



Practice Plus Group



Providing NHS services

Quality Account Health in Justice 2023-2024



Contents

Introduction	3	ESA compliance - ESA template and first screening completed within 24 hours	22
Strategic quality plan	4	Reception screening	23
Health and wellbeing approach: new models of care	5	HiJ national notable practice	24
Statement on quality from the Chief Executive	6	Mental health referrals	25
Health in Justice sites	7	Psychological therapies	26
Proud of our practice	8	Substance use services	27
Our improvement priorities	9-12	Pharmacy and medicines	28-29
Our audit programme	13	Freedom to speak up	30
Audit schedule April to March 24 - Health in Justice services	14	HiJ conference 2024	31
Our research partnerships	15	Staff wellbeing	32
Regulation and compliance	16	Notable practice across Practice Plus Group HiJ establishments in England 2023/24	33-36
Recognition by inspectors and independent monitoring boards	17-18	Monitoring of quality within HiJ	37
Our improvement plan	19	Service development	38
Learning from patient safety incidents within Health in Justice	20		
Reporting against core indicators	21		

Introduction

Practice Plus Group is responsible for healthcare services supporting around 44,000 patients in 60 establishments across England.

Our patients live in inherently challenging environments, their health needs are complex, and their outcomes have traditionally been poor. Our teams are passionate about supporting the needs of the population. Every day they demonstrate exceptional commitment, ensuring that patients' support and treatment is equivalent to that of patients in the wider community.

This quality account is our second annual report to our stakeholders in the health and justice systems, and to the public, on the quality of services we provide within prisons and immigration removal centres. It sets out not only the challenges which these services face, but also the achievements and the innovations that underpin our work. It demonstrates the performance of prison healthcare during 2023-24 through measures which can, in many instances, be directly compared to the performance of primary care services in the wider community. It also sets out our priorities for quality improvement over the coming year.

In developing this quality account we have both drawn on and shared information and first-hand experience across the organisation as part of a sustained focus on improvement and inclusion.

Our approach to quality

Our values

Across Practice Plus Group we share core values which are at the heart of every service we deliver and which inform the way in which we run every service. In 2020 we undertook an organisation-wide consultation to review and refine our values, making sure they are not just relevant but have also been shaped by all of the team providing and supporting patient care. These continue to be of utmost priority within Practice Plus Group.

- We treat patients and each other as they would like to be treated.
- We act with integrity.
- We embrace diversity.
- We strive to do things differently.

Our vision

In each one of our services our vision is the same - to deliver 'access to excellence'. We know this vision is particularly important in our Health in Justice services. We believe that every patient, and anyone within any other secure establishment, is fundamentally entitled to be able to access the highest possible standard of healthcare. Prison healthcare rightly undergoes extensive scrutiny to ensure that services are equivalent to those generally available in the community. At Practice Plus Group we are determined that all our services, regardless of the setting, are able provide the very best services possible. Our strategic quality plan sets out a service line approach to improving quality through the key domains of clinical care, people and governance.

Strategic quality plan

Vision

To provide high quality, clinically effective and efficient healthcare which empowers people living in secure settings to take their health seriously; improving their health outcomes.

Strategic priorities

Clinical care - Deliver person-centre, integrated, holistic healthcare.

People - Invest in our colleagues to enhance wellbeing and skills and improve retention.

Governance - Ensure efficient high quality, safe, effective, caring, well-led, responsive services.

Delivery

Clinical care

- Ensure our health and wellbeing approach is embedded.
- Roll out and embed integrated care pathways to follow the patients journey through the secure setting.
- Improve mental health care by roll out of the mental health model and making sense programme.
- Develop and implement our SMS strategy.
- Develop and implement a female estate strategy.
- Develop and embed an IRC strategy.
- Ensure effective transfers between establishments and good through the gate care.
- Implement a pharmacy hub and SPOE model.
- Develop clinical pathways to reduce reliance on hospital care and reduce use escorts and bed watches.

People

- Develop and deliver a new recruitment strategy.
- Improve retention of staff including clear career pathways, apprenticeships, flexible working and improved employee experience.
- Develop and deliver a standardised induction programme that supports staff into the secure environment.
- Embed robust clinical supervision and strengthen support networks for clinicians.
- Ensure a competent, well-trained workforce, including development of bespoke courses for prison health.
- Roll out of allocate electronic rota system.

Engage with service users and their families at every step to ensure our service meets their needs

Governance

Quality

- Deliver proud of our practice programme including ensuring effective use of the quality assurance framework in every site and region.
- Embed a new approach to patient safety under PSIRF.

Performance

- Implement, develop and standardise the use of Power BI to monitor our performance and quality metrics.
- Improve standardise use of S1 to improve clinical care.

Finance

- Standardise reporting at local, regional and national level.
- Improve planning and forecasting processes.
- Improve business case oversight.

Growth

- Tendering and mobilisations.

Health and wellbeing approach: new models of care

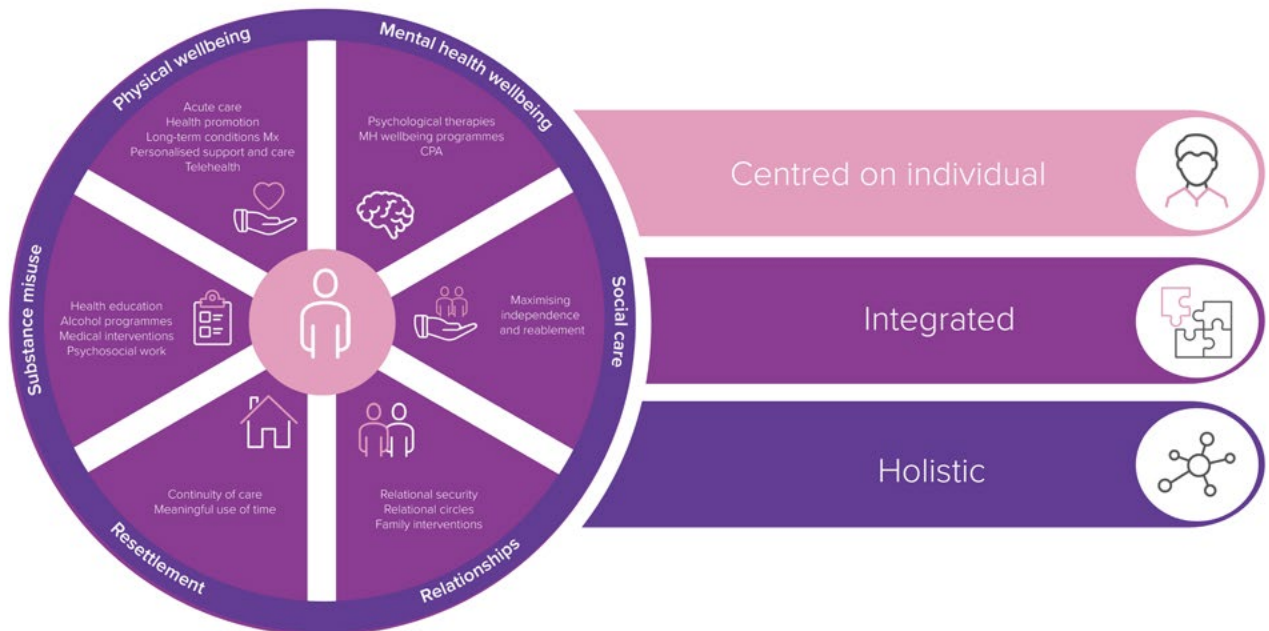
The health and wellbeing approach using new models of care is a tiered approach to wellbeing to respond to the intensifying need of patients within HiJ establishments.

The aims of this model:

- Accelerated recovery.
- Reduce risk.
- Promoting, empowering holistic outcomes for patients using an integrated team around the patient. No decision about me without me.
- Co-ordinating care and promoting self care.
- Training to ensure staff feel confident to deliver within practice, currently 83%.
- Just culture rather than culture of blame. Currently 91% enjoy the work they do.

This approach is used in practice by proactively managing continuity of care through each stage of the patients journey:

- Early days in custody.
- Unscheduled care.
- Planned care.
- Release and transfer.



Statement on quality from the Chief Executive

I am proud to share the Quality Account for our Health in Justice (HiJ) services for 2023/24.

This is the second year we have published this account, representing an important continued step towards greater transparency and demonstrating our commitment to leading improvement within Health in Justice healthcare services across England.

Practice Plus Group is responsible for the healthcare of around 44,000 people in over 60 prisons and immigration removal centres in England. Each of those people, regardless of the circumstances which saw them enter the prison system, deserves access to excellence in their healthcare. The vision and values that run through our wider organisation apply every bit as much to these patients as to anyone in the community.

We evaluate our performance against key measures and targets in the same way as we do for our other primary care services, and work to a suite of bespoke policies and protocols to deliver prison specific healthcare and constantly monitor quality of care.

This publication demonstrates that commitment, breaking down performance by region and by type of establishment to give a clear overview of the status of the healthcare we provide within the justice system.

We currently provide, including in some cases through subcontracted specialist organisations, full primary healthcare and GP services, together with specialist mental health services, dentistry, occupational therapy, physiotherapy, podiatry, optometry and substance misuse services in 60 English prisons.

For the last two years our focus has been on rebuilding and recovering from the awful impact of Covid-19. The pandemic had a devastating impact within prisons and other secure establishments from the outset. Our response was structured, responsive and successfully rolled out consistently across nearly all the establishments we work within.

Our bespoke structured risk assessment policy enabled us to clinically stratify patient cohorts, quickly identifying those at risk of deterioration, adjusting monitoring and observations while in prison and managing transfers to appropriate hospital settings.

Since then, we have implemented a Back to Basics Strategy across HiJ to support services and staff to come back stronger than ever.

The prison healthcare challenge

The prevalence and complexity of mental health conditions within the HiJ population arise both from pre-offending risk factors and from the realities of prison sentences and environments. Self-harm and substance abuse are responses to, as well as causes of, deteriorating mental health.

The ageing profile of the prison population increases the need to manage long term conditions and provide end-of-life care effectively and compassionately. In prison, access to healthcare must necessarily be managed alongside security considerations. Screening, observations and reviews are vital, but pressured, processes.

Government policy changes and impact

Operation Safeguard

Overcrowding in adult male prisons is a significant problem affecting the criminal justice system. The Government has responded to this by way of Operation Safeguard. On 30 November 2022, a statement was made in Parliament announcing the operation. The Ministry of Justice requested the use of 400 police cells to hold those who are serving prison sentences or remanded in custody.

Early Releases

In February 2024 - the End of Custody Supervised Licence (ECSL) - was brought in to allow prisoners to be released early due to a lack of space within prisons. This was continued by the new Government in July 2024 and the guidance changed to consider patients for release early in high volumes.

Nonetheless, our healthcare teams recognise they have a unique opportunity and obligation to play a positive role in the wider justice system by delivering quality care that is equivalent to that which is available outside of prison, but also tailoring practice and integrating specialisms in a way which recognises and meets the distinct needs of this complex, vulnerable population.

To the best of my knowledge, the information in this report is accurate.

Jim Easton
Managing Director




Health in Justice sites

London

1. HMP Brixton
2. HMP/YOI Wormwood Scrubs
3. HMP/YOI Pentonville
4. Heathrow IRC
5. HMP Thameside
6. HMP Belmarsh

West Midlands

22. HMP Hewell
23. HMP Featherstone
24. HMP Oakwood
25. HMP YOI Brinsford
26. HMP YOI Swinfen Hall
27. HMP Stafford
28. HMP YOI Drake Hall
29. HMP Dovegate
30. HMP YOI Werrington
31. HMP Long Lartin

East Midlands

32. HMP Onley
33. HMP Rye Hill
34. HMP Foston Hall
35. HMP Sudbury
36. HMP Stocken
37. HMP Whatton
38. HMP Five Wells
39. HMP Leicester
40. HMP Gartree

East of England

7. HMP Hollesley Bay
8. HMP YOI Warren Hill
9. HMP Highpoint
10. HMP Wayland
11. HMP Bure
12. HMP The Mount

Thames Valley

13. HMP Huntercombe
14. HMP Bullingdon
15. HMP Grendon/Springhill
16. HMP Eastwood Park

South Central

17. HMP Winchester
18. HMP Ford
19. HMP Lewes
20. HMP Isle of Wight
21. Gatwick IRC



Yorkshire and North East

41. HMP Lindholme
42. HMP YOI Moorland
43. HMP YOI Hatfield
44. HMP New Hall
45. HMP Wakefield
46. HMP Leeds
47. HMP Wealstun
48. HMP/YOI Askham Grange
49. HMP YOI Doncaster
50. Derwentside IRC
51. HMP Full Sutton
52. HMP Millsike

North West

53. HMP Altcourse
54. HMP Thorn Cross
55. HMP Risley
56. HMP Preston
57. HMP Kirkham
58. HMP Lancaster Farms
59. HMP Garth
60. HMP Wymott

Proud of our practice

Covid-19 recovery

The last two years has been about rebuilding and recovering from the awful impact of Covid-19. We have implemented a back to basics strategy across HiJ to support services and staff to return to business as usual. Proud of our practice was introduced to HiJ as an initiative to facilitate this recovery.

This cycle has been implemented across the year 2023/24 and will be an annual cycle.

The main aims of this initiative

- To provide a continuous cycle of improvement that will be used as an ongoing tool.
- To share practice across HiJ.
- To ensure processes are embedded.
- To review priorities within the organisation for the next cycle.



Our improvement priorities

Safe - Priority - Improve and promote a 'just culture' using PSIRF Framework across HiJ.

Practice Plus Group transitioned to the Patient Safety Incident Response Framework (PSIRF) throughout April 2024. We want to ensure that the framework is embedded and we are maximising the learning opportunities that can be derived from patient safety incidents to inform improvements to patient safety.

What will success look like?

- Healthcare teams will have an increased level of confidence in the patient safety processes.
- Learning is captured and evidenced in practice to showcase change and improvements to mitigate risks to patients.
- Staff feel confident to reflect on patient safety incidents within a safe environment to enable identification of lessons learned leading to service improvement.

Effective - Priority - Improve access to specialist care, reduce delay in referrals and improve discharge processes from hospital to prison.

Our strategic focuses on four key areas

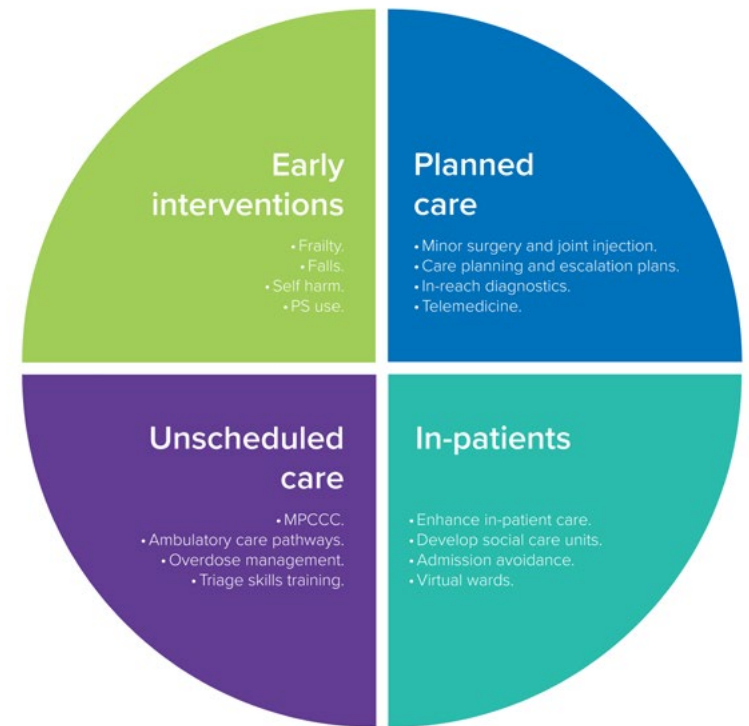
- Early Intervention, with a focus on preventing ill-health.
- Increasing the range of planned care interventions within the prison, including through use of digital technology.
- Utilising our In-patient Units to support admission avoidance and supporting discharge from hospital.
- Improving unscheduled care to reduce need for emergency hospital admissions.

How will we monitor progress?

- All patient safety incidents are recorded and reviewed through a robust process via datix. Which has been upgraded to facilitate the requirements of PSIRF.
- Patient safety incident review groups have been setup both locally and regionally to evaluate themes of incidents and identify trends to promote wider sharing of lessons learnt.
- PSIRF training framework has will be rolled out to all staff and specific training opportunities for specialist areas.

How will we monitor progress?

We will identify pathways and new services needed and monitor our effectiveness using a dashboard which tracks use of specialist services.



Our improvement priorities

Caring - Priority - Improve patient engagement opportunities within HiJ.

Patient engagement

Implementing our Patient Engagement (PE) strategy continues to be a priority within our HiJ settings.

Our achievements include

- Recruitment into regional PE lead (PEL) roles across five of our regions.
- Increasing the number of site PE leads from 33 to 39 in the last year.
- Implementing PEL induction and training pathways.
- Embedding PE national and regional networks to develop, scale and spread good practice initiatives.
- Establishing a health promotion action group in January 2024 to oversee the implementation of our new health promotion policy.
- Implementing our annual health promotion calendar.

In the next year, we will focus on embedding existing initiatives, implementing new in-house accredited peer support training, enhancing our volunteer pathway and family engagement, improving accessible information, and developing social prescribing models.

How will we monitor progress?

Practice Plus Group monitors patient engagement through a monthly dashboard, analysed in local and regional quality assurance meetings. Patient engagement leads oversee this data to ensure necessary reviews and escalations for continuous improvement in the patient engagement experience.

Call PHILL

Call PHILL, launched as a pilot in London prisons, enables families and professionals to share information with prison healthcare services through a remote call hub. Call PHILL, or the Prisoner Health Information and Liaison Line, is a joint initiative by HMPPS and NHSE aimed at enhancing patient safety through improved information sharing. Launched in 2022, this continues across our London prisons in 2023/24, averaging over 100 calls logged monthly.

Family engagement - What have we agreed to do?

Improve communication with families/trusted contacts:

- We will provide information about healthcare services that Practice Plus Group provide in each prison, across various mediums (including on-line) so that families/trusted contacts know what to expect from healthcare.
- We will provide a contact point for families/trusted contact supported by a commitment to respond within a reasonable timeframe. Whilst a member of staff receiving the initial contact may not have all the information, we will ensure the contact is followed up by someone who does.
- We will record trusted contacts alongside Next of Kin (NOK) information; recognising there may be multiple parties interested in keeping in contact and informed about care, and this will empower staff to share that information.

Develop a culture of empathic communication with families/trusted contacts

- We will develop family focus groups operating across all our prisons, which will feed in to our quality assurance processes and service developments.
- We will ensure our staff understand what can/can't be shared with NOK, trusted contacts and prison officers, especially related to at risk status and suicidal behaviours.
- We will explore the feasibility of asking trusted contacts/NOK about medications to support early medication reconciliation.

Improve support after a death

- We will rewrite the letter of condolence that we send to families/trusted contact giving a clear indication of next steps and timescales for ongoing contact.
- We will follow this letter up at three months to provide another opportunity for families to ask questions about the investigation once the initial shock has eased.
- We will work with our prison partners to involve healthcare staff in the visit to tell the family when a death has occurred to provide answers to initial questions where possible and emotional support.

Our improvement priorities

Responsive - Priority - Better prepare patients to return to the community

Practice Plus Group HiJ continues to work on better preparing patients for returning into community. This has become a challenge more recently due to the Governments direction on releasing patients earlier within the prison establishments.

Ongoing work 2024/25

Release planning task and finish group has been setup to focus on how we can support patients better prepare for release and to be more proactive in this approach.

Integrated care pathways are continuing to be implemented across HiJ sites.

Health and wellbeing approach is a continued model used in practice.

What we commit to continue to do

- Improved health outcomes and sustain the health benefits of being in prison.
- Reduced health inequalities.
- Improved use of healthcare and other services on release.
- Improved awareness in the wider health and social care community of the needs of those in contact with the criminal justice system.
- Play our part in the partnership aim of reducing reoffending by addressing the health care drivers of offending behaviour.
- Reduced drug related deaths on release.

Known Challenges

The scheme, called SDS40, affects prisoners on standard fixed-term sentences in England and Wales who would previously have been released at the 50 per cent point. It is expected to start with two mass releases, on September 10 and October 24, in which 5,500 prisoners will be freed. SDS40 will replace the Conservatives' End of Custody Supervised Licence (ECSL) scheme, which allowed releases up to 70 days early from the fullest jails.

Ambition: Continue to create a culture that prepares people for release.

Commitment aim: Using our health and wellbeing approach we will work with partners to ensure a focus on planning for release as early as possible.

Ambition: To provide pre-release processes and continually review our approaches.

Commitment aim: We will ensure a consistent approach to pre-release processes across our prisons using trained, dedicated staff and our integrated care pathway.

Ambition: To continue to build pathways with community services including community rehabilitation companies.

Commitment aim: We will build relationships with community services by meeting regularly, planning pathways learning lessons together.

Ambition: Develop transition workers to support people leaving prison.

Commitment aim: Recognising the importance of wider community, we will work to support peer workers, families and other community services to help prisoners on release.

Ambition: To continue to support NHSE RECONNECT programme.

Commitment aim: We will support the development and roll out of NHSE RECONNECT services in line with the NHS long term plan.

Ambition: Contribute to the evidence base about how healthcare can contribute to reduced re-offending.

Commitment aim: We will continually innovate and participate in research and development.

Our improvement priorities

Well-led - Priority - Work together across disciplines to ensure holistic care that follows the patient journey through the prison.

Integrated Care Pathways (ICP)

Practice Plus Group continues to for 2024/25 to embed the ICP model, in combination with the well-being model, moves away from the traditional disease-focused approach of the past towards a holistic approach that encompasses the essential aspects of an individual's health and well-being: physical health, mental health, substance misuse, relationships, resettlement and re-offending.

This shift mirrors contemporary organisations' acknowledgement of the need for inter-departmental collaboration and diversity.

This approach breaks down silo working and fosters knowledge sharing and innovation whilst maintain specialist roles.

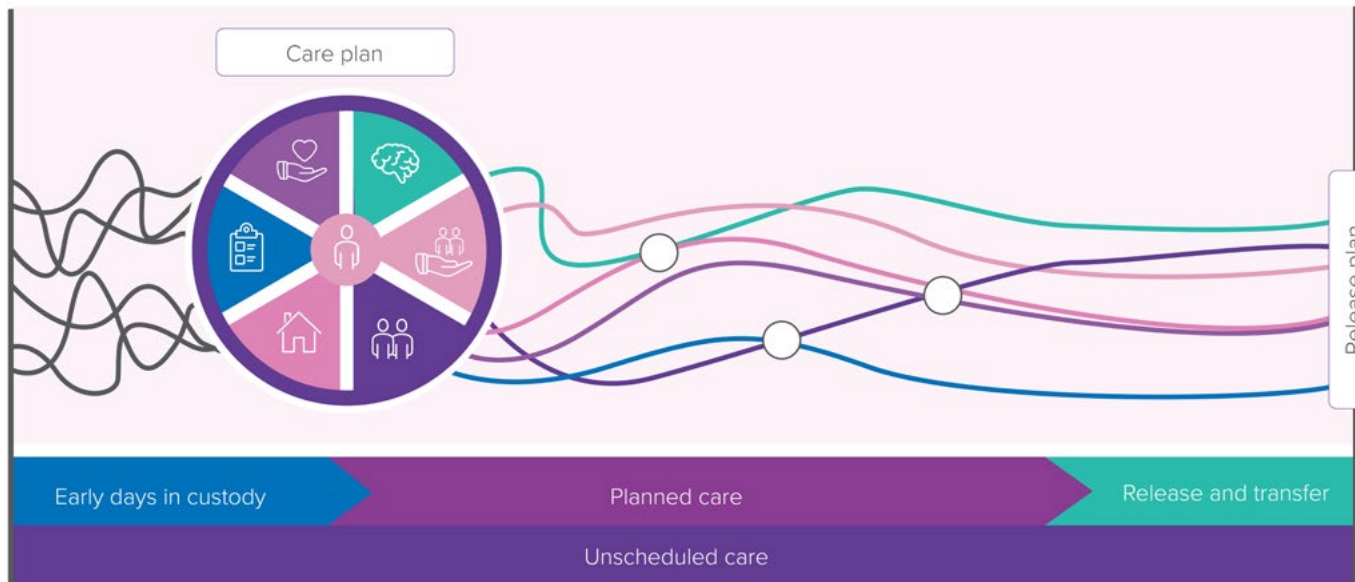
These structures are particularly pertinent for addressing cultural challenges, as they encourage diverse teams to collaborate, leverage their distinct perspectives, and contribute to a more enriched organisational culture that reflects the diversity of the patients served.

The Integrated Care Pathways (ICP) model facilitates:

- Integrated collaboration at every stage of the patient's journey.
- Addressing the needs of individuals rather than specific diseases.
- Broadening the expertise of colleagues by enabling them to focus on their existing areas of specialisation.
- Enhancing team efficiency by ensuring that the right individuals are performing the right tasks based on their preferences for specific roles.
- Advancing the careers of colleagues by offering targeted training for each pathway.

These pathways incorporate:

- **Early days in custody pathway:** Dedicated to assessing and supporting patients during their initial 10 days in custody beyond the standard reception screening.
- **Planned care pathway:** An interdisciplinary approach to managing routine and planned care, encompassing long-term condition management (physical, mental, and substance misuse), health promotion, sexual health, recovery, and resettlement efforts.
- **Release and transfer pathway:** Tailored to assess, support, and prepare patients for transfer or release.
- **Unscheduled care pathway:** Focused on handling emergency code calls and situations, responding to crises, and supporting spontaneous ill presentation.



Our audit programme

All establishments undertake a structured cycle of audits across the year.

This includes Practice Plus Group’s patient safety model of PROTECT. This was developed specifically in response to the recurring themes identified through our own serious incident reporting and investigations and through learning from coroners’ conclusions and Prison and Probation Ombudsman (PPO) reports when deaths occur in custody.

PROTECT helps us to ensure that key actions are continually embedded into everyday routines, and that practices and processes are up to date and robust in each of our establishments.

PROTECT audits seven key themes:

- Patient screening.
- Record keeping.
- Ongoing medication.
- Taking ACCTion.
- Emergency response.
- Continuity of information.
- Tackle abnormalities.

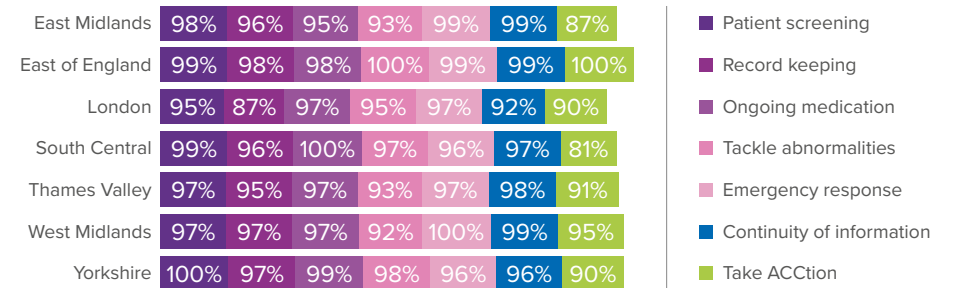
All Practice Plus Group healthcare teams review the trends emerging from audits and action planning to better understand recurring themes and priorities, ensuring that continuous improvement is appropriately focused through local and regional patient safety incident review meetings.

The Practice Plus Group approach to thematic audits has been shared with all stakeholders as part of the Patient Safety Incident Review Framework (PSIRF) organisational plan.

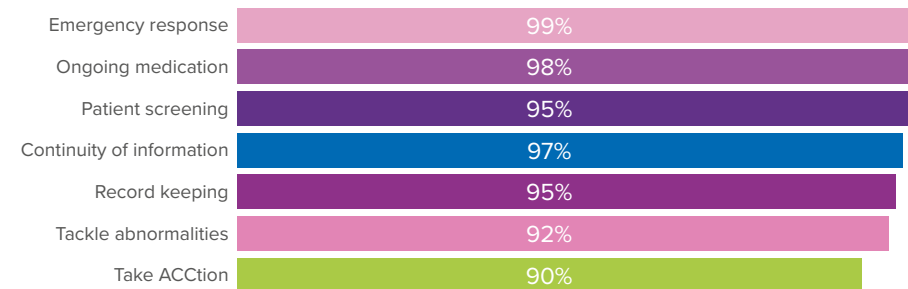
This quality account publishes our audit schedule for the year, indicating months where audits are due in from each site.



PROTECT audit compliance by region - March 2024



HiJ PROTECT audit compliance - March 2024



Audit schedule April to March 24 - Health in Justice services

Audit month	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Deadline date	27th Apr	27th May	27th Jun	27th Jul	27th Aug	27th Sep	27th Oct	27th Nov	27th Dec	27th Jan	27th Feb	27th Mar
Quarter	Quarter 3			Quarter 4			Quarter 1			Quarter 2		
Cleaning and decontamination (iAuditor)												
Flu vaccine template (iAuditor)												
PC - CAS alert audit - September 2023 (iAuditor)												
HR records, PCRs and 121s (iAuditor)												
Medicines management - controlled drugs (iAuditor)												
SystemOne quality checks audit (iAuditor)												
Hand hygiene (iAuditor)												
PC - CAS alert audit - October 2023 (iAuditor)												
HiJ - workplace health and safety checklist (iAuditor)												
HiJ - GP documentation audit (iAuditor)												
Rule 35 (IRC only) (iAuditor)												
Safeguarding quality assurance audit (iAuditor)												
IPC observation validation audit (iAuditor)												
Mental health patient care audit (iAuditor)												
PC - CAS alert audit - November 2023 (iAuditor)												
MHRA WDA audit (iAuditor)												
CPA audit (East of England region only)												
Long term conditions (iAuditor)												
Patient engagement audit (iAuditor)												
Sharps handling and disposal (iAuditor)												
Flu vaccine template (iAuditor)												
PC - CAS alert audit - December 2023 (iAuditor)												
Audit against NICE guidelines (iAuditor)												
Medicines management - responsibilities and prescribing patterns (iAuditor)												
Outbreak management (iAuditor)												
PC - CAS alert audit - January 2024 (iAuditor)												
HiJ - GP documentation audit (iAuditor)												
PGD audit (iAuditor)												
Rule 35 (IRC only) (iAuditor)												
Safeguarding quality assurance audit (iAuditor)												
Mental health patient care audit (iAuditor)												
Flu vaccine template (iAuditor)												
PC - CAS alert audit - February 2024 (iAuditor)												

Key

CPA audits only for East of England region
IPC audit
CAS alert audit
Mental health patient care
Rule 35 (IRC only)
Flu vaccine template
PROTECT
Compliance audit
Clinical audit
SystemOne quality checks audit
Safeguarding quality assurance audit
Workplace health and safety checklist
IG audit (contact Shepherd Makusha and Barry Nee for more info)

Our research partnerships

Practice Plus Group both supports and participates in research with external organizations and institutions to enable an evidence and experience-based approach to improving outcomes for the populations within HiJ.

This is led through the Practice Plus Group research committee where all proposals are considered and discussed. Over the years, different projects have focused on different areas of need including physical health, medication management, pain management and mental health.

One particular project Practice Plus Group has been supporting is the PrisScope study: A scoping study mapping current provision for men who self-harm in prison and examining stakeholder perspectives on self-harm and its treatment. Before the pandemic the number of male prisoners who self-harm was at record levels. A recent Ministry of Justice white paper acknowledges that at present there is a lack of evidence-based self-harm interventions for men in prison and Practice Plus Group feels this is an area that would support our care delivery. The PrisScope study is a qualitative study which will involve a 60-minute interview with each participant, both a prisoner with a history of self-harming behaviour and members of staff who have experience of working with men who self-harm.

The research team is an experienced group of clinical researchers with a substantial track record undertaking prison and healthcare research in prisons and secure mental health settings. Dr Louise Robinson as Principal Investigator will have responsibility for the overall management of the project and Dr Kerry Gutridge and Professor Kathryn Abel will assist with project delivery.

- Practice Plus Group is currently supporting this study across nine prison sites.
- There are currently four new project proposals under review by Practice Plus Group for research in prisons.

Research projects 2023/24 and work continues through 2024/25

- Research on functional bowel disorders as a spectrum of food intolerances.
- PrisScope.
- Investigating the feasibility of delivering a whole prison influenza vaccination programme across secure adult settings in the South West of England: A mixed-methods study.
- An exploration of psychological therapy practitioners working with individuals with a lived experience of human trafficking within UK prisons.
- RCT for MMSA.
- Risk assessment for prisoners at risk of self-harm and suicide (RAPPS).
- AMICABLE.
- Social care on release - HMP Brixton.
- Vitamin D study at HMP Huntercombe.
- Greener on the outside for prisons.
- Exploring the acceptability and feasibility of an adapted and optimised intervention (to deliver person-centred care to imprisoned people with chronic progressive conditions) for future testing (EUA - SNAP).
- Women's social care in prison research (prison reform trust - WOSCIP).

Regulation and compliance

Healthcare services in Health in Justice are registered with and inspected by the Care Quality Commission (CQC) but are not rated in the same way as other health and social care settings.

CQC findings usually form part of the wider inspection reports published by Her Majesty's Inspectorate of Prisons (HMIP).

While inspection ratings are not published, the CQC can impose a requirement notice on any service where it believes an individual regulation may have been breached or where improvement is needed.

Information Governance

Practice Plus Group's 2023/24 annual Data Security and Protection (DSP) toolkit submission achieved standards exceeded. We also obtained our cyber essentials plus certification recertification in July 2023, demonstrating our high standards in cyber security posture. We have completed the first phase of the migration from ISO 27001:2013 to ISO 27001:2022 standards and we are scheduled to complete the full migration in October 2024.

HiJ services had 22 Inspections took place across HiJ Services between 2023/24. Six sites had their existing requirement notices fully lifted and two sites were partially lifted.

Requirement Notices in place 2023/24	Findings for Requirement Notice
HMP Grendon 16th August 2023	Regulation 17 - Good governance
HMP Onley 8th December 2023	Regulation 17 - Good governance Regulation 18 - Staffing
HMP Wakefield 21st November 2023 (draft report)	Regulation 17 - Good governance Regulation 18 - Staffing
HMP Dovegate 10th January 2024	Regulation 12 - Safe care and treatment Regulation 17 - Good governance
HMP Thameside 12th January 2024 (initial feedback)	Regulation 12 - Safe care and treatment Regulation 17 - Good governance Regulation 18 - Staffing
HMP Oakwood 29th April 2024	Regulation 17 - Good Governance Regulation 18 - Staffing

Recognition by inspectors and independent monitoring boards

Healthcare services are generally good, with effective leadership in place.

HMP Bullingdon

Healthcare have been working on an initiative with the local hospital to develop more remote video clinics which is a very innovate approach.

HMP Bure

The NHS commissioned Practice Plus Group delivers the healthcare provision. It was well-established from day one and the initial intake benefited from quick access to appointments.

HMP Five Wells

Enhanced screening of new prisoners within 72 hours of their arrival has been introduced and health plans for those needing support are agreed within the team. This year the number of mental health patients needing support has remained steady at 20% of the population at any one time. The major change has been in the quality of assessment and therefore treatment and the ability of staff to provide that treatment in a timely way.

HMP Altcourse

A welcome initiative is the patient engagement lead role, which aims to develop engagement activities in a trauma-informed way and support the healthcare champions. The engagement lead works with women who have raised concerns and has supported the IMB when applications have come via this route. Bi-monthly forums are held to gather feedback about healthcare services provided and information is given to women through a monthly newsletter.

HMP Drake Hall

The healthcare service and the prison undertook a high intensity test and treat programme for hepatitis C. The total number completed was 98.3% tested and a proportion of patients also started on treatment within 24 hours of testing.

HMP Eastwood Park

The range and quality of services offered is impressive, and the delivery highly commendable.

HMP Ford

In terms of health screening and monitoring of long-term health conditions, the quality outcome framework (QOF) has a target of 80% set in the community, while Hewell has achieved 86%.

HMP Hwell

Compared to previous years it was encouraging to note how few healthcare issues were raised with the IMB. The care delivered was often praised and certainly on a par with what could be expected within the community.

HMP Stafford

Patient forums were undertaken in April by the Practice Plus Group national patient engagement lead (PEL) to improve patient engagement in service delivery. From October, a dedicated PEL for Lewes has been employed for two days a week. She works directly with the men on the wings and holds forums for up to 20 men monthly on each wing, as well as visiting weekly to maintain communication with patients. This has greatly improved relations between prisoners and healthcare, and helped to reduce officers' workloads as they spend less time dealing with healthcare issues.

HMP Lewes



Medicines management: Healthcare staff have achieved excellent results in reducing the number of monthly prescriptions of abusable gabapentinoids by 64%.

HMP Lindholme

The inpatient unit was well managed throughout most of the reporting year. The IMB felt that committed healthcare staff managed complex prisoners with understanding and good care.

HMP Pentonville

Healthcare at HMP Winchester continued to be provided by the Practice Plus Group. Practice Plus Group worked collaboratively with HMPPS towards the 'prisoner induction pathway' with plans to develop an integrated well-being passport for prisoners to track them through their sentence journey.

HMP Winchester

The healthcare team have put great effort into the various vaccination programmes during the year. They have met all of their targets with respect to vaccinations except Hep A which they have missed by a small margin but this not unusual as all the local hospitals are trying to get on top of their backlog.

HMP Stocken



Our improvement plan

Prevention of future deaths reports

Coroners are able to issue Prevention of Future Deaths Reports (PFDs, regulation 28 reports) to organisations, including healthcare providers, when in the coroner's opinion action needs to be taken to reduce future risks.

During 2023 - Practice Plus Group Received six PFDs.

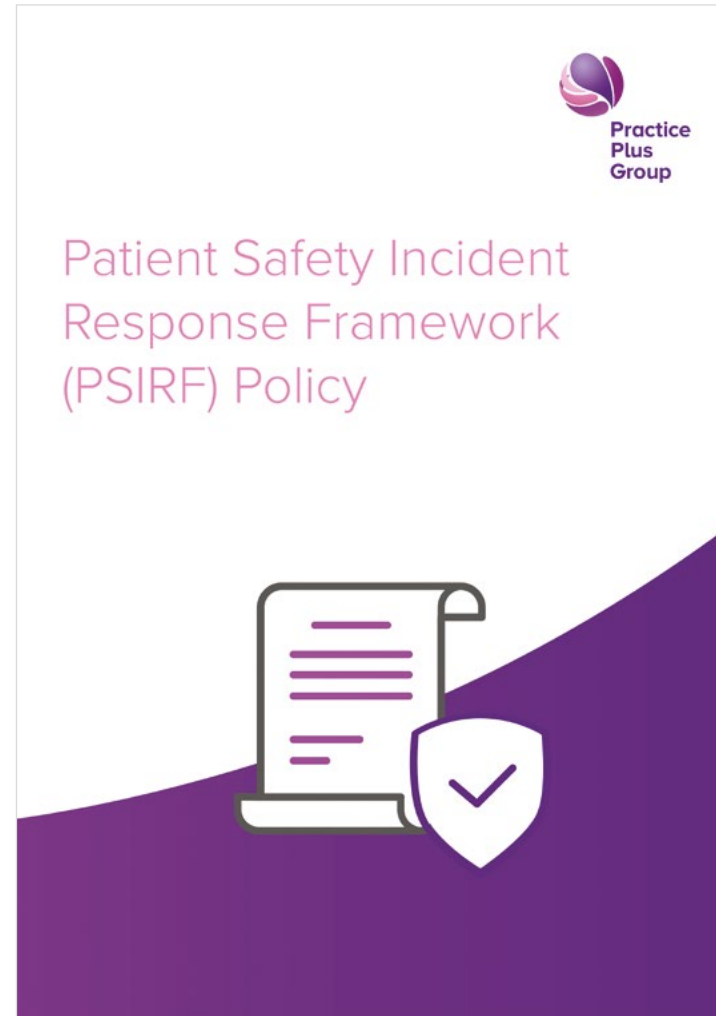
What are we improving?

Our analysis and learning from patient safety incidents helps to enable us to effectively identify and embed lessons learned and thereby contribute to improved patient safety and reduction in avoidable deaths. It is an opportunity to focus on healthcare and patient wellbeing for those with complex medical conditions and those who received palliative care.

What does success look like?

An understanding of the common themes that arise from patient safety incidents in custody/settings investigations across all healthcare teams. The successful implementation of the HiJ PSIRF plan and ongoing monitoring.

Practice Plus Group HiJ have been nominated in the 2024 Patient Safety Awards as a finalist in the Patient Safety Category for the PSIRF Plan 2023/24



Learning from patient safety incidents within Health in Justice

Patient Safety Response Plan 2024/25

Purpose: This patient safety incident response plan (PSIRP) sets out how Practice Plus Group HiJ will seek to learn from patient safety incidents reported by staff and patients, their families and carers as part of our work to continually improve the quality and safety of the care we provide.

PSII overview: PSII's are conducted for systems learning and safety improvement. This is achieved by identifying the circumstances surrounding incidents and the systems-focused, causal factors that may appear to be precursors to patient safety incidents. These factors must then be targeted using systematic improvements to prevent or mitigate against repeated patient safety risks and incidents.

Situational analysis:

In the last two years, more than 28,000 patient incidents have been reported in Datix with <0.65% of these being investigated as a Serious Incident as per the Serious Incident Framework.

A key part of implementing the new Patient Safety Incident Response Framework (PSIRF) is to understand the amount of patient safety activity Practice Plus Group has undertaken over the last few years. This will ensure that we have the people, systems and processes available to support the new approach.

The patient safety PSIRF related activity undertaken prior to PSIRF was as follows:

	Activity	2022	2023
National priorities	Patient incidents	11,963	17,163
	Death in custody	130	158
	Serious Incidents	212	302
Regional patient priorities	Post incident Reviews	147	179
	Clinical case reviews	92	114
	Internal learning reviews	88	94

A review of the resource and activity associated with the current Serious Incident Framework for the period 2021 to 2023 has been undertaken to determine how many PSII's can be supported during 2024/2025. This review was carried out alongside the NHS National standards for patient safety investigation to ensure that all future PSII's are compliant with these standards.

Nationally defined priorities to be referred for PSII or further investigation:

- Deaths of patients in custody.
- Delays in referrals and treatment.
- Patient safety incidents that occur as a result of errors, or omissions, in patient screening or transfer processes.
- Management of known patients in use of illicit substances.
- Medication incidents.

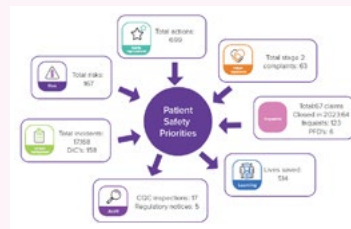
Involving patients, relatives and staff in PSII

Getting involvement right with patient and relatives in how we respond to incidents is crucial, particularly to support improvement.



Regionally defined incidents requiring PSII:

The patient safety incident risks for this organisation have been profiled using organisational data from the following qualitative and quantitative sources:



Strategic plan:

Based on the historic reporting data presented above, it is anticipated that the Practice Plus Group will undertake up to 65 patient safety incident investigations during the 12 months running January 2024 to January 2025

- 50 will be 'national priority' patient safety incident investigations.
- Practice Plus Group will also identify up to three priority areas for "regional priority" patient safety incident investigations for the next 12 months.
- All subsequent incidents falling outside each priority area will be reviewed by one an alternate incident response.

Patient safety priorities 2024-2025

Key patient safety incidents for PSII have been identified through analysis of local data and intelligence from the past two years in line with the following guidance:

- Actual and potential impact of outcome of the incident.
- Likelihood of recurrence potential for learning in terms.

For the period 2024- 2025 regional priorities for PSII have been agreed as follows:

Unexpected or potentially avoidable deaths in custody (DICs); this remains the number one priority.	Management of known patients in use of illicit substances.
Patient safety incidents that occur as a result of errors, or omissions, or transfer processes.	Delays in referrals and treatment.
Medication incidents that have caused actual or potential serious harm to patients.	Other incidents outside of these priorities.

Examples of other patient safety incident responses

- Hot debrief
- Thematic review
- Patient safety campaign
- Incident timeline
- Observation
- Clinical audit

Practice Plus Group Values	Health in Justice Values
We treat patients and each other, as we would like to be treated.	We put the patient first, regardless of the environment or their history.
We act with integrity.	We collaborate and work closely with partner organisations.
We embrace diversity.	We offer all of the health services the prison community needs.
We strive to do things better together.	We make a difference to prisoners' lives by improving health and wellbeing, and reducing re-offending behaviour.

Reporting against core indicators

Quality and Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) is a tool utilised to monitor the quality of care and disease prevalence in primary care. The NHS QOF indicators assess the achievement rates against 76 indicators for the 2023-24 year. This quality account furnishes information on QOF indicators pertaining to primary care provision in English prisons. These indicators are vital in tracking the quality of care and disease prevalence.

The QOF indicators encompass managing chronic conditions, major public health concerns, and preventative services such as screening or blood pressure checks. Adherence to the framework, along with the specific indicators relating to healthcare in the justice system (HJIPS), is committed to delivering consistent, high-quality care in a secure community, ensuring protection against ill-treatment, emphasising equivalent healthcare for a population constrained by their circumstances, and securing the best outcomes for patients.

QOF compliance

As part of the post-pandemic recovery plan, and with a focus on prioritising long-term conditions, face-to-face appointments have resumed their normal operational levels. However, prison population pressures have resulted in an overall compliance drop of 0.05%. Nonetheless, our QOF figures remain consistently high, with exemplary levels at our Immigration Removal Centres (IRCs), which were deeply affected by population diversity and short patient stays, making achieving an extraordinary 93.6% compliance challenging.

This year, asthma has emerged as the most prevalent condition (approximately 10%) in our patient population (compared to NHSE 22-23. Asthma is 6.52% prevalent nationwide), exhibiting significant challenges to achieving desirable indicators. Dementia is another condition that establishments are still striving to improve, along with vaccination hesitancy, where work is required despite an impressive 97.2% compliance rate in ever-challenging environments with prison population pressures. In our remand establishment, the majority of indicators have risen.

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	92.04	91.99	-0.05	↓
Region				
East Midlands	90.8	88.3	-2.5	↓
East of England	92.2	92.8	0.6	↑
London	82.4	91.9	9.5	↑
South Central	93.2	95.5	2.3	↑
South West	90.2			
Thames Valley	95.7	88.3	-7.4	↓
West Midlands	94.3	93.7	-0.6	↓
Yorkshire	89.8	93.1	3.3	↑
Prison type				
CAT A	89.0	92.9	3.9	↑
Female	93.7	89.8	-3.9	↓
Open	90.4	93.7	3.3	↑
Remand	89.7	92.1	2.4	↑
Training	91.8	91.0	-0.8	↓
YOI	98.5	97.4	-1.1	↓
IRC	81.7	93.6	11.9	↑

ESA compliance - ESA template and first screening completed within 24 hours

Operation safeguard

Overcrowding in adult male prisons is a significant problem affecting the criminal justice system. The government has responded to this by way of operation safeguard.

On 30th November 2022, a statement was made in Parliament announcing the operation. The Ministry of Justice requested the use of 400 police cells to hold those who are serving prison sentences or remanded in custody.

This put significant pressure on reception process in all prisons and so we developed and implemented an exceptional screening assessment (ESA) to ensure all patients were assessed and screened to determine health risks on admission to establishments. This was well received by the teams and to avoid the risk of the ESA being inappropriately used a robust governance framework was developed to support teams. Compliance has been high with this framework.

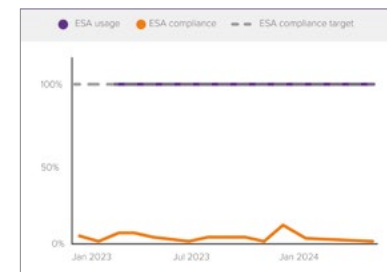
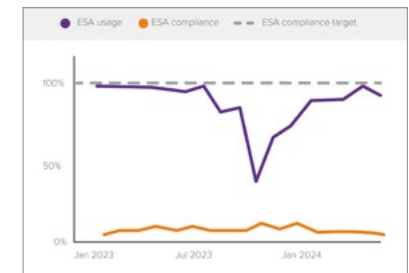
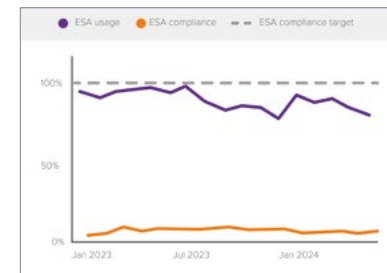
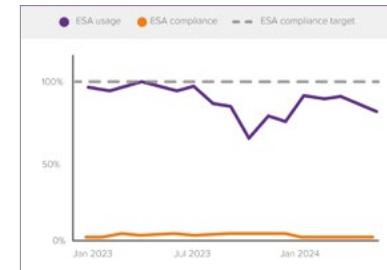
Whilst this has improved the percentage of patients seen on first night, there is still pressure in the system, increasing risk of people not being seen when they arrive.

Work undertaken to mitigate this risk

- Investment in training to staff to use the ESA process.
- Extended hours to working days to accommodate the influx of receptions required.
- Collaboration with HMPPS to enable screening to take place timely and working together to ensure patients are safe.

Measure	All pilot sites
Total number of new arrivals during the ESA pilot period	3512
Patients seen on arrival using ESA template	164
Proportion of new arrivals seen using ESA template during pilot period	4.7%
Patients seen on arrivals using ESA template and screened within 24hrs of arrival	146
Number of patients departing the next day (who were included in the ESA numbers)	18
Total patients seen on arrival using ESA template and screened within 24hrs of arrival (including those that left within 24hrs)	164
% of patients seen using ESA and had reception screen within 24hrs of arrival	100%
Patients seen on ESA without SEAT reception screen being completed	18
% of patients seen using ESA who were never reception screened	11%
Patients seen on ESA without SEAT reception screen completed in 24hrs of arrival	18
% of patients seen using ESA who were not screened within 24hrs of arrival	11%

ESA usage and compliance



Reception screening

Reception screening is a key opportunity for identifying conditions, medicine needs, and self-harm/suicide risks, with ongoing improvements resulting in 98% of patients receiving their first screenings on time. Secondary screening provides clinical teams with a detailed understanding of patient needs, essential for effective care planning.

We use a risk factor checklist and training to help clinicians effectively discuss self-harm and suicidal behaviour with at-risk patients, ensuring quality conversations. Completing templates aids in enhancing outcomes for vulnerable prisoners, especially in remand facilities, while timely screening and prescribing address the challenges of unpredictable prison arrivals.

In-possession risk assessment compliance - patients on active meds

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	99.6	99.6	0.00	-
Region				
East Midlands	99.6	99.7	0.1	↑
East of England	99.9	100.0	0.1	↑
London	96.7	97.8	1.1	↑
South Central	100.0	100.0	0.0	-
South West	99.8			
Thames Valley	99.7	99.7	0.0	-
West Midlands	99.8	99.8	0.0	-
Yorkshire	99.9	99.9	0.0	-
Prison type				
CAT A	99.9	99.9	0.0	-
Female	99.9	99.8	-0.1	↓
Open	100.0	99.9	-0.1	↓
Remand	88.9	99.2	0.3	↑
Training	99.8	99.8	0.0	-
YOI	99.9	100.0	0.1	↑
IRC	100.0	98.0	-2.0	↓

Medication on court / release

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	52.9	52.2	-0.70	↓
Region				
East Midlands	50.5	72.9	22.4	↑
East of England	63.0	75.9	12.9	↑
London	22.9	16.4	-6.5	↓
South Central	17.6	64.5	46.9	↑
South West	77.0			
Thames Valley	75.1	73.5	-1.6	↓
West Midlands	68.4	67.9	-0.5	↓
Yorkshire	72.1	52.9	-19.2	↓
Prison type				
CAT A		100.0	100.0	↑
Female	72.0	93.2	21.2	↑
Open	37.3	56.5	19.2	↑
Remand	50.7	45.7	-5.0	↓
Training	70.8	70.8	0.0	-
YOI	61.5	58.3	-3.2	↓
IRC	0.0	9.3	9.3	↑

First reception screening compliance (24hrs of arrival)

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	97.6	98.0	0.39	↑
Region				
East Midlands	99.6	99.4	-0.2	↓
East of England	96.8	99.5	2.7	↑
London	97.8	99.0	1.2	↑
South Central	98.9	96.6	-2.3	↓
South West	98.6			
Thames Valley	97.7	95.0	-2.7	↓
West Midlands	99.5	98.7	-0.8	↓
Yorkshire	93.2	97.4	4.2	↑
Prison type				
CAT A	83.4	94.8	11.4	↑
Female	99.0	98.8	-0.2	↓
Open	96.2	99.9	3.7	↑
Remand	98.0	96.8	-1.2	↓
Training	98.5	97.7	-0.8	↓
YOI	98.8	100	1.2	↑
IRC	99.0	99.9	0.9	↑

Second reception screening compliance (7 days of arrival)

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	94.1	89.40	-4.70	↓
Region				
East Midlands	96.2	94.9	-1.3	↓
East of England	91.1	95.4	4.3	↑
London	94.0	54.8	-39.2	↓
South Central	77.3	83.8	6.5	↑
South West	96.3			
Thames Valley	95.6	82.8	-12.8	↓
West Midlands	97.4	95.0	-2.4	↓
Yorkshire	93.5	87.0	-6.5	↓
Prison type				
CAT A	84.4	85.7	1.3	↑
Female	97.7	81.1	-16.6	↓
Open	98.7	97.9	-0.8	↓
Remand	85.9	89.4	3.5	↑
Training	95.4	93.1	-2.3	↓
YOI	99.8	97.4	-2.4	↓
IRC				

ESA Usage

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	7.2	13.1	5.9	↑
Region				
East Midlands	1.9	7.8	5.9	↑
East of England	21.7	26.9	5.2	↑
London	0.2	5.8	5.6	↑
South Central	12.5	10.3	-2.2	↓
South West	3.2			
Thames Valley	15.8	9	-6.8	↑
West Midlands	3.3	19.4	16.1	↓
Yorkshire	6.0	3.2	-2.8	↑
Prison type				
CAT A				
Female	2.4	4.5	2.1	↑
Open	21.7	26.9	5.2	↑
Remand	4.4	12.4	8.0	↑
Training	5.3	12.9	7.6	↑
YOI	21.1	0	-21.1	↓
IRC				

HiJ national notable practice

Care Plans 2023/34

Care plans serve as a vital means of communication connecting nurses, patients, and other healthcare professionals in pursuing desired healthcare outcomes. A care plan plays a crucial role in enhancing the health outcomes of individuals grappling with long-term conditions by formally identifying existing needs and acknowledging potential risks or needs of the patients. We offer personalised care plans to better cater to the needs of vulnerable individuals and those at high risk.

The active involvement of patients in healthcare decision-making has emerged as a central tenet in both national and local policies within the NHS. This principle is rooted in the belief that patient engagement and empowerment are pivotal to advancing health outcomes. The increasing burden of chronic and long-term conditions has revealed significant shortcomings in conventional models of care delivery, which tend to be reactive, curative, and primarily centred on acute, episodic illnesses. Active patient involvement enhances patient satisfaction and their experience with our services and contributes to the suitability and effectiveness of care outcomes. Studies demonstrate that when patients are treated as equal partners, listened to, and provided with comprehensive information, they feel actively engaged in their care.

Methodology

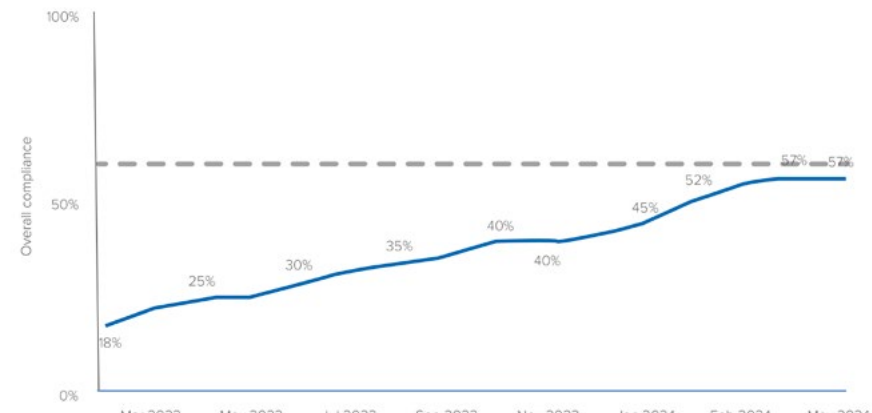
We used a four step process centred on quality improvement, incorporating digital technologies in SystmOne in many aspects of the review process.

Aims:

- To ensure those living with a long-term condition receive a high-quality service and help to manage their condition.
- Promote evidence-based care and render knowledge of pleasant and familiar conditions.
- Support holistic care, which involves the whole person, including physical, psychological, social, and spiritual, in managing and preventing the disease.

- Establish robust programs, such as care plan pathways. Care pathway programs involve a team effort to reach a consensus regarding standards of care and expected outcomes.
- Identify and distinguish goals and expected outcomes.
- Review communication and documentation of the care plan.

Practice Plus Group has achieved in-date successful reviews of over 57% (7,175) of our LTC cohort (12,610) across all Practice Plus Group sites within the HiJ service line, comparing to 18% in February 2023 when this work begins.



Mental health referrals

This quality account publishes performance in referring patients promptly to mental health for both urgent and routine mental healthcare.

More than 90% of patients for whom an urgent referral was made were seen by a specialist mental health clinician within 48 hours. Along with more than 60% of patients for whom a routine referral was made were seen by a specialist mental health clinician within five days.

Mental health triage training was developed which is now mandatory training for all mental health practitioners. This training course increases the knowledge surrounding the purpose of the triage along with the skills to be able to complete the triage assessment.

We are looking at the structure of day-to-day work within the mental health teams compared to the average number of mental health referrals received. Trying to incorporate enough triage slots into every day working. This will hopefully allow for appointments to be booked within the time frames and have less disruption on other day to day tasks. However, we are infancy with this.

This will continue to be monitored through monthly dashboards and discussed through the regional clinical quality review meetings.

% of routine referrals seen within five days

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	65.4	69.70	4.30	↑
Region				
East Midlands	66.8	86.7	19.9	↑
East of England	91.4	96.7	5.3	↑
London	81.2	56.7	-24.5	↓
South Central	65.2	62.8	-2.4	↓
Thames Valley	32.5	40.6	8.1	↑
West Midlands	78.9	49.2	-29.7	↓
Yorkshire	57.8	63.6	5.8	↑
Prison type				
CAT A	73.2	39.3	-33.9	↓
Female	72.5	78.8	6.3	↑
Open	56.7	92.7	36.0	↑
Remand	51.9	44.7	-7.2	↓
Training	75.4	72.9	-2.5	↓
YOI	94.1	100	5.9	↑
IRC	60.9	39.6	-21.3	↓

Data source - Practice Plus Group Health in Justice day 6 dashboard



Psychological therapies

The making sense programme - rationale and scope

Practice Plus Group understands that people in prison have substantial mental health needs and have experienced high levels of developmental trauma. It is also acknowledged that there is a need for effective trauma pathways within an environment and systemic culture that significantly challenges the designing and implementing these pathways. The making sense programme aims to address this need through a step-care model set of psychological, trauma informed and evidence-based interventions specifically designed for

people in prison that focuses on different levels of clinical need from safety and stabilization, emotional regulation, trauma processing and reconnection and integration. Although this programme has been developed as a set of group interventions the materials developed offer the option for it to also be delivered individually to meet the needs of those individuals who cannot tolerate or are unable to mix in groups. Additionally, psychotherapeutic interventions are also offered individually based on clinical assessment and clinical formulation.

Practice Plus Group Psychological Therapies offer April 2023 - April 2024 (including individual and group interventions)							
Region	Sites	Number of pts seen for new assessment / intervention	Number of pts completed a 1:1 psychological intervention	Number of groups delivered by intensity (brief / low / medium / high)	Number of pts attended groups (brief / low / medium intensity)	Number of pts completed groups interventions	Comments
London	HMP Thameside	81	8	H	132	51	March - April 2024: Practice Plus Group data processes not previously in place.
	HMP Belmarsh	74	19	11 x L / 8 x H	69	18	
South Central	HMP Winchester	0	0	0	0	0	No psychologist in post btw this timeframe; now in post.
	HMP Ford	25	5	5 x brief	23	14	July 2023 - April 2024 - no psychologist prior.
	HMP Lewes	41	9	0	0	5	January - April 2024 - no psychologist prior January 2024; groups now running.
	GIRC	98	15	1 x brief	5	5	Appropriate space barrier to deliver groups.
East Midlands	HMP Fost on Hall	0	0	0	0	0	No psychologist in post during this time frame. All sites now have qualified psychologist and assistant psychologist in the team.
	HMP Sudbury	0	0	0	0	0	
	HMP Rye Hill	0	0	0	0	0	
	HMP Onley	0	0	0	0	0	
	HMP Five Wells	0	0	0	0	0	
	HMP Stocken	0	0	0	0	0	
Yorkshire	HMP Doncaster	344	31	3 x B / 1 x L / 1 x M	16xB / 10xL / 8 x M	16 x B / 10 x L / 7 x M	8 further low intensity groups started but abandoned due to operational issues in the prison.
	HMP Lindholme	535	64	5 x L / 2 x M	51 x L / 20 x M	38 x L / 16 x M	Only p/t input from AP and qualified psychologist.
	HMP Moorlands	644	72	11 x L groups	145	117	
	HMP Newhall	40	31	6 x low	11	8	Group delivery September 2023 - April 2024
	HMP Leeds	0	0	0	0	0	No psychologist in post.
	HMP Askham	0	0	0	0	0	Unable to access data.
	HMP Wakefield	55	48	2 x low	11	8	Data collection October 2023 - April 2024.
	North West	HMP Lancaster Farms	0	0	0	0	0
HMP Preston		0	0	0	0	0	
HMP Kirkham		0	0	0	0	0	

Substance use services



Prevention of drug related deaths

12,608 patients across our sites were trained in the use of naloxone, a life-saving medicine used to reverse opioid overdose. This is an increase of 4,621 on the previous year and is a harm reduction initiative.



Medically assisted recovery

41,464 prescribing interventions of buprenorphine and methadone maintenance therapy was provided and then onto 11,978 reducing prescriptions.



Prevention of alcohol related harm

New monitoring of provision of pabrinex for patients undergoing a medically assisted alcohol detox has shown a tenfold increase of provision from the year 22/23.



Psychosocial assessments

Psychosocial assessments completed within five days of referral increased to 73.4% (continuing to increase into this year).

Pharmacy and medicines

Wherever possible Practice Plus Group provides an in-house dispensing pharmacy as an integrated part of our secure environments healthcare teams. Currently 19 of the establishments we support incorporate this model.

In-house pharmacy services materially improve patient safety within secure environments by allowing seamless, integrated care delivery across clinical and pharmacy teams which ensures timely and accurate dispensing. Full integration into the team means our pharmacy workforce are able to play a full part in crucial multi-disciplinary meetings.

We have uniquely adapted community pharmacy protocols to meet the distinct needs of the environments and populations. Our integrated pharmacy model is part of a wider, safety-driven approach to medicine management, and medicines optimization which includes a full audit programme to ensure robust governance and effective and safe dispensing.

This quality account publishes performance in medicine reconciliation and management across all 58 establishments where we provide healthcare.

Medication on transfer out

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	671	68.9	1.80	↓
Region				
East Midlands	56.0	77.3	21.3	↑
East of England	31.3	75.4	44.1	↑
London	60.1	70.3	10.2	↑
South Central	76.4	55.6	-20.8	↓
South West	79.8			
Thames Valley	81.1	64.3	-16.8	↓
West Midlands	70.0	73.6	3.6	↑
Yorkshire	70.4	67.6	-2.8	↓
Prison type				
CAT A	5.3	43.8	38.5	↑
Female	89.7	85.0	-4.7	↓
Open	76.2	67.6	-8.6	↓
Remand	75.1	70.0	-5.1	↓
Training	54.3	76.9	22.6	↑
YOI	50.0	66.7	16.7	↑
IRC		13.8	13.8	↑

Medicines reconciliation within 72 hours of arrival

	March 2022	March 2023	Change	Trend
All applicable Practice Plus Group services for which data is available	90.8	88.8	-2.00	↓
Region				
East Midlands	93.4	88.2	-5.2	↓
East of England	93.7	82.9	-10.8	↓
London	92.5	80.7	-11.8	↓
South Central	83.0	81.7	-1.3	↓
South West	88.2			
Thames Valley	98.0	92.8	-5.2	↓
West Midlands	97.6	94.1	-3.5	↓
Yorkshire	81.4	92.1	10.7	↑
Prison type				
CAT A	50.0	77.8	27.8	↑
Female	85.9	87.2	1.3	↑
Open	94.5	88.2	-6.3	↓
Remand	93.0	92.4	-0.6	↓
Training	94.7	91.9	-2.8	↓
YOI	99.7	99.0	-0.7	↓
IRC	25.8	39.4	13.6	↑

Pharmacy and medicines

Professional Nurse Advocates

Practice Plus Group launched the PNA programme across Practice Plus Group HiJ in March 2022, to date we have 58 registered and a further 11 in training, PNAs across Health in Justice who support with delivery of restorative clinical supervision, career conversation, quality improvement work and wellbeing conversation/activities.

We received an Edith Carvell award recognising the commitment Practice Plus Group had made to the implementation of the PNA programme across Health in Justice.

A PNA Local operating procedure and PNA Implementation Strategy. Were developed and staff were given Designated hours to undertake their role. We worked in partnership to develop a train the trainer RCS programme to deliver and roll out RCS across the business.

The success of the PNA project can be measured by assessing its impact on staff wellbeing and resilience, particularly in reducing stress and burnout. The effectiveness of this approach can be gauged by monitoring changes in staff wellbeing and resilience over time. For instance, our yearly Over To You (OTY) surveys are a good indicator of this; in 2023, 77% of our staff have said they “feel supported” and 81% have said they “feel a strong sense of belonging.”

Following recent CQC inspections across HiJ the role of the PNA and supervision has been recognised as good practice quoting “supervision showed a good picture ...Staff feel supported.” and “...Clinical supervision and PNA in place and a real commitment to staff wellbeing within Practice Plus Group with is admiral.

Staff have reported “the support received following the incident is better than she has ever seen” reporting “being able to ‘speak freely’ and ‘being open’”.

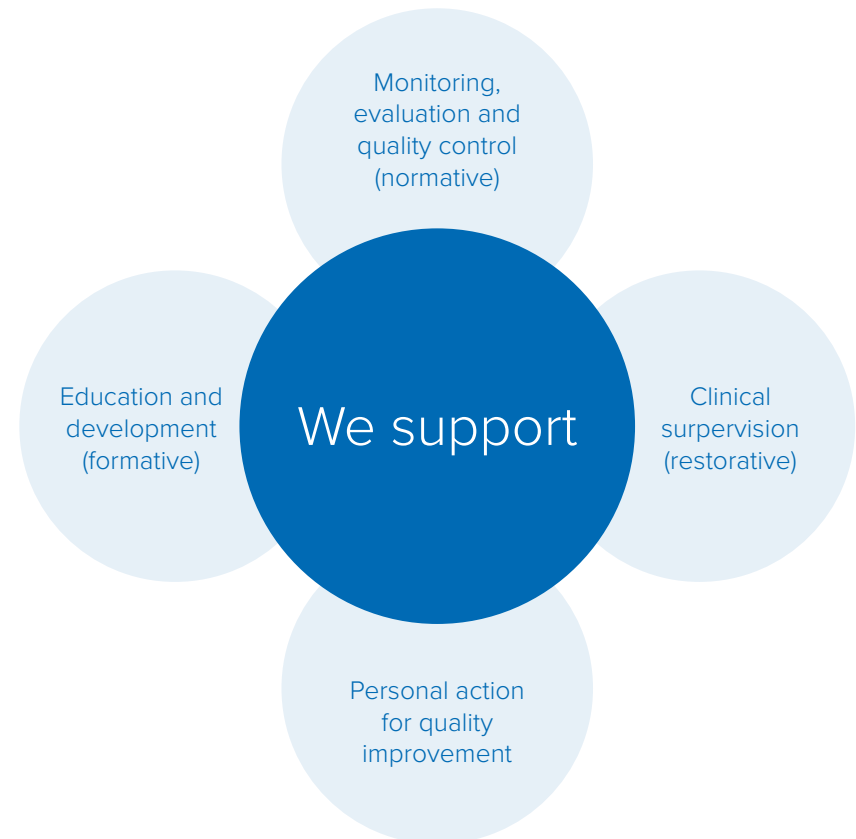
In addition to this the PNAs continue to support with Inquests, PPO and CCR investigations, LTS and staff involved in HR procedures.

Practice Plus Group have been announced as a patient safety finalist 2024 for the PNA role project undertaken within 2023/24.

Preceptorship

Practice Plus Group launched our new preceptorship pathway in January 2024 after being awarded the NHS skills for health/NHS England interim quality mark for a gold standard preceptorship in Health in Justice. The pathway is available for nurses, nurse associates and our AHPs.

A full 12 month preceptorship pathway offers support to enable the practitioner to transition into an accountable practitioner. LMS updated to reflect the appropriate pathway for both preceptee and preceptors in line with NHSE preceptorship guidance (2023).



Freedom to speak up

Practice Plus Group are committed to ensure that Freedom to Speak Up (FTSU) is well embedded and remains actively promoted and discussed to support the culture in relation to the way we speak up, listen up and follow up.

There is a good freedom to speak up network across Practice Plus Group. We have three central FTSU Guardians in place and a good number of FTSU champions in both central functions and local level sites, with at least one FTSU champion in each region.



We have developed this policy using the guidance tool from the national guardians office and we have had the policy reviewed by a number of colleagues in different roles to ensure it reads well and creates the correct support to our colleagues who would go to this policy for guidance, either for raising a concern or responding as a champion or guardian to a concern. It is important to note that the policy includes the legal protection information in relation to the public interest disclosure act (1998), protecting those that 'make a disclosure in the public interest'. Local sites communicate the FTSU champions available in the building during their morning safety huddles. This helps to continually promote freedom to speak up on a daily basis.

The recording mechanisms that are in place are via a dedicated module in Datix that provides a robust, confidential way of recording and also aids Practice Plus Group to submit a report of themes raised to the national guardians office. Practice Plus Group offer supervision sessions for all champions and this is held a minimum of quarterly and also on a one-to-one basis as required. The priorities for the coming year are to ensure that we can create richer information for themes and trends and the continual awareness to encourage trust in the process and in turn hopefully reduce the anonymous version of concerns raised as teams start to trust in the process and support of freedom to speak up.

Safeguarding

Throughout 2023 we saw a commitment to raising the awareness of safeguarding amongst HiJ with the recognition that safeguarding is everyone's responsibility. Safeguarding assurance and accountability framework updated to reflect statutory and national guidelines.

We saw the implementation of a new audit safeguarding quality assurance. Safeguarding adults awareness week in November 2023 which raised the profile of staff wellbeing and the embedding of safeguarding supervision across the business recognising we now have eight regional safeguarding leads in place with a national lead now for safeguarding. Our focus now is a commitment to working in partnership with our key stakeholders to support continuity of care for our patients and risk mitigation. Focus also on IRC safeguarding across our five sites on R34 and R35 processes.

HiJ conference 2024

Our Practice Plus Group HiJ conference took place this year which was the first one since Covid-19.

It gave an opportunity for senior leaders and managers to reflect back on learning from Covid-19 and the last three years. But also to plan forward and use the knowledge learnt to improve quality within HiJ using the back to basics proud of our practice initiative and the health and well being model underpinned by new models of care.

There was also a learning opportunity to listen to a past patient journey and experience which was delivered from a patient who had been in one of the Practice Plus Group establishments.

Teams were also asked to enter a poster competition focused on improving quality and our Medical Director, Dr. Marjorie Gillespie announced the winners of this on the day.



HiJ Conference poster winners 2024

TRANSFORMING CHALLENGES INTO TRIUMPHS

The Inspiring Success Story of Our Pharmacy
by POH SCOTT-WIRTS

INTRODUCTION

All the 147 services pharmacy departments sit on a team which is a mix of pharmacy, pharmacy support and pharmacy support staff. The pharmacy department is a mix of pharmacy, pharmacy support and pharmacy support staff. The pharmacy department is a mix of pharmacy, pharmacy support and pharmacy support staff.

1 TEAM DEVELOPMENT

- A mix of pharmacy, pharmacy support and pharmacy support staff.
- A mix of pharmacy, pharmacy support and pharmacy support staff.

2 CLINICAL GOVERNANCE

- A mix of pharmacy, pharmacy support and pharmacy support staff.
- A mix of pharmacy, pharmacy support and pharmacy support staff.

3 COMPLIANCE

- A mix of pharmacy, pharmacy support and pharmacy support staff.
- A mix of pharmacy, pharmacy support and pharmacy support staff.

4 FINANCIAL STEWARDSHIP

- A mix of pharmacy, pharmacy support and pharmacy support staff.
- A mix of pharmacy, pharmacy support and pharmacy support staff.

STARBUDD RESULTS

REFLECTION

ICRS at IMP Moorland

The Information Care and Solutions team set up a short period of intensive care and support services to support people to access care when they are in hospital.

Background

2022 IMP reported a rise in hospital admissions.

2023

2023 IMP reported a rise in hospital admissions.

2024

2024 IMP reported a rise in hospital admissions.

2025

2025 IMP reported a rise in hospital admissions.

Conclusion

The Information Care and Solutions team set up a short period of intensive care and support services to support people to access care when they are in hospital.

Understanding Huntington's disease symptoms in prison

Huntington's disease (HD) is a genetic brain and nerve system disease. It is a progressive brain and nerve system disease. It is a progressive brain and nerve system disease.

Outcomes

- A mix of pharmacy, pharmacy support and pharmacy support staff.
- A mix of pharmacy, pharmacy support and pharmacy support staff.

Staff wellbeing

What have our focuses been over the past year?

Increasing opportunities for colleague voice

In April 2023, we formed our first national colleague engagement forum with 11 representatives from across our Health in Justice regions. The purpose of the forum was to provide the time and space for colleagues to express views and opinions on the topics that matter to our teams with Luke Wells, our Service Director, also in attendance.

Our forum has since held six meetings, mostly face to face, to focus on a wide variety of topics including recruitment and retention, staff wellbeing, our EDI agenda, proud of our practice, learning and development, and communications. Each meeting has led us to identify a number of actions we can take to improve working life at Practice Plus Group.

During 2024/25, we hope to build on our national forum by offering further opportunities for colleagues to become a voice for their team and wider region. This will include the development of regional engagement forums where we'll welcome an even broader mix of voices - providing more opportunity to influence decision-making in key areas.

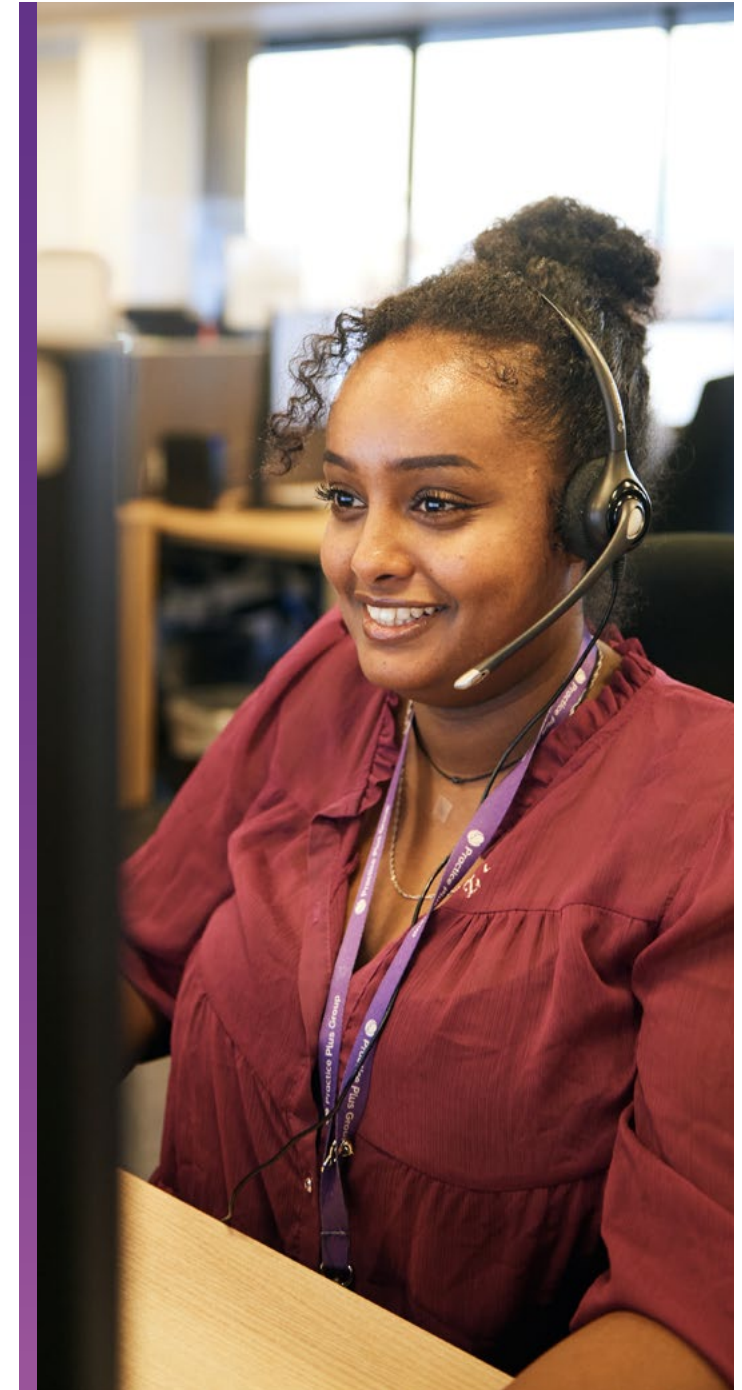
Staff wellbeing notable practice example

Recent times have also seen Practice Plus Group champion a number of initiatives to support colleagues experiencing menopause. This has included establishing our menopause café and signing up to the menopause pledge, provided by the charity 'Wellbeing of Women'.

Many of our services have taken the opportunity to refresh their working environments, providing more comfortable spaces to take a break and replenish whilst at work. The provision of wellbeing budgets has seen teams either engage in activities or purchase equipment to support wellbeing at work (including air-fryers, freezers and even chair yoga). We now have wellbeing cupboards on every site, which are intended to provide essential food and toiletries to support colleagues while at work.

The over to you survey will go live in May 2024 which provides an opportunity to share staff views on life at Practice Plus Group so that positive changes can be made.

The outcomes of this is currently under review and will be shared out to all line managers to then review and commence action plans based on the feedback given.



Notable practice across Practice Plus Group HiJ establishments in England 2023/24

East Midlands region

TRANSFORMING CHALLENGES INTO TRIUMPHS

The Inspiring Success Story of Our Pharmacy
By Pau Scott-arrs



INTRODUCTION

At the HMP Loughborough Pharmacy Department, we embarked on a transformative journey marked by significant changes and milestones in the last year. Having grappled with the risk of special measures from NICE and CQC our department faced a critical period. Leadership was absent for four months during which reliance on external support systems like Signare board, incurring substantial costs. Challenges extended across the site requiring primary care support for medicine administration, leading to notable strain on teams, patient complaints seeming routine and high volume of back submissions.

1 TEAM DEVELOPMENT

- Boost the teams morale and unity, focusing errors on shared goals, vision and improved service delivery.
- Launched a recruitment drive for substantive roles, increasing wing ownership and fostering a strong team identity.
- Expanded our team with an additional pharmacy assistant to improve dispensary operations and enrolled a trainee pharmacy technician apprentice, fostering a professional growth environment.
- Partnered with the University of Brighton for pharmacist student placements and preparing for future trainee pharmacist enrolments for 2024/25.

2 CLINICAL GOVERNANCE

- Actively participating in MPOCD safer prescribing meetings, showcasing our commitment to clinical excellence and delivery.
- Established and utilising a prescribing table based on NICE safer prescribing guidelines, enhancing the consistency/ quality of prescribing a clinical screening.
- Set referral criteria to efficiently direct patients with concerns such as drugs of abuse to the safer prescribing meeting, ensuring a robust review process.
- Implemented weekly group clinical supervision, developing a culture of continuous learning and quality improvement through knowledge and support.

3 COMPLIANCE

- Reduced or controlled drugs supplies to meet legal standards, making a significant investment in legal compliance.
- Recommissioned faulty BAXA machines, replacing them with Medisart systems to streamline the methadone administration process, shifting the responsibility from the SWS team to pharmacy technicians and enhancing efficiency.
- Enhanced secondary dispensing practice, making a pivotal shift in medicines governance and aligning with best practice standards across all teams.

4 FINANCIAL STEWARDSHIP

- Discontinued the use of Signare, realising substantial cost savings by transitioning dispensing in house, reducing the relative cost of medication significantly by 52%.
- Streamlined prescription processes, allowing clinical pharmacists to adopt and issue new prescriptions directly for OP out-patient, saving considerable time and resources.



STARBOUND RESULTS

- Medicines reconciliation with a 72hr period from $+60\%$ to $+93\%$ (target 90%)
- In possession risk assessment (IPRA) now consistently at 100% (target 90%)
- Educating the primary care and reception teams on not overwriting the DB2 template and not to refill the ID sheet as the maximum of weekly in possession, ever when scoring full in possession.

REFLECTION

This focused approach to clinical governance, team development, legal compliance, and financial stewardship has not only transformed our department but also set a new standard for excellence in prison pharmacy leadership. Our journey from facing significant challenges to achieving remarkable success illustrates the power of strategic planning, teamwork, grit and innovation in governance.

email: paul.scott-arrs@practiceplusgroup.com

South Central region

Understanding Huntington's disease symptoms in prison

Practice Plus Group
HMP YOI FOSTON HALL

Huntington's disease (HD) is a condition that stops parts of the brain working properly over time. It's passed on (inherited) from a person's parents. The symptoms of Huntington's disease can include psychiatric problems and difficulties with behaviour, feeding, communication and movement. There is currently no cure or any way to stop the disease progression. Quality of life can be improved when the person and those around them learn to manage the symptoms more effectively.

What happened?

An established process to support patient independence with medication collection was interrupted by an Officer's decision to adjust queuing arrangements, he felt this was in the interest of being fair to others in the queue. The lady quickly became overwhelmed, a subsequent violent outburst led to both the patient and prison staff sustaining injuries. With an impending sentence adjustment, the lady was troubled with guilt, regret, remorse and shame, she expressed suicidal thoughts. In addition to extensive case planning a social care package and the huddy network further work was indicated. With the patient at the heart, a whole establishment approach to understanding the symptoms of Huntington's disease was agreed.

HD symptoms that can be in conflict with prison rules:

- Lack of impulse control and lack of inhibitor
- Poor judgment and poor decision making
- Anxiety, irritability, temper outbursts, lowering of tolerance for frustration, reduction in flexibility, exaggeration of responses
- Slurred speech (mistaken for being under the influence), loss of speech, inability to verbally communicate
- Diminished ability to initiate activities and inability to foresee consequences of behaviour

Huntington's disease

Physical symptoms include:

- Involuntary movements
- Difficulty swallowing
- Loss of coordination


Mental and emotional changes include:

- Depression and mood swings
- Difficulty learning and retaining
- Memory loss

We strive to do things better together

Outcomes

- HD awareness event, a partnership whole prison event with HD t-shirts, banners, posters, open access to shared care plans with Q&A sessions to provide the insight and rationale behind a patient led individualised approach
- A patient/overnight walk round' an opportunity for patient led identification of barriers to accessibility, in planning a programme of environment adjustments
- Changes to procedures, justice a trigger approach, taking into account identified triggers, and easing the case rather than the consequence
- Patient led approach to de-escalation: mapped out and shared with staff and peers to support a reduction in the potential for incidents leading to injury
- Priority arrangements for access to daily personal activity, work place adjustments and opportunities for socialising with peers
- A HD resource pack capturing all the lessons learnt



Huntington's Disease Association

References: www.hda.org.uk, www.ny.chva.edu/ny.org, https://www.researchgate.net/publication/37255311_huntingtons_disease_and_the_, <https://www.hda.org.uk>

lydia.mooney@practiceplusgroup.com

London

Initial segregation training

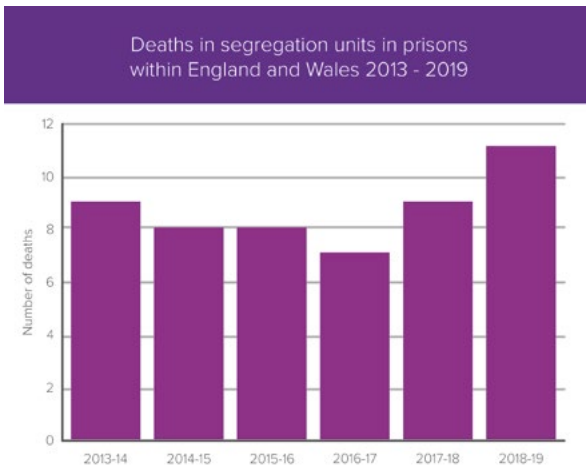
The initial segregation health screen training, or ISHS, was developed to offer some guidance to clinical staff who assess people when they are transferred to the segregation unit, also known as the SSCU, CSU or SARU depending on each site.

The training is developed in line with HMPPS policy around segregation, prison service order 1700, PPO learning bulletins and the expectation around clinical assessment of risk including scenarios and a test and can take anything between one to two hours.

It makes clear the need to carry out a review of the persons clinical notes as part of gaining an understanding of background, risks and any factors which may have contributed towards the person being moved to the segregation unit and that this must be done prior to assessing the person face to face.

As well as offering guidance towards clinical assessment the training also offers insight in to the escalation process and what is required should clinical assessment find that the person is deemed unsafe to remain in segregation.

The availability of this package offers some real structure around a process which has, historically, felt unclear as a clinician and works toward real progression in patient safety in segregation conditions.



This package has been delivered in a number of locations already and, most notably, to the London region which resulted in a request from HMPPS to deliver the package collaboratively as it offered some insight to HMPPS colleagues around clinical assessment of people in segregation as well.

Thames Valley

Neurodiversity within female estates

This piece of work supports with the female agenda strategy delivery plan (2022-2025) which aims to:

“improve safety for all women in custody and reduce the severity and instances of self- harm through the expansion of therapeutic services.”

HMP Eastwood Park is one of Practice Plus Group’s female estates where we deliver healthcare. Through a review of incident themes, it was noted that this site reported three times more incidents of self- harm on a monthly basis than all of the other four females sites where Practice Plus Group deliver healthcare. As a result of this, the patient safety manager undertook a thematic review and the results showed that 10 out of the 13 patients who were regularly self- harming had a neurodiversity diagnosis.

What did we do with this information?

This data was shared the Practice Plus Group national female estates lead who then compared this data to wider female estates. It featured within the agenda at the national quality assurance meeting and was discussed at the Thames Valley regional PSIRG meeting.

What was the outcome?

This work has been very recent so no data is yet available and the work is ongoing. However, there has been some very positive updates as a result of this amazing work. A strategic neurodiversity lead role for Eastwood Park is now being advertised and additionally, the HMPPS neurodiversity lead at EP has reviewed this data. This review has led, on occasion, to a change in approach resulting in a reduction in the use of restraint with some of the patients that were part of the initial cohort reviewed- a huge achievement!

Yorkshire region



Apprenticeships

Providing opportunities for personal and professional development continues to be a key priority for us in Health in Justice and over the last 12 months our apprenticeship offer has continued to grow. As a result, we are proud to be supporting over 120 colleagues to complete apprenticeships in a variety of different areas, including both clinical roles and business support. In total, 7% of our workforce has now undergone, or are working towards, completing an apprenticeship.

With approaching 200 colleagues now either undertaking or having completed an apprenticeship, it's clear that the programme is a significant success within our Health in Justice (HiJ) division. And with eight colleagues within the Yorkshire region alone having recently completed a nursing associate apprenticeship, we couldn't be prouder.

In recognition of their fantastic achievements, our newly-registered nursing associates were invited to a celebratory brunch, along with Mandy Headland, National operational lead and former regional manager for Yorkshire; Mohsin Ahmed, regional SMS lead; and Christine Arnold, our national apprenticeships lead.

West Midlands region

Patient safety award HMP Featherstone finalist 2024

Following the recent events at HMP Featherstone it was evident the lack of awareness and understanding of safeguarding from a HMPPS point of view. The head of healthcare as worked with HMPPS staff at Featherstone to support with awareness of safeguarding which is still on going. Small cards have been developed and will be produced in the workshop as a pocket reminder to all staff what safeguarding is and who your leads are. The head of healthcare as supported the safer custody governor in developing a database and renewing the HMP Featherstone's safeguarding strategy revamping the referral process. The safer custody governor provided an awareness session in the full staff briefing. With regular meetings, communication and awareness we have improved the safeguarding processes and links with HMPPS and Practice Plus Group.

HMP Featherstone Safeguarding

Care Quality Commission (CQC) registered manager - Head of healthcare	Practice Plus Group safeguarding lead - Head of healthcare	HM Prison and Probation Service (HMPPS) safeguarding lead - Safer custody governor
<p>Stop - Did you notice something not quite right?</p> <p>Assess - Use the right tools and guidance.</p> <p>Feel - Maintain professional curiosity.</p> <p>Explore - Have a conversation.</p> <p>Refer - Make a safeguarding referral.</p>	<p>What are we safeguarding vulnerable adults and children from?</p> <ul style="list-style-type: none"> Domestic abuse and/or violence members. Emotional abuse. Female Genital Mutilation (FGM). Financial abuse. Human trafficking/modern. Neglect. Physical abuse. Radicalisation (prevent). Self neglect. Sexual abuse. Sexual exploitation. 	
<div style="background-color: #e91e63; color: white; padding: 10px; border-radius: 10px; display: inline-block; margin: 0 auto;">If in doubt seek advice</div>		
<p>An adult at risk is defined as: "an adult who has care and support needs and has been subjected to, or is at risk of being abused or neglected and unable to protect themselves against the abuse or neglect because of those needs".</p>		

PPG2443 Jan.25 (0544)

East of England

East of England have established a pathway between Practice Plus Group, HCRG (Norwich), HMPPS and the Norfolk and Norwich NHS trust which is the main trust in this locality.

In 2018, following a number of quality and safety issues arising relating to the care, treatment and discharge of prisoners from the Norfolk and Norwich University Hospital (NNUH), an informal meeting was established with the three Norfolk Prisons to ascertain a broad understanding of the areas requiring improvement across the pathway.

In response to this a group was then established and is now known as the NNUH and Her Majesty's Norfolk prison services (HM Norfolk Prison Services) operational network meeting.

The purpose of the meeting is to:

- Provide a forum for the discussion and resolution of issues.
- Recommend and implement changes to improve best clinical practice and clinical operational performance and support implementation.
- Maintain and improve relationships with professional bodies, the local health economy and patient representative groups.
- Review actions and learning from death in custodies.
- Review and discuss any safeguarding issues.

These meetings take place quarterly to:

- Oversee the development and/or implementation of action plans, reporting and monitoring in relation to improvements in the acute hospital healthcare pathway for prisoners.
- Liaise as appropriate with other elements of the respective organisation corporate governance and managerial structures.
- Undertake an annual review of group effectiveness and satisfaction of these terms of reference.



Monitoring of quality within HiJ

Continuous quality review meetings

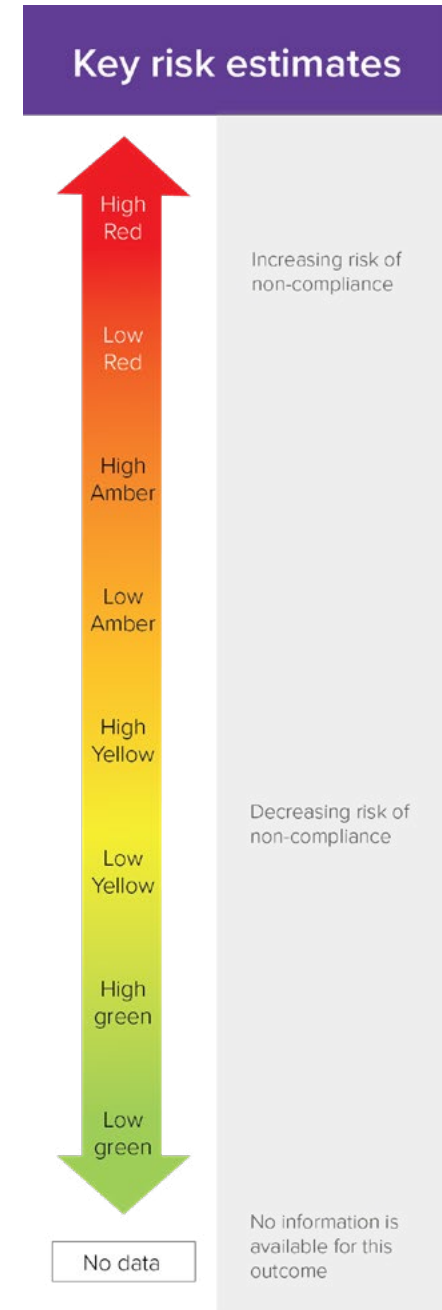
Continuous quality review meetings were introduced into HiJ in April 2023.

The purpose of these meetings is to provide a systematic approach to reviewing service delivery for each region through monitoring of a key set of identified indicators, alongside the collation and interrogation of soft intelligence with a clinical director every three months.

This is then followed by a regional quality review meeting two weeks later to further explore identified areas required through the CQRM process and to analysis these in more detail.

This approach aligns with the CQC quality and risk profile approach which enables risk to be identified early and acted upon where possible within services to maintain safety and improve quality.

Quality

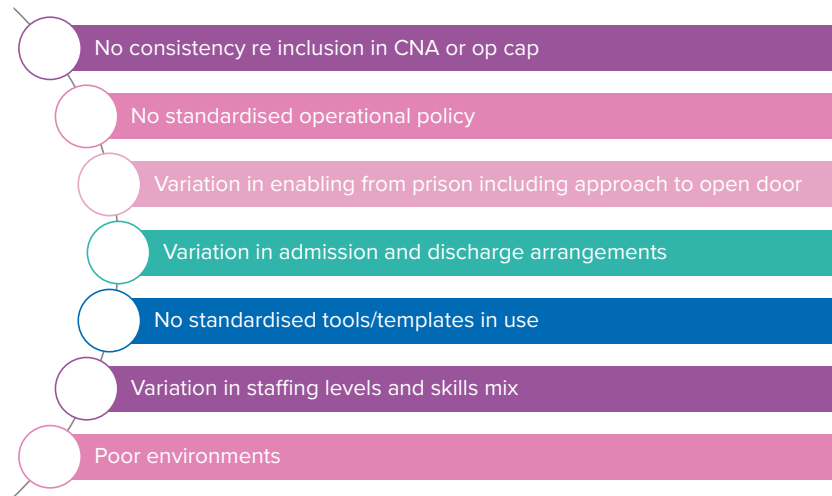


Service development

Inpatient units project 2024/25

A national inpatient lead interim role has been created within Practice Plus Group HiJ to help oversee and lead upon key priorities within the inpatient units. The reason this was undertaken was currently Practice Plus Group operate 20 inpatient units with a total of 200 beds.

Key themes of focus for 2024/25



Female estates steering group work 2024/25

The female estate strategic development group will oversee the implementation of recommendations from the national women's prisons health and social care review, Practice Plus Group female estate guidance alongside thematic learning from patient safety incidents. The groups focus being cross cutting women's health care pathways and improvements in order to support the regions in their operational delivery. Key areas of focus for 2024-25 will be; perinatal health; menopause, medicines management and trauma responsive care'.

IRCs steering group work 2024/25

- An IRC network forum has been developed (monthly) - this supports with delivering and influencing future roll out of healthcare delivery across the IRCs by supporting best practice and lessons learned through subject matter experts.
- An IRC service development group has been developed (quarterly) - This will support with delivering on strategic direction and priorities set by the SMT surrounding the IRCs. Regional and national teams work in partnership to ensure holistic delivery of associated IRC actions.
- A R35 audit is currently being developed - This will support with the enabled healthcare continuity, quality and consistency in the delivery and offer of R35 assessments to our patient population and to ensure the healthcare team within the IRC are compliant with Detention Service Order (DSO) 09/2016 rule 35 and short-term holding facility rule 32 and DSO 08/2016 management of adults at risk in immigration detention and detention centre rules 2001, whilst also ensuring the clinical quality of the R35 reports undertaken.
- A R34 template is being developed - the aim is to support our GPs when providing R34 consultations - ensuring a holistic approach which is consistent for our patients.
- IRC PSIRG and IRC RMPCCC meetings have been established - To support lessons learned and sharing of best practice. Support and guidance with complex patients and enable peer to peer support.
- A regional patient safety plan has been written to improve patient safety and clinical quality outcomes - safeguarding, release and transfer pathway, incident management process and emergency response codes.
- Food and fluid refusal policy has been updated and IRC F+FR checklist implemented across the sites.