlighting healthcare support provided in prison. The breakdown of drugs by number compared to 2018/19 data is shown in Table 3.

Figure 16: Percentage of prisoners testing positive for drugs at reception and liberation in 2022

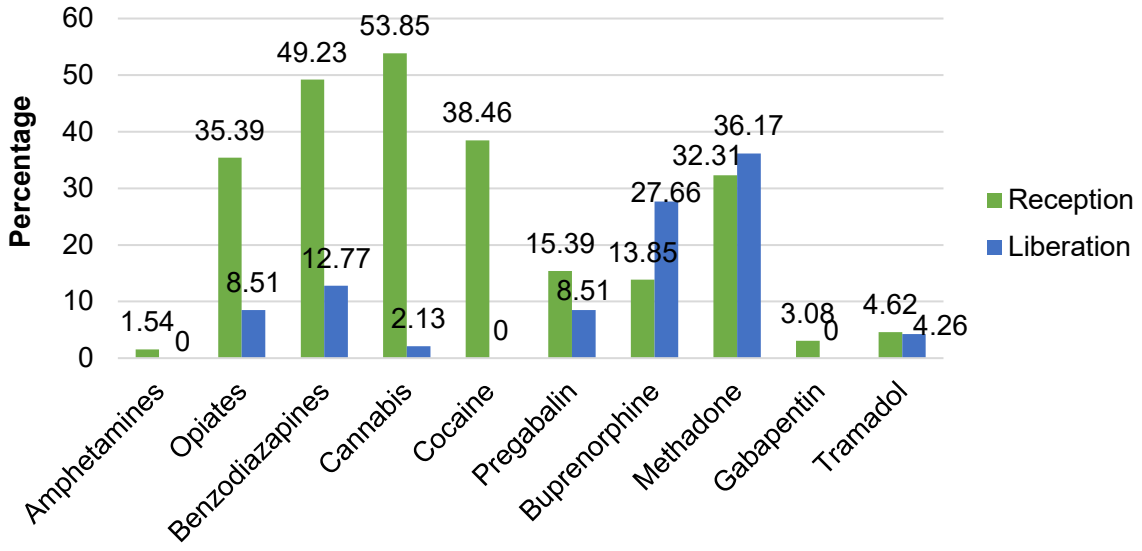


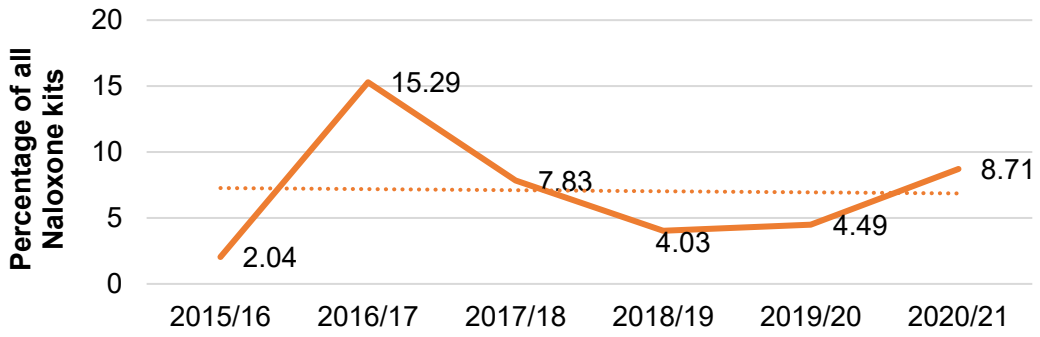
Table 3: Breakdown of prisoners testing positive for drugs at reception and liberation in HMP Kilmarnock (2018/19 and 2021/22)

	2018/19		2021/22	
Drug	**Number at reception**	**Number at liberation**	**Number at reception**	**Number at liberation**
Amphetamines	3	0	1	0
Barbiturates	0	0	-	-
Benzodiazepines	40	6	32	6
Buprenorphine	1	2	9	13
Cannabis	35	2	35	1
Cocaine	19	0	25	0
Methadone	3	3	21	17
Methamphetamines	0	1	-	-
Opiates	32	3	23	4
Tramadol	6	0	3	2
Pregablin	-	-	10	4
Gabapentin	-	-	2	0
Total tested	**86**	**58**	**161**	**47**
Illegal drugs	**68**	**12**	**116**	**13**

Take-home Naloxone

In 2020/21, 108 Naloxone kits were issued at HMP Kilmarnock, compared with 45 in 2019/20, 34 in 2018/19, 52 in 2017/18 and 107 in 2016/17. Based on the percentage of Naloxone kits issued in prison settings in Scotland, 8.71% of Naloxone kits issued in prisons in Scotland were issued at HMP Kilmarnock. From 2018/19 to 2020/21, there has been a rise in the number of Naloxone kits issued in HMP Kilmarnock (Figure 17).

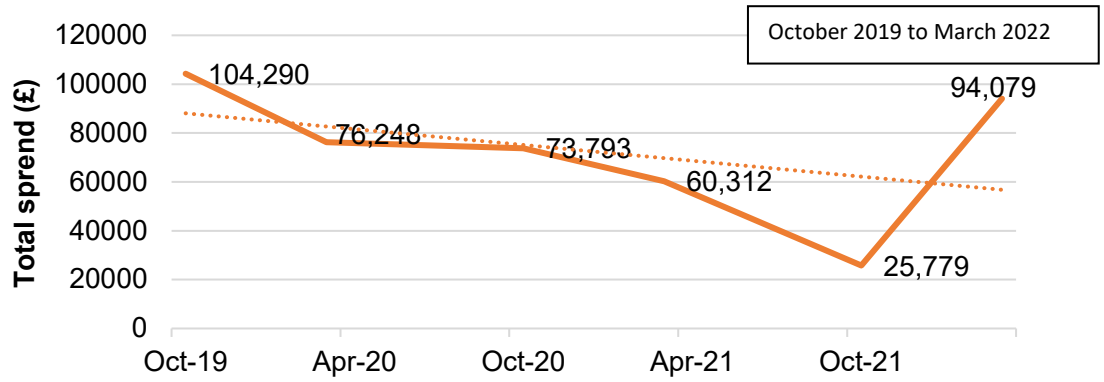
Figure 17: Percentage of Naloxone kits issued in HMP Kilmarnock out of all Scottish prison settings (HMP Kilmarnock consistent population average 6.85% of total Scottish prison population).This rise may be due to the introduction of nasal naloxone which some patients reported a preference for.

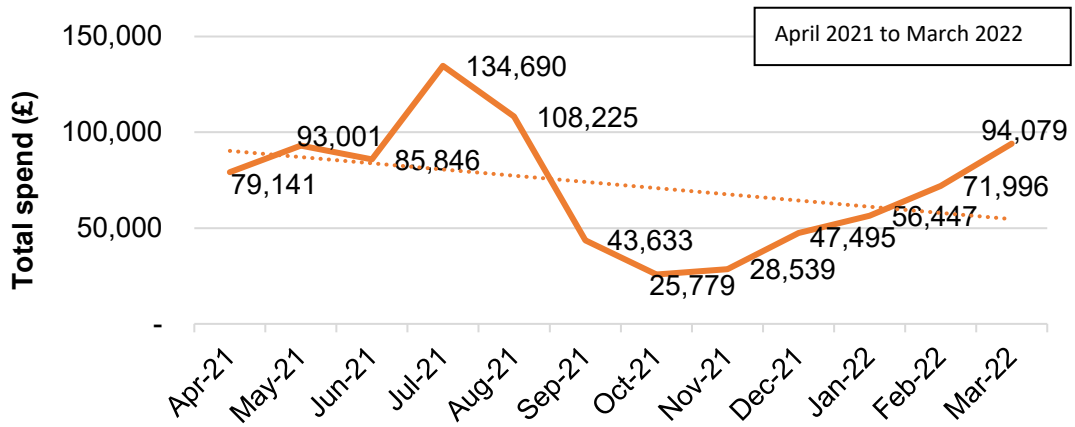


Prescribed and in-possession medications

Pharmacy costs are variable on a month to month basis as shown in Figure 18. From October 2019 to October 2021, there was a trend towards a reduction in pharmacy expenditure, which was also shown in the year data from April 2021 to March 2022 (Figure 18). The low figure in Oct 21 is due to nil spending on Hepatitis C medication that month.

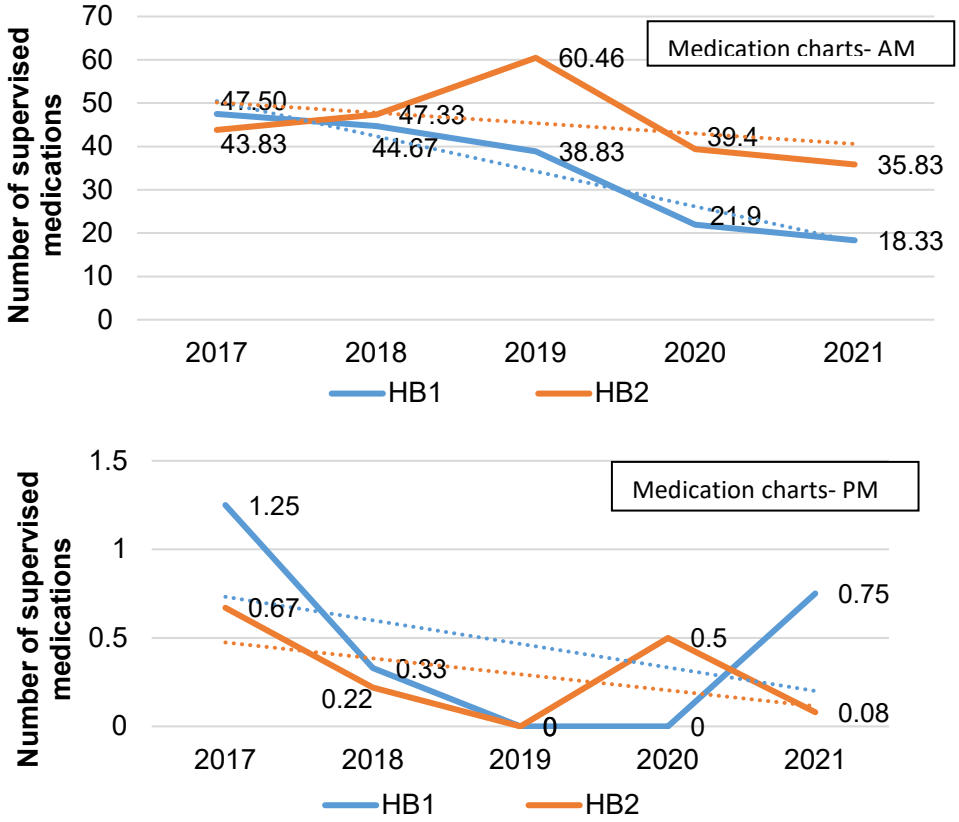
Figure 18: Total of monthly spend from pharmacy October 2019 to March 2022



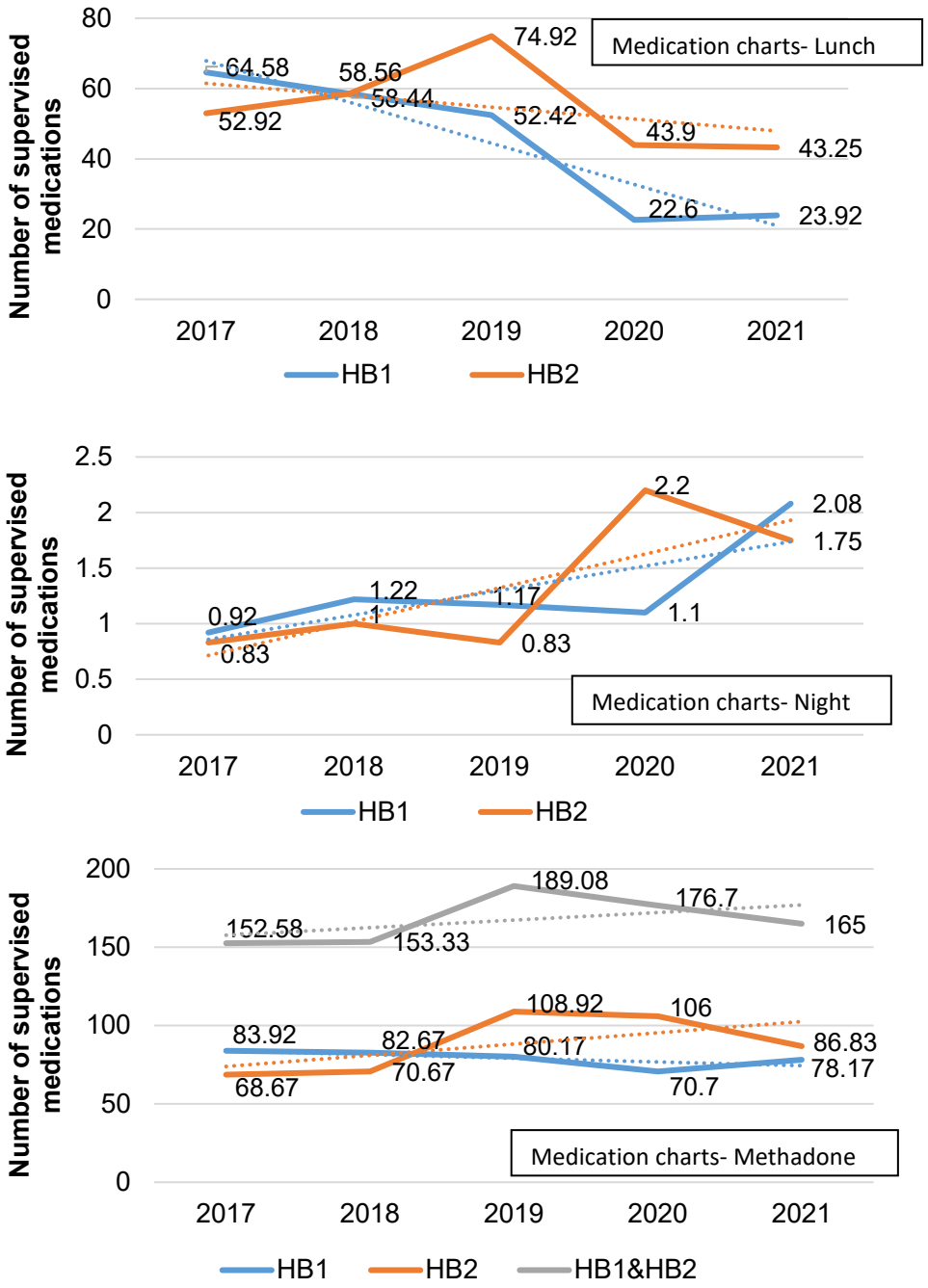


From 2017 to 2021, there was a trend towards a decline in the number of supervised medications administered in the morning, lunch and afternoon, and a trend towards an increase in the number of supervised medications administered at night and for methadone in HMP Kilmarnock. This data is shown in the graphs in Figure 19.

Figure 19: Average number of supervised medications administered by time of day and medication from 2017 to 2020[4] by residential house block.



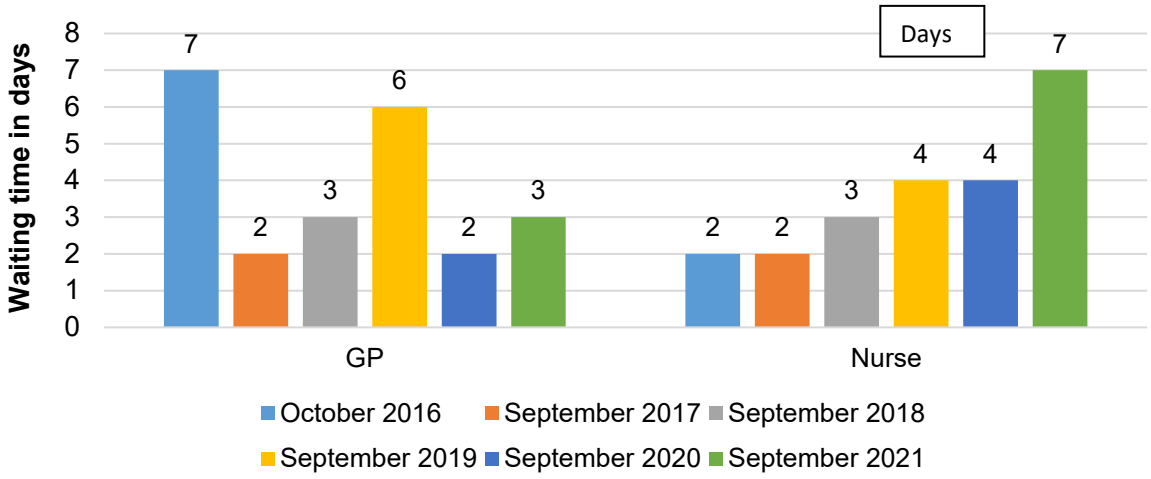
[4] Data is missing October-December 2018

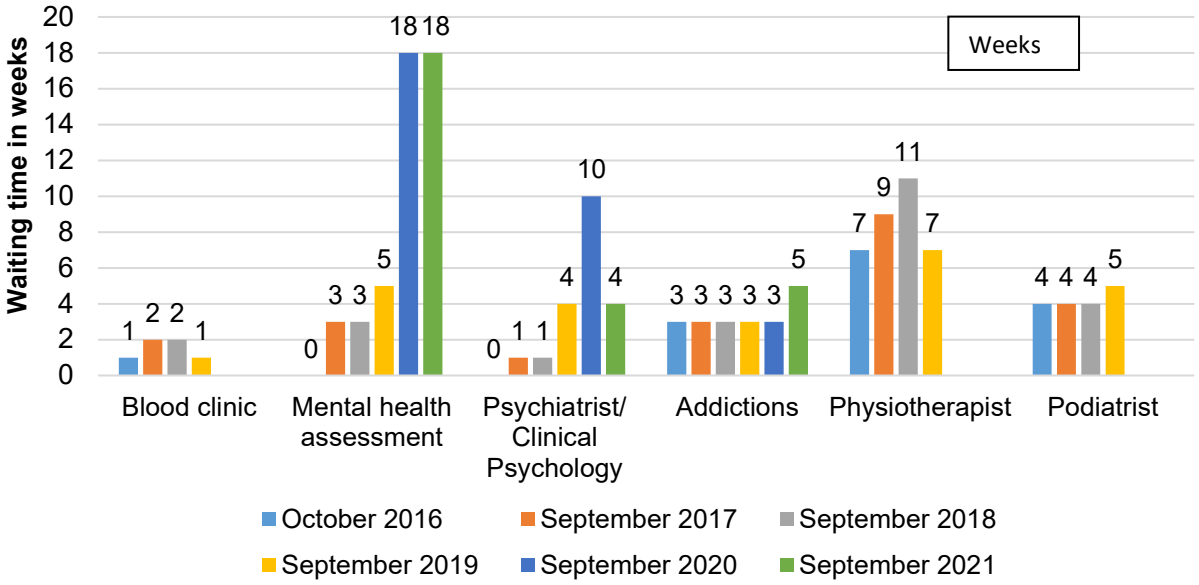


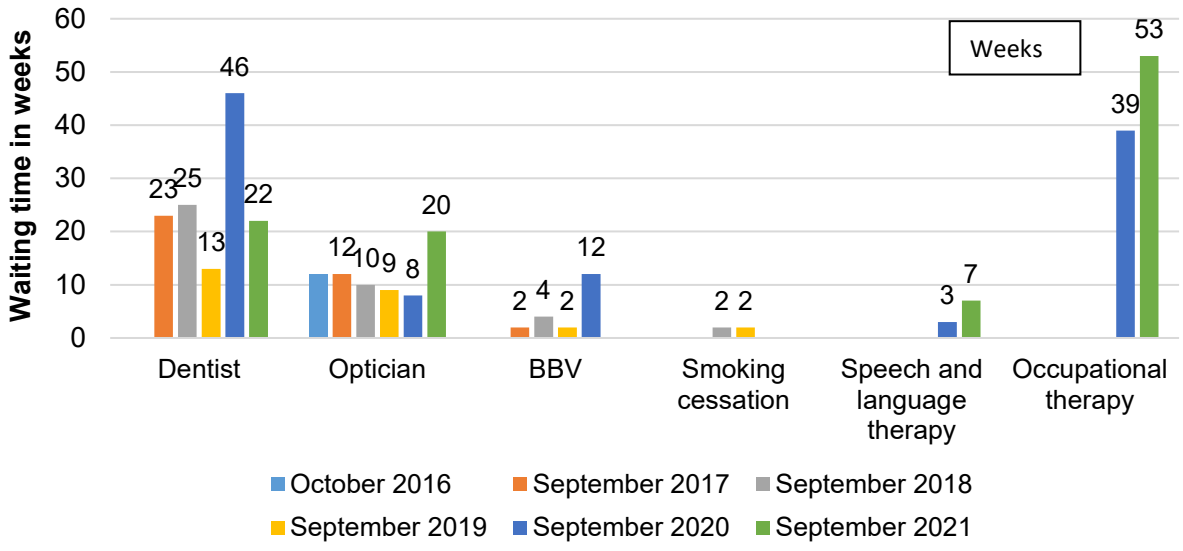
Waiting times

Waiting times data is available from 2016 to 2021, for various healthcare services in HMP Kilmarnock. Data shows a one week wait or less for GP and nurse clinics. For some other services (see Figure 20), data for waiting time in weeks is more variable with some data not available at particular time points. In addition, the impact of Covid-19 restrictions and lockdown is apparent, such as for mental health assessments, dental services, and BBV services which showed a sharp increase in waiting times in 2020. Further following restrictions, for the period presented, some service data is not available from 2020, such as blood clinics, physiotherapy, podiatry, and smoking cessation (Quit Your Way).

Figure 20: Waiting times for healthcare services based on days and weeks







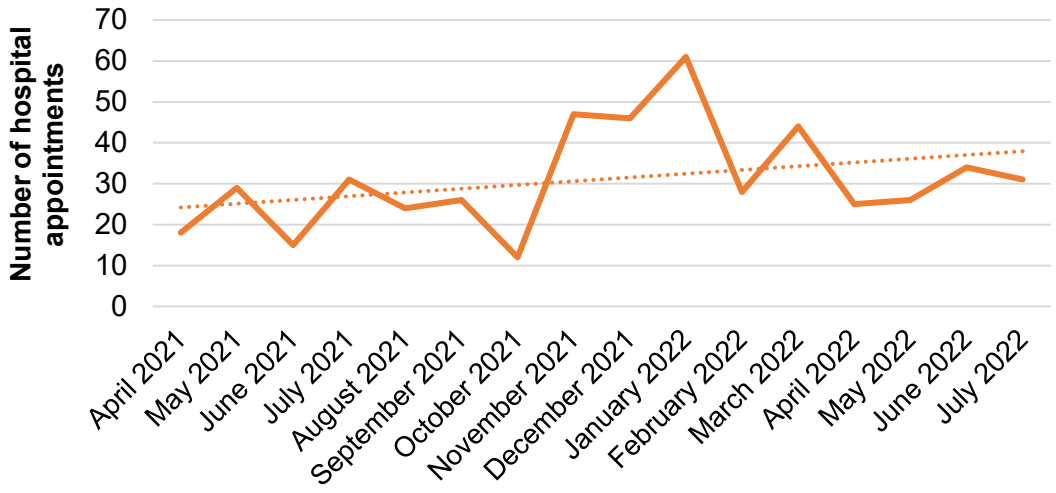
On-Call GP

Between 31st July 2021 and 30th June 2022, there were 116 calls to the on-call GP from HMP Kilmarnock during this period. 112 of these calls were answered first time, with the average duration of call being 2.2 minutes. In addition, there were 5 prison visits during this period with visits falling between September 2021 and March 2022.

Hospital appointments

Between April 2021 and July 2022, there was a trend towards an increase in hospital appointments; this may have been due to remobilisation of some health services following covid restrictions (Figure 21). These appointments included both those which were planned and additional appointments; with the number referring to the number of appointments and not the number of individuals (as some patients included in this data attended multiple appointments during the same month for instance).

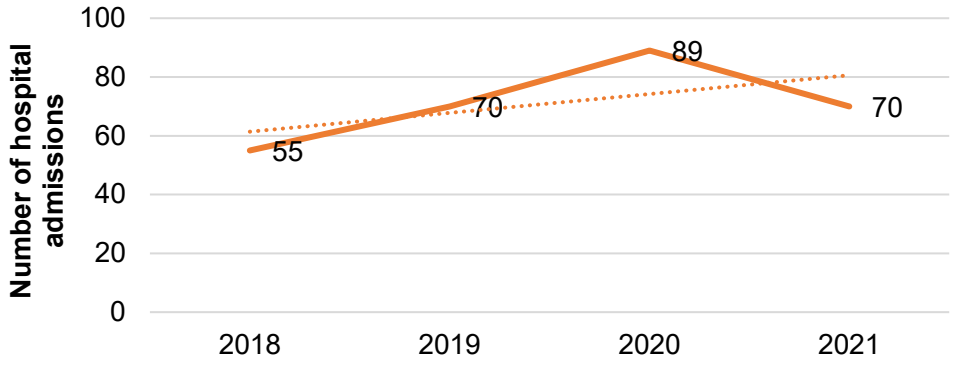
Figure 21: Number of hospital appointments from April 2021 to July 2022



Hospital Admissions

Between 2018 and 2021, there were 284 hospital admissions from patients from HMP Kilmarnock, with an average of 71 per year during this period. The data shows an increasing trend in hospital admissions, however there a decline in hospital admissions from 2020 to 2021 (Figure 22).

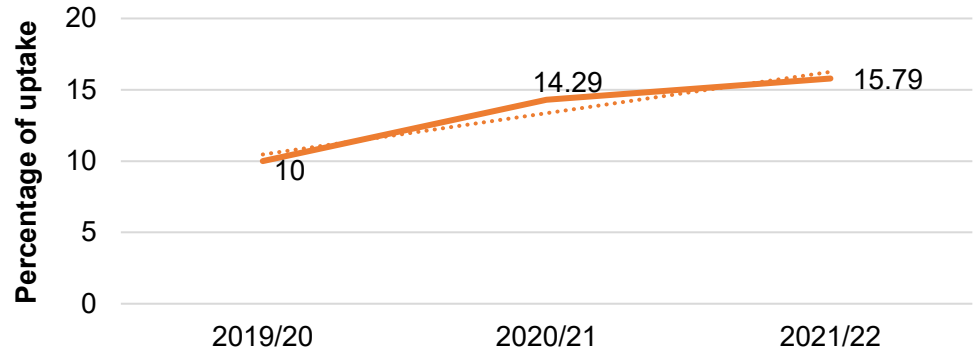
Figure 22: Hospital admissions from prisoners at HMP Kilmarnock from 2018 to 2021



Bowel Screening

From 2019/20 to 2021/22, there were 36 bowel screening tests forwarded, of which 12 reminders were issued and 5 tests returned. The uptake of bowel screening was 13.9% during this period on average. The data shows an increasing trend towards higher uptake of bowel screening, with 15.8% of tests returned in 2021/22 compared to 10% for 2019/20 (Figure 23).

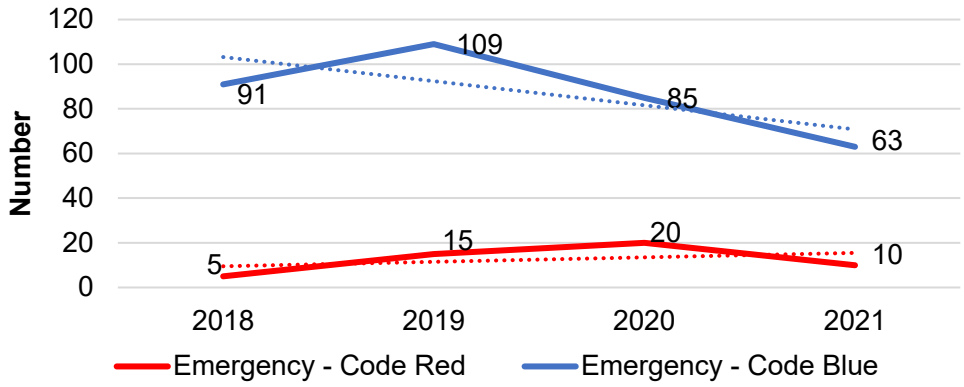
Figure 23: Bowel screening uptake from 2019/20 to 2021/22 at HMP Kilmarnock



Emergencies

Between 2018 and 2021, there were 348 Code Blue emergencies and 50 Code Red emergencies, with an average of 87 Code Blue emergencies and 12.5 Code Red emergencies per year during this time. Trend data shows a decline in Code Blue emergencies, and slight increase in Code Red emergencies during this period (Figure 24).

Figure 24: Emergency Code Red and Code Blue from 2018 to 2021

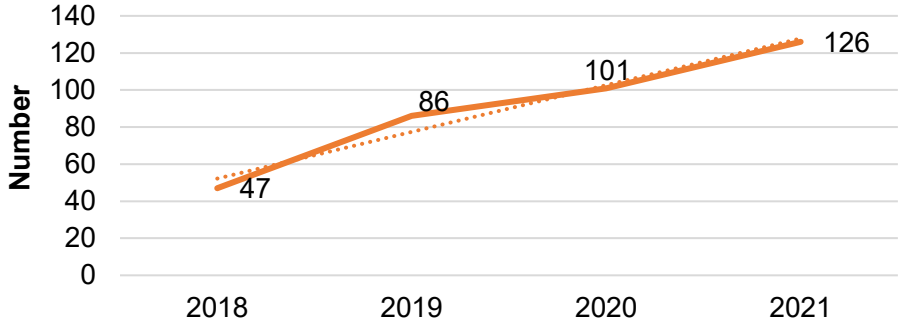


Between 2018 and 2021, there were also 40 1st response incidents (excluding code red and code blue emergencies), with an average of 10 per year. The highest number of incidents was in 2018, when there were 19 1st response incidents recorded.

Self-Harm

Between 2018 and 2021, there were 360 incidents of self-harm at HMP Kilmarnock. Trend data shows an increasing trend of self-harm during this period, rising from 47 recorded self-harm incidents in 2018 to 126 in 2021 (Figure 25).

Figure 25: Incidents of self-harm between 2018 and 2021 at HMP Kilmarnock



Patient Deaths

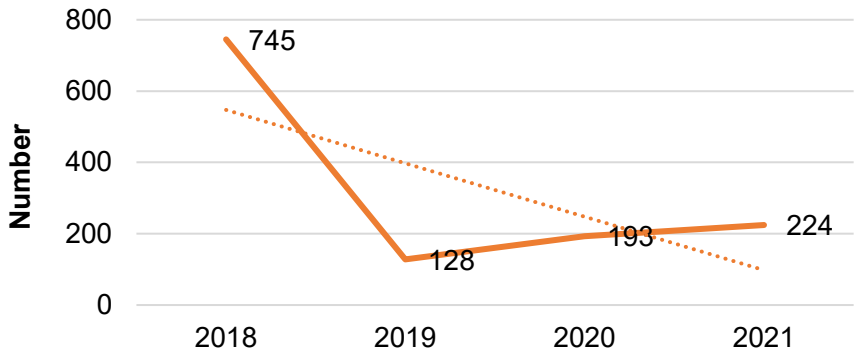
From January 2016 to December 2021, there were 16 patient deaths in HMP Kilmarnock. The majority of these deaths, 9 were due to suicide with 2 being drug related

Table 4: Patient deaths in HMP Kilmarnock by year			
Year	**Deaths Total**	**Suicide**	**Drug Related**
2016	2	1	
2017	2	1	
2018	1	0	
2019	2	2	
2020	5	2	1
2021	4	3	1

Prevention of Suicide in Prison (PSIP)

Between 2018 and 2021, there were 1290 PSIPs recorded with an average of 322.5 per year. Trend data shows a decline in PSIPs during this time, with a decline from 745 in 2018 to 128 in 2019 (Figure 26).

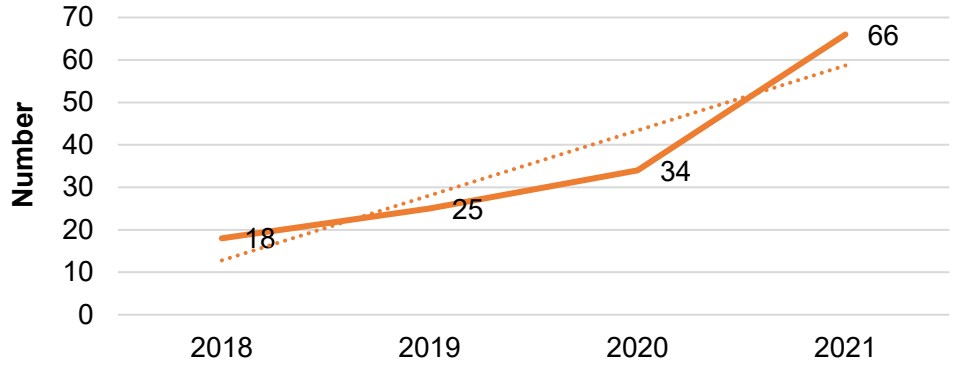
Figure 26: Number of PSIPS from 2018 to 2021



Rule 95

Between 2018 and 2021, there were 143 prisoners ordered a Rule 95 (removing a prisoner from association with other prisoners), with an average of 48.6 issued per year during this time. Trend data shows an increase in the ordering of Rule 95 during this period, with an increase from 18 in 2018 to 66 in 2021 (Figure 27).

Figure 27: Number of prisoners receiving Rule 95 from 2018 to 2021



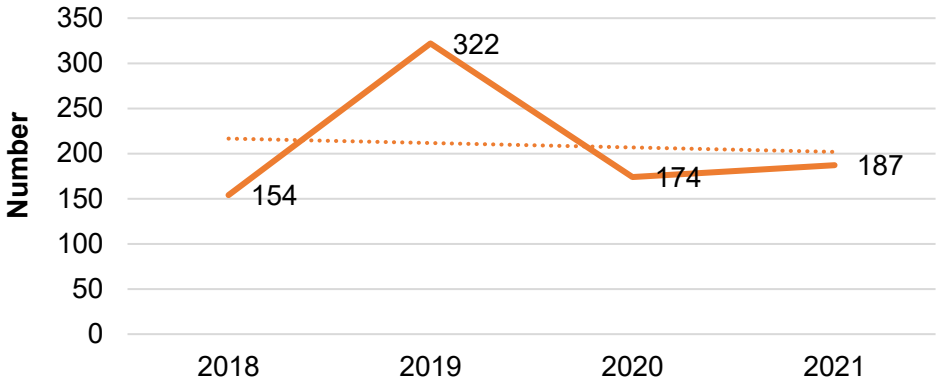
Rule 41

During the Covid-19 pandemic, confirmed cases and those showing symptoms of Covid-19 in prison settings have been managed under Rule 41. There were 35 prisoners ordered a Rule 41 (after its introduction) in 2020, and 1310 prisoners ordered a Rule 41 in 2021.

Management of an Offender at Risk Due to Any Substance (MORS)

Between 2018 and 2021, the MORS policy was used for 837 incidents in total, with an average of 209.3 per year. As shown in Figure 28, the MORS policy was used for 322 incidents in 2019, which was a high trend during this period.

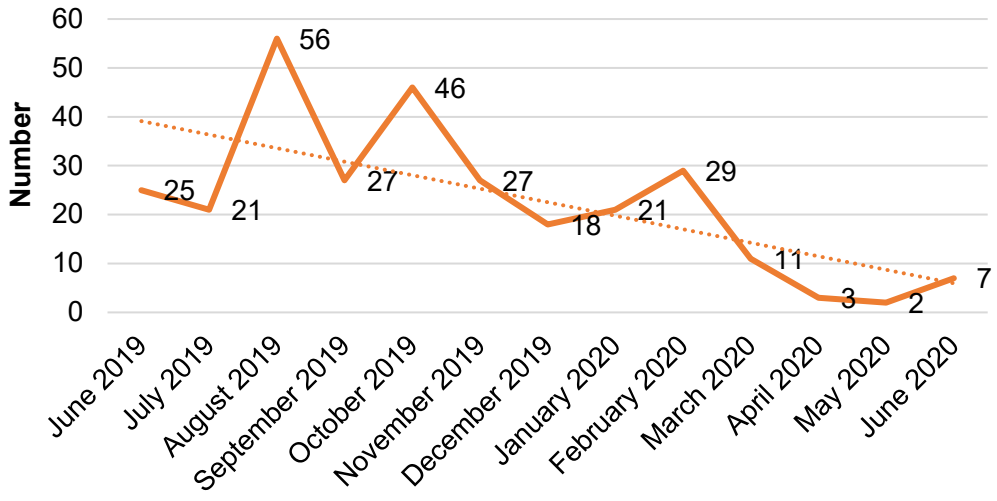
Figure 28: MORS policy used between 2018 and 2021



People under the influence

Data is available from June 2019 to June 2020 highlighting a decreasing trend in the number of people recorded as being under the influence during this period. From June 2019 to December 2019, there were 220 people recorded as under the influence at HMP Kilmarnock, compared to 73 between January 2020 and June 2020. As shown, there was a sharp decline in the number of people until the influence from February 2020 to the months which followed, which may have been due to Covid-19 restrictions (Figure 31).

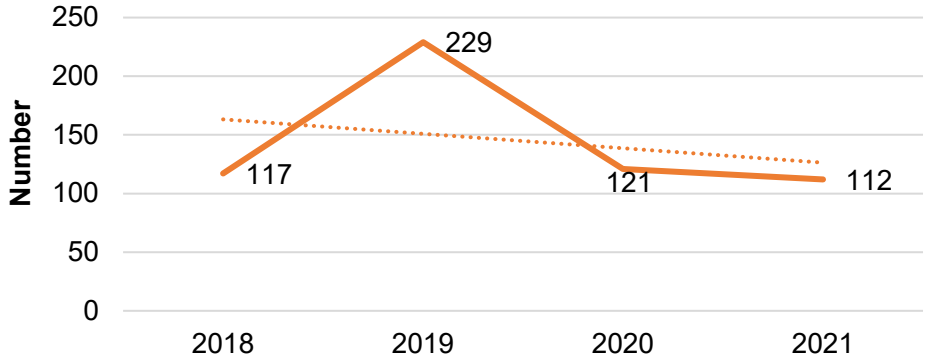
Figure 31: People under the influence between June 2019 and June 2020



Prisoner on Prisoner Violence

Between 2018 and 2021, there were 579 prisoner on prisoner violent incidents recorded, with an average of 129 per year. As shown in Figure 29, prisoner on prisoner violence was highest in 2019 with 229 incidents that year.

Figure 29: Prisoner on prisoner violence from 2018 to 2021



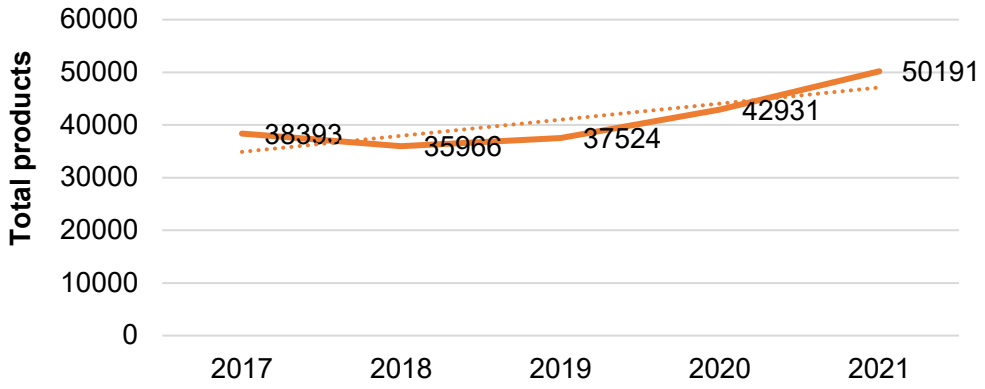
Smoking- Vape Products

Between 2017 and 2021, there were 205,005 vape products purchased in HMP Kilmarnock. Table 5 shows the number of prisoners purchasing products each year, as well as the range of the number of projects purchased by individual prisoner. During this period, there has been an increase in the average number of products purchased, as well as an increase in the total number of vape products purchased (Figure 30).

Table 5: Vape/NRT sales by year and number of prisoners

Year	**Total number of products**	**Total number of prisoners**	**Average number of products purchased**	**Range**
2017	38393	1263	30.4	233 to 1
2018	35966	1190	30.2	276 to 1
2019	37524	1348	27.8	178 to 1
2020	42931	1201	35.8	233 to 1
2021	50191	1158	43.3	295 to 1

Figure 30: Total number of vape products sold between 2017 and 2021



Conclusions on the data

The data evidences the particular vulnerabilities and needs around both mental health and addiction for people in the care of the prison.

There were consistently high number of referrals to mental health services in 2020 and 2021 of 364 and 362 respectively. In these two years there was an increase in the numbers made subject to PSIPS from 193 to 224 and recorded incidents of self-harm from 101 to 126. In the period from 2016 to 2021 there have been 9 deaths due to suicide at the prison with 3 of these deaths occurring in 2021.

The data demonstrates that the number of people entering HMP Kilmarnock consistently have a higher percentage testing positive for drugs to the Scottish prison average. This was 79% compared to 71.1% in the most recent data provided in 2018/19. Interestingly since 2015/16 to the most recent figures in 18/19 those testing positive for drugs at liberation has been lower than the Scottish prison average, 20.07% compared to 26.05%.The population at HMP Kilmarnock also has a higher percentage of people receiving opiate replacement therapy with the figure in in 2021 being 38.4% compared to the Scottish prison average of 30.8%. These figures are likely relate to the prevalence of drug misuse in Ayrshire which is the home community for many in the care of the prison.

Recommendations

R16. Review the current health care data collected and consider amendments to support delivery and planning of healthcare.

R1. Develop alternative models of mental health and wellbeing delivery utilising a skill mix including mental health assistant practitioners and a mental health practitioner to the Registered Mental Health Nurse team to increase range of intervention options and access to mental health support. This could include exploration of options for third sector organisations with the required skillset to deliver lower level wellbeing and psychological interventions.

R9. Encourage participation in education and self-help projects delivered in HMP Kilmarnock and consider how these could be further developed.

R2. Implementation of Medication Assisted Treatment (MAT) standards working with the national MIST MAT implementation Support Team) team on how these can be delivered in a prison setting.

R3. Consider options for the introduction of a recovery café model in the prison.

R11. Build on the current Community Re-integration model which is currently being reviewed to effectively plan and support those leaving custody.

Section 3 – Engagement

Survey and Focus Groups

Purpose

To inform the work and recommendations of the Health Needs Assessment engagement activity took place to;

- Gather thoughts and views of those in the care of the prison about their health and healthcare while in prison
- Gather the thoughts and views of NHS and SERCO staff on the health needs of those in the care of the prison and their experience of healthcare while in the prison

Method

Views were sought through the use of both surveys and focus groups with both those in the care of the prison and SERCO and NHS staff working in the prison.

The survey for those in the care of the prison was provided in paper form with sufficient copies for the whole prison population and the results transcribed into a smart survey to assist analysis. A prisoner notice was issued to provide those in the care of the prison information about the survey and that this would be conducted anonymously. The survey for staff groups was distributed electronically with a link to the smart survey and in paper form and included additional questions for health staff to capture some more specific issues.

Focus groups were arranged in the prison for those in the care of the prison, SERCO and healthcare staff to allow for an interactive discussion and exploration of issues that these groups identified.

Feedback from those in the care of the prison

There were 75 survey responses from those on the care of the prison with a high response rate for each of the questions asked along with many comments on the free text sections of the survey.

Two focus groups took place with a total of 10 participants. One with a group of those in the long term care of the prison and one with a protected group. The focus group was structured around a person's journey through Kilmarnock prison

- Reception
- Continuity of care
- Services in the prison
- Impact of prison environment on health and wellbeing
- Through care and community rehabilitation

In each of sections there was space for general discussion along with identification of what people thought was good, what were their areas of concerns and thoughts on what could be done differently.

Key themes from engagement

Both in the survey and focus groups there was generally a more critical and negative view of healthcare provision in the prison from those in the care of the prison. The majority of survey responses reported that their health had been bad or very bad in the last month with 50% reporting their health had been better prior to coming into prison. Just over 75 % felt that accessing healthcare was harder in prison than the community.

The main areas of concern for those in the care of the prison identified through the survey and focus groups discussions were;

- Access to mental health services
- Medications being changed (Particularly pain medications)
- Access to GP's
- Access to dental care

Mental Health

63.98% of survey respondents did not feel that could access mental health services that met their needs. There was a strongly represented view that the mental health provision was difficult to access and inadequate. Some in the focus groups reported positive experiences when they did receive a service but thought that there many more in need who were not being seen. Representative comments in relation to mental health include;

They did not deal with mental health and stopped my meds and other people and they tell you they've had problems and just ignore people.

I put into see the mental health team and I got a letter back saying sorry we are very busy and short staffed so I cannot see anyone. This was bad news for me.

Mental health as it's my first time in prison. My mental health has really suffered and after many med applications, I still haven't seen anyone about it. I was prescribed medication for it without even seeing or speaking to anyone.

Getting help from mental health which I didn't get in last four years in here

Services for men who have significant mental health issues – real concern – no real help

When seen the mental health team they were amazing but it was very difficult to see them in the first place.

Medication

Through the focus group discussions and also represented in the survey were views that pain medication, in particular Gabapentin was being unfairly restricted in the prison. People raised that medications they were prescribed in the community or other prison establishments had been changed. Some felt that prescribing was being influenced by prison custody staff. There were also wider comments on changes in medications not being discussed with the individual. Representative comments in relation to medication include;

Getting the same treatment as outside and not being restricted to what treatment I can receive as it has a monetary value in prison

Not just stopping people's meds because they think people will ask for them so they just don't give you them. And if from Glasgow they treat you worse and accuse we're all on something. Quite something to see the doctor. You don't see them and officer tells them what to do and they do it. Fact is there getting away with it. Really upsetting practices in here.

Take me off my pain relief without seeing me and leaving me in pain and also leaving me with sleeping aid that don't work

Come here and they change your Kardex meds. You don't find out until you go out to get your meds.

GP's just tar us with the same brush. A lot of the time we are in pain or have problems, it's not to get a fix.

They do what officers tell them. The doctor too. Pure joke.

They use this jail Kilmarnock to send you to cause they know your meds will be stopped cos it's not SPS. That's what goes on in here Kilmarnock.

Access to GP

65.97% of survey respondents replied no when asked about being able to see a GP to meet their needs was available. Focus group members felt that seeing a GP was more difficult than in the community and the triaging process for GP med apps meant people were often not seen, may receive a prescription without seeing the GP or were seen by a nurse instead. Some felt that they should be able to see a GP without needing to provide a reason as this should be discussed with the GP and that people may not provide full information on a med app as they were concerned who would see this. Representative comments in relation to accessing GP's include;

Not getting seen by doctor in here. Only get to see a nurse but can't access doctor

Being able to have a face to face appt with a doctor

I still have not seen the GP. Been trying for over 1 year. That's a joke.

Go back to pre-covid process where all men get the opportunity to see GP. (In relation to reception)

Only get to see nurses – Drs selective of who they see

Access to Dentist

69.44% of survey respondents replied no when asked if they could access dental services to meet their needs. There were particular concerns about long waiting times for dental treatment and that remand prisoners could only access emergency dental treatment and that they may be on remand for extended periods. Representative comments in relation to dental care include;

I have to go through emergency route but can only get teeth out, no dental care.

Have an actual healthcare and get to see a dentist before I need all my teeth pulled out.

Haven't had a check up in nearly in two years (can't keep using coronavirus as an excuse).

Not being able to see a dentist when prisoners are out in less than 6 months is no good.

People on remand can't see a dentist – can be on remand for 18m – 2 years and can't see a dentist – 6 month minimum and must be convicted

I need a dentist and they won't see me.

Some additional themes came through the survey responses and discussion in the focus groups.

This included a theme around communication between healthcare staff and those in their care. It related to changes in medications and access to GP's but was a wider point in being able to get information and discuss health concerns face to face. There were also comments about not getting responses to med apps and reports of them

going missing. Some concerns were also shared that custody staff would be able to see information on med apps that should only be seen by health staff. Representative comments included;

The lack of communication between staff, NHS and prisoner.

Bit of advice, tell a prisoner the truth. Don't pussy foot around it. If something can't be done tell that prisoner.

Better communication. If a med app goes out you expect it to be seen not lost

In relation to addiction services the majority of those who identified a need thought that they are able to access services to recover from drug and alcohol use. There were some comments in relation to choice of ORT treatments and delay in receiving an ORT prescription.

79.73% of survey respondents reported there was access to exercise regularly. This was also reported by participants in the focus groups who thought that access to the gym and exercise on the wing was good. There were some comments that there could be more choice of activity particularly for those who were older and less fit.

54.05% of survey respondents replied no when asked if they were able to access healthy foods with comments about high carb fried foods. Some reported there should be more choice for those on vegan or other particular dietary needs

Although limited there were positive comments about healthcare provision at the prison. These included;

I had worries before coming to prison. Healthcare in Kilmarnock is amazing. Diagnosed my gout within a simple blood test. Never done in the community. COPD is well managed.

Nurses, doctors, dentists, physio, OT, speech and language therapist could do no more for me. I am eternally grateful to all the above.

I would say over time if there's nothing to improve on it all works fine and on time.
One of my workers L** has helped me transform big time.

Feedback from those working in the prison

There were 13 staff survey responses received. These were all from health care staff with none received from prison custody staff. Additional responses were gathered in

a focus group of NHS staff, there were no attendees for the focus group for prison custody staff.

Key themes from engagement

A small majority of 7 respondents to 6 replied that access to healthcare in the prison was better as opposed to not as good as in the community. Respondents in the focus group felt that access to healthcare was quicker although this was dependent of the service being sought. There were comments in both the survey and focus group that those in the care of the prison could take greater responsibility for their health.

Addictions and mental health were identified as the major healthcare needs of those in the care of the prison in the survey. The focus group agreed that mental health is the largest unmet health need with addictions, medication, pain management and education also being identified.

A number of staff suggested that the assessment of healthcare needs of those coming into prison could be improved by follow up admissions clinics. For those being released from custody there was a theme of the need for better communication and joined up working.

Most staff reported that they could access support for a person in their care with a range of health and other support needs although in relation to improving mental wellbeing which was identified as a major need it was 58% that reported they were confident they could help a person access support. In response to what would help access services more easily there were themes around awareness, training and communication. Respondents suggested a range of areas where they though that healthcare services could be improved with themes around mental health prison, dental care and access to GP's.

In relation to barriers to improvement staffing was the most frequently identified issue and there were a range of issues around the physical environment to deliver healthcare highlighted in the focus group. In other comments there were themes of staff feeling that they were not consulted with and listened to and that they felt separate to other parts of the NHS.

58% of respondents reported that they neither agreed or disagreed that they were supported with training and development opportunities. A range of training needs were identified with the largest number being on learning about the impact of trauma on health. 83% also responded that they would welcome more joint training opportunities between NHS and SERCO staff. Training and learning needs were also highlighted in the focus group.

Recommendations

R7. Consider how to decisions on medication, particularly pain medications are communicated to those in the care of the prison along with alternative pain management strategies being available.

R4. Review reception processes and explore feasibility of introducing a post admission health check clinic to increase patient engagement and the identification of health care needs.

R1. Develop alternative models of mental health and wellbeing delivery utilising a skill mix including mental health assistant practitioners and a mental health practitioner to the Registered Mental Health Nurse team to increase range of intervention options and access to mental health support. This could include exploration of options for third sector organisations with the required skillset to deliver lower level wellbeing and psychological interventions.

R2. Implementation of Medication Assisted Treatment (MAT) standards working with the national MIST MAT implementation Support Team) team on how these can be delivered in a prison setting.

R13. Develop business case to re-furbish / move the dental suite to meet current standards and increase access to dental care.

R11. Build on the current Community Re-integration model which is currently being reviewed to effectively plan and support those leaving custody.

R17. Consider how unmet care needs due to lack of and /or limitations in service delivery impact on outcomes for those in the care of the prison and how this information is captured.

R19. Develop shared training and learning opportunities with NHS and SERCO staff groups to promote shared understanding and communication. This would include embedding a trauma informed approach to training and service delivery across all staff groups.

R18. Ensure health staff have learning plans identified through their PDP and have access to appropriate training and learning opportunities.

R20. Monitor the impact of staffing levels in healthcare on staff morale with agreed mitigation measures to support sustainable service delivery.

R15. Improvement to the physical presentation of staff working areas which demonstrate to health care staff that their workplace wellbeing is valued would be beneficial to staff moral and wellbeing.

R21. Actively monitor and co-ordinate planning of wellbeing support for the whole prison workforce.

R22. Build on the existing Key Worker Residential Prison Officer role to work more closely with health and other services to support those in the care of the prison to identify goals and achieve improved outcomes both in custody and post release.

Section 4 – Recent Relevant Reports

A literature review was not conducted as part of this Health Needs Assessment however there were four reports identified as being particularly relevant which were reviewed to identify themes and learning to be considered as part of the assessment.

- Understanding the Health Needs of Scotland's Prison Population, Scottish Government (2022)
- Mental health support in Scotland's prisons 2021: underserved and under-resourced. Mental Welfare Commission for Scotland
- HMP Kilmarnock Full Inspection Report HMIPS (2022)
- Independent Review of the Responses to Deaths in Prison Custody (2021)

The first of these is a suite of reports addressing different domains of social care, mental health, substance use and physical health.

As would be anticipated the research studies found a high level of health and social care need and a high level of comorbidity in the prison population. The syntheses report identified 5 common themes;

- Consistency – differences in provision between establishments and the community, differences in organisational cultures and ways of working and that services are reactive rather than preventative
- Information – the difficulties in producing national prevalence data and barriers to the sharing of individuals information to support their health care
- Access to services – identifying health care needs, logistic issues in accessing healthcare, appropriate services for a population with higher levels of need
- Staff - shortages and retention of health care staff, need for mandatory induction training and materials for all prison based staff groups
- Facilities - limited space in some establishments to deliver healthcare, facilities for older prisoners and those with increased healthcare needs, housing issues on liberation

Key messages from the review of these reports have been grouped below under the themes;

- Mental health
- Physical Health
- Substance misuse
- Health and wellbeing interventions

The HMIPS inspection report identified issues that were evident at HMP Kilmarnock which have been incorporated into the themed areas below.

Additionally it highlighted other issues identified in the synthesis report in relation to staffing, shortages and retention of healthcare staff and facilities to deliver health care. The inspection report noted that the health care facilities remained not fit for purpose as had been highlighted on the previous HMIPS report in 2016.

What this means for HMP Kilmarnock

There have been staffing challenges for the prison healthcare team for some time. Recruitment has been more successful in relation to general nursing but there continues to be significant difficulty in recruiting mental health nurses and a requirement to prioritise resources to those most in need and at risk. This reflects a local and national deficit in the number of Registered Mental Health Nurses which is not going to change in the near term.

The health care centre remains not fit for purpose both in terms of the space and facilities available. The space is poorly suited in its current layout and presentation to deliver trauma informed health care particularly in relation to mental health and wellbeing interventions. These issues are set out in more detail in the physical facilities section of the report.

Mental Health Key Messages

There is overwhelming evidence that individuals in prison are more likely to have a range of mental health needs, which are often multiple and complex. People in prison are far more likely than not to have a mental health need.

Suicide and self-harm are more common in prisoners than the general population with suicide being one of the leading causes of death in the prison population.

Existing provision to support the mental health of people in prison in Scotland does not adequately meet these needs and that a change in approach and significant improvement is required.

Resources are currently focused on those acutely mentally unwell leaving many people with difficulties without support and placed too much responsibility on individuals self-reporting and sharing information with mental health services to get support.

A lack of consistent care planning and limited use of CPA care planning model.

The use of segregation for prisoners who are mentally unwell and delayed transfers to hospital for requiring care in a hospital setting.

What does this mean for HMP Kilmarnock

Significant levels of mental health need are evident at HMP Kilmarnock with rising recorded levels of self-harm and 9 of the 16 prison deaths between 2016 -2021 being due to suicide. The capacity to meet that need is constrained by the difficulties recruiting to the prison based mental health team with resources being focussed on those most unwell with a gap in preventative and lower level mental health and wellbeing support identified in the reports as a concern. The HMIPS inspection identified the need to map what mental health services can feasibly be delivered within the constraints of space and capacity and the need to ensure that care plans are person centred and outcome focussed.

Improvement in mental health access and outcomes could be improved by alternative models to nurse delivered care for lower level interventions and availability of other mental health and wellbeing support services in the prison. This could be further supported by building on recent projects to deliver educational health promotion inputs and developing a whole prison trauma informed approach.

Physical Health Key Messages

Data suggests that Scotland's prison population experience greater prevalence of some (but not all) physical health conditions examined (particularly: epilepsy, asthma, COPD, hepatitis C, oral health and Covid-19).

A number of studies suggest the health of people in prison is similar to that of non-offenders up to 10 years older.

Reception is reportedly a highly stressful time for new arrivals to prison, and they may not fully disclose health care needs for a number of reasons.

What does this mean for HMP Kilmarnock

The delivery of health care has been impacted by staffing difficulties and the effect of the Covid pandemic to processes to support those in the care of the prison with long term health conditions being disrupted. The lack of dental facilities that met current standards and transport difficulties with GeoAmey to utilise community facilities has led to significant waiting times for dental treatment. Oral health was an area identified as unacceptable in the HMIPS inspection of the prison.

Substance Misuse Key Messages

Research indicates that individuals in prisons are more likely to have a substance use problem than to not have one.

Where previously this would have been heroin orientated, it is currently dominated by a combination of Novel Psychoactive Substances, Cannabinoids and 'Street Benzos with impacts on mental health'.

For most individuals, illegal and illicit drugs continue to be readily available. Consumption choices are directed by what drugs are available rather than by what people might use outside of prison.

Drug use and supply remain intrinsic to living in prison, both in terms of how some people choose to cope with living in prison and their role status within the prisoner community.

Death rates amongst men during the first week following their release are 29 times higher than the general population and this is overwhelmingly the result of opioid toxicity.

In Scotland, some of the highest rates of Blood Borne Viruses are found in prison populations

Prisons operating recovery ‘café’ models were well received by people in prison.

The need for a diversity of ‘through the gate’ support for people during the transition from custody to community, and to ensure that release plans happen ‘as intended’.

What does this mean for HMP Kilmarnock

There is a high level of drug misuse identified for those entering the prison at reception and significant numbers of those in the care of the prison receiving OST with both being higher than the Scottish prison average. There is a variety of OST options available in HMP Kilmarnock for those that arrive in treatment. A programme of development will be required to meet MAT standards in the prison and improving the care of those not already in treatment when substance misuse issues are identified. Currently a recovery café model is not offered in the prison.

There is a Community Reintegration Model in place for those leaving custody with good communication with community addiction teams but this could be developed further to improve meeting the holistic needs of those leaving custody.

Health and Wellbeing interventions

As part of the Scottish government work on a national health needs assessment they evaluated six physical health and wellbeing intervention categories: sports-based; horticultural; yoga, meditation, and mindfulness; art and creative; animal-based; and peer-support. The study reached the following conclusions of effectiveness;

- Effective: Yoga, meditation, and mindfulness
- Promising: Art and creative; Horticultural
- Mixed: Animal-based; Sports-based
- Inconclusive: Peer-support

Sports based and peer support interventions were found to be the most commonly delivered across Scotland’s prisons. Although this report suggested peer support interventions were inconclusive the report on substance misuse suggested recovery café models were well received by those in prison.

What this means for HMP Kilmarnock

Currently there are limited interventions offered at HMP Kilmarnock of the types evaluated. An evaluation is taking place of a Changing Room Talks programme which delivered health education inputs alongside a sports based activity.

Outwith these themes the Independent Review of the Responses to Deaths in Prison Custody examined the processes in place and how deaths in custody are responded to in Scotland. The review highlighted that the pillars of trauma informed practice are choice and control and found that this was not the experience of families bereaved through a death in prison custody. The key recommendation of the review is that an

independent investigation into each death in prison custody should be undertaken by a body independent of Scottish Ministers, SPS or private providers and the NHS. A further 26 recommendations were made based around the following 5 themes;

- Family contact with the prison and involvement in care
- Policies and processes after death
- Family contact and support following a death
- Support for staff and other people held in prison after a death
- SPS and NHS Documentation concerning deaths

The work to take forward the recommendations of the review is taking place at a national level with SPS and the National Prison Care Network to ensure to ensure consistent practice is developed across all prison establishments.

Recommendations

R1. Develop alternative models of mental health and wellbeing delivery utilising a skill mix including mental health assistant practitioners and a mental health practitioner to the Registered Mental Health Nurse team to increase the range of intervention options and access to mental health support. This could include exploration of options for third sector organisations with the required skillset to deliver lower level wellbeing and psychological interventions.

R12. Use the evidence of the health care needs of those in the care of the prison to develop a business case with SPS to provide suitable facilities with sufficient capacity that support the delivery of health care by the in prison health care team and other health services coming into the prison.

R13. Develop business case to re-furbish / move the dental suite to meet current standards and increase access to dental care.

R8. Support and training to develop quality improvements that support consistent good quality care planning in partnership with those receiving care.

R9. Encourage participation in education and self-help groups / interventions delivered in HMP Kilmarnock and consider how these could be further developed.

R19. Develop shared training and learning opportunities with NHS and SERCO staff groups to promote shared understanding and communication. This would include embedding a trauma informed approach to training and service delivery across all staff groups.

R6. Improve preventative care through proactive health checks and re-enablement of long term conditions clinics.

R4. Review reception processes and explore feasibility of introducing a post admission health check clinic to increase patient engagement and identification of heath care needs.

R2. Implementation of Medication Assisted Treatment (MAT) standards working with the national MIST MAT implementation Support Team) team on how these can be delivered in a prison setting.

R3. Consider options for the introduction of a recovery café model in the prison.

R11. Build on the current Community Re-integration model which is currently being reviewed to effectively plan and support those leaving custody.

R24. Contribute to the work of the National Prison Care Network and SPS taking forward recommendations of the Independent Review of the Responses to Deaths in Prison Custody and ensure local implementation as responses to the recommendations of the review are developed.

Section 5 – Physical Facilities

The current health care facilities are based on the delivery of health care when the HMP Kilmarnock was opened in 1999. Since that time there has been a fundamental change in how healthcare is being delivered. NHS boards became responsible for the provision of prison healthcare in 2011 and delivers a primary health care service which saw a change from the previous model of healthcare delivered by in -patient medical wards. There has been an expansion in the range of services provided by a number of health disciplines based in the prison which include adult and mental health nursing, G.P services, addiction workers, occupational therapy, psychology, speech and language therapy. These services are supported by health services coming into the prison on a sessional basis including dental services, psychiatry, BBV nurse, physiotherapy, optometry, podiatry and other specialisms as required.

The HMP Kilmarnock Health Needs Assessment completed in early 2011 prior to NHS Ayrshire and Arran assuming responsibility for health care noted concerns about the facilities and recommended that "careful consideration should be given to the development of HMP Kilmarnock's healthcare facilities to ensure they are fit purpose". Potential plans at that time to convert the 4 bed medical wards into consulting spaces referred to into the report were not realised.

The HMIPS report for Kilmarnock prison in 2016 identified concerns in relation to the facilities to provide health care noting,

"the physical infrastructure of the health care centre and the lack of appropriate clinical space hindered the ability to deliver and develop good quality services. Much of the accommodation within the health centre was no longer fit for purpose"

These concerns were restated in on the 2022 HMIPS report for Kilmarnock prison,

"The requirements for prison healthcare have changed since the prison was built and it was noted that the current infrastructure and fabric of the Health Centre was no longer considered fit for purpose. Urgent effort is required to enable the existing rooms to be used for clinical purposes and also plan for the future"

Between the publications of the two reports some work was undertaken to repurpose rooms which had previously been small medical wards with beds that were no longer in use into work station areas for nursing and administrative staff. This included the installation of a grill gate which separated the clinical delivery area of the health care centre accessible to those in the care of the prison and work areas for health care staff. There has been some decorative refurbishment of the existing clinical rooms and pharmacy rooms. What were previously Medi-wards 1 and 2 are now used to deliver healthcare as detailed below but this change of use did not include any change to the fabric of the spaces.

All clinical interventions other than the delivery of medication need to take place in the health centre as there are no suitable facilities adjacent to the prison wings. Each cell block has a health room which is used to dispense prescription and controlled drugs including Opiate Replacement Therapy. Other health care services with the patient accessing the room currently cannot be provided due to the small size of the rooms

and the security requirements of controlled medication stored in the rooms for daily dispensing.

As noted above the health centre is divided by a secure grill gate with staff areas on one side and the following spaces accessible to those in the care of the prison to provide health care services.

Health Care Treatment Area

Nurse Treatment room

Contains a treatment couch, appropriate handwashing facilities, access to IT, storage for items utilised during nurse clinics.

This space is used to deliver morning and afternoon nurse clinics each day Monday to Friday. These clinics would include general adult nurse clinics e.g. dressing clinics, blood clinics etc. At the weekend there will be a daily clinic for those requiring healthcare.

As there is a single nurse treatment room this usually means that only one nurse clinic can be provided each morning and afternoon session. Consulting room 1 is utilised when available as an additional nurse clinic space.

Consulting room 1

Contains a treatment couch, appropriate handwashing facilities, desk and IT access

This is a shared service room utilised principally utilised by the BBV nurse and BBV clinics which are can be on a daily basis. The room is equipped for Podiatry and Optometry sessions which take place on a monthly basis. When not utilised by these services and available the room is used by addiction, mental health and adult nurse clinics and is used as an additional room by the GP's when required.

Consulting room 2 - GP Consulting Room

Contains a treatment couch, handwashing facilities, desk and access to IT. Used for GP consultation.

Dental treatment room

The dental treatment room does not meet current standards for mechanical ventilation to provide the required air changes per hour (ACH). Guidance issues by the Chief Dental Officer is that treatment rooms should be aiming for a minimum of 10 ACH. Currently the treatment room provides 3 ACH. Due to this Aerosol generating Procedures (AGP) which form the basis of most dental treatments cannot be provided in the prison removing treatment options that would require to be undertaken out of the prison. Arrangements put in place to access community dental facilities had to be withdrawn as clinic time was frequently not used due to cancellation of transport arrangements provided by GeoAmey.

Additional ventilation issues are that the exhaust gasses from the suction motors are released into a non-ventilated cupboard that is part of the clinical area and not externally which fall short of basic cross infection standards. The high level of humidity also leads to frequent breakdowns of the aspirator and compressor.

Dental staff working in the treatment room have provided feedback that it is a difficult space to provide dental care due to both the small size for staff to move around and access equipment and the uncomfortable levels of heat in the room.

Medi ward 1

Contains a treatment couch, seating area and toilet facilities. This space is principally utilised for appointments with the addiction team due to the access to toilet facilities to undertake drug screening when required.

Medi ward 2

This is the largest patient treatment space in the health care centre and is principally utilised by the Occupational therapists for assessment and treatment. It is also used by physiotherapy appointments for 2 sessions per week and for other clinic sessions by the addiction and mental health team when available.

Due to limited storage space this room is used to store OT equipment and stackable chairs for when it is used as a larger meeting room

This room has previously been used for some group work activity but due to the increased use by the above services there is limited current scope to accommodate this

Consulting room 3 (Psychologist office)

Small room with seating area, desk and access to IT. This has been a difficult space to deliver psychological treatment to those with complex trauma. Principally this has been due to the location in the busiest area of the healthcare centre directly opposite the patient waiting areas with noise and movement. It is also a windowless room which is currently not presented as a trauma informed space which would support the delivery of psychological treatment.

Single cell 1 (Wellbeing room)

This was previously a single cell and has had no adaptation and is used occasionally by staff members as time out space. It is also occasionally used to meet patients when there is no other space available however it is not a suitable space for patient care and retains the open cell toilet and has no handwashing facilities.

Addition to these spaces to deliver health care in this section of the healthcare centre there are;

- Two secure waiting areas and a single cell waiting area for patients attending appointments.

- A small office area for Prison Custody Officers through which there are workstation areas for the Occupational Therapist and Speech and Language Therapist
- Two pharmacy rooms one of which has a facility to dispense medication including OST
- Archive room containing medical files
- 2 small storage rooms for the medical equipment and supplies

Staff Areas

The staff section of the health care centre provides.

Nurses Station

The room has been equipped with IT stations utilised by Adult Nurse, Mental Health and Addiction teams for documentation of health care records and care plans.

Admin Station

This room has been equipped with IT stations for 5 admin staff. Due to the reliance on paper based systems in the delivery of healthcare in a prison environment there is a significant administrative workload.

Offices

- 2 small internal single desk offices used by senior nurses / senior manager / primary care manager
- 1 internal three desk office used by charge nurses

Staff Room

Contains staff lockers, table and seating area for staff breaks and eating area. Previously a patient recreation area it contains a toilet with no door.

Kitchen

Small kitchen area with fridge, microwave and dishwashing facilities

Staff Bathroom facilities

Includes two bathrooms. This area also contains two shower stalls that are no longer utilised.

Large Bathroom

This was previously a patient bathroom and remains equipped with shower stalls and a bath from when there were bedded wards in prison health care. This is an un-utilised space due to being fitted out as a bathroom and is used for some storage.

Small Storage Room

Used for stationary equipment and supplies

Facility Recommendations

Treatment Areas

This HNA does not seek to provide detailed recommendations on how the how the space in the health care centre could be developed and repurposed. What has been identified is the health care needs of the prison population and proposals on the facility requirements to meet this need. The detail of how these could potentially be delivered will require further work with SPS to explore;

- what are potential options and / or limitations on what can be delivered in the current built environment and how space can be re-purposed
- what potential is there for additional space to identified and developed in the prison outwith the health care centre
- the funding required to deliver development and additional evidence SPS may require to support a business case for investment in prison health care facilities

Currently there are six rooms in the healthcare centre excluding the dental suite which can be used for the delivery of health care interventions (Consulting rooms 1,2,3, Medi-wards 1 & 2 and the nurse treatment room). In addition to the GP service, adult and mental health nurse service and the addiction team in house prison health services now include Psychology, 2 Occupational Therapy roles and Speech and Language. Other health services that come into the prison on a regular sessional basis include Psychiatry. BBV services, Physiotherapy, Optometry and Podiatry with additional disciplines accessed when required. The current room capacity limits the number of health interventions that can be delivered concurrently across the disciplines in the time periods provided by the prison regime to deliver health care.

Additional clinic space would facilitate access to healthcare and the capacity for increased provision of a range of healthcare services and regular clinics to improve patient outcomes including;

- Mental health
- Psychology
- Addiction
- Occupational therapy
- Long terms health conditions
- Post admission follow up clinics
- Liberation clinics

Optimising the use of staff resources would require the provision of 9 consulting spaces suitably equipped for the delivery of health care. The equipment needs of these spaces would vary and where it can be appropriately accommodated spaces developed that can be flexibly utilised. All of these spaces would not have a single service user to ensure an efficient use of space but there would be facility requirements to deliver some health interventions.

Identified requirements are;

- 1 GP consulting room
- 2 Nurse treatment rooms
- 1 Multipurpose treatment room (BBV/Podiatry/Optometry etc)
- 1 Larger treatment room equipped for OT assessment and support
- 1 Consulting room equipped to undertake drug screening
- 3 Consulting rooms to deliver mental health, psychology and addiction services

GP consulting and treatment rooms would require suitable appropriate handwashing facilities, IT connectivity, storage for medical equipment and supplies being used during clinics.

A consulting room that facilitated drug screening would require a toilet and handwashing facilities.

Consulting rooms for mental health, psychology and addiction services that include handwashing facilities and IT connectivity would allow for greater flexibility in use when required.

For all of these clinical spaces a maintenance and decorative standard that meets infection control requirements is necessary. Consideration is also required of the physical presentation of the healthcare facilities that demonstrate that patient care is valued and underpins the delivery of trauma informed care.

There are two spaces in the patient delivery area of the health care centre that are not currently utilised for patient care that have the potential to be repurposed to create clinical care space;

- Archive room – currently used to store patient records. A project has been initiated for records to be appropriately archived elsewhere.
- Single Cell 1 – this is essentially a single cell with open toilet and not currently suitable for healthcare delivery

A further consideration would be options for a space in the central cell blocks where healthcare interventions could be delivered reducing the footfall and space demands in the health care centre. As noted above the medical rooms in the cell blocks can only be used for the administration of medication. In this respect they are also compromised as medication administration including ORT lacks confidentiality and can be observed from the bar gate area of the wing. There is limited space in this area and there may not be feasible options that can be offered which also meet the operational requirements of the prison.

The health care centre provides very limited opportunities to deliver group work interventions and support which would be of particular value in delivering lower level mental health, psychological and addiction support services such as a recovery cafe. Previously some group work has been delivered in Medi-ward 2 but this has been curtailed by the delivery of other healthcare services. The identification of an alternative space which could be regularly and reliably accessed would enable the delivery of regular group work interventions. Approaches such as recovery café and

anxiety management groups are effective in improving outcomes and would facilitate wider and more efficient access to healthcare then the provision of individual clinic appointments for those where this is an appropriate service.

Dental treatment room. As detailed above the facilities do not meet current standards which limit treatments that can be delivered. As a minimum improvements to the ventilation that would allow the delivery of aerosol generating procedures which form the basis of most dental care would be required to deliver a full dental service.

Storage

There are currently three small storage rooms for medical equipment and supplies which do not provide sufficient space for to store, access and readily audit these resources. This results in equipment and supplies being stored that impede access in the storage areas or are placed in other areas of the health care centre. Potential options to improve storage within the current footprint that could be considered include;

- Repurposing the unused large patient bathroom
- Repurposing shower stall area adjacent to staff bathrooms

Staff Areas

The principal staff areas, nursing station, admin station and staff room are repurposed prior medical wards and a recreation area for those in custody. For example the staff room still contains a toilet with no door. Improvement to the physical presentation of staff working areas which demonstrate that health staff and their workplace wellbeing is valued would be beneficial to staff moral and wellbeing.

Reception

All those arriving into the care of the prison receive a healthcare assessment in the reception area of the prison. This is undertaken in an office space which although having handwashing facilities is not presented as a clinical area. The time for these assessments will vary according to need between 15-30 minutes. This a single space to deliver these assessments and if there were to be an increase in the number of prison admissions when SPS take management of the prison this may lead to significant delays. Both the staffing and facilities to undertake reception assessments would need to be considered.

Recommendations

R12. Use the evidence of the health care needs of those in the care of the prison to develop a business case with SPS to provide suitable facilities with sufficient capacity that support the delivery of health care by the in prison health care team and other health services coming into the prison.

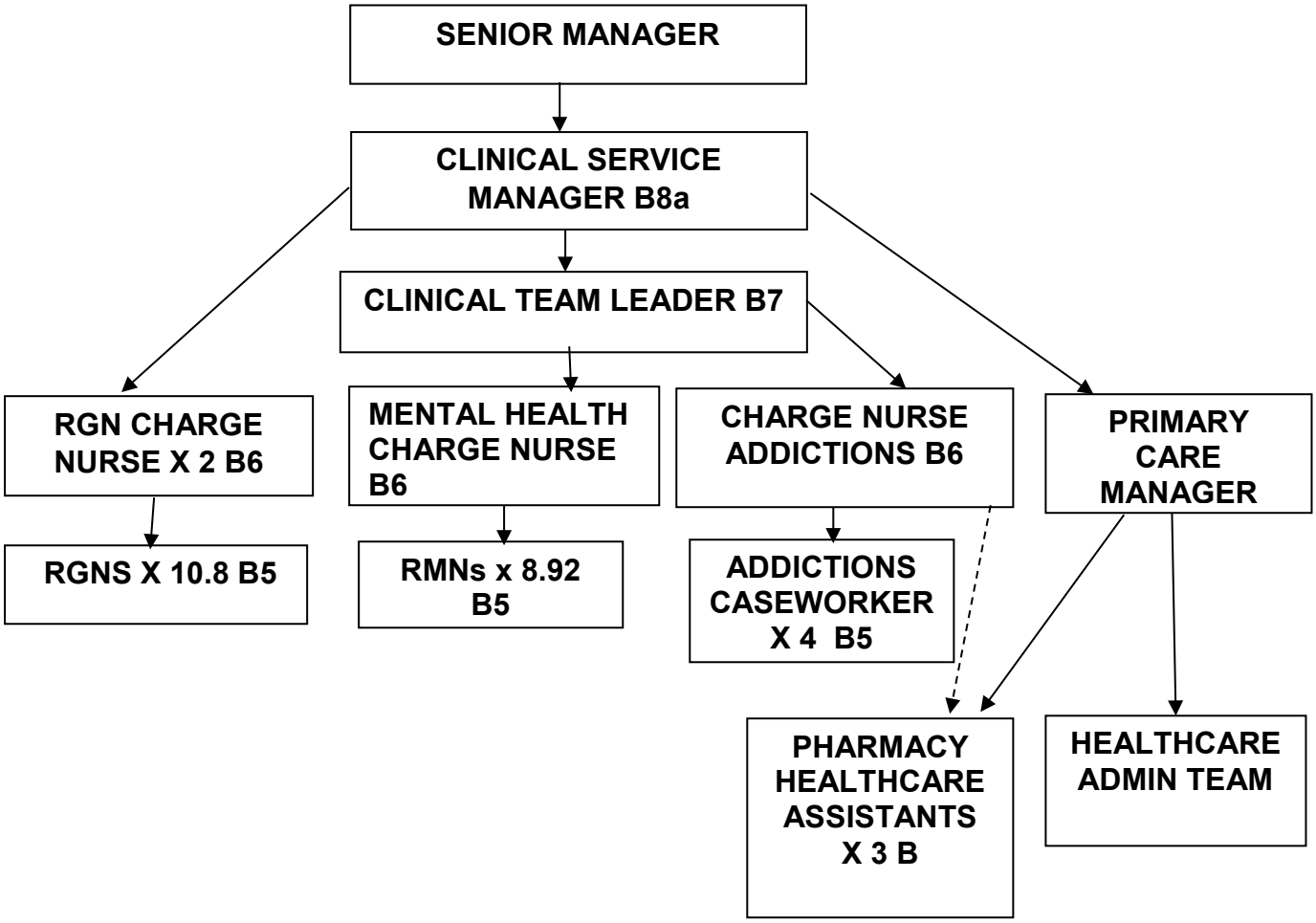
R13. Develop business case to re-furbish / move the dental suite to meet current standards and increase access to dental care.

R14. Consideration is also required of the physical presentation of the healthcare facilities to ensure a welcoming environment that seeks to provide a space of safety, calming and de-escalation. This demonstrates that patient care is valued and underpins the delivery of trauma informed and person-centred care.

R15. Improvement to the physical presentation of staff working areas which demonstrate that health staff and their workplace wellbeing is valued would be beneficial to staff moral and wellbeing.

Section 6 – Health Care Staffing Model

The chart below sets out the current staffing model of the prison based nursing healthcare team.



Nursing healthcare services are delivered between 7am to 9.30 pm Monday to Friday and 7.30am to 8pm Saturday and Sunday. This is delivered through a rota shift pattern of 12.5 hour shifts for B5 RGN and RMN nurses 7am to 7.30pm and 9am to 9.30pm weekdays and 7.30am to 8pm weekends.

Addiction case workers provide services Monday to Friday 9am to 5pm.

The senior nurse team B6, B7 and B8a normal work pattern is Monday to Friday 9-5 although members of the team work flexibly most frequently with an earlier start time when there are particular staffing pressures.

G.P services are delivered by a community GP provider with a separate contract to provide GP services in the prison. Three GP's provide 9 sessions per week over Monday to Saturday and an on call service until 6pm Monday to Friday. Out of hours GP services are provided by forensic medical examiners as part of the Police custody forensic medical services contract.

Additional to the nursing and GP service other health service posts that are prison based are;

- 1 FTE band 7 Occupational Therapist and 1 FTE band 6 OT
- 1 0.5FTE Speech and Language Therapist
- 1 FTE band 8b Psychologist
-

Additional health care services are provided by clinicians that come into the prison to deliver regular planned healthcare.

- Dental Services
- Forensic Psychiatry. Two forensic psychiatrist attached to the prison who provide 2 clinical sessions per weeks with 2 additional sessions as part of multi-disciplinary team discussions
- Physiotherapy. 2 sessions per week
- Optometry. 2 sessions per month
- Podiatry. 2 sessions per month
- BBV Nurse. Average of 2 sessions per week which varies due patient need

Additional clinicians provide services in the prison when there is a particular patient care need identified e.g. tissues viability.

For those in the care of the prison with social care needs these are provided by a local community based social care provider with the service arrangements being between SERCO and the provider. The assessments for these services are normally provided by occupational therapy.

Access to secondary medical care is arranged on a referral basis as is normal primary care practice in the community with GeoAmey the contracted prison transport service providing escort and supervision to those needing to attend appointments out of the prison. Both locally and nationally there have been significant difficulties with GeoAmey not being able to provide transport resulting in missed health appointments.

Staffing Issues

There have been significant recruitment and retention challenges that have impacted on the nursing team and other posts in recent years. This reflects local and national recruitment difficulties in the health care sector and the particular challenges in recruitment to prison healthcare.

The level of vacancies exacerbated by the additional pressures of managing Covid outbreaks in the prison between 2020 -22 impacted significantly on those staff who remained in post. Issues reported by the staff team included;

- staff frequently working additional hours at short notice
- impact on training and development time
- reliance on bank staff who may not be familiar with prison operating systems
- impact on staff moral

An essential requirement for the recruitment and retention of a motivated, supported and well trained workforce is ensuring sufficient capacity for staff to undertake training and development and capacity to deliver high quality healthcare interventions.

Adult Nursing RGN

At the time this report was being concluded recruitment to Adult Nursing posts has been more successful with recruitment to the full establishment being achieved. Although there remains a degree of turnover of nursing staff the service has been able to attract applicants when vacancies arise.

The HNA considered whether a change in the skill mix in the adult nurse team could increase the capacity of the team to deliver healthcare. There are some tasks that could be undertaken by Health Care Assistants i.e. competent witness in the dispensing of controlled drugs which is not part of the existing workforce model. The review however concluded that any reduction in the existing adult nursing team to fund the inclusion of health care assistant roles would significantly reduce the resilience and flexibility of the nursing team to deliver core nursing healthcare tasks, particularly if there were future pressures due to difficulties recruiting and or sickness absence in adult nursing posts. Ensuring there is sufficient capacity in the adult nursing team reduces the impact on RMN's and the addiction team to support delivery core duties such as medication administration. Whilst there will always be the need for some service flexibility this allows these services to be more effectively ring-fenced to deliver mental health and addiction services. It also provides capacity for adult nurses to deliver care that improves outcomes in addition to core duties that are required. In particular there are review recommendations in relation to long terms health condition and follow up reception clinics to improve the identification and support of health care needs.

Registered Mental Health Nursing

There continue to be significant difficulties in recruitment of Registered Mental Health Nurses with advertised vacancies attracting either no or limited applicants. This has resulted in the mental health team operating at below 50% staffing levels and periods with no prison based senior mental health nurses in post. Current indicators on the local and national deficit of mental health nurses suggest that mental health nurse recruitment is unlikely to ease in the foreseeable future with fewer newly qualified RMN's each year than the number of available posts.

This has led to resources being focussed on those most unwell with high levels of risk and need through implementation of a triage and RAG (Red / Amber / Green) model. This does ensure that those most at need do receive support quickly and there are not significant waiting times for assessment. It does however leave a gap in the provision of preventative and lower level mental health and wellbeing support which could prevent the need for more intensive services and improve patient outcomes and wellbeing.

Alternative approaches to deliver services to those both at higher levels of risk and need and those that would benefit from lower level interventions is required. The review considered options for changing the skill mix of the mental health team and concluded there would be benefits to developing the roles to support the initial triage and assessment of new referrals and the delivery of lower level interventions that would support mental health and wellbeing and prevent the need for more intensive interventions. A band 6 Mental Health Practitioner to reflect primary care delivery in the community undertaking initial triage and assessment of referrals, support the delivery of lower level interventions by assistant practitioners and the direct provision of care for some with more complex care needs. Band 4 mental health assistant practitioners and with relevant skills and experience to deliver lower level mental health and wellbeing interventions including group work if the facilities are developed to deliver this.

In such a model the mental health practitioner triaging new referrals and with the registered nurses undertaking assessments. Registered nurses would work with those triaged red and amber with the higher levels of risk and need with the mental health practitioner undertaking some complex work. Mental health assistant practitioners would provide defined therapeutic interventions under the direction and supervision of a healthcare practitioner. This work would be directed by the multidisciplinary mental health team including input from the mental health practitioner RMN team, Psychiatry, and Psychology. These posts would not work a shift pattern which would ensure availability to undertake consistent and reliably available scheduled therapeutic interventions underpinned by trauma informed relationship based practice. The model would support the RMN team's capacity to undertake assessment and complex work including Prevention of Suicide in Prison work.

Addictions Caseworkers

Addiction services are delivered by band 5 addiction caseworkers. There have been come challenges in recruitment to the addiction team with one vacancy at the time this report was concluded. The introduction of MAT (Medication Assisted Treatment) standards to prison settings is likely to have an impact on workload with faster access to treatment and treatment choice. To retain the flexibility and capacity required to deliver assessment and treatment options the concluded it remains the preferred option to recruit to band 5 posts at this time. However option of utilising a band 4 addiction assistant practitioner could be considered if recruitment becomes a challenging issue.

Senior Nursing staff

The previous model had comprised of a Band 8a Clinical Service Manager with and Band 7 Clinical Team Leader managing the Adult, Mental health and Addiction Band 6 charge nurses with one charge nurse leading each of these teams.

The review considered the assessed needs of the service in relation to leadership, quality assurance and service delivery. Recruitment challenges were also considered with two changes that have been made with a third recommendation to be taken forward.

Recruitment to a Band 7 post for all three disciplines has been unsuccessful and this post is now being recruited to manage the mental health and addiction teams with the Clinical Service Manager managing the adult RGN charge nurses.

The review concluded that the leadership, quality assurance oversight and support to the Band 5 nursing teams needed to be enhanced to deliver quality improvement and outcomes. Currently there is no scheduled senior nurse on-site presence after 5pm and during the weekends. This includes important periods of health care delivery including the assessment of those newly arriving at the prison which often takes place after 5pm. The review recommends that there would be benefits in introducing a shift pattern for the Band 6 charge nurses to deliver improved quality assurance and support across a larger part of the service delivery day. Increased and visible support for band 5 staff would additionally benefit the development and retention of nursing staff. This would require a consideration under the NHS Ayrshire and Arran Organisational Change Protocol in consultation with those staff that would be affected and their union representatives.

Due to difficulties in recruiting to the Band 6 Mental health charge nurse post and additional BAND 6 RGN who could be recruited to support the nursing team is in post. Increasing the capacity of the Band 6 charge nurse from 3 to 4 and retaining the Band 6 RMN post would enable to capacity to deliver senior nurse support across a wider part of the working day and week to include evenings and weekends.

Recommendations

R1. Develop alternative models of mental health and wellbeing delivery utilising a skill mix including mental health assistant practitioners and a Mental Health Practitioner to the Registered Mental Health Nurse team to increase range of intervention options and access to mental health support. This could include exploration of options for third sector organisations with the required skillset to deliver lower level wellbeing and psychological interventions.

R25. Undertake NHS Ayrshire and Arran Organisational change protocol to consider introduction of an adjusted shift pattern for Band 6 charge nurses.

R20. Monitor the impact of staffing levels in healthcare on staff morale with agreed mitigation measures to support sustainable service delivery.

R18. Ensure health staff have learning plans identified through their PDP and have access to appropriate training and learning opportunities.

R19. Actively monitor and co-ordinate planning of wellbeing support for the whole prison workforce.

Section 7 – Transfer of the Prison to SPS

During the period the work of the Health Needs Assessment was being undertaken the decision was concluded that the contract with the Special Purpose Vehicle on the lease of the prison and SERCO as the prison management provider would not be renewed. SERCO has managed the prison since HMP Kilmarnock was opened in 1999 but the prison will transfer to the management of SPS on the 16 March 2024.

The nature of the contractual arrangements between SPS and SERCO mean that in recent years the population of the prison has generally been up to 548 although there have been periods when it has exceeded this number. During the period of the review the average population has been 541.

SPS has established a project team to manage the transition of the prison from SERCO to SPS. The review has engaged with the transition team to determine what changes may be planned to the operation of the prison which would have an impact on the delivery of healthcare service. Whilst there are no concluded plans at this time there have been some options outlined that would be reasonable to consider for future planning.

A population paper for HMP Kilmarnock has not yet been agreed by SPS and may result in a plan to increase the size of the population in the care of the prison. If a change in population is agreed this would take place over a transitional period of time with numbers increasing from court disposals and transfers from other prisons.

There may also be changes in the population mix in HMP Kilmarnock related to SPS decisions on where certain categories of those in custody are placed in the prison estate. The current intention is that HMP Kilmarnock remains a local prison with many of those coming into custody coming from the local courts. There may however be an extension to the court area's that prison receives people into its care. This may to lead to a higher turnover in the prison with an increase in the number of remand and short term people in the care of the prison. This would impact on the number of people being assessed on arrival at the prison and could affect the timing of those arrivals if people are coming from more distant courts. It is not anticipated that this would impact on the current finish time for healthcare services in the prison

There may be the possibility that SPS would need to respond to significant events in other parts of the prison estate and utilise the additional capacity at HMP Kilmarnock which has a maximum capacity of 692 places. This arrangement has always been in place and is not a material change as a result of the transition.

SPS will also be undertaking a staff modelling exercise which may result in an increase in the number of prison officers which may assist with increased access to officers to escort those in the care of the prison to appointments in the healthcare centre.

Any increase of the population and potential changes to the population demographic with increased turnover of short term and remand persons being placed in the care of the prison will have an impact on the delivery of health care services and the capacity of the healthcare teams. This will require planning between SPS and the NHS Ayrshire and Arran to ensure that there is the capacity and facilities to meet this increased need.

Whilst there may be options to plan an increase in the size of the health care team the current physical healthcare facilities do not have the capacity to provide increased health care delivery or accommodate additional health care staff.

Recommendations

R23. Engagement with the SPS project team for the transfer of the prison on the impact of potential population changes and plan how the health care needs of the prison population can be met in relation to both staff and physical resources.

Section 8 – Summary of Recommendations

1. Develop alternative models of mental health and wellbeing delivery utilising a skill mix including mental health assistant practitioners and a mental health practitioner to the Registered Mental Health Nurse team to increase range of intervention options and access to mental health support. This could include exploration of options for third sector organisations with the required skillset to deliver lower level wellbeing and psychological interventions.
2. Implementation of Medication Assisted Treatment (MAT) standards working with the national MIST (MAT implementation Support Team) team on how these can be delivered in a prison setting.
3. Consider options for the introduction of a recovery café model in the prison.
4. Review reception processes and explore feasibility of introducing a post admission health check clinic to increase patient engagement and the identification of health care needs.
5. Review processes for assessment and identification of support for needs for those returning from court both sentenced and remaining on remand
6. Improve preventative care through proactive health checks and re-enablement of long term conditions clinics.
7. Consider how to decisions on medication, particularly pain medications are communicated to those in the care of the prison along with alternative pain management strategies being available.
8. Support and training to develop quality improvements that support consistent high standard care planning and recording in partnership with those receiving care.
9. Encourage participation in education and self-help groups / interventions delivered in HMP Kilmarnock and consider how these could be further developed.
10. Explore options for delivery of additional evidence based health and wellbeing interventions.
11. Build on the current Community Re-integration model which is currently being reviewed to effectively plan and support those leaving custody.
12. Use the evidence of the health care needs of those in the care of the prison to develop a business case with SPS to provide suitable facilities with sufficient capacity that support the delivery of health care by the in prison health care team and other health services coming into the prison.
13. Develop business case to re-furbish / move the dental suite to meet current standards and increase access to dental care.
14. Consideration is also required of the physical presentation of the healthcare facilities to ensure a welcoming environment that seeks to provide a space of safety, calming and de-escalation. This demonstrates that patient care is valued and underpins the delivery of trauma informed and person-centred care.

15. Improvement to the physical presentation of staff working areas which demonstrate to health care staff that their workplace wellbeing is valued would be beneficial to staff moral and wellbeing.
16. Review the current health care data collected and consider amendments to support delivery and planning of healthcare.
17. Consider how unmet care needs due to lack of and /or limitations in service delivery impact on outcomes for those in the care of the prison and how this information is captured.
18. Ensure health staff have learning plans identified through their PDP and have access to appropriate training and learning opportunities.
19. Develop shared training and learning opportunities with NHS and SERCO staff groups to promote shared understanding and communication. This would include embedding a trauma informed approach to training and service delivery across all staff groups.
20. Monitor the impact of staffing levels in healthcare on staff morale with agreed mitigation measures to support sustainable service delivery.
21. Actively monitor and co-ordinate planning of wellbeing support for the whole prison workforce.
22. Build on the existing Key Worker Residential Prison Officer role to work more closely with health and other services to support those in the care of the prison to identify goals and achieve improved outcomes both in custody and post release.
23. To further develop collaborative approaches with the Public Health Department to understand and respond to the health needs of residents, MAT Standards, learning in relation to drug related incidents, the response and management of health protection events and the development of trauma informed cultures and practice.
24. Contribute to the work of the National Prison Care Network and SPS taking forward recommendations of the Independent Review of the Responses to Deaths in Prison Custody and ensure local implementation as responses to the recommendations of the review are developed.
25. Undertake NHS Ayrshire and Arran Organisational change protocol to consider introduction of an adjusted shift pattern for Band 6 charge nurses
26. Engagement with the SPS project team for the transfer of the prison on the impact of potential population changes and plan how the health care needs of the prison population can be met in relation to both staff and physical resources.
27. The recommendations in this Health Needs Assessment to be developed into a SMART action plan that involves all relevant stakeholders so that the information and learning from the assessment leads to tangible and measurable actions that result in improved health and wellbeing outcomes for those in the care of the prison.

APPENDIX 1

Membership list

Martin Egan, NHS Ayrshire & Arran (Chair)

Hannah Campbell-McLean, NHS Ayrshire & Arran

Alison Chandler, NHS Ayrshire & Arran

Lauren Speirs, Senior Nurse, NHS Ayrshire & Arran

Craig Thomson Serco

Russell Gordon, Serco

John Shanks, SPS

Dalene Sinclair, NHS Ayrshire & Arran

Pamela Campbell, NHS Ayrshire & Arran

Kevin Lyle, NHS Ayrshire & Arran

Sri Ganesh Muthiah, NHS Ayrshire & Arran

Nicola Taylor, NHS Ayrshire & Arran

Sally Amor, NHS Ayrshire & Arran

Alison Paton, NHS Ayrshire & Arran

APPENDIX 2

HMP Kilmarnock Prison Healthcare Needs Assessment Steering Group Terms of Reference

April 2022

General

These terms of reference describe the membership, responsibilities and arrangements of this steering group.

Purpose

To provide an evidence base of the health needs of the population of those in the care of HMP Kilmarnock and requirements to meet identified needs in relation to healthcare staffing and skill mix and the physical facilities to deliver healthcare to the patient population at HMP Kilmarnock.

The purpose of this group is to:

- Provide advice, guidance and constructive challenge to the planning, implementation and recommendations of this HNA

- To draw on their own areas of expertise and experience to inform and support this HNA

- To engage with and promote to relevant colleagues the activities of this HNA

- To consider the findings of this HNA and provide advice on what recommendations should be made as a result.

- To assist in prioritising the areas for focus within recommendations

- To promote, disseminate and action the recommendations of this HNA

Responsibilities

All group members are expected to:

- Engage with HNA in so far as is practical and appropriate for their job role

- Promote engaging with the HNA where applicable with other staff members and colleagues

- To provide scrutiny for the plans, activities and recommendations of the HNA

- Make reasonable efforts to attend meetings and send a deputy with suitable authority where it is not possible to do so

- Consider what practical actions can and should be implemented as a result of this HNA and take reasonable steps to achieving these actions as is appropriate for their role.

Membership

The core membership will includes representatives from,

NHS Healthcare team HMP Kilmarnock

SERCO HMP Kilmarnock

Scottish Prison Service

Asst Nurse Director NHS Ayrshire and Arran

Public Health NHS Ayrshire and Arran

Members will seek to prioritise attendance or identify a substitute if this is not possible and / or provide advice virtually (such as email exchange). Key documents or decisions will be shared and agreed through the group or via a virtual email group. Other members can be invited to join the advisory group for specialist advice if the need arises.

Details of the membership is set out in Appendix 1

Frequency of Meetings

The core membership will meet monthly for the duration of the HNA, which is anticipated to be a 6 months. At the conclusion of the HNA it will be discussed as a group whether the group will be disbanded or continue as an implementation group until such time as the core recommendations have been actioned or there is no further need to meet.

Meeting Description

- Meetings will be scheduled for 90 minutes

- The agenda and meeting papers will normally be distributed at a week in advance of the meeting

- Meetings will take place virtually on MS Teams.

- The NHS admin team at HMP Kilmarnock will an action note summary within 2 weeks of the meeting along with update on action plan.

- Agenda items will be highlighted to the chairs at least prior to the meeting date.

Reporting

HNA will principally report back to NHS Ayrshire and Arran, SPS and SERECO through the advisory group in the first instances then through the most relevant boards and committees as determined by the final scope and focus.

Group Ground Rules

All group members will:

- positively participate and collaborate in group discussions

- will be listened to and considered

- will be respectful of other member's ideas, views and cultures

- respect confidentiality where applicable

Review Date

Once the HNA has been concluded and recommendations have been shared the group will decide whether to proceed as an implementation group or monitoring and evaluation group. If the group decides to do so then these TOR will be reviewed and adapted accordingly.

APPENDIX 3

HMP Kilmarnock
Healthcare Needs Survey

If this survey is hard to understand, tell a member of staff who can help ask you these questions.

We can also arrange a translator.

What is this Survey for?

- The NHS want to learn more about your health and wellbeing.
- The answers you give will tell us more about your health and healthcare in prison.
- We will use this information to inform and plan future healthcare services.

1. Over the last month my health in general has been:

- ☐ Very Good
- ☐ Good
- ☐ Bad
- ☐ Very Bad

2. Before coming into prison my health was:

- ☐ Much better
- ☐ Better
- ☐ The same
- ☐ Worse
- ☐ Much worse

- [ ] Don’t know

3. I find accessing healthcare in prison:

- [ ] Easier than outside
- [ ] The same as outside
- [ ] Harder than outside
- [ ] Don’t know

4. Think about the last 2 weeks. Then select your answer: Over the last 2 weeks I’ve been...

	All of the time	Often	Sometimes	Rarely	None of the time
Feeling optimistic about the future	☐	☐	☐	☐	☐
Feeling useful	☐	☐	☐	☐	☐
Feeling relaxed	☐	☐	☐	☐	☐
Dealing with problems well	☐	☐	☐	☐	☐
Thinking clearly	☐	☐	☐	☐	☐
Feeling close to other people	☐	☐	☐	☐	☐
Able to make up my own mind about things	☐	☐	☐	☐	☐

5. Before coming in to prison I used these services:

	Yes	No	Don't Need	Don't Know
My local doctor	☐	☐	☐	☐
The community mental health team	☐	☐	☐	☐
Other mental health services	☐	☐	☐	☐
Sexual health services	☐	☐	☐	☐
My dentist	☐	☐	☐	☐
Drug or alcohol recovery services	☐	☐	☐	☐
A&E (emergency department)	☐	☐	☐	☐
Other	☐	☐	☐	☐

Other

6. After leaving prison I plan to use these services:

	Yes	No	Don't Need	Don't Know
My local doctor	☐	☐	☐	☐
The community mental health team	☐	☐	☐	☐
Other mental health services	☐	☐	☐	☐
Sexual health services	☐	☐	☐	☐
My dentist	☐	☐	☐	☐
Drug or alcohol recovery services	☐	☐	☐	☐
A&E (emergency department)	☐	☐	☐	☐
Other	☐	☐	☐	☐

Other:

7. In prison I can access support to:

	Yes	No	Don't Need	Don't Know
Improve my mental wellbeing	☐	☐	☐	☐
Stop smoking	☐	☐	☐	☐
Recover from drug use	☐	☐	☐	☐
Recover from alcohol use	☐	☐	☐	☐
Exercise regularly	☐	☐	☐	☐

	Yes	No	Don't Need	Don't Know
Eat healthy food	☐	☐	☐	☐
For housing advice	☐	☐	☐	☐
For employment advice	☐	☐	☐	☐
For financial advice	☐	☐	☐	☐
Connect with friends and family	☐	☐	☐	☐
Other	☐	☐	☐	☐

Other:

8. How many medical conditions do you have?

- ☐ None
- ☐ 1-2
- ☐ 3-5
- ☐ 6-10
- ☐ More than 10
- ☐ Don't know

9. Select all that apply. Before coming in to prison I:

- ☐ Smoked
- ☐ Used drugs

- [ ] Injected steroids
- [ ] Gambled
- [ ] Drank alcohol regularly

10. In prison these services meet my needs:

	Yes	No	Don't Need	Don't Know
Induction information about what services there are that I can access	☐	☐	☐	☐
Seeing a nurse	☐	☐	☐	☐
Seeing a GP Doctor	☐	☐	☐	☐
Seeing a dentist	☐	☐	☐	☐
Getting my usual medication	☐	☐	☐	☐
Detoxing from alcohol	☐	☐	☐	☐
Detoxing from drugs	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐
Sexual health services	☐	☐	☐	☐
Getting to hospital appointments	☐	☐	☐	☐
Being able to get fresh air and sunlight	☐	☐	☐	☐
Other	☐	☐	☐	☐

Other:

11. My main worries about my health and wellbeing are:

12. The things that would most improve my health and wellbeing are:

About Me

13. I am aged:

- [ ] 21-30
- [ ] 31-40
- [ ] 41-50
- [ ] 51-60
- [ ] 61-70
- [ ] 71+

14. I am:

- [ ] White Scottish
- [ ] White British
- [ ] Asian
- [ ] Scottish Asian
- [ ] British Black
- [ ] Black Scottish
- [ ] Black British
- [ ] Mixed or multiple ethnic group
- [ ] Other

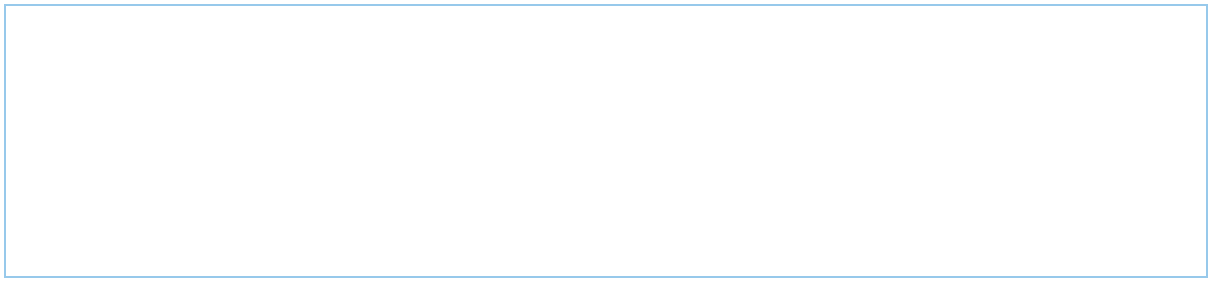
15. I am in prison:

- [ ] On Remand
- [ ] Serving Time

16. I have been to prison before:

- [ ] Never
- [ ] Once before
- [ ] 2-5 times
- [ ] More than 5 times

17. Is there any services you would like to be delivered to help improve your healthcare needs?



APPENDIX 4

HMP Kilmarnock Staff Survey

This survey is for:
· All staff who work in the healthcare centre in the prison.
· All staff who offer in reach services to the prison.
· Prison officers.

This survey will help us to understand the health and wellbeing needs and provision for the people living in HMP Kilmarnock. For the purposes of this survey 'those in our care' means people living in HMP Kilmarnock. This survey will be summarised anonymously, shared with the multidisciplinary Health Needs Advisory Group and the findings will help inform recommendations for improving health and healthcare in Kilmarnock prison.

Please note that survey responses will be summarised anonymously. This survey will take approximately 15 minutes. Thank you for your time.

2. The health of people living in Kilmarnock Prison

1. Would you say the health of the local prison population is: *

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

2. I think the wellbeing of the local prison population is: *

- ☐ Very Good
- ☐ Good
- ☐ Fair

- [ ] Poor
- [ ] Very Poor

3. Compared to healthcare in the community I think the healthcare provision in prison is:

- [ ] Better
- [ ] The same
- [ ] Not as good
- [ ] Don't Know

4. I think the main healthcare needs of those in our care in this prison are: *

5. I think the main unmet healthcare needs for those in our care in this prison are: *

7. Staff perceptions

6. I see supporting the health and wellbeing of those in my care as part of my job:

- [ ] Strongly agree

- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree

7. I am confident I know how to use a trauma informed approach in my work in prison:

- [ ] Strongly agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree

8. I am confident that when a person is imprisoned I can provide them with the relevant information they require about health services in prison:

- [ ] Strongly agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree

9. I think the healthcare needs assessment on admission to prison could be improved by:

10. I think the healthcare needs assessment on release from prison could be improved by:

12. The section is around signposting and knowledge of wider support services.

11. Please answer the following:

I am confident that if I needed to I could help a person in my care in prison to access support to:

	Yes	No	Don't need	Don't know
Improve their mental wellbeing	☐	☐	☐	☐
Stop smoking	☐	☐	☐	☐
Recover from drug use	☐	☐	☐	☐
Recover from alcohol use	☐	☐	☐	☐
Exercise regularly	☐	☐	☐	☐
Eat healthy food	☐	☐	☐	☐
Housing advice	☐	☐	☐	☐

	Yes	No	Don't need	Don't know
For employment advice	☐	☐	☐	☐
For financial advice	☐	☐	☐	☐
To connect with friends and family	☐	☐	☐	☐

Other (free text):

12. What would help you to support those in your care to access any of these services more easily?

14. Staff training and development

13. I feel I am supported with training and development opportunities to support prisoner health and wellbeing those in my care:

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

14. I would welcome additional training to support my role in (select all that apply):

- [ ] Supporting people experiencing acute anxiety, distress or low mood
- [ ] Supporting people experiencing thoughts of suicide or self harm
- [ ] Supporting people living with a mental health condition
- [ ] Supporting people who use drugs
- [ ] Supporting people who use alcohol to excess
- [ ] Supporting people who smoke tobacco
- [ ] Supporting people living with an intellectual/learning disability
- [ ] Supporting people receiving end of life care
- [ ] Learn more about recovery from drugs
- [ ] Learn more about recovery from alcohol
- [ ] Learn more about motivational interviewing
- [ ] Learn more about working with interpreters
- [ ] Learn more about person centred approaches to behaviour change
- [ ] Learn more about understanding heath inequality
- [ ] Learn more about blood borne viruses (eg HIV and hepatitis)
- [ ] Learn more about the impact of trauma on health
- [ ] Learn more about alcohol brief interventions
- [ ] Other training (please specify):

15. I would welcome more joint learning and knowledge exchange opportunities between SERCO and National Health Service (NHS) staff:

- [ ] Strongly agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree

16. I think I have sufficient personal (eg pastoral) support to perform my role

- [ ] Strongly agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree

17. Do you have anything else you would like to say about training and or support opportunities in relation to prisoner health and wellbeing?

18. What aspects of the health care service in prison do you feel work particularly well?

19. What aspects of the healthcare service in this prison do you think could be improved? For example: Sexual health advice, accessing outpatient's appointments, being able to get fresh air and sunlight

20. Do you have suggestions for those aspects of the healthcare service in this prison be improved?

21. What do you see as the barriers to improving the needs that you have highlighted in q20?

22. How could these barriers be overcome?

23. Is there anything else you would like to say about health and health care in Kilmarnock prison?

25. About Me

24. I work in Kilmarnock prison:

- [ ] Full Time
- [ ] Part Time
- [ ] Once a Week
- [ ] Once a month
- [ ] Other (please specify):

25. Organisation:

- [ ] Serco
- [ ] NHS
- [ ] Allied Health Service
- [ ] Other (please specify):

This section is for completion of Healthcare staff only

26. I am confident that when a new person is imprisoned, I know how to access reliable community health information to support them:

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

27. I am confident that when a person is released from prison I know what local community based services and supports I can refer them to.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

28. I am confident that when a person is released from prison I know how to refer or sign post them to local support services:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
GP practice	☐	☐	☐	☐	☐
Dental services	☐	☐	☐	☐	☐
Pharmacy – dispensing medications	☐	☐	☐	☐	☐

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Detoxing from alcohol	☐	☐	☐	☐	☐
Detoxing from drugs	☐	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐	☐