



Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales



Prison health care and nursing in Wales A Call for Action from the Royal College of Nursing Wales



Executive Summary and recommendations

The Royal College of Nursing (RCN) Wales has prepared this paper to highlight the importance and value of prison nursing in Wales.

RCN Wales members work within the prison setting to provide crucial clinical care and compassionate support for some of the most vulnerable individuals within society. RCN Wales members ensure that the population of Welsh prisons has access to health and social care services.

The health of the prison population has been of recent national interest. At a UK level the Independent Advisory Panel on Deaths in Custody and the RCN produced a report, Avoidable natural deaths in prison custody: putting things right (September 2020).

Within Wales there have been two recent reports produced by Robert Jones, Cardiff University; there has also been an inquiry by the Senedd Health, Social Care and Sports Committee. The Committee is currently drafting a report on the provision of health and social care in the adult prison estate.

This paper has been produced with the input of RCN Wales' Prison Nursing Group and has been discussed with the Cross Party Group for Nursing and Midwifery.



The provision of health care in the prison estate is the responsibility of the Welsh Government. Nurses and nursing staff currently provide many of these services and the profession has the potential to contribute further.

The RCN Wales believes the Welsh Government needs to take the following urgent actions to improve prison health care provision in Wales.

1

The National Prison Health Oversight Group/Board established by the Welsh Government should establish a work stream to make recommendations for and improvements in workforce planning, recruitment and retention of registered nurses in prison settings.

2

The work stream, with advice from Health Education Improvement Wales (HEIW) and the Chief Nursing Officer (CNO) should develop a workforce strategy taking into account the national framework for prison nursing.



3

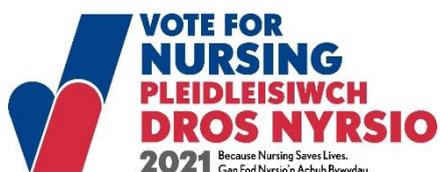
The Welsh Government should urgently review the funding provided to health boards for prison health care, to ensure the process of calculating funding, allocation and review is transparent, consistent, and has a clear relationship to the population served and their needs.

4

Public Health Wales should review Part 6 of the Communicable Disease Outbreak Plan for Wales to reflect the lessons learned from the COVID-19 pandemic in the prison setting, including the disproportionate impact of the pandemic in prison settings.

5

The national prison health oversight group/board should support people with learning disabilities in prison setting by implementing and reviewing the national programmes of Reducing Restrictive Practice Framework and the Partnership Agreement for Prison Health in Wales.



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Section 1 Overview of prison health care

The prisoner population in Wales is male only and was 5,104 at the end of March 2020.¹ Prisoners are held across six sites in South Wales and at HMP Berwyn in North Wales, each prison having a different profile, function and security category.

There are no female prisons in Wales. In recent years the level of Welsh female prisoners in England has climbed to its highest level, in 2018 (261). This was maintained in 2019.² In December 2019 two-thirds (67%) of Welsh women prisoners were placed at HMP Eastwood Park (128), located in Wotton-under-Edge, and HMP Styal (39), located in Wilmslow.³

Many people in prison come from our most deprived and disadvantaged communities and have very poor health.

¹ UK Government, 2020. *Latest prison population figures for 2020*, <https://www.gov.uk/government/statistics/prison-population-figures-2020>, accessed May 2020.

² Jones, Robert, 2019. *Sentencing and imprisonment in Wales: 2018 Factfile*, <http://orca.cf.ac.uk/129765/>, accessed May 2020.

³ Jones, Robert, 2020. *Prison, probation and sentencing in Wales: 2019 Factfile* https://www.cardiff.ac.uk/_data/assets/pdf_file/0010/2446129/Prison,-Probation-and-Sentencing-in-Wales-2019-Factfile.pdf, accessed September 2020.



They are often disengaged from mainstream health services before and after any prison term. For many people detained in prison, their poor health status arises from, and/or has been exacerbated by, early adverse childhood experiences (abuse, neglect and trauma), social circumstances (problems with housing and employment) and higher rates of smoking, alcohol and substance misuse than the general population.

Of people in prison, 36% are estimated to have a physical or mental disability, compared to 19% of the general population; 11% have a physical disability, 18% have a mental disability and 7% have both.⁴

The responsibility for prison health care in the public sector prisons in Wales rests with the Welsh Government. At a local level, prison health partnership boards, jointly chaired by local health boards and the governors of the prisons, have responsibility for the governance of prison health services. The relevant health boards are:

⁴ Prison Reform Trust, 2017. *Bromley Briefings Prison Factfile*, <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/old%20editions/Autumn%202017%20Factfile.pdf>, accessed June 2020.



- Aneurin Bevan Health Board – HM Prisons Usk and Prescoed
- Cardiff & Vale University Health Board – HM Prison Cardiff
- Swansea Bay University Health Board – HM Prison Swansea
- Betsi Cadwaladr University Health Board – HM Prison Berwyn
- Cwm Taf Morgannwg University Health Board – HM Prison Parc (in this case primary health care is provided by G4S but secondary and social care obligations remain with the NHS).

In September 2019 the Welsh Government, local health boards and Public Health Wales published a *Partnership agreement for prison health in Wales* with Her Majesty's Prison and Probation Service.⁵

⁵ Welsh Government, 2019. *Partnership agreement for prison health in Wales*, <https://gov.wales/partnership-agreement-prison-health-wales>, accessed March 2020.



This agreement established a national prison oversight group/board which would deliver improvements through the establishment of four priority work streams, which will be:

- ensuring prison environments in Wales promote health and wellbeing for all
- developing consistent mental health, mental wellbeing and learning disability services across all prisons that are tailored to need
- producing a standardised clinical pathway for the management of substance misuse in prisons in Wales
- developing standards for medicines management in prisons in Wales.



Interview with Clare Frost, *Head of Healthcare HMP YOI Parc/G4S Health Services*

What's your nursing background?

I qualified as a general nurse in 1991. After a year or so on medical wards, I went on to qualify as a mental health nurse. I felt acute psychiatry didn't use my general skills as much as I'd like, and they were building a prison in Doncaster where I was living at the time. I thought, "I'll just go and see what that's all about" – and walked into a world that just blew me away, and has every day since.

What blew you away in particular?

I see and help people at probably the lowest they will ever be in their lives. People come in for the first time having absolutely neglected their health – dental problems, diabetes, substance misuse. And mental health is huge. I think it's around 80% of men coming into custody have some form of mental health problem. And of course, putting on the tough guy image – it's very difficult to get through to people and get them into services. But by the very nature of being a man incarcerated in prison, you are ten years older physically than your real age.

How do you deal with emergencies?

We don't have an inpatient facility – it's very much like community nursing. But we do have our crisis team, who you might say are like paramedics. They respond 24 hours a day to sports injuries, serious self-harm, mental health crises or substance misuse. NPS (Novel Psychoactive Substances) has impacted us quite heavily.



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What about the rest of the health service?

The core team of general nurses manages long-term conditions and runs clinics. Our Learning Disability and Mental Health teams all carry their own caseloads, offering support and picking up referrals from the crisis team while Children, Older People and Suicide Prevention each have dedicated nurses. Healthcare assistants and pharmacy technicians support them.

That's quite different from the single shift pattern you see elsewhere.

A couple of years ago, all our nurses did long days and rotated nights. We held exit interviews with a few staff who left, and their reasons were quite valid – they had children and needed flexible hours, or felt they weren't using their skills. Specialist found themselves cancelling their clinics to respond to emergencies – imagine if I arrived for an appointment and was told “The nurses have had to run to an emergency”! I'd be a bit annoyed. It had a real negative impact on everyone.

We realised we could be much more flexible and mirror the community much better. Now we have nurses using their skills, doing what they enjoy. Our retention has been phenomenal – in fact, we've got a waiting list of staff that want to work here. Access and satisfaction have both improved. And we're just doing things differently with the same funds.



Section 2 How prison nursing improves public health

Nursing staff in prisons have the ability to effectively identify, treat and manage long-term and other conditions, whilst building relationships with individuals during a challenging period of their lives. One RCN member said it was hard to describe how varied and challenging the role is as it requires so many skills:

“Working as a nurse in prison requires many different skills. You have to be a primary care nurse, an acute nurse, a mental health nurse, a palliative care and elderly nurse – and sometimes even a prison officer – all at the same time. I dealt with suicide, self-harm, serious mental health, the use of spice, acute abdominal pain, sepsis and even an incident of manslaughter – and that was just in one week.”

The resident population in prisons is constantly changing. From a health perspective, this means that interventions and treatments that improve the health of prisoners are an extremely effective way of improving the health of the general population.



Interventions can prevent, reduce or ameliorate illness and debilitating conditions that might otherwise cause more harm to the individual and be more difficult for the service to support at a later date.

Hepatitis C

In Wales, the Welsh Government has publicly affirmed its commitment to meeting the WHO target of eliminating hepatitis C in the country by 2030. Public Health Wales has acknowledged the significant role that Welsh prisons can play in achieving this target.⁶ Since 2010 nurses and nursing staff have been routinely testing in prisons for blood-borne viruses (BBVs), including hepatitis C.

In 2016, Wales moved to opt-out testing, where all men in prison are offered BBV testing within the first few days of imprisonment. BBV specialist services from local health boards run clinics in every prison, providing treatment for hepatitis C, hepatitis B and HIV.

⁶ Public Health Wales, *Hepatitis C*, <http://www.wales.nhs.uk/sitesplus/888/page/43746>, accessed March 2020.



This is one example of the positive work being carried in Welsh prisons and it is important to acknowledge the positive impact this is having on public health.

Mental ill health (including suicide and self-harm)

The prevalence of mental ill health conditions within prison settings is higher than in the general population. RCN Wales welcomes the establishment of a specific work stream by the Welsh Government to drive improvements in these services.

The numbers of suicides and incidents of self-harm are on the rise within prison settings in Wales, and this adds extra pressure on nursing staff, both in terms of workloads and emotional strain. The number of recorded self-harm incidents and prison assaults in Wales has increased at a higher rate than in prisons in England since 2010. There were more prison disturbances at HMP Parc in 2016 and 2017 than at any other prison in England and Wales.⁷

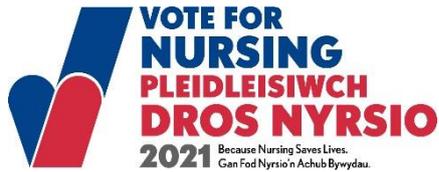
⁷ Jones, Robert, 2019. *Sentencing and imprisonment in Wales: 2018 Factfile*, <http://orca.cf.ac.uk/129765/>, accessed May 2020.



During a debate at the RCN Congress in 2018, a particular challenge was identified by members with regard to supporting those who have been identified as needing specialist mental health support but face long waits for transfers to secure mental health services. Our members in Wales report this is still the case.

Specialist mental health nurses are highly skilled professionals who are trained to deal with patients suffering from mental ill health, particularly those in mental health crisis. Mental health nurses can be a source of specialist advice and support, as well as being able to refer to other agencies when required. Crucially, these nurses also have knowledge and skills in de-escalation which can help prevent incidents of abuse and disturbance developing into physical violence. These skills should be acknowledged and utilised for the benefit and safety of patients and staff.

All patients within prisons must have access to specialist mental health support where required. Mental health nurses are also a source of support for the nursing profession itself. Witnessing or being part of violent incidents or general stress can affect performance.



Access to nursing support for the profession is an important part of a wellbeing and retention strategy.

Substance misuse

Abuse of cannabis, opiates, steroids, synthetic cannabinoids and other diverted medicines has been widespread for some time, but now our members are reporting widespread use of psychoactive substances amongst prison populations.⁸ Psychoactive substances have unpredictable and severe physical and psychological effects (changes in blood pressure, seizures, reduced drive to breathe, agitation, paranoia and psychosis). These psychological effects can sometimes be severe and/or long lasting.

The RCN is calling for all health care staff to be provided with greater levels of training in how to deal with psychoactive substance-related incidences.

⁸ Ministry of Justice and Her Majesty's Prison and Probation Service, 2019. *National Prison Drugs Strategy*, available at [National Prison Drugs Strategy - GOV.UK \(www.gov.uk\)](http://www.gov.uk).



Learning disabilities

A significant number of people subject to the prison and probation services have learning disabilities (LDs) or some form of specific learning difficulty.

The prevalence of LDs within Welsh prisons should be properly assessed in order to determine the needs of these individuals and whether those needs are being met. Learning disability nurses should either be incorporated into prison health care teams, or access to specialist learning disability nursing care should be ensured. Access to LD nursing expertise can also be increased by encouraging and facilitating more nurses to be dual-registered (that is to say, a registered nurse in the both the adult and LD fields) and by investing in more specialist consultant nurse posts within the LD specialty.

It is critical that the need of the prison population for learning disability nursing is considered appropriately in the education commissioning process of HEIW. This need should, of course, be accounted for in the Integrated Medium Term Plans (IMTPs) of the relevant health boards but too often that is not the case.



The Welsh Government has not increased preregistration nursing students places for learning disability since 2017. No full-time post registration courses in community learning disability nursing have been commissioned since 2016. Ten part-time post-registration modules have been commissioned annually instead.

The RCN is calling for a strategy to ensure that whether achieved by part-time or full-time study, sufficient nurses complete the post registration qualification to ensure that the overall LD nursing workforce retains the capacity to deliver care to the population.

Support for older prisoners

The ageing prison population in England and Wales means an increasing need to provide for the distinct health and social care needs of older people in custody. A report recently published following an inquiry into prison health care in England found that older prisoners are often held in establishments unable to meet their needs.



It further found that many will be released into the community without any social care support in place.⁹

In ten years, the number of natural deaths across the Welsh prison estate has increased from two to nine a year. At HMP Usk, 41% of the prison population were aged 50 or above at the end of December 2019, and there have been eight natural deaths since 2013.¹⁰

It is well known that the prison population is indeed getting older and this will increase markedly if new sentencing proposals in the UK Government's White Paper, "A Smarter Approach to Sentencing" are enacted into law. The challenges posed by COVID-19 have exacerbated these issues.

In November 2019, the IAP and RCN held an expert roundtable to identify how the rise in natural deaths might be reduced.

⁹ Prison Reform Trust, 2019. *Prison: the facts Bromley Briefings*
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Prison%20the%20facts%20Summer%202019.pdf>, accessed June 2020

¹⁰ Jones, Robert, 2019. *Sentencing and imprisonment in Wales: 2018 Factfile*,
<http://orca.cf.ac.uk/129765/>, accessed May 2020.



Delegates were asked to consider particular themes related to the prevention, or reduction, of deaths in custody, and to highlight potential solutions and interventions. The roundtable brought together academics, inspectors, regulators, and health care professionals.

The final report, *Avoidable natural deaths in prison custody: putting things right* draws on insights from these expert discussions, as well as prisoner consultation and wider research to analyse primary care and chronic disease management; care of older prisoners; dementia care; social care provision; compassionate release; palliative care; culture, workforce and training.

It identifies how such deaths might be prevented, where possible, and end of life care managed with dignity and compassion.

The increasing prevalence of dementia due to an ageing prison population is bringing, and will continue to bring, additional pressures in terms of managing a challenging long-term condition in a prison.



It will therefore be important to not only ensure the right clinical staff are recruited with the right skill-mix but also that clinical best practice initiatives are imported from mainstream health care, such as RCN's SPACE principles¹¹ and dementia-friendly charters, as introduced across hospitals.¹² The SPACE principles are as follows:

- staff who are skilled and have time to care.
- partnership working with carers.
- assessment, early identification and post diagnostic support.
- care that is individualised.
- environments that are dementia friendly.

There is an important role for social care in prisons and sufficient resources must be invested to ensure that services are able to meet growing demand, and that access to social care provision is consistent across the Welsh prison estate.

¹¹ Royal College of Nursing, 2020. *Dementia: Our Work*, <https://www.rcn.org.uk/clinical-topics/dementia/current-work>, accessed November 2020.

¹² Dementia Action Alliance, 2018. *Dementia friendly hospital charter*, <https://www.dementiaaction.org.uk/dementiafriendlyhospitalscharter>, accessed November 2020.



The prevalence of physical disabilities such as poor vision, being hard of hearing or difficulties with mobility may also increase with old age.

Access to aids and equipment from community teams is important, as is bespoke equipment for the prison environment. Capital funding also needs to account for necessary adaptations to the prison estate.

Another consequence of an ageing population is that a higher percentage of the prison population will die whilst serving their sentence. It is our understanding that the majority of individuals receiving end of life care within prisons choose to remain in prison and would prefer not to go into hospital or a hospice. Many measures have been put in place to enable this to happen, with examples available of very high quality care being delivered.

However, it is important that end of life care pathways within prisons are examined, and areas for improvement identified, to ensure that the needs of prisoners who are nearing the end of their lives are being met and are done so consistently across all prisons in Wales.



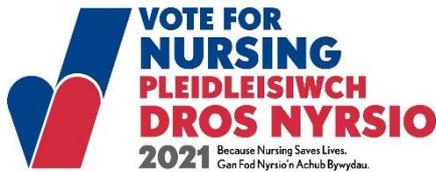
Women in prisons

There are no prison facilities for women in Wales.

The lack of female facilities in Wales has led to specific issues regarding distance from home, visits from families and a link to the community.

The Welsh Government should consider the responsibilities it has to this group and how it can discharge them.

The RCN Wales recognising the need for a future conversation regarding whether these women should be located in a facility in Wales.



Interview with Kirsty John, *Prison Nurse and RCN Member Prison: HMP Cardiff*

How did you come to be a prison nurse?

I've been qualified now for three years. Prior to nursing I was a prison officer for 10 years, and at that time I was always really interested in the mental health side of my job. So when I decided to become a nurse, I specialised in mental health – and that's what led me back to the prison as a newly qualified nurse. After spending my first year of my nursing career here at HMP Cardiff, I left for a community post in a drug and alcohol clinic. But I really, really missed prison nursing, and in December 2019 I came back here as a band 7 nurse.

What do people get wrong about prison nursing?

The role is just so broad – some people think we just give out medication all day, every day! And while it takes a lot of our time, it's a really small part of what we do. I've learnt and done aspects of care in the prison that I would never have done in any other setting.

Anything specific you wish everyone could see?

I'd like them to see all the work and effort that goes into new arrivals: making sure their medication is right and they're referred to all the people they need to be referred to, highlighting all their mental health concerns, substance misuse problems, checking that they've been tested for blood-borne viruses. It is a massive task. We're one of the busiest remand prisons in the country: we have 750 in the prison now, which is quite low – it can go up to 812 – but in May and June we had 632 new receptions. So every two to three months, the prison population is completely turned over.



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On top of medication rounds, emergencies, blood tests, and working around the prison timetable.

Yes, and we are quite a small group.

Sounds like it's no picnic.

It is a really tough, difficult job, but you do a vast amount of training that you wouldn't get in any other setting. I will tell anyone to come and work in a prison! I think it's one of the best places to work. I absolutely love it and I can't see myself working anywhere else, but I think some people do look down their nose a little bit at prison nurses. I'd love them to come in for the day and see all the things we do. You will definitely change your mind.

What are the biggest challenges you face?

Retention is our biggest problem. We're profiled for a certain number of staff in each band and we've lost really, really excellent band 5 nurses because we just couldn't offer them a band 6 role. We would love to make our roles band 5 progressing into band 6 after a certain period of time.

What would you change, if you could change anything?

I would love to have extra staff, because I would love to look at the health needs of the prisoner in nurse-led clinics and do more chronic disease management rather than just triaging permanently. And that would also help my nurses progress, because they could really pursue an area of interest. I would love to have enough staff to do that.



Section 3 How could the Welsh Government increase the number of nurses and nursing staff working in prisons?

The RCN believes that the national prison health oversight group/board should work with HEIW and the CNO to develop a career framework for prison nursing. Alongside this action the RCN believes the group/board should establish a work stream to make recommendations for, and improvements in, workforce planning, recruitment and retention of health care professionals and staff in prisons.

The RCN Wales recommends increasing support and development of advanced practice roles in the offender setting. This would greatly improve retention within the setting.

Evidence to the Health, Social Care and Sport Committee Inquiry into prison health care from each one of the health boards revealed deep concerns over nurse staffing levels.¹³

¹³ Senedd Cymru, 2019. *Provision of health and social care in the adult prison estate*, <http://www.senedd.assembly.wales/ielssueDetails.aspx?Ild=24408&Opt=3>, accessed November 2020.



“We have a number of main workforce challenges, including: retaining staff at band 5 nurse level due to a lack of varied work and a lack of progression opportunities ... Lack of varied work for the small staff complement means that nursing work focuses on the dispensing of medication to large numbers of men, taking up approximately half the nursing time each day ... Lack of progression opportunities ... Whilst we have nurses who have been trained in asthma and diabetes care we currently do not run Chronic Disease Nurse-led Clinics due to staffing/resourcing pressures.”

Cardiff and Vale Health Board

“Difficulties with retention of nursing staff in prisons in Wales is apparent. Most nurses at Swansea work at Band 5 ... As the service requires a range of specialities to be covered a nurse will often develop a skill in a key area such as sexual health, mental health, and cognitive behavioural therapy (CBT), for example. Often after a couple of years the nurse will leave for promotion in a job outside the prison utilising the skills gained ... There are also difficulties in the retention of staff within the Mental Health Prison In-Reach Team.



This is largely to do with the capacity of the team and the pressures of attempting to meet the service demand. The workforce is often working over and above their contracted hours to ensure they are addressing risk and safety issues ...” *Swansea Bay Health Board*

“recruitment and retention of registered nurses is an issue which has impacted on the provision of services at HMP Berwyn” *Betsi Cadwaldr Health Board*

“There is probably a need to focus more on prison nursing as a rewarding career. One way to do this would be to have a focused recruitment campaign and ensure there is a Welsh competency framework for prison nurses and Health Care Support Workers. Both HMP Usk and Prescoed have recently secured student placements that will hopefully enable students to consider prison healthcare as an attractive career option.” *Aneurin Bevan Health Board*



The RCN Wales completely endorses the positive and constructive suggestions made by the Aneurin Bevan Health Board.

More opportunities for varied work, growth and development could be made available for the nursing workforce within prisons by creatively combining professional opportunities across health boards.

Practical steps such as ensuring protected time for continuing professional development (CPD) can be taken to improve staff morale and retention. Placements for nursing students are important. A co-ordinated workforce plan for prison health care would provide recognition of roles; education, training requirements and competencies; and a more flexible and agile workforce, able to meet population need.

The UK-wide framework for health care professionals' pay and career development is Agenda for Change. This contains an already recognised pathway in Annex 20 for health care professionals at band 5 (the point of entry to a profession such as registered nurse, physiotherapist and so on) to proceed to band 6 within 2 years with development in



in role. This provides a real incentive to recruitment and provides the service with a flexible and highly skilled professional.

The process of vetting the workforce needs review. In a sector which already experiences relatively high staff turnover, long delays caused by the vetting process can jeopardise prospective employees commencing their posts. This can result in an increased cost to the system or even losing prospective employees to other employment opportunities. The prison service must ensure swift and safe access for all NHS staff (at no additional cost to themselves) to be able to provide care for those in prison in Wales, and the RCN believes this requires urgent review.

It is evident that maintaining safe staffing levels within Wales' prison estate is critical, and RCN Wales believes the Welsh Government should require the National Staffing Programme to work with the national oversight group/board to consider the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to include prison nursing and the Welsh prison estate.



Extending the scope of the existing legislation would protect patients within prisons and ensure that sufficient nurse staffing levels are maintained to deliver high quality care within prisons in Wales.

COVID-19 and infection, prevention and control

The COVID-19 pandemic has presented various challenges with unprecedented complexity for prison staff and health officials in Wales.

The number of people in Welsh prisons climbed to its highest ever level on the 27 March 2020, 17 days after the World Health Organisation declared COVID-19 a global pandemic and five days after the UK governments introduced a UK-wide lockdown.¹⁴

HMP Swansea was the most overcrowded prison in England and Wales at the end of March 2020.¹⁵

¹⁴ UK Government, 2020. *Latest prison population figures for 2020*, <https://www.gov.uk/government/statistics/prison-population-figures-2020>, accessed May 2020.

¹⁵ Jones, Robert, 2020. *COVID-19 and imprisonment in Wales*, https://www.cardiff.ac.uk/data/assets/pdf_file/0012/2205300/Covid-19-and-Imprisonment-in-Wales-April-2020-FINAL.pdf, accessed November 2020.



The scale and impact of COVID-19 on Welsh prisons, prison staff and health care professionals is not yet fully known.

However, it is known that there was a disproportionate impact of COVID-19 on Welsh prisons compared to the wider population and the English prisons estate. Robert Jones, Cardiff University noted one in five (20%) of all confirmed cases amongst prisoners in England and Wales had been reported at Welsh prisons as of 19th June 2020. This is despite the fact that Welsh prisons held only 6% of the prison population of England and Wales at the end of June 2020.¹⁶

In May 2020, HMPPS reported that it had adopted a “three pronged” approach to the COVID-19 pandemic. This consists of:

1. A “compartmentalisation” strategy to isolate those displaying symptoms and shield vulnerable prisoners.
2. End of Custody Temporary Release scheme (ECTR). This scheme risk assessed prisoner who had two months left on their sentence and granted them a temporary release.

¹⁶ Jones, Robert, 2019. *Sentencing and imprisonment in Wales: 2018 Factfile*, <http://orca.cf.ac.uk/129765/>, accessed May 2020.



3. The Ministry of Justice's final prong was to temporarily expand the prison estate. Single occupancy cells were introduced at HMP Prescoed and plans to expand capacity at HMP Parc are being considered.

Public Health Wales published a document in July 2020 regarding how to mitigate the effects of communicable diseases in all settings, including prisons, aimed at reducing the spread of COVID-19. The document was titled *The Communicable Disease Outbreak Plan for Wales*, or simply "The Wales Outbreak Plan".

Part 6 of the "Wales Outbreak Plan" refers to prisons. Part 6 discusses the multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons in Wales. The plan was developed in 2013 and reissued in July 2020 within the Wales Outbreak Plan.

The RCN Wales strongly believes that it is important to assess the impact of the first wave of the COVID-19 pandemic on people in prisons in Wales, as well as prison staff and health care professionals.



This would allow for a clear understanding of how the prison estate should function during any possible future waves.

At a UK level the Independent Advisory Panel on Deaths in Custody and the RCN produced a report, *Avoidable natural deaths in prison custody: putting things right* (September 2020).

Whilst not directly related to COVID-19, the report did highlight that the pandemic had an unequal, unprecedented impact on the prison population, with the highest recorded deaths in prison custody occurring in 2020. The report sets out 15 recommendations to reduce avoidable deaths in prison settings and should be considered by all four UK governments. To read the report, [click here](#).



Interview with Alison Ryland, HMP USK (Category C), YOI Prescoed (Category D)

Usk and Prescoed have quite different populations. How does that affect you?

At Usk some of the men are in for a very long time, often arriving in their 70s-plus having committed historic crimes. They tend to develop chronic diseases much quicker than they do in the community. Half the population is over 50. Prescoed is very different – the average age is probably 30-40, all with less than two years left on their sentence. That makes it quite a transient population. You don't get the chance to work with them as much.

What's a normal shift like?

I have ten staff, but I've usually only got two qualified nurses and a health care support worker on at Usk and one of each up at Prescoed. In the first hour nurses triage before moving on to appointments, while the healthcare support workers will do any bloods and discharge interviews. Then in the afternoon we try to do chronic diseases, immunisations, dressings – but there's always a spanner gets thrown in the works!

No medicine rounds?

No – there's no pharmacy on site. Instead all the men have to have been risk-assessed for having medication in possession.



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That's quite different from higher security categories.

It can even cause problems with staff retention in other prisons, if they feel like they're just giving out medication rather than being nurses. We're quite lucky not to have that issue here. Although my band 7 is doing her Masters, and it'll be a massive help for us when she completes her non-medical prescribing.

What other barriers to recruitment and retention do you see?

There's a lack of knowledge - people don't understand what happens in a prison. The other big one is progression and professional development. We've already made changes and introduced a band 7 post, creating a path from bands 6 to 8, but more opportunities like these are needed.

What are the hardest and best things about prison nursing?

People don't always want to be helped, and there can be quite a bit of fightback. And it is a challenging environment: you deliver similar care to a GP surgery, but with quite different external factors. To send someone to an outpatient appointment, you need to speak to 5 different people: security, the senior officer on call, detail staff, transport, and then the nurses themselves. But one of the best things is the feeling when you identify a healthcare issue and resolve it.

If you could change one thing about prison nursing with a magic wand, what would it be?

More money, more time. More staff. We've just developed an end of life pathway because the nearest place that provides palliative care is a Category D.



About the Royal College of Nursing (RCN)

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 26,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community.

The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland.