

## **GUIDANCE NOTES**

# **Prison Health Performance and Quality**

**Indicators 2012**





**Contents**

**PART 1 Annual Prison Health Performance and Quality Indicators**

<b>Introduction .....</b>	<b>5</b>
<b>1.1 Patient Safety.....</b>	<b>6</b>
<b>1.2 Healthcare Environment.....</b>	<b>8</b>
<b>1.3 Medicines Management.....</b>	<b>10</b>
<b>1.4 Chronic Disease and Long Term conditions care (incorporating GMS Quality Outcomes Framework) .....</b>	<b>13</b>
<b>1.5 Discharge Planning .....</b>	<b>14</b>
<b>1.6 Clinical Governance .....</b>	<b>16</b>
<b>1.7 Corporate Governance .....</b>	<b>18</b>
<b>1.8 Information Governance .....</b>	<b>20</b>
<b>1.9 Financial Governance.....</b>	<b>22</b>
<b>1.10 Workforce .....</b>	<b>24</b>
<b>1.11 Equality and Human Rights .....</b>	<b>26</b>
<b>1.12 Service User Involvement .....</b>	<b>28</b>
<b>1.13 Health Needs Assessment.....</b>	<b>30</b>
<b>1.14 Access and Waiting Times.....</b>	<b>33</b>
<b>1.15 Prison Dentistry ... ..</b>	<b>33</b>
<b>1.16 Substance Misuse Activities .....</b>	<b>35</b>
<b>1.17 Alcohol Screening, Intervention and Support.....</b>	<b>37</b>
<b>1.18 General Health Assessment .....</b>	<b>39</b>
<b>1.19a Services for Children and Young People (YOI Only).....</b>	<b>41</b>
<b>1.19b Services for Older Adults (NOT YOI Estate).....</b>	<b>45</b>
<b>1.20 Services for Adult Women.....</b>	<b>48</b>
<b>1.21 Primary Care Mental Health .....</b>	<b>50</b>
<b>1.22 Suicide Prevention.....</b>	<b>52</b>
<b>1.23 Care Programme Approach Audit .....</b>	<b>54</b>
<b>1.24 Access to specialist mental health services .....</b>	<b>56</b>
<b>1.25 Section 117.....</b>	<b>58</b>
<b>1.26 Mental Health Transfers .....</b>	<b>60</b>
<b>1.27 Learning Disability.....</b>	<b>62</b>
<b>1.28 Hepatitis B Vaccination of Prisoners .....</b>	<b>64</b>
<b>1.29 Hepatitis C .....</b>	<b>66</b>
<b>1.30 Health Promotion .....</b>	<b>68</b>
<b>1.31 Sexual Health.....</b>	<b>70</b>
<b>1.32 Communicable Disease Control.....</b>	<b>72</b>

**PART 2 Quarterly Mental Health Indicators**

<b>2.1</b>	<b>Initial Assessment .....</b>	<b>75</b>
<b>2.2</b>	<b>Second Assessment.....</b>	<b>86</b>
<b>2.3</b>	<b>Second Assessment – suitability of provider facility .....</b>	<b>86</b>
<b>2.4</b>	<b>Second Assessment – not suitable for transfer.....</b>	<b>86</b>
<b>2.5</b>	<b>Second Assessment waiting times.....</b>	<b>86</b>
<b>2.6</b>	<b>Transfer wait .....</b>	<b>86</b>
<b>2.7</b>	<b>Transfer destination.....</b>	<b>87</b>
<b>2.8</b>	<b>Transfer management in segregation .....</b>	<b>87</b>
<b>2.9</b>	<b>Mental Health Act transfers OUT section type.....</b>	<b>87</b>
<b>2.10</b>	<b>Mental Health Act transfers IN section type.....</b>	<b>87</b>
<b>2.11</b>	<b>Care Programme Approach.....</b>	<b>87</b>

**PART 3 Quarterly Harm Reduction Indicators**

<b>3.1</b>	<b>Hepatitis B vaccination uptake.....</b>	<b>77</b>
<b>3.2</b>	<b>Hepatitis C screening.....</b>	<b>77</b>

## Introduction

One of the most significant changes to prisoners' health services in recent years has been the transfer of commissioning responsibility to the NHS. Since that time, the relationship between prisons and their local PCTs has been central to improvements in health services for prisoners. Delivering high quality healthcare in prisons is a contribution to reducing health inequalities specifically and improving the health of the whole community.

In 2007, Offender Health (OH) issued a set of Prison Health Performance Indicators (PHPIs) <sup>1</sup> to guide Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs) and prisons in judging their own performance in delivering healthcare services to prisoners. In 2009, in line with measures being developed in the wider NHS, Offender Health redeveloped the PHPIs to become broader indicators of the quality of healthcare in prisons, as well as the performance of other contributing health and prison services. These are now referred to as Prison Health Performance & Quality Indicators (PHPQIs). This development has enabled commissioners to assess how appropriately the needs of prisoners are meant, how well commissioned services map to health priorities identified through health needs assessment, and how stakeholders, especially prisoners, value these services.

These guidance notes are based on the work of the 2008 Prison Health Performance & Quality Indicator Working Group, deriving its membership from the Department of Health, the Prison Service, Strategic Health Authorities, Primary Care Trusts, Mental Health Trusts and expertise from public health, women's and children's services, patient groups and equality and diversity teams. The 2012 version takes account of a wide range of comments and suggestions from stakeholders based on their experience of the use of the PHPQIs in 2009 and 2010, and simplifies the data sets used in 2008/09 and 2009/10, reducing the no. of indicators assessed from 38 to 32.

It has always been the intention to move towards gathering evidence to support the indicators using electronic information systems within prison health care units. Such systems are now operational in most prisons and health care units should interrogate these systems to provide evidence to validate the indicators. Offender Health has been working with primary care colleagues to explore how the Quality and Outcome Framework (QOF)<sup>2</sup> can be used to provide information to support quality improvement in prison primary care. The QOF is included in these indicators and a requirement for recording the score in the submission.

Strong partnerships, both across government and at the local level, will be crucial to engaging users, delivering improved services and driving up performance as the NHS moves towards new commissioning arrangements in the coming years.

---

<sup>1</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079860](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079860)

<sup>2</sup> [www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk)

## **PART 1. Annual Prison Health Performance and Quality Indicators**

AREA: - SAFETY

### **1.1 Patient Safety**

#### **Green Indicator**

There is a formal system in place, which protects patients through identifying and learning from all patient safety incidents and other reportable incidents, AND improvements are made in practice based upon local and national experience and information derived from the analysis of such incidents.

#### **Rationale**

Healthcare organisations protect patients by using systems that identify and learn from all patient safety incident and other reportable incidents. By seeking to identify the root cause and likelihood of repetition, the potential to avoid incidents in the future and improve standards is increased. Such a system protects patients and staff.

#### **Suggested Supporting Evidence**

To support this indicator it is suggested that the following evidence be identified.

PCT risk register contains direct reference to Prison Health Care  
Evidence of recording of patient safety incidents and formalised feedback to ensure remedial action taken to address issues / improve services  
Evidence that significant events, such as deaths in custody have an agreed joint action plan and that this has been discussed at the prison/ PCT partnership board with activity being reviewed regularly over a 6 -12 month period.  
In YOIs, evidence that any findings or recommendations from reports of the Local Safeguarding Children's Board, and action plans arising from these, have been communicated across the organisation.  
Evidence of communication with staff groups re incident feedback  
Evidence of practice / process change as a result of incident feedback

#### **Literature and References**

- High Quality Care for all: NHS Next Stage Review final report (DH 2008)
- The Government response to the Health Select Committee Report 'Patient Safety' (2009)
- PSO 3810 - Health and Safety Arrangements for consultation with staff (Guidance note 03/2006)
- PSO 3801 – Health and Safety Policy Statement
- PSO 2710 – Death in custody
- PSI 36/1998 – Investigating a death in custody

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- NPSA – With safety in mind, mental health services and patient safety, July 2006
- NPSA – National Reporting and learning service: practical information, tools and support to improve patient safety in the NHS
- NHS (Complaints) Amendment Regulations 2009
- PSI 14 (2005)
- Principles of Good Complaints Handling. Parliamentary and Health Service Ombudsman 2009
- Listening, responding, improving: a guide to better customer care (DH 2009)
- Common themes from analysis of 120 Prisons and Probation Ombudsman (PPO)reports:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_085026](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_085026)
- Investigating fatal incidents: <http://www.ppo.gov.uk/fatal-incident-investigation/the-process/index.html>

In addition, for YOIs:

- PSO 4950
- HM Government (2005) Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under section 11 of the Children Act 2004
- HM Government (2006) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children
- Children Act 2004, sections 11, 13 and 14

### **Amber Indicator**

There is a formal system in place, which protects patients through identifying all patient safety incidents and other reportable incidents; HOWEVER, there is no system to ensure that improvements are made in practice based upon local and national experience and information derived from the analysis of incidents.

### **Red Indicator**

There is NO formal system in place which protects patients through identifying and learning from all patient safety incidents and other reportable incidents.

AREA: - SAFETY

## **1.2 Healthcare Environment**

### **Green Indicator**

All of the following conditions are applicable:

The prison healthcare centre and clinical areas are fully integrated with PCT environmental monitoring systems

There is evidence of regular infection control audits which include dental areas.

A baseline assessment of infection prevention and control/ decontamination standards in prison dental practices has been undertaken using HTM01-05.

The healthcare centre is not the default location for prisoners with physical disabilities

The rights of patients to privacy and confidentiality are respected in all consultations.

The prison healthcare facility is assessed by the head of healthcare as being clean to NPSA (Standards for Better Health) standards.

### **Rationale**

The NHS is working with patients and the public to improve their confidence about the safety, cleanliness and effectiveness of the healthcare environment. The elements identified within this indicator are derived from the Patient Environment Action Team (PEAT) program checklist and mapped to Core Standards. PEAT was established to assess NHS hospitals in 2000, and has been managed by the NPSA since 2006. The vision of the NPSA is to lead and contribute to improved, safe patient care by informing, supporting and influencing healthcare individuals and organisations.

### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- Clear evidence of inclusion in PCT arrangements for environmental monitoring
- Systems in place for the prevention, segregation, handling, transport and disposal of waste are properly managed to minimise risk to patients, staff and the public
- Evidence that the health care unit provides services in environments that are supportive of patient privacy and confidentiality
- Evidence that care is provided in clean environments, in accordance with the national specification for clean NHS premises and the relevant requirements of the Health Act 2006 code of practice for the prevention and control of healthcare associated infections and HTM01-05
- Steps have been taken to ensure that all prisoners with disabilities have full access to all healthcare facilities and programmes.



- The head of prison healthcare has assessed the premises in the previous three months and considers their cleanliness up to the standards of the NPSA (mapped to Standards for Better Health)

### Literature and References

- NPSA, The national specifications for cleanliness in the NHS, a framework for setting and measuring performance outcomes, April 2007  
<http://www.npsa.nhs.uk/nrls/improvingpatientsafety/cleaning-and-nutrition/national-specifications-of-cleanliness/>
- The health Act 2006: Code of Practice for the prevention and control of healthcare associated infections.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4139336](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139336), updated in 2009.
- NPSA –National Reporting and Learning Service: Practical information, tools and support to improve patient safety in the NHS
- <http://www.npsa.nhs.uk/>
- Kings fund – Enhancing the healing environment.  
[http://www.kingsfund.org.uk/research/projects/enhancing\\_the\\_healing\\_environment/index.html](http://www.kingsfund.org.uk/research/projects/enhancing_the_healing_environment/index.html)
- NPSA – Patient Environment Action Teams – PEAT – a benchmarking tool to ensure improvements
- <http://www.npsa.nhs.uk/patient-safety-data/peat/?locale=en>
- Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices 2009

### Amber Indicator

The prison health care facility is assessed by the head of health care as being clean to NPSA (Standards for Better Health) standards but ONLY THREE of the following conditions are applicable:

The prison healthcare centre and clinical areas are fully integrated with PCT environmental monitoring systems  
There is evidence of regular infection control audits and assessment against HTM01-05.  
The healthcare centre is not the default location for prisoners with physical disabilities  
The rights of patients to privacy and confidentiality are respected in all consultations.

### Red Indicator

The prison health care facility is not assessed as clean to NPSA (Standards for Better Health) standards

AND/OR

TWO OR LESS of the five conditions set out above for 'green' status are applicable.

### 1.3 Medicines Management

#### **Green Indicator**

Prisons Medicine Management, including sections on the safe and secure handling of medicines and in-possession practice forms a distinct element in the Prison Health Delivery Plan. This is underpinned by safe use and handling of medicines accessed by prisoners.

#### **Rationale**

The indicator addresses the key recommendations in “A Pharmacy Service for Prisoners” (DH June 2003). Inclusion of Prison Medicines Management in Prison Health Delivery Plans and Offender Health Needs Assessments forms the building block for an effective infrastructure for the commissioning, monitoring and delivery of medicines management services in prisons. Specifically mentioned in the DH document (recommendation 19) effective medicines use and safety is likely to be delivered via a prison-focussed medicines management committee which is linked to the medicines management committees within the wider provider and commissioning organisations. This infrastructure is essential to ensuring a suitable governance framework exists for delivering safe medicines use in prisons.

#### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- Completion and regular review (usually annually) of an overall risk assessment/audit for medicines management (prescribing and supply processes), including controlled drugs handling
- A formal incident reporting mechanism from prisons into the commissioner reporting systems and local CD intelligence network that incorporates and encourages the reporting of medication-related incidents
- Formal process for considering the risks and incidents identified resulting in changes to minimise these risks.
- Formal processes for considering and agreeing the implementation and management of NPSA alerts, Never Events, and NICE guidance
- Inclusion of medication-related risks in the organisational risk register
- In-Possession Policy ratified by the healthcare provider via the Medicines Management Committee and Prison Health Partnership Board
- In-Possession Risk Assessment Tool in-use by the prison (usually at reception or at a specified time post-reception). The tool should be reviewed regularly at specified intervals and any incidents relating to the use of the tool (e.g. security or clinical) should be included in the incident reporting processes in Medicines Handling and Risk (above).
- The views of service users on the effectiveness of medicines management policies are sought and acted upon.
- Access to Over the Counter medicines via the items on the mandatory list developed by Prison Health November 2005 (PSI 45/2005)

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- Procedures that ensure the continuity of medicines supply for prisoners leaving the prison at transfer (including to court) or release
- Prescribing analysis and handling audits of specifically identified medicines that are at high risk of abuse or diversion

### Literature and References

The DH guidance and HMIP Expectations for Pharmacy forms the basis for the indicator and guidance. However, the principle of this guidance is to provide as far as possible, the medicines management services to prisoners that are available in the community and the wider NHS, regulated by the Care Quality Commission. This not only includes the services available in community pharmacies, but also those in health centres, GP practices, and hospitals where medicines are available.

Related Policy documents that are relevant to improving medicines management services in its broadest sense and within secure environments include:

- “A Pharmacy Service for Prisoners” DH June 2003
- “The Never Events List 2011-12” DH February 2011
- “Essential Standards of Quality and Safety” (Outcome 9) CQC March 2010
- “Provision of FP10 and FP10(MDA) prescription forms by HP Prison Service for released prisoners” DH March 2008
- “Clinical Management of Drug Dependence in the Adult Prison Setting” (DH December 2006)
- Medicine Matters “A Guide to the mechanisms of the prescribing, supply and administration of medicines” (DH 2006)
- “Building a Safer NHS for Patients: Improving medication safety” (DH 2004)
- Pharmacy in England: building on strengths - delivering the future (DH 2008)
- “Choosing Health through Pharmacy” DH April 2005
- “Medication in-possession: A guide to improving practice in secure environments” National Prescribing Centre August 2005
- A Guide to Good Practice in the Management of Controlled Drugs (England) National Prescribing Centre Third Edition 2009
- Integrated Drug Treatment System Prison Service Instruction (PSI) IDTS 2010/45
- Prison Integrated Drug Treatment System (IDTS) Continuity of Care Guidance January 2007
- “Safe and Secure Handling of Medicines” RPSGB 2005
- “Keeping patients safe when they transfer between care providers – getting the medicines right (Part 2)” Royal Pharmaceutical Society July 2011
- “Safer Prescribing in Prisons” RCGP November 2011

### Amber Indicator

Prisons Medicine Management, including sections on the safe and secure handling of medicines and in-possession practice CURRENTLY DOES NOT form a distinct element in the Prison Health Delivery Plan and evidence exists that this is not

underpinned by the safe use and handling of medicines, but action is being taken to address this.

**Red Indicator**

Prisons Medicine Management, including sections on the safe and secure handling of medicines and in-possession practice CURRENTLY DOES NOT form a distinct element in the Prison Health Delivery Plan and Infrastructure of the PCT and evidence exists that this is not underpinned by the safe use and handling of medicines, ACTION IS NOT BEING TAKEN to address this.

AREA: - CLINICAL AND COST EFFECTIVENESS

#### **1.4 Chronic Diseases and Long Term Conditions (incorporating GMS Quality and Outcomes Framework)**

##### **Green Indicator**

PCT commissioned services in prison (including commissioned social care services) deliver chronic disease care to the same standard of process and outcomes as is required by the National Service Frameworks for: Diabetes, CHD and Long Term Conditions and Mental Health AND a QOF score is available.

##### **Rationale**

Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes. NICE technology assessments and the National Service Frameworks provide a good practice base from which deliver equivalence of service for all NHS users, including prisoners.

The Quality Outcomes Framework (QOF) is a series of standard performance measurement indicators used by GPs and as such, reporting to support its use is available in SystemOne GP. The same reporting is also available in SystemOne Prison, the point to note being that the indicators and measurements remain exactly the same as for a GP practice - there has been no tailoring to reflect a potential change of circumstances applicable to a different care setting.

Guidance on preparing QOF reports is available from within SystemOne via F1, the standard access route for help on the system. A pdf file providing a brief user guide and answering common queries is available via this route.

This indicator seeks to assure commissioners of primary care services that services delivered within prisons are at an equivalent standard to those delivered in the wider community.

##### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- A formal action plan (document) outlining the activities, resources and timescales necessary to deliver chronic disease care to the standards required by the National Service Frameworks
- Evidence of implementation of the plan (minutes of implementation meetings, evidence of task completion, evidence of plan review and reformulation)
- All QOF indicators for GMS QOF are applicable, and evidence should be presented appropriate to the IT infrastructure in place.

### **Literature and References**

- NSFs on Diabetes, CHD & Long Term Conditions,
- NICE guidelines on COPD, Chronic Heart Failure, Epilepsy, Dyspepsia, Hypertension, Types 1 & 2 Diabetes, MS, Management of post-MI in primary care, TB and Parkinson's Disease.
- Quality and Outcomes Framework - Guidance -2008/09
- Standards for better health D2 (DH 2004)
- National Service Framework for Children, Young People and Maternity Services (DH 2004)
- Long term health conditions 2009: research study conducted for DH

### **Amber Indicator**

PCT commissioned services in Prison (including commissioned social care services) are working towards the delivery of chronic disease care being at the same standard of process and outcomes as is required by the National Service Frameworks for: Diabetes, CHD and Long Term Conditions, Mental Health etc. but no QOF score is available

OR

QOF score is available but services do not yet meet NSF standards

### **Red Indicator**

PCT commissioned services in Prison (including commissioned social care services) are working towards the delivery of chronic disease care being at the same standard of process and outcomes as is required by the National Service Frameworks for: Diabetes, CHD and Long Term Conditions, Mental Health etc, NO formal approach has been developed and no QOF score is available.

AREA: - CLINICAL AND COST EFFECTIVENESS

## 1.5 Discharge Planning

### Green Indicator

Health and social care arrangements post discharge form a distinct part of a wider discharge and resettlement plan focussing upon the wider support needs of the offender including health care input to dedicated plans such as final (prior to discharge) ACCT case reviews and MAPPA arrangements.

### Rationale

A key element of reducing re offending is the effective co-ordination and continuity of services upon discharge from prison. The most effective discharge planning addresses the seven pathways to reduce re offending, these are: accommodation, education, health, substance misuse, finance, children and families and finally, attitudes thinking and behaviour. This indicator addresses the contribution that health and social care arrangements make in the wider plan.

### Suggested Supporting Evidence

**To support this indicator it is suggested that the following evidence be identified.**

- Discharge plans (or transfer plans in cases where establishments do not discharge into the community) should be reviewed to provide evidence that they contain reference to health and social care arrangements.
- Where no specific arrangements are identified, a discharge plan from health care should be available.
- In YOIs, there is evidence that healthcare and other specialist health staff are regularly involved in discharge planning meetings.

### Literature and References

- Social Exclusion Unit Report 2002 - Reducing re-offending by ex-prisoners,
- PSO 2300 – resettlement
- PSO 6400 – discharge
- Managing Variation in Patient Discharge – NHS Institute for innovation and improvement  
<http://www.nodelaysachiever.nhs.uk/CaseStudies/CaseStudyItems/CSJB08Managing+variation+in+patient+discharge.htm>
- End-to-end offender management – NOMS  
<http://noms.justice.gov.uk/managing-offenders/end-to-end/>
- Standards for better Health , Fifth Domain, D11
- Reaching Out: An Action Plan on Social Exclusion (HM Govt 2009)

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- Vision and Progress: Social Inclusion and Mental Health (2009)
- PSO 4950
- YJB National Standards (2004)
- Youth Resettlement : A Framework for Action (YJB 2006)
- National Service Framework for Children, Young People and Maternity Services DH (2004)
- When to Share Information: Best practice guidance for everyone working in the youth justice system. DH (2008).
- Lewis E and Heer B (2008) Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and wellbeing of young people. National Children's Bureau

### **Amber Indicator**

Health and social care arrangements post discharge ARE INCLUDED IN SEPARATE discharge and resettlement plans focussing upon the wider support needs of the offender including health care input to dedicated plans such as final (prior to discharge) ACCT case reviews.

### **Red Indicator**

Health and social care arrangements post discharge ARE NOT INCLUDED IN ANY discharge and resettlement plans focussing upon the wider support needs of the offender including health care input to dedicated plans such as final (prior to discharge) ACCT case reviews.



AREA: - GOVERNANCE

## **1.6 Clinical Governance**

### **Green Indicator**

There are joint (between the prison and the PCT) clinical governance arrangements in place, which facilitate continuous service improvement by the utilisation and analysis of key information sources such as: PHPQI reports, critical incidents, complaints, best practice and clinical audit, audits of Death in Custody and HMIP Action plans. There is evidence of communication of these improvements across the organisation.

### **Rationale**

Clinical governance may be defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Clinical governance concerns both clinical and non-clinical staff, and acknowledges everyone's contribution to the patient's experience. Good integrated governance, for example, combines and creates consensus around the concerns of clinical staff, security staff, managers, patients and their families. Key to effective governance is the availability of information sources on which to base decisions. It is assumed throughout this indicator that the PCT will have clinical governance arrangements. This indicator measures the availability of reference material to support the clinical governance process.

The Making Experiences Count Consultation and the Early Adopter Programme indicated that learning from feedback from compliments, comments, concerns and complaints should be fed into Clinical Governance arrangements to support ongoing improvements in service delivery.

### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- Evidence that a report is presented on a regular basis to the partnership board in relation to complaints, comments, compliments and concerns (4c's)
- Evidence that the report identifies an action plan containing confirmed implementation and completion dates
- Evidence that the minutes of the PCT clinical governance meetings are shared with the prison partnership board and with the core integrated governance group.
- Evidence that death in custody reports, where the PCT commissions the service, go to the PCT board
- Evidence that learning outcomes from Serious Untoward Incident reviews are shared with the Prison Partnership Board and the healthcare unit.

- In YOIs, evidence that learning outcomes from serious case reviews and reports into child deaths carried out by the Local Safeguarding Children's Board are shared with the Prison Partnership Board and the healthcare unit.

### **Literature and References**

- PSO 3100 Clinical Governance,
- NHS Clinical Governance Support Team - <http://www.cgsupport.nhs.uk/>
- Clinical Governance Responsibilities and Lead Roles in Primary Care Trusts: (NHS \_ Aug 2006)
- Integrated Governance Handbook – 2006 (DH)
- PSO 1301 – Death in custody
- PSO 2710 – Death in custody
- PSI 36/1998 – Investigating a death in custody
- S 113 Health and Social Care (Community Standards Act 2003)
- Principles of Good Complaints Handling. Parliamentary and Health Service Ombudsman 2009
- Listening, responding, improving: a guide to better customer care (DH 2009) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_095408](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_095408)
- PSO 4950
- HM Government (2006) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children
- Children Act 2004, sections 11, 13 and 14

### **Amber Indicator**

There are joint (with the PCT) clinical governance arrangements in place, which facilitate continuous service improvement by analysis of, key information sources such as: critical incidents, complaints, best practice and clinical audit, audit of Death in Custody and HMIP Action plans. HOWEVER ALL KEY INFORMATION SOURCES ARE NOT READILY AVAILABLE. There is evidence of communication of these improvements across the organisation.

### **Red Indicator**

There are joint (with the PCT) clinical governance arrangements in place, which facilitate continuous service improvement by analysis of, key information sources such as: critical incidents, complaints, best practice and clinical audit, audit of Death in Custody and HMIP Action plans. HOWEVER ALL KEY INFORMATION SOURCES DO NOT EXIST. There is evidence of communication of these improvements across the organisation.

AREA: - GOVERNANCE

## **1.7 Corporate Governance**

### **Green Indicator**

Partnership arrangements are sufficiently robust to ensure joint decision making, effective management of resources, effective information sharing, audit and service development. The arrangements ensure compliance with the joint aims and objectives of all parties.

### **Rationale**

Good corporate governance for PCT/Prison Partnership Boards is defined as a robust process to ensure clarity of purpose, transparency in decision making and clear lines of accountability.

Since April 2006 full devolution of commissioning responsibility for healthcare to those Primary Care Trusts which host prisons has been in operation. These PCTs are expected to work closely with their prisons to discharge this commissioning responsibility in a way that meets both the health and custodial needs of prisoners. The PCT and Prison(s) should have in place formal arrangements to ensure that service provision fulfills all the tenants of good governance. The national partnership arrangement states "Prison/PCT partnerships will be expected to target investment and improvement on priorities identified in local Health Needs Assessments and local planning processes". Providers of services may be included in this partnership, eg the local Mental Health Service Provider or, for juvenile establishments, Children's Trusts.

### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- There is a Prison Health Partnership Board in place, co-chaired by the Governing Governor and the Chief Executive of the PCT (or appropriate deputies) which meets on a regular basis
- The partnership board has agreed and signed off a Prison Health Delivery Plan;
- The Board regularly monitors the range of NHS services available to prisoners and ensures they are appropriate to their needs. Such review is recorded in the minutes of the partnership board.
- The Board ensures that prisoners have access to statutory agencies investigating complaints, inspecting services, or providing advocacy services for prisoners. This is recorded in the partnership board minutes.
- The Board must demonstrate that they have considered and reacted appropriately to all legitimate complaints, concerns or recommendations made

by statutory and voluntary agencies concerned with the health and welfare of prisoners, via annotations in the action plans.

- The Board is required to publish agenda & minutes of meetings and/or a report of the proceedings of the Board in a publicly accessible format e.g. corporate website of the PCT or SHA.
- For YOIs, there is evidence that the Board is in communication with Children's services planning partnerships.

### **Literature and References**

- National partnership agreement on the transfer of responsibility for prison health from the Home Office to the Department of Health \_ (DH 2003)
- National partnership agreement between the Department of Health and the Home Office for the accountability and commissioning of health services for prisoners in public sector prisons in England (DH – 2007)

### **For YOIs:**

- DH (2007) Promoting Mental Health for Children Held in Secure Settings: A Framework for Commissioning Services
- HM Government (2005) Statutory Guidance on inter-agency co-operation to improve the wellbeing of children: Children's Trusts
- The Local Government and Public Involvement in Health Act 2007
- Department of Communities and Local Government and Department of Health (2008) Delivering Health and wellbeing in partnership: The crucial role of the new local performance framework
- DfES/DH (2006) Joint planning and commissioning framework for children, young people and maternity services

### **Amber Indicator**

Partnership arrangements are sufficiently robust to ensure joint decision making, effective management of resources, effective information sharing, audit and service development. However, full engagement of all parties has not been achieved.

### **Red Indicator**

Partnership arrangements are insufficient and do not adequately support joint decision-making, effective management of resources, effective information sharing, audit and service development.

AREA: - GOVERNANCE

## **1.8 Information Governance**

### **Green Indicator**

Health care units have a systematic and planned approach to the management of records, ensuring that from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose for which it was collected and disposes of the information appropriately when no longer required. Policies relating to effective information sharing, AND systems are in place to ensure that appropriate consent is obtained from prisoners in relation to the use of their confidential information, AND staff receive regular training in the appropriate management of patient information.

### **Rationale**

The effective management of records and information is a fundamental component of safe, secure and effective health care delivery. In recent years, the majority of negative service audit reports and critical incident feedback relates to poor information governance. The transfer of responsibility to PCT's has provided the opportunity for health care units to address many of their information governance shortfalls. Human rights, data protection and mental capacity legislation set the foundations of how information governance is to be managed. For children and young people, information sharing is vital to safeguarding and promoting their welfare.

### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- A health records policy
- A Information sharing policy (amended for local use)
- Patient information consent form
- Patient Information consent policy
- An identified individual who is assigned responsibility for records management
- Staff training records to indicate they have undertaken training in the management of confidential information
- An audit of healthcare information management in the prison to demonstrate compliance with the relevant legislation
- Staff in YOIs have access to guidance on information sharing relevant to children and young people

### **Literature and References**

- Confidentiality: NHS Code of Practice (DH 2003)

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- Data Protection Act 1998
- Freedom of Information Act 2000
- Mental Capacity Act 2005
- The protection and use of confidential health information in prisons and inter-agency information sharing – PSI 25/2002
  - PSO 9010-IT security,
  - PSOs 9020 & 9020a,
  - PSO 2520 Prison and Probation Ombudsman
  - Standards for better health, C9, C13
  - DH Information Governance Toolkit (<https://www.igt.connectingforhealth.nhs.uk/>)
- Seeking Consent: Working with People in Prison (DH 2002) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008751))
- PSI 38/2002 – Guidelines to consent to medical treatment
- Access to health records act. 1990 ([http://www.opsi.gov.uk/acts/acts1990/ukpga\\_19900023\\_en\\_1](http://www.opsi.gov.uk/acts/acts1990/ukpga_19900023_en_1))
- NHS information governance – guidance on legal and professional obligations (DH 2007)

For YOIs:

- PSO 4950 – chapter 2 and Annexe D
- Department of Health (2008) When to Share information: Best practice guidance for everyone working in the youth justice system
- Information sharing guidance: How to guides (to complement HM Government information sharing guidance (2009) (<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00631/>)
- HM Government information sharing guidance (2008)

### **Amber Indicator**

Health care units have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required, AND policies relating to effective information sharing, NO systems are in place to ensure that appropriate consent is obtained from prisoners in relation to the use of their confidential information, AND staff DO NOT receive regular training in the appropriate management of patient information.

### **Red Indicator**

There are no policies relating to effective information sharing, and no systems in place to ensure that appropriate consent is obtained from prisoners in relation to the use of their confidential information. Staff do not receive regular training in the appropriate management of patient information.

AREA: - GOVERNANCE

## **1.9 Financial Governance**

**NB – This indicator does NOT contain an Amber State.**

### **Green Indicator**

All of the following elements are evident;

- The finance plan is based upon the Prison Health Delivery Plan and the prison health care budget and is accepted by the PCT Director of Finance and the Partnership Board.
- The spend against the budget profile is transparent and maintained within acceptable limits.
- Processes are in place within the prison and PCT to review expenditure against the plan, including escorts and bed watch support.

### **Rationale**

Accountability for sound financial management and good financial governance lies ultimately with the PCT Chief Executive as Accountable Officer. All members of NHS Boards, including partnership boards, share responsibility for delivering corporate objectives including the delivery of financial and performance targets.

The 2006 partnership survey indicated that the issue of financial risk sharing and financial governance is characterised as an important component of a wider agenda which, to the extent that it involves both PCTs and prisons, is influenced by the quality of communication and understanding between organisations. Such understanding is facilitated by the adoption of a jointly developed and agreed Prison Health delivery plan.

### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- A Prison Health Delivery plan with clear priorities identified
- Transparent arrangements to monitor finance
- Transparent arrangements to monitor escorts and bed watch spend
- Evidence of commitment by the Governor and the PCT to reinvest into health care where savings are achieved from the health care budget.

### **Literature and References**

- National partnership agreement on the transfer of responsibility for prison health from the Home Office to the Department of Health (DH – 2003)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4072327](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4072327)

- Escort and bedwatch costs: transfer of funding from HM Prison Service to primary care trust (DH – 2007)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleaguelletters/DH\\_072316](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleaguelletters/DH_072316)
- Prison Health Partnership Survey 2006: Final report (DH – 2007)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_074560](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074560)
- Delivering excellence in financial governance (DH – 2003)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006437](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006437)

### **Red Indicator**

At least one of the following elements is not evident;

- A finance plan based upon the Prison Health Delivery Plan and the prison health care budget and accepted by the PCT Director of Finance and the Partnership Board.
- The spend against the budget profile is transparent and maintained within acceptable limits.
- Processes in place within the prison and PCT to review expenditure against the plan, including escorts and bedwatch costs.



AREA: - GOVERNANCE

## 1.10 Work Force

### Green Indicator

A Workforce Plan is in place, which is consistent with the Prison Health Delivery Plan. This plan is based upon up to date demand assessment, review of recruitment and retention, current workforce reviews, and includes opportunities for joint training across organisational boundaries

#### AND

Each staff member has an up to date personal development plan, which is reviewed regularly, no less than every six months. This personal development plan should contain specific reference to the training needs of the individual and the organisation.

### Rationale

As the staff groups delivering health care to prisoners come from a variety of organisations and professional backgrounds, a joint approach to planning and training various aspects of this resource is recommended. Recruitment and retention have often been problematic within prison health. Modernising the way staff work and the roles they undertake will help to achieve optimum workforce capability.

### Suggested Supporting Evidence

A current, written joint workforce plan is available, or the workforce plan forms a distinct part of a wider multi agency strategic document. Specific mention within the plan should be made of how the partners aim to maximise joint training opportunities.

Staff records should be audited to identify the following;

- a personal development plan
- a dated review (six months prior to the reference date)
- reference to individual training needs
- identification of links to organisational development plans

### Literature and References

- Healthcare staff skills toolkit (DH 2003)
- Modernising workforce planning (DH))
- A workforce response to local delivery plans: A challenge for NHS Boards (DH 2005)
- Changing Workforce Programme  
([http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modelcareer/DH\\_4080688](http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modelcareer/DH_4080688))
- Workforce Planning FAQ (DH 2007) ( )
- Skills for health – healthcare workforce portal  
(<http://www.healthcareworkforce.nhs.uk>)

- Personal Learning Plans- Doctors Working in Prisons Guide (DH 2003)
- Clinical appraisal for doctors employed in prisons – PSI 29/2003
- Clinical Supervision in Prison: getting started (DH 2002)
- The NHS Knowledge and Skills Framework (DH 2004)
- Skills for Health and competency frameworks (DH 2007) ([http://www.dh.gov.uk/en/Healthcare/Primarycare/Treatmentcentres/DH\\_4097561](http://www.dh.gov.uk/en/Healthcare/Primarycare/Treatmentcentres/DH_4097561))
- PSI 09/2003 Abolition of Mandatory Training
- Changing Workforce Programme (DH 2007) ([http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modelcareer/DH\\_4080688](http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modelcareer/DH_4080688))
- The HR in the NHS Plan: A Prison Health Workforce Perspective and Briefing (DH 2005)

**For YOIs:**

- PSO 4950
- YJB National Standards (2004) - Standard 10
- Department of Health (2004) National Service Framework for Children, Young People and Maternity Services
- DH (2007) Promoting Mental Health for Children Held in Secure Settings: A Framework for Commissioning Services
- DCSF 2020 Children's Workforce Strategy (2008)

**Amber Indicator**

A Joint Workforce Plan is in place, which is coherent with the Prison Health Delivery Plan. This plan is based upon up to date demand assessment, review of recruitment and retention, current workforce reviews but DOES NOT include optimising opportunities for joint training across organisational boundaries.

**AND/OR**

Personal development plans are in place for some but not all healthcare staff

**Red Indicator**

A Joint Workforce Plan is NOT in place

**AND/OR**

Staff personal development plans are not in place or have not been reviewed within 6 months

## **AREA: - ACCESSIBLE AND RESPONSIVE CARE**

### **1.11 Equality and Human Rights**

#### **Green Indicator**

The planning and delivery of health care within the prison, meets the needs of the individual and the diverse prison population, with specific reference the six strands of equality and diversity.

#### **Rationale**

There are six strands of diversity identified within DH policy; these are Age, Gender, Sexual Orientation, Disability, Race and Religion. In order to provide a service which is both equitable and sensitive to individual's requirements, reference to the diversity of the population served by health care providers within prisons needs to be made. Not only do services need to be planned to take account of an individual's requirements and to safeguard human rights, but to provide a high standard of personalised care and service, staff need to have an understanding of the distinct needs, preferences and choices of the populations they serve.

“Personalising services means making services fit for everyone's needs, not just those of the people who make the loudest demands. When they need it, all patients want care that is personal to them that includes those people traditionally less likely to seek help or who find themselves discriminated against in some way. The visions published in each NHS region make clear that more support is needed for all people to help them stay healthy and particularly to improve the health of those most in need.”

Extract High quality Care for All – NHS Next stage review

This indicator supports the core standard for better health C7 that managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity; quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation. It focuses particularly on section e ie that health care units challenge discrimination, promote equality and respect human rights;

#### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- 24 hr access to interpreter services, with interpreters trained to DPSI <sup>3</sup> standards
- Evidence of a robust equality and diversity action plan that contains;
- Evidence of population needs assessment (6 strands)
- Evidence of a training strategy for health care staff
- Instructions on improving access to interpreter services
- Robust data collection

---

<sup>3</sup> Diploma in Public Service Interpreting

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- Robust equality impact assessment
- Evidence of consultation with prisoners
- Evidence of joint working between prisons DRO and the healthcare unit
- Evidence that the range of literature available to patients is accessible in formats appropriate to the population
- Evidence that the design of the facilities allows access to people with physical disabilities or there are plans in place to provide people with physical disabilities access to health care facilities appropriate to their needs
- Staff records contain reference to recent (within the last 18 months) diversity training.

### Literature and References

- Improving Mental Health services for BME communities in England (NHS pub)
- PSO 4630 Immigration & Foreign Nationals
- PSO 2800. Race Equality
- Disability Discrimination Act 2005
- Standards for Better Health – Fourth Domain – Patient Focus
- Race Relations Act 1976 and Race Relations Amendment 2000
- Human Rights Act 2000
- Sex Discrimination Act 1975 (Amendment) Regulations 2008
- PSI 14/1999 Prisoners with Disability, Management
- Race Review 2008 Implementing Race Equality in Prisons – Five Years On (MOJ/NOMS)
- Mental Health and Social Exclusion (ODPM 2004)
- Disability Strategy (HMPS 2004)  
[http://www.hmprisonservice.gov.uk/assets/documents/10000510Disability\\_Strategy\\_Document.doc](http://www.hmprisonservice.gov.uk/assets/documents/10000510Disability_Strategy_Document.doc)
- High Quality Care for all – NHS Next Stage Review Final Report.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825)
- Sexual Orientation: A practical guide for the NHS (DH 2009)
- Religion or belief: A practical guide for the NHS (DH 2009)
- Delivering race equality in mental healthcare (DH 2005)

### Amber Indicator

The planning and delivery of health care within the prison, DOES NOT FULLY meet the needs of the diverse prison population but there a comprehensive needs assessment has been undertaken and there are plans in place to address the identified issues

### Red Indicator

The planning and delivery of health care within the prison, DOES NOT FULLY meet the needs of the diverse prison population AND THERE IS NO EVIDENCE OF a comprehensive needs assessment.

AREA: - ACCESSIBLE AND RESPONSIVE CARE

## **1.12 Service User Involvement**

### **Green Indicator**

The views of service users, their parents/carers (including prison staff) and others are sought and taken into account in designing, planning, delivering and improving health care services. Formal procedures are in place to ensure involvement and such involvement is documented accordingly.

### **Rationale**

Section 11 of the Health and Social Care Act 2001 places a duty on NHS trusts, Primary Care Trusts and Strategic Health Authorities - to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes. This is a statutory duty, which means consulting and involving:

- not just when a major change is proposed, but in ongoing service planning
- not just in the consideration of a proposal, but in the development of that proposal; and
- In decisions about general service delivery, not just major changes.

Patients feel involved in their care when they are treated as equal partners, listened to and properly informed. Privacy and time for discussion are both required to achieve this. Benefits include greater confidence, reduction in anxiety, greater understanding of personal needs, improved trust, and better relationships with professionals and positive health effects.

### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- Formal forums exist where service users may provide feedback (ie patient forums, service user groups, questionnaires for parents etc)
- Health needs assessment includes the views of service users
- Formal patient feedback evaluation forms are administered following a complaint.
- There is evidence of a risk assessment and planning in relation to an individual's complaint and its resolution.
- Information about how to make a complaint, comment, compliment or express a concern about the services is freely available throughout the establishment.
- Information is accessible and available in a range of languages that reflect the population in the prison.
- There is formal recording of advocacy service access in the complaint documentation.
- There is recording of PALS / ICAS contact in the Primary Care Trusts data system ie DATIX, Safeguard or equivalent

## Literature and References

- PSO 2510 Prisoner request and complaints procedures
- For YOIs, PSO 4950
- Strengthening Accountability, involving patient and public involvement in policy guidance – Section 11 of the Health and Social Care Act 2001(DH 003)
- Building on the best: Choice , responsiveness and equity in the NHS (DH 2003)
- Getting over the wall – How the NHS is improving patient experience (DH 2004)
- S 113 Health and Social Care (Community Standards Act 2003)
- The Local Authority Social Services and NHS Complaints (England) Regulations 2009
- PSI 14 (2005)
- Principles of Good Complaints Handling Parliamentary and Health Service Ombudsman 2009
- Listening, responding, improving: a guide to better customer care  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_095408](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_095408)
- PALS in prison: a toolkit and good practice guidance for implementing Patient Advice and Liaison Services in a secure setting (DH 2009)
- National Service Framework for Children, Young People and Maternity services (DH 2004)

### Amber Indicator

The views of service users, their parents /carers (including prison staff) and others are sought and taken into account in designing, planning, delivering and improving health care services. There are no formal procedures in place to ensure involvement but arrangements are in place to address this.

### Red Indicator

There are no formal procedures in place to ensure involvement and no arrangements are in place to address this.

AREA: - ACCESSIBLE AND RESPONSIVE CARE

### **1.13 Health Needs Assessment**

#### **Green Indicator**

A baseline Health Needs Assessment has been completed using a structured assessment tool. There is evidence that the HNA has been reviewed within the last 12 months by the Director of Public Health of the local PCT (or appropriate deputy), as appropriate to the establishment. It ALSO contains agreed annual health priorities, which are published in the local prison health delivery plan and signed off by the prison governor and the chief executive of the local PCT.

#### **Rationale**

Prisoners have complex health needs and a higher burden of disease than their peers in the community e.g. HIV infection, blood-borne virus infection, respiratory tract infections etc. Prisoners also experience higher level of mental health problems and addiction to drugs & alcohol. Prisoners often have had poor access to structured primary care services in the community prior to incarceration. Imprisonment represents an opportunity to understand health needs and meet those needs appropriately both in prison and beyond.

The aims of a health care needs assessment are to gather information to plan, negotiate, change services for the better, to improve health in other ways, and to build a picture of current services, i.e. a baseline. (University of Birmingham 2000)

This indicator aims to ensure that Health Needs Assessments are kept up to date and, with the rapidly changing prison population, are as relevant and contemporary as possible. The indicator also stresses the collaborative role all partners have in ensuring that the assessment takes into account the wide range of services

#### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- Structured HNA
- Health priorities identified and published in the local prison health delivery plan.
- Annual refresh of the HNA by the DPH of the local PCT (or appropriate deputy)

#### **Literature and References**

- Healthcare in Prisons- a health care needs assessment, (University of Birmingham 2000)
- Standards for better health
- The Local Government and Public Involvement in Health Act 2007

- Department of Communities and Local Government and Department of Health (2008) Delivering Health and wellbeing in partnership: The crucial role of the new local performance framework
- NICE – Health Needs Assessment: a practical guide (2005)

### **Amber indicator**

A baseline Health Needs Assessment has been completed using a structured assessment tool. There is evidence that the HNA has been reviewed within the last 12 months by the Director of Public Health of the local PCT (or appropriate deputy), as appropriate to the establishment. It DOES NOT contains agreed annual health priorities, that are published in the local prison health delivery plan and signed off by the prison governor and the chief executive of the local PCT.

### **Red indicator**

A baseline Health Needs Assessment has been completed using a structured assessment tool. There is NO evidence that the HNA has been reviewed or amended within the last 12 months by the Director of Public Health of the local PCT (or appropriate deputy), as appropriate to the establishment.



AREA: - ACCESSIBLE AND RESPONSIVE CARE

### 1.14 Access and Waiting Times

#### **Green Indicator**

Access and waiting times for outpatient first appointment following written referrals of prisoners are equivalent to those experienced by the local population and fall within any specified targets for the NHS or locally agreed improved targets where relevant.

#### **Rationale**

Standards for better health core standard 18 states that 'healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably'. Prisoners are members of the population and as such are entitled to the same level of service access to the general population. Difficulties do arise due to the significant movements of prisoners - such movement should not have a detrimental effect upon their access to services and subsequent waiting times.

#### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- Evidence that waiting times for first appointment are within local targets
- Waiting times should be cross-referenced against the published waiting times.
- Where waiting times fall outside the targets evidence of a written plan to address breaches should be in place

#### **Literature and References**

- Standards for Better Health , 5<sup>th</sup> domain, C18
- Waiting times for cancer: progress, lessons learned and next steps (DH 2006)
- Achieving the two-week standard. Questions and answers how to help you with issues arising from the two-week wait standard (DH 2002)
- England Summary: Outpatient first appointment data: (<http://www.performance.doh.gov.uk/waitingtimes/index.htm>)

#### **Amber Indicator**

Access and waiting times for outpatient first appointment following written referrals of prisoners fall outside the specified targets within the NHS, Specifically 18 weeks for General Outpatient's appointments and 2 weeks for urgent cancer appointments, a plan is in place with the local PCT to address this shortfall.

#### **Red Indicator**

As amber, but no plan is in place to address the shortfall

AREA: - ACCESSIBLE AND RESPONSIVE CARE

### **1.15 Prison Dentistry**

#### **Green Indicator**

Access standards for dental care reflect general access guidance in all of the following areas:

- Emergency Care
- Urgent Care
- Appointments

#### **AND**

- Information and advice on oral hygiene is provided

#### **Rationale**

Individuals in prison, either on remand awaiting trial or in receipt of a custodial sentence, have been shown to have poorer health, including oral health, than the general population. Many prisoners enter prison with extensive and long-standing oral neglect. Substance misuse and smoking also pose a particular challenge to dental health. Methadone contributes to higher levels of tooth decay and gum disease and smoking is a risk factor in mouth cancer. Prisoners with substance misuse problems are likely to report toothache very soon after entering prison, as the pain is no longer inhibited by the analgesic properties of the drugs they had previously been taking.

The Strategy for Modernising Dental Services for Prisoners in England (DH 2003) identifies 3 key access standards these are:

- Emergency care, for example severe facial trauma and severe bleeding, may require access to an Accident & Emergency department in line with local health care provision and subject to local prison security policies.
- Urgent care for dental pain and minor trauma will require access to a dentist within 24 hours. Where this cannot be achieved, an appropriate practitioner will see the patient within 24 hours to make an assessment as to the appropriate course of action.
- Appointments for routine care will not normally exceed six weeks from the time of asking.

#### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- Individual patient records identifying date of referral to the dentist and date of first appointment. The period between the two dates should not exceed 6 weeks.

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- Individual patient records identifying the date and time of referral to the dentist or the appropriate practitioner that indicates less than 24 hours have elapsed from referral in cases of dental pain or minor trauma.
- Individual patient records in cases where emergency care was required indicating that access to an Accident and Emergency department was achieved.
- Evidence of oral health promotion

### **Literature and Reference**

- Reforming prison dental services in England – a guide to good practice (OPM 2006)
- Strategy for modernising dental services for prisoners in England (DH 2003) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005989](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005989)
- Evaluation for the Impact of the National Strategy for Improving Prison Dental Services in England (PHRN 2006)

### **Amber Indicator**

Access standards for dental care do not reflect general access guidance in all areas, but there is an action plan in place to achieve the access standard  
Oral health promotion is provided.

### **Red Indicator**

There is NO action plan in place to achieve the access standard AND/OR advice on oral hygiene is not provided.

AREA: - ACCESSIBLE AND RESPONSIVE CARE

### **1.16 Substance Misuse Activities - IDTS**

#### **Green Indicator**

Service assessed as green by National Treatment Agency for Substance Misuse quarterly review (4<sup>th</sup> Quarter, January-March 2011). This will include, as a minimum:

- Access to detoxification, maintenance and naltrexone prescribing in prison
- Integrated working with CARAT teams
- Collaborative working with mental healthcare to address dual diagnosis

#### **Rationale**

There is firm evidence that opioid maintenance programmes can prevent blood-borne virus transmission, re-offending and drug-related death. An integrated approach to drug dependence is recognised widely as the most effective intervention method. The National Treatment Agency for Substance Misuse, in partnership with the NHS Strategic Health Authority, carries out a quarterly regional IDTS performance assurance appraisal that incorporates indicators of quality across the following domains:

- Local commissioning structure
- Treatment effectiveness, integration and governance
- Harm reduction
- Workforce development
- Transfer to CJITs on release
- User involvement
- Carer involvement

#### **Suggested Supporting Evidence**

Completed report from National Treatment Agency on IDTS drug treatment plan progress – Quarter 4 2009/10

#### **Literature and References**

- National Treatment Agency (2008) Report to National Treatment Agency on IDTS drug treatment plan progress – 2008/09
- Dept Health (2006) Clinical management of drug dependence in the adult prison setting
- Dept Health (2007) Drug misuse and dependence: UK guidelines on clinical management
- National Offender Management Service (2006), Integrated Drug Treatment System The First 28 Days: Psychosocial Support
- Integrated Drug Treatment System (IDTS) Guidance on Roles & Responsibilities and Governance Arrangements (DH 2009)
- Department of Health A guide for the management of dual diagnosis in prisons (2009)

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- IDTS Frequently asked questions (NTA 2007) ([http://www.nta.nhs.uk/areas/criminal\\_justice/idts\\_faqs.aspx](http://www.nta.nhs.uk/areas/criminal_justice/idts_faqs.aspx))
- Models of Care for the treatment of drug misusers (NTA 2006)
- Types of treatment (NTA 2007) ([http://www.nta.nhs.uk/about\\_treatment/Types\\_of\\_treatment.aspx](http://www.nta.nhs.uk/about_treatment/Types_of_treatment.aspx))
- PSO 3601-Mandatory Drug Testing,
- PSO 3620-Voluntary Drug Testing,
- PSO 3550 Clinical Services for Substance Misusers,
- PSO 3625-testing of external drug workers
- PSO 3630-CARATs
- PSI/2005 Drug Treatment and Self Harm

For YOIs:

- PSO 4950 – Care and Management of Young People – chapter 3
- National Specification for Substance Misuse for Juveniles in Custody (YJB 2004)
- YJB (2008) KEEP: (Key Elements of Effective Practice) Substance Misuse
- DCSF (2008) Youth Alcohol Action Plan
- HM Government (2008) Drugs: protecting families and communities The 2008 drug strategy
- DH, YJB and National Treatment Agency (2009) Guidance on the Pharmacological Management of Substance Misuse among Young People in Secure Environments.

### **Amber Indicator**

Service assessed as amber by National Treatment Agency for Substance Misuse quarterly review (4<sup>th</sup> Quarter, January-March 2011).

### **Red Indicator**

Service assessed as red by National Treatment Agency for Substance Misuse quarterly review (4<sup>th</sup> Quarter, January-March 2011).

AREA: - ACCESSIBLE AND RESPONSIVE CARE

### **1.17 Alcohol Screening, Intervention and Support**

#### **Green Indicator**

All prisoners are screened for problem drinking using a recognised screening tool AND a full range of interventions is available, including: brief advice; structured treatment; access to social and life skills and/or personal development modules on alcohol awareness; and access to peer support for people with drink problems.

All prisoners who have received interventions for problem drinking whilst in prison should be aware of services available to provide continuing support on release.

#### **Rationale**

Harmful, hazardous and dependent drinking are all relatively common problems among people entering prison. There is good evidence that brief advice can help individuals to reduce harmful or hazardous levels of drinking. People who are physically dependent on alcohol can require more intensive forms of treatment. Alcohol problems are ameliorated by the combined effect of a breadth of psychological and social interventions. It is important therefore that health providers working in alliance with wider interventions programmes and reintegration services in prisons and beyond. People with severe drinking problems have been found to have benefited from involvement in self-help groups.

#### **Suggested Supporting Evidence**

In order to validate the response to this indicator, you should be able to identify:

- An up to date list of staff members who have participated in training for assessing and treating individuals engaged in problem drinking.
- Evidence of the use of a formal screening tool such as AUDIT
- Evidence that at least 80% of prisoners scoring 8 or more on an AUDIT screen receive brief advice
- Evidence of prisoners accessing formalised self-help groups (such as Alcoholics Anonymous)
- Evidence of participation of patients in structured specific alcohol treatment programmes
- Evidence of collaborative working between healthcare and other prison departments including education and training, and offender management to deliver comprehensive services to individuals with drink problems including post-release
- For YOIs, there is evidence that a range of substance misuse services are being delivered in accordance with the YJB National Specification for Substance Misuse Services and YJB guidance on effective practice.

## Literature and References

- Alcohol Misuse Interventions: Guidance on developing a local programme of improvement Dept Health (2005),
- Alcohol Treatment and Interventions Good Practice Guide HMPS and Dept Health (2004)
- AUDIT (Alcohol Use Disorders Identification Test)
- <http://www.library.nhs.uk/mentalHealth/ViewResource.aspx?resID=279989>
- Models of care for alcohol misusers (MoCAM) NTA 2006
- [www.nta.nhs.uk/publications/documents/nta\\_modelsofcare\\_alcohol\\_2006\\_mocam.pdf](http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_alcohol_2006_mocam.pdf)
- HM Government (2009) National Indicators for Local Authorities and Local Authority Partnerships: Handbook of Definitions
- HM Government (2007) Safe Sensible Social The next steps in the National Alcohol Strategy
- [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_075218](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218)
- Local Routes: Guidance for developing alcohol treatment pathways DH 2009
- [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_110423](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110423)

For YOIs:

- PSO 4950 – Care and Management of Young People – chapter 3
- National Specification for Substance Misuse for Juveniles in Custody (YJB 2004)
- YJB (2008) KEEP: (Key Elements of Effective Practice) Substance Misuse
- DCSF (2008) Youth Alcohol Action Plan
- HM Government (2008) Drugs: protecting families and communities The 2008 drug strategy

## Amber Indicator

Prisoners are screened for problem drinking using a recognised screening tool AND they receive brief advice and support where necessary, delivered by appropriately trained individuals. A limited range of interventions are available.

## Red Indicator

Apart from the standard reception screening, prisoners are not routinely screened for problem drinking using a recognised screening tool.

AREA: - ACCESSIBLE AND RESPONSIVE CARE

### **1.18 Reception Screening and General Health Assessment**

#### **Green Indicator**

At first reception or on transfer from another establishment, all prisoners are offered a reception health screen. For all prisoners staying in the establishment for more than 24 hours this should have 100% take up, or in 100% cases the reason for the prisoner not accepting the health screen is recorded.

AND

100% prisoners will be offered a further general health assessment within a maximum of 2 working days or the reason for the prisoner not accepting the health assessment is recorded.

.

#### **Rationale**

Studies indicate that on entering the prison system, prisoners have complex health needs and their health status is generally poorer than a comparable non-prisoner population. A large proportion (up to 50%) of prisoners are either not registered with a General Practitioner or do not have active records with a GP. The reception screen supports the placement of the individual within the establishment and provides for immediate health care needs. The general health assessment offers an ideal opportunity to assess individuals further, provide advice and treatment for previously untreated conditions and signpost to appropriate services. It is recognised that individuals may refuse to have a reception screen or general health assessment, but it must be recorded that these have been offered and refused, including the reason. This will allow the prison to develop strategies for improving the take up of these services.

#### **Suggested Supporting Evidence**

**Percentage of prisoners having an initial reception health screen as a proportion of total receptions staying in the establishment for more than 24 hours.**

Numerator

Number of prisoners receiving reception health screen in the three months prior to the reference date or recorded as refused screen, with reason.

Denominator

Number of first receptions into prison in the three months prior to the reference date who have stayed for >24 hours



**Percentage of prisoners who take up the offer of general health assessment as a proportion of total receptions staying in the establishment for more than 24 hours.**

**Numerator**

Number of prisoners receiving general health assessment within 2 working days of reception in the three months prior to the reference date or recorded as refused assessment, with reason

**Denominator**

Number of first receptions into prison in the three months prior to the reference date who have stayed for >24 hours

**Literature and References**

- PSO 2700 – suicide prevention and self harm management
- Reception screening and mental health needs assessment in a male remand prison (Grubin et al 2003)
- ACCT Plan (Assessment, Care in Custody and Teamwork) 2007

**For YOIs:**

- PSO 4950
- YJB National Standards (10.12, 10.13, 10.49)
- National Service Framework for Children, Young People and Maternity Services (DH 2004)

**Amber Indicator**

At first reception or on transfer from another establishment, 90% or more prisoners are offered a reception health screen or the reason for the prisoner not accepting the health screen is recorded.

**AND/OR**

90% or more prisoners will be offered a further general health assessment within a maximum of 2 working days or the reason for the prisoner not accepting the health assessment is recorded.

**Red indicator**

At first reception or on transfer from another establishment, less than 90% prisoners are offered a reception health screen or the reason for the prisoner not accepting the health screen is recorded.

**AND/OR**

Less than 90% prisoners are offered a further general health assessment within a maximum of 2 working days or the reason for the prisoner not accepting the health assessment is recorded.

AREA: - ACCESSIBLE AND RESPONSIVE CARE

### **1.19a Services for Children and Young People (YOI Only)**

This indicator has three sections relating to Access to Comprehensive CAMHS services, Safeguarding and Transitions.

#### **Green Indicator**

##### **(i) Access to a comprehensive CAMHS**

The PCT/YOI Partnership, in partnership with the local Children's Trust/Strategic Partnership board, is working to ensure, as a priority, that children and young people in the YOI have access to a comprehensive Child and Adolescent Mental Health Service.

##### **(ii) Safeguarding**

The YOIs safeguarding committee meets regularly with good attendance by representatives from healthcare and specialist mental health staff.

##### **(iii) Transition to adult settings**

There are clear arrangements in place and support available to facilitate young people aged 18 making the transition from the Young Person's Secure Estate to adult settings. These arrangements should include protocols for transferring from child and adolescent health and social care services to adult services.

#### **Rationale**

##### **Comprehensive CAMHS**

The government is committed to the development of a fully comprehensive CAMHS in all areas. The mental health needs of young people in secure settings are known to be considerable, severe and complex. These young people manifest the full range of mental health problems and disorders, with rates of psychosis, self-harm and suicide well above other children and young people. It is therefore very important that young people in YOIs should have access to a comprehensive CAMHS, which explicitly covers mental health promotion, prevention, early intervention treatment and management of problems that have been identified as a result of expert assessment.

##### **Safeguarding**

Guidance and legislation have now established that health services and health staff and all staff working within YOIs have a duty to safeguard and promote the welfare of children. Within a secure setting safeguarding covers issues such as suicide, self-harm, bullying, harm from staff and visitors and promoting emotional well being. Safeguarding needs to be embedded within all aspects of the regime.

##### **Transition**

There is a marked distinction between the regimes of the young person's and adult estate. Transfer between the estates due to a prisoners increase in age is often a difficult transition. Such a transition can lead to both emotional distress for prisoners and organisational complexity for the services. Where a patient is receiving treatment from external health and social care sources, there will also be an

additional transfer to adult services. A smooth emotional and organisational transition to the adult estate enables the prisoner to settle quickly, reduces stress and subsequent disruption and ensures continuity of care.

### **Suggested Supporting Evidence**

#### **Comprehensive CAMHS**

- Specialist CAMH staff are providing a regular service to the YOI
- A range of interventions and therapies are available
- A sufficient number of specialist CAMHS staff with an appropriate range of skills can be called upon to work in the YOI as required, including highly specialist expertise, such as neuropsychiatry
- Local CAMHS commissioners and specialist CAMHS staff are familiar with the Framework for Commissioning (DH 2007) and services to the local YOI are specified and performance managed accordingly
- Commissioning of CAMHS within the YOI is informed by an up-to-date and comprehensive needs assessment
- Specialist CAMHS staff provide consultation, training and supervision to caseworkers, personal officers, and officers on the wings
- CAMHS staff have systems in place for information sharing with CAMHS in the home areas of individual young people
- There is access to specialist learning disability CAMHS expertise
- There is evidence that the views of young people about their mental health and well being and the service provision they receive is regularly sought and acted upon in service development and delivery

#### **Safeguarding**

- A written safeguarding policy exists which is compliant with Government guidance and PSO 4950
- There is a Safeguarding Children Committee which meets regularly
- There is attendance by the YOI representative at the local safeguarding children's board in the locality
- There is a nominated named safeguarding lead who meets regularly with the designated nurse in the locality commissioning organisation
- Membership of the safeguarding committee is multi-disciplinary and includes representatives from health
- The Safeguarding Committee has clear reporting lines into senior management decision making forums and other multi-agency meetings concerning vulnerable children and young people in the establishment
- Safeguarding in the establishment clearly covers suicide and self-harm, bullying and violence between young people, and harm from staff and visitors
- Safeguarding includes the development of activities to promote wellbeing
- Evidence that the policy and procedures are being followed:
  - minutes of the safeguarding children committee meetings;
  - There is a routing audit
  - There is a clear and explicit on-going training programme for all staff

#### **Transition**

A written policy relating to the transfer of prisoners should be available. There should be evidence of a transfer plan, indicating the range of agencies who should be

contacted to ensure continuity. There should be evidence of contact with the receiving prison. There should be reference within the patient record of both discussions with the patient prior to transfer and contact with outside agencies currently providing support services. Evidence of case conferences prior to transfer would indicate collaboration with other agencies. Evidence of contact with families and carers. The transition plan clearly states the health needs of the young person, taking account of any emotional, mental health needs, physical or learning disability, and speech language and communication needs.

### Literature and References

- Department of Health (2004) National Service Framework for Children, Young People and Maternity Services – standards 1-5 and 9
- DH (2007) Promoting Mental Health for Children Held in Secure Settings: A Framework for Commissioning Services
- PSO 4950 – Care and Management of Young People
- Department of Health (2008) When to Share information: Best practice guidance for everyone working in the youth justice system
- Children Act 2004, sections 10 and 11
- YJB National Standards (2009) - Standards 10 and 11
- YJB (2008) KEEP (Key Elements of Effective Practice): Mental Health
- Youth Resettlement: A Framework for Action (YJB)
- Resettlement and Aftercare Provision (RAP) Management Guidance
- Lewis E and Heer B (2008) Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and well-being of young people. NCB.
- HM Government (2005) Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under section 11 of the Children Act 2004
- HM Government (2006) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children
- Children Act 2004, sections 11, 13 and 14
- Safeguarding Children: the third joint chief inspectors report on arrangements to safeguard children (2008) [www.safeguardingchildren.org.uk](http://www.safeguardingchildren.org.uk)
- Smallridge P and Williamson A (2008) An Independent Review of Restraint in the Secure Estate
- YJB and National Children's Bureau (2008) A review of safeguarding in the secure estate
- DH (2006) Transition: getting it right for young people Improving the transition of young people with long-term conditions from children's to adult health services
- DH, Ministry of Justice and DCSF (2010 forthcoming) Procedure for the Transfer of Young Persons to and from hospital under the Mental Health Act 1983

- HM Government (2009) Healthy Children, Safer Communities: A strategy to promote the health and well-being of children and young people in contact with the youth justice system
- DH (2009) New Horizons: Towards a shared vision for mental health
- Improving access to child and adolescent mental health services (DH 2009)
- Integrated Resettlement Support (IRS) Framework 2009-11 (YJB)
- IRS Protocol (YJB 2009)
- Attention Deficit Hyperactivity Disorder: the NICE guideline on diagnosis and management of ADHD in children, young people and adults National Clinical Practice Guideline Number 72, National Collaborating Centre for Mental Health 2009

### **Amber Indicator**

#### **(i) Access to a comprehensive CAMHS**

There is limited evidence that The PCT/YOI Partnership, in partnership with the local Children's Trust/Strategic Partnership board, is working to ensure, as a priority, that children and young people in the YOI have access to a comprehensive Child and Adolescent Mental Health Service.

#### **(ii) Safeguarding**

The YOIs safeguarding committee meets regularly but there is inconsistent attendance by healthcare and specialist mental health staff.

#### **(iii) Transition to adult settings**

There is evidence of arrangements and protocols to support transition being developed.

### **Red Indicator**

#### **(i) Access to a comprehensive CAMHS**

There is no evidence that The PCT/YOI Partnership, in partnership with the local Children's Trust/Strategic Partnership board, is working to ensure, as a priority, that children and young people in the YOI have access to a comprehensive Child and Adolescent Mental Health Service.

#### **(ii) Safeguarding**

The YOIs safeguarding committee meets irregularly and there is infrequent attendance by healthcare and specialist mental health staff.

#### **(iii) Transition to adult settings**

There are no clear arrangements and support to facilitate young people through transition to the adult estate or adult services.

**The overall indicator reflects the area of least good performance – ie if one of the three areas is red, the overall indicator is red.**

AREA: - ACCESSIBLE AND RESPONSIVE CARE

**1.19b Services for people with physical disabilities and older adults (NOT YOI Estate)**

**Green Indicator**

**Within the prison ALL the following are evident:**

- Health Specific Older Persons Assessment
- Joint partnership working, focussing on the needs of older adults and those with physical disabilities, between the health care department and the DLO
- A Health promotion action group that actively considers the requirements of older adults and those with physical disabilities
- Appropriate aids and/or adjustments are in place to allow older persons and those with physical disabilities to access the full range of regime activities.
- Evidence that the needs of those with physical disability have been assessed and services are in place to meet these

**Rationale**

The NHS and Prison Service are working in partnership to ensure that prisoners have access to the same range and level of health services as the general public. At any point in time at least 700 people in prison are aged over 60. They have a wide range of health and social care needs, both while in prison and on release. Over 1,000 people aged over 60 leave prison every year.

*A pathway to care for older offenders: A toolkit for good practice* has been informed by two important documents: the National Service Framework for Older People published by the Department of Health in 2001, and the HM Chief Inspector of Prisons thematic review *No problems – old and quiet: Older prisoners in England and Wales*, published in December 2004.

It is well established that health, social and welfare needs increase with age, wherever people may be living, and so the need to institute a formal and routine assessment process for older offenders must be established in order to provide appropriate and decent care both within the prison system and following release back into the community. The pathway is set out in steps that follow the assessment process from referral and appropriate care in the prison setting, following choices within regimes and activities, through to timely preparation for release and support into the community.

The key to successfully implementing the pathway to care for older offenders is strong partnership working between all sections of the criminal justice system including health, social care and welfare providers.

The Disability Discrimination Act 1995 (DDA) came into force in 1996 and gives rights to disabled people in the areas of employment, access to goods and services and in education

## Suggested Supporting Evidence

### Suggested supporting evidence may include:

Evidence that a specific age sensitive assessment tool is being used, both on first admission and on a person reaching the age of 55 whilst in custody

- Examples of joint needs assessments and the preparation of and delivery of care packages
- Evidence that specific older person sensitive programmes/regimes are in place
- Evidence that physical aids are available and that adaptations have been made to the environment of the prison where necessary to meet the needs of the older prisoner

Evidence that the needs of those with physical disability have been assessed and services are in place to meet these

## Literature and References

- A practical guide for disabled people or carers Dept of Health 2008 ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH\\_4113705](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4113705))
- National service framework for older people (DH 2001) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4003066](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003066))
- Dignity in Care ([http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Dignityincare/DH\\_6600](http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Dignityincare/DH_6600))
- Securing better mental health for older adults (DH 2005)
- Managing Older Prisoners at HMP Wymott (HMPS – Prison Service Journal) (<http://www.hmprisonservice.gov.uk/resourcecentre/prisonservicejournal/index.asp?id=3836,3124,11,3148,0,0>)
- PSI 21/2001 – National Service Framework for Older People
- A Pathway of Care for Older Offenders : A toolkit for good practice DH – 2007 ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079928](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079928))
- No problems Old and Quiet: Older Prisoners in England and Wales: <http://inspectrates.homeoffice.gov.uk/hmiprisons/thematic-reports1/hmp-thematic-older-04.pdf>
- A new ambition for old age: Next steps in implementing the National Service Framework for Older People (DH 2006)
- A Sure Start to Later Life – Ending Inequalities for Older People (ODPM 2006)

### **Amber Indicator**

Within the prison, three or four of the following are evident:

- Health Specific Older Persons Assessment
- Joint partnership working, focussing on the needs of older adults, between the health care department and the DLO
- A Health promotion action group that actively considers the requirements of older adults **AND** those with physical disabilities
- Appropriate aids and/or adjustments are in place to allow older persons to access the full range of regime activities
- Evidence that the needs of those with physical disability have been assessed and services are in place to meet these

### **Red**

Within the prison, less than three of the following are evident:

- Health Specific Older Persons Assessment
- Joint partnership working, focussing on the needs of older adults, between the health care department and the DLO
- A Health promotion action group that actively considers the requirements of older adults **AND** those with physical disabilities
- Appropriate aids and/or adjustments are in place to allow older persons to access the full range of regime activities
- Evidence that the needs of those with physical disability have been assessed and services are in place to meet these



AREA: - ACCESSIBLE AND RESPONSIVE CARE

## **1.20 Services for Adult Women.**

### **Green Indicator**

Planning and delivery of services to the women's prison population makes specific reference to the requirements of Adult Women and Young Female Offenders (aged 18-21), with direct reference to the Gender Equality Duty (2007), and the PSI Gender Equality Impact Assessment for Prisoners (2008) PSO 4800 Women Prisoners and the National Service Framework for Women

### **Rationale**

The NHS and Prison Service (NOMS) are working in partnership to ensure that women prisoners have access to the same range and level of health services as the general public. At any point in time there are around 4,500 women in prison. 66% of women prisoners are mothers with dependent children under 18. Over 17,700 children a year are separated from their mothers by imprisonment, while just 5% of women prisoners' children remain in their own home once their mother has been sentenced. These women have very specific health and social care needs, both while in prison and across the whole of the CJS system that need addressing not only for themselves but for their families as well.

It is important that there is strong communication between prison healthcare staff and their colleagues in NHS and social care organisations in the community. This will ensure continuity of care when the women are released into the community from prison and will aid appropriate access to their continuing health and social care needs.

### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- A comprehensive health needs assessment
- Evidence that the needs assessment contains specific reference to the Gender equality duty
- Links in health care establishment plans to the Womens NSF and the toolkit for working with women offenders.
- Evidence that patients' care plans focus on issues of dependents and support networks.

### **Literature and References**

- National Service Framework for Women Offenders  
<http://noms.justice.gov.uk/news-publications-events/publications/strategy/NSF-Women-08>

- Offender Management guide to Working with Women Offenders 2008  
<http://noms.justice.gov.uk/news-publications-events/publications/guidance/OM-Guide-Women>
- Government Response to the Corston Report  
<http://www.justice.gov.uk/publications/gov-resp-corston-review.htm>
- Health of women in Prison Study- University of Oxford  
<http://www.publichealth.ox.ac.uk/units/prison/2007-02-13.6702780065/view>
- Gender Equality Duty  
<http://www.dh.gov.uk/en/Managingyourorganisation//Equalityandhumanrights/Genderequality/index.htm>
- PSI 2008/040 – Gender Quality Impact Assessment (Prisoners)
- HMPS Standard 22: Health Services for Prisoners
- ‘Women at Risk’ The mental health of women in contact with the judicial system (CSIP 2006)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4126680](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126680)
- Mainstreaming Gender and Women’s Mental Health: implementation guidance DH Sept 2003  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4072067](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4072067)
- Positive Practice: Positive Outcomes: A Handbook for Professionals in the Criminal Justice System working with Offenders with Learning Disabilities, CSIP, 2007  
<http://kc.csip.org.uk/viewresource.php?action=viewdocument&doc=98519&grp=1>
- PSO 4800

### **Amber Indicator**

Planning and delivery of services to the Women’s prison population makes specific reference to the requirements of the Women’s Adult and Young Female Offenders Population, but this is done in an informal manner, with no direct reference to the Gender Equality Duty (2007), PSI Gender Equality Impact Assessment for Prisoners (2008) PSO 4800 Women Prisoners and the National Service Framework for Women

### **Red indicator**

Planning and delivery of services to the women prison population DOES NOT make gender specific reference to the requirements of the Adult Women and Young Female Offender Population

AREA: - MENTAL HEALTH

## 1.21 Primary Care Mental Health

### Green Indicator

A primary care mental health service triages referrals to secondary mental health services and offers a full range of primary mental health psychotherapeutic interventions to appropriate service users in partnership with GP and primary healthcare, including access to Child and Adolescent Mental Health Services and Services for older adults were applicable.

### Rationale

The assessment and delivery of appropriate and effective mental health care is a complex undertaking. There is ample evidence that individuals in custody are one of the most acute and challenging client groups for mental health practitioners. The ability of a service to direct clients to primary mental health practitioners provides significant opportunity for enhanced recovery and positive outcomes. The concept of equivalence of access to healthcare is measured here with a particular emphasis on access to mental health care. This indicator also stresses the central role the GP plays in this access and provision and recognises the support necessary for primary care practitioners to provide a comprehensive service. Additionally the concept of 'Stepped Care' should be considered here when reviewing suitable interventions.

### Suggested Supporting Evidence

**To support this indicator it is suggested that the following evidence be identified**

- evidence of joint planning of service provision between primary healthcare services and secondary mental health services
- Formal commissioning documents demonstrating a sustainable service
- Evidence of adoption of the offender Mental Health Care Pathway
- Comprehensive needs assessment
- A formalised triage process from primary to secondary care.

### Literature and References

- New Horizons: a shared vision for mental health (HM Government 2009)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_109705](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109705)
- Fast-forwarding primary care mental health (DH 2007)  
[http://www.dh.gov.uk/en/Healthcare/Mentalhealth/DH\\_4001917](http://www.dh.gov.uk/en/Healthcare/Mentalhealth/DH_4001917)
- NSF for Mental Health: modern standards and service models (DH 1999)  
([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009598](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598))
- Health Promoting Prisons: A Shared Approach PSI 24/2002  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006230](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006230)

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- NICE guidance - Mental health and behavioural conditions  
<http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7281>
- Mental Health Primary Care in Prison (WHO)  
<http://www.prisonmentalhealth.org/>
- Changing the outlook: a strategy for developing and modernising mental health services in prisons (DH 2001)  
([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009699](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009699))
- Offender mental health care pathway (DH 2005)  
([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4102231](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4102231))
- Effective Practice Tutor Packs: Mental Health (YJB)  
<http://www.yjb.gov.uk/en-gb/search?q=effective+practice+mental+health+tutor+packs&c=All&pn=0>
- Mental Health Needs and Provision (Full Report) (D69) (YJB)  
<http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=256&eP=>
- Improving access to psychological therapies (IAPT) commissioning toolkit (DH 2008)

### For YOIs:

- Department of Health (2004) National Service Framework for Children, Young People and Maternity Services
- DH (2007) Promoting Mental Health for Children Held in Secure Settings: A Framework for Commissioning Services
- PSO 4950 – Care and Management of Young People
- Children Act 2004, sections 10 and 11
- YJB National Standards (2004) - Standard 10, 11 and 12
- YJB (2008) KEEP (Key Elements of Effective Practice): Mental Health
- Youth Resettlement: A Framework for Action (YJB)
- Resettlement and Aftercare Provision (RAP) Management Guidance
- Lewis E and Heer B (2008) Delivering Every Child Matters in Secure Settings A practical toolkit for improving the health and well-being of young people. NCB.

### **Amber Indicator**

A primary Mental Health service triages referrals to Secondary Mental Health services but CANNOT PROVIDE a full range of primary mental health psychotherapeutic interventions to all suitable service users in partnership with GP and primary healthcare, including access to Child and Adolescent Mental Health Services and Services to older adults were applicable.

### **Red Indicator**

Primary Mental Health Care is provided ONLY by a General Practitioner

AREA: - MENTAL HEALTH

## 1.22 Suicide Prevention

### Green Indicator

#### All of the following apply:

- There is evidence of collaborative working between the safer custody lead and the health care lead.
- There is explicit reference to the prevention of suicide (strategy) and the effective management of self harm within the prison health delivery plan.
- There is evidence of managed information sharing between the prison and health care unit to reduce the risk of suicide.

### Rationale

Almost 600 people die in custody each year. Many of these deaths are through natural causes but many others are as a result of apparent suicide attempts and other non natural causes.

### Suggested Supporting Evidence

**To support this indicator it is suggested that the following evidence be identified.**

- A clear record that where a prisoner reporting for/being treated for injuries that could be the result of violence or self-harm, or any unexplained injury, or bullying is suspected, the basic details are forwarded to Safer Custody for follow-up.
- A clear record that where there is an abuse/misuse of IP medication, safer custody are informed.
- Where an ACCT or TAB victim/support document is opened, healthcare are alerted to watch for any suspicious/self-harm injuries.
- There is a system in place to alert wings/safer custody that a change has taken place whenever there is a significant change in medication/prescription for those with open or previously opened ACCT forms.
- There is a monthly violence reduction meeting attended by healthcare
- Evidence to indicate that when safer custody are alerted to a person being on an ACCT after arriving from another prison they alert Healthcare
- Health have an identified lead nurse to liaise with SC
- Evidence of joint initiatives between Healthcare and Safer Custody in relation to suicide prevention, including a protocol for sharing of information
- Evidence that Healthcare staff ensure that any Offender who is located on the segregation unit is given a proper assessment to ensure that the segregation unit is the most suitable location to manage the Offender.

## Literature and References

- Nice Guidelines on Self Harm (NICE 2004)
- National Suicide Prevention Strategy for England Annual Report on Progress 2008  
<http://www.nmhdu.org.uk/silo/files/national-suicide-prevention-strategy-for-england--annual-report-on-progress-2008.pdf>
- PSO 2700-Suicide prevention & self-harm management
- NICE guidance on depression in adults (update) (NICE 2009)
- The ACCT Approach
- Forum for Preventing Deaths in Custody  
<http://www.preventingcustodydeaths.org.uk/>

### In YOIs:

- PSO 4950
- Department of Health (2008) When to Share information: Best practice guidance for everyone working in the youth justice system
- HM Government (2005) Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under section 11 of the Children Act 2004
- HM Government (2006) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children
- YJB National Standards (2004) - Standard 10 (10.8, 10.13, 10.20, 10.21, 10.27, 10.49, 10.52)
- Safeguarding Children: the third joint chief inspectors report on arrangements to safeguard children. (2008) [www.safeguardingchildren.org.uk](http://www.safeguardingchildren.org.uk)
- Asset – Risk of Serious Harm – guidance (YJB 2006)
- Asset – Young Offender Assessment profile (YJB 2006)

## Amber Indicator

### Two of the following apply:

- There is evidence of collaborative working between the safer custody lead and the health care lead.
- There is explicit reference to the prevention of suicide (strategy) and the effective management of self harm within the prison health delivery plan.
- There is evidence of managed information sharing between the prison and health care unit to reduce the risk of suicide.

## Red Indicator

### Only one or none of the above applies.

AREA: - MENTAL HEALTH

### **1.23 Care Programme Approach Audit**

#### **Green Indicator**

A formal CPA audit has been undertaken within the last 12 months that is based upon robust information and multi agency involvement. An action plan has been developed that assigns responsibility to individuals and organisations and there is evidence of plan evaluation and outcomes, or an evaluation has been planned.

#### **Rationale**

'Whole systems approaches should support CPA. Services and organisations should work together to: adopt integrated care pathway approaches to service delivery; improve information sharing; establish local protocols for joint working between different planning systems and provider agencies. The role of commissioners is key in ensuring a range of services to meet service users' needs and choices. Local audit and monitoring will continue to be essential components of measuring the quality of service provision and CPA.'

*'Refocusing the care programme approach: Policy and positive practice guidance (DH 2008)'*

Continuity of care is essential when the care setting changes, and is often identified as having been lacking when untoward incidents have occurred. The care co-ordinator has a key role in keeping the 'story' together across the care pathway, and the care plan should be the key reference document irrespective of where care is being delivered, added to and amended by the care co-ordinator as dictated by the care needs in each setting.

#### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- Formal CPA Audit
- Evidence of multi agency involvement and sign off
- A robust system for collecting CPA information
- Clear links between CPA audit and reporting to the partnership board
- An evaluated action plan or a plan with a planned evaluation date falling within 12 months

#### **Literature and References**

- Refocusing the care programme approach: Policy and positive practice guidance (DH 2008)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083647](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647)

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- Effective care co-ordination in mental health services: modernising the care programme approach - A policy booklet (DH 1999) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009221](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009221))
- NSF for Mental Health, (DH 1999)
- Reviewing the Care Programme Approach 2006: A consultation document (DH 2006) ([http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_063354](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_063354))
- Changing the outlook: a strategy for developing and modernising mental health services in prisons (DH 2001) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009699](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009699))
- Offender mental health care pathway (DH 2005) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4102231](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4102231))
- An audit pack for monitoring the care programme approach (DH 1998) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008226](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008226))
- National Service Framework for Children, Young People and Maternity Services DH (2004)

### **Amber Indicator**

A formal CPA audit has been undertaken within the last 12 months that is based upon robust information and multi agency involvement. An action plan has been developed that assigns responsibility to individuals and organisations but there is NO evidence of an evaluation being undertaken or planned.

### **Red indicator**

No formal CPA audit has taken place within the last 12 months.



AREA: - MENTAL HEALTH

## **1.24 Access to specialist mental health services**

### **Green Indicator**

The prison has access, on a needs led basis, to all of the following specialist mental health services: Dual Diagnosis, Personality Disorder Services (adult prisons only), Women's Mental Health Service (Female Estate Only) Child and Adolescent Mental Health Services (YOI estate only), Early Intervention in Psychosis, Crisis Resolution and mental health services for Older People.

### **Rationale**

Surveys have shown that as many as 90% of prisoners have a diagnosable mental illness, substance abuse problem or, often, both. Among young offenders and juveniles that figure is even higher, 95%. It has also been shown that mental illness can contribute to re offending and problems of social exclusion. Every prison working with its local PCT should look critically at the mental health needs of its inmates, and consider how far existing provision meets those needs. This indicator identifies a range of specialist mental health services which, if all were to be accessible to the patient (dependent upon need) would contribute significantly to a person's recovery.

### **Suggested Supporting Evidence**

The health care unit should be able to identify clear access and referral pathways for each of the indicated services appropriate to the client group they support.

### **Literature and References**

- NSF for Mental Health, (DH 1999)
- PSO 2400-Democratic Therapeutic Communities,
- NICE guidance on mental health and behavioural conditions  
<http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7281>
- Personality disorder: no longer a diagnosis of exclusion - policy implementation guidance for the development of services for people with personality disorder (DH 2003)
- Changing the outlook: a strategy for developing and modernising mental health services in prisons (DH 2001)
- Organising and Delivering Psychological Therapies (DH 2004)
- Treatment choice in psychological therapies and counselling: Evidence based clinical practice guideline (DH 2001)
- Women's Mental Health Strategy (DH 2004)

For YOIs:

- Department of Health (2004) National Service Framework for Children, Young People and Maternity Services

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- DH (2007) Promoting Mental Health for Children Held in Secure Settings: A Framework for Commissioning Services
- PSO 4950 – Care and Management of Young People
- Children Act 2004, sections 10 and 11
- YJB National Standards (2004) - Standard 10, 11 and 12
- YJB (2008) KEEP (Key Elements of Effective Practice): Mental Health
- Youth Resettlement: A Framework for Action (YJB)
- Resettlement and Aftercare Provision (RAP) Management Guidance
- Lewis E and Heer B (2008) Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and well-being of young people. NCB.
- Healthy Children Safer Communities – a strategy to promote the health and well-being of children and young people in the youth justice system (DH, DCSF, HO,MOJ 2009)
- Children and young people in mind: the final report of the National CAMHS Review (DCSF 2008)

### **Amber Indicator**

The prison has access, on a needs led basis, to three or more of the following specialist mental health services: Dual Diagnosis, Personality Disorder Services (adult prisons only), Women's Mental Health Service (Female Estate Only) Child and Adolescent Mental Health Services (YOI estate only), Early Intervention in Psychosis, Crisis Resolution and mental health services for Older People.

### **Red Indicator**

The prison has access, on a needs led basis, to less than three of the following specialist mental health services: Dual Diagnosis, Personality Disorder Services (adult prisons only), Women's Mental Health Service (Female Estate Only) Child and Adolescent Mental Health Services (YOI estate only), Early Intervention in Psychosis, Crisis Resolution and mental health services for Older People.

AREA: - MENTAL HEALTH

## 1.25 Section 117

### Green Indicator

All prisoners returning to prison from any other Mental Health facility following treatment under the Mental Health Act (including section 3, 47, 48) are accompanied by a 117 aftercare programme.

### Rationale

Section 117 gives the statutory authorities a duty to make arrangements for a person's continuing support and care. It applies to people who have been detained under Section 3, Section 37, Section 47, and Section 48. Aftercare should be planned with the patient, their family and carers, as well as professionals, looking at both health and social care needs. 117 ensures continuity of care. The type of aftercare required will depend on the circumstances of the individual and health. Section 117 gives a considerable discretion to health and local authorities as to the nature of the services that can be provided. As people move through the prison estate their mental health record may be lost from area to area, it is therefore imperative that the health care unit source previous mental health history.

### Suggested Supporting Evidence

#### Numerator

Number of patients in the previous three months prior to the reference date returning to prison following treatment under the mental health act with an active 117 care programme.

#### Denominator

Number of patients in the previous three months prior to the reference date returning to prison following treatment under the mental health act.

### Literature and References

- Mental Health Act 1998 (2007)
- Aftercare under section 117 of the Mental Health Act - Mind information ([http://www.mind.org.uk/help/rights\\_and\\_legislation/aftercare\\_under\\_section\\_117\\_of\\_the\\_mental\\_health\\_act](http://www.mind.org.uk/help/rights_and_legislation/aftercare_under_section_117_of_the_mental_health_act))
- Code of Practice: Mental Health Act 1983 revised 2008 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_084597](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_084597)
- PSI 03/2006 - transfer of prisoners to and from hospital under sections 47 and 48 of the Mental Health Act 1983
- Changing the outlook: a strategy for developing and modernising mental health services in prisons (DH 2001)

([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009699](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009699))

- Offender mental health care pathway (DH 2005) ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4102231](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4102231))
- National Service Framework for Children, Young People and Maternity Services DH (2004)

### **Amber Indicator**

75% of all prisoners returning to prison from any other Mental Health facility following treatment under the Mental Health Act (including section 3, 47, 48) are accompanied by a 117 aftercare programme.

### **Red indicator**

Less than 75% of all prisoners returning to prison from any other Mental Health facility following treatment under the Mental Health Act (including section 3, 47, 48) are accompanied by a 117 aftercare programme.

AREA: - MENTAL HEALTH

## **1.26 Mental Health Transfers**

### **Green Indicator**

90% or more of all prisoners requiring transfer have waited for less than 12 weeks between the first assessment and completion of transfer to hospital, as recorded in quarterly mental health monitoring data.

### **Rationale**

Some prisoners with a diagnosis of severe mental illness or learning disability will require transfer to NHS mental health services for treatment. The Bradley report makes two specific recommendations on transfers:

- DH should develop a new minimum target for the NHS of 14 days to transfer a prisoner with acute, severe mental illness to an appropriate setting
- the new target should be included as a mandated item in the Central Mental Health Contract and included in the next edition of the NHS Operating Framework

These recommendations are included in Improving Health Supporting Justice, the national delivery plan published in November 2009.

The transfer period covers the time between the first assessment and completion of the transfer to hospital. The target for 2009/10 has been 12 weeks, and this indicator provides evidence on the proportion of cases requiring transfer where this has been achieved.

### **Suggested Supporting Evidence**

Quarterly mental health returns from all prison/PCT partnerships to Strategic Health Authorities provide the basis for this indicator.

### **Literature and References**

- NSF for Mental Health, (DH 1999)
- Mental Health Policy Implementation Guide (DH 2001.)
- Changing the outlook: a strategy for developing and modernising mental health services in prisons (DH 2001)
- Women's Mental Health Strategy (DH 2004)
- Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system (DH 2009)
- Improving health, supporting justice: the national delivery plan of the Health and Criminal Justice Programme Board (DH 2009)
- The Corston Report: a review of women with particular vulnerabilities in the criminal justice system Home Office 2007
- Procedure for the transfer of prisoners to and from hospital under Sections 47 and 48 of the Mental Health Act (1983) (DH 2007)

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

For YOIs:

- Department of Health (2004) National Service Framework for Children, Young People and Maternity Services
- DH (2007) Promoting Mental Health for Children Held in Secure Settings: A Framework for Commissioning Services
- PSO 4950 – Care and Management of Young People

### **Amber Indicator**

50% or more, but less than 90% of all prisoners requiring transfer have waited for less than 12 weeks, as recorded in quarterly mental health monitoring data.

### **Red Indicator**

Less than 50% of prisoners requiring transfer have waited for less than 12 weeks, as recorded in quarterly mental health monitoring data.

AREA: - MENTAL HEALTH

## **1.27 Services for People with Learning Disability**

### **Green Indicator**

**Within the prison ALL the following are evident:**

- Access to Learning Disability services specifically commissioned for prisoners
- Use of Learning Disability Screening Questionnaire (LDSQ) to identify prisoners with learning disability
- 100% of identified prisoners with a learning disability have an annual health check
- 100% of identified prisoners with a learning disability have a Health Action Plan
- Joint partnership working focussed on the needs of people with learning disabilities between healthcare department, Disability Liaison Officer, Education and Discipline staff
- Evidence that specific programmes/regimes relevant to the needs of those with a learning disability are in place, including release (discharge) planning
- Adaptive programmes developed to meet the needs of prisoners with learning disabilities

### **Rationale**

Following Valuing People in 2001 and the Disability Discrimination Act 2005, both the prison service and NHS have an obligation to ensure equitable and accessible services for people with a learning disability.

At any one time, approximately 24,600 prisoners have a learning difficulty that could affect their ability to function within the prison environment. Of these around 5,700 have an IQ less than 70 and may be eligible for Learning Disability services.

People with learning disabilities have greater health needs and shorter life expectancy than the general population and have difficulty accessing health care services, which is often exacerbated by attendant communication difficulties.

### **Suggested Supporting Evidence**

**Suggested supporting evidence may include:**

#### **Evidence of needs-led commissioning of a specialist service for prisoners with a Learning Disability**

- Audit of records of identified prisoners with a learning disability to determine % with a Health Action Plan and annual health check
- Examples of joint needs assessments and the preparation and delivery of care packages, including planning for release

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- Evidence that programmes/regimes appropriate to the needs of those with a learning disability are in place

### Literature and References

PSO 2855 – Prisoners with Disabilities

PSO 3050 – Continuity of Healthcare for Prisoners (Transfer of Prisoners with disabilities)

Disability Discrimination Act 2005

Valuing People (DH 2001)

Valuing People Now (DH 2009)

Positive Practice Positive Outcomes – CSIP 2007 updated 2011

“Prisoners Voices” No One Knows – Prison Reform Trust 2008

Health Action Planning and Health Facilitation for people with learning disabilities – good practice guidance (Sec 3.17) – Department of Health 2009

### Amber Indicator

- The prison can access Learning Disability services but no formal commissioning or pathways exist
- Between 90% and 99.9% of identified prisoners with a learning disability have an annual health check
- Between 90% and 99.9% of identified prisoners with a learning disability have a Health Action Plan
- Evidence of joint working, but no formalised pathways
- Developing adaptive programmes for prisoners with a learning disability

### Red Indicator

- No access to specialist Learning Disability services
- Less than 90% of identified prisoners with a learning disability have a Health Action Plan or annual health check.
- No evidence of joint working
- No adaptive programmes in place or being developed

The overall indicator reflects the area of least good performance – ie if one of the three areas is red, the overall indicator is red.





AREA: - PUBLIC HEALTH

## **1.28 Hepatitis B Vaccination of Prisoners**

### **Green Indicator**

**Hepatitis B quarterly reporting confirms that the prison achieves Hepatitis B vaccine coverage of 80% or more for all new prisoners received into the establishment in the three months prior to the reference date.**

### **Rationale**

Hepatitis B (HBV) is an infection caused by a blood-borne virus (BBV) i.e. transmitted from exposure to infected blood or body fluids (from needle sharing among injecting drug users (IDUs) or needle-stick injury; through vaginal or anal intercourse; and from mother to baby). Many individuals who are infected will clear the virus from their bodies without any further consequences but for some the infection persists with the risk of damage to the liver. The risk of developing chronic hepatitis B infection depends on the age at which infection is acquired. Chronic infection occurs in 90% of those infected perinatally but is less frequent in those infected as children (e.g. 20 to 50% in children between one and five years of age). About 5% or less of previously healthy people, infected as adults, become chronically infected (Hyams, 1995).

In England and Wales, acute hepatitis B cases are reported to the Health Protection Agency (HPA). In 2003 injecting drug use was the main risk associated with hepatitis B infection, accounting for 34% of individuals with a known risk factor in England, and 27% in Wales. In 2006, 21% (677 of 3,240) of the current and former IDUs who took part in the Unlinked Anonymous Prevalence Monitoring Programme (UAPMP) survey in England, Wales & Northern Ireland had antibodies to hepatitis B core antigen (anti-HBc, a marker of previous or current hepatitis B infection); Laboratory reports of acute HBV infection have increased among IDUs while decreasing in other populations (HPA, 2006).

There is a significant overlap between the prison population and the population of IDUs in the community:

- Around 40,000 problematic drug users in prison at any one time, which is about half of the standing prison population at any one time;
- An average of 55% of new prisoners test positive for Class A drugs on admission (rising to 80% in some instances);
- Most IDUs are incarcerated at least three times during the lifetime, while over 40% have been in prison at least five times.

Therefore, prison is both a setting in which there may be a significant number of people infected with Hepatitis B and where large numbers of people at risk of infection can be offered vaccination using a safe & effective vaccine. Furthermore, by vaccinating high risk individuals in prisons, there will be a health gain to the wider community by preventing cases of acute Hepatitis B among IDUs.

### **Suggested Supporting Evidence**

- The prison has a written immunisation policy which states that all new prisoners are advised about Hepatitis B infection, assessed for need for vaccine (either no good evidence of previous infection or completed vaccination course elsewhere) and then offered vaccine on a 0,7,21 day regimen beginning at, or close to, the time of reception.
- The prison provides robust quarterly surveillance data from which vaccine coverage can be calculated

### **Literature and References**

- Department of Health. Immunisation Against Infectious Diseases. 2006: The Green Book.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917)
- Hepatitis B - General Information (HPA 2007)  
[http://www.hpa.org.uk/infections/topics\\_az/hepatitis\\_b/gen\\_info.htm](http://www.hpa.org.uk/infections/topics_az/hepatitis_b/gen_info.htm)
- Infection Inside: The prison Infection diseases quarterly:  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582653471>
- Reports and Publications – Prison Infection Prevention Team :  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/ReferenceLibrary/1203582654228>
- Shooting Up - Infections among injecting drug users in the United Kingdom 2008, An update: October 2009 (HPA)  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1254510657318](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1254510657318)
- Prison Infection Control Guidelines (Essex HPU 2007)  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1194947346624](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947346624)

### **Amber Indicator**

Hepatitis B vaccine coverage of between 50% and 80% for all eligible prisoners received into the establishment in the three months prior to the reference date.

### **Red Indicator**

1. The prison does not provide robust quarterly surveillance data from which vaccine coverage can be calculated

### **OR**

2. The prison is achieving Hepatitis B vaccine coverage of less than 50% for all new eligible prisoners received into the establishment in the three months prior to the reference date.

## AREA: - PUBLIC HEALTH

### 1.29 Hepatitis C

#### Green Indicator

The following are all evidenced:

- Hepatitis C policy agreed by the PCT/Prison Partnership Board, including as a minimum, health promotion, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.
- Access to information on harm minimisation, provided through both healthcare and education programmes
- All those at risk are offered confidential screening for Hepatitis C: the numbers of tests performed should be recorded.

#### Rationale

‘Around half of intravenous drug users with hepatitis C remain unaware of their infection and this proportion has not changed in recent years.’

*Shooting Up*, HPA 2009

In England, the number of people chronically infected with hepatitis C is estimated to be around 200,000, the majority of whom are currently unaware of their infection. Hepatitis C infection is sometimes referred to as the “hidden epidemic” because symptoms rarely occur at the time of initial infection. About 1 in 5 people recover from infection, but the majority become chronically infected. Chronic infection can lead, over a number of years, to serious liver disease and liver cancer. However, with the advent of new drug therapies, the disease can now be treated successfully in many people.

In England and Wales, hepatitis C is currently mainly spread by injecting drug users sharing blood-contaminated equipment. Other less common routes of infection include sexual intercourse, from mother to baby, and by skin piercing and tattooing when sterile equipment is not used. As many injecting drug users pass through prisons, and tattooing is common, information about hepatitis C should be provided along with harm minimisation messages, in particular to young people entering juvenile and young offenders’ establishments. All injecting drug users and those accessing IDTS services should be offered hepatitis C testing routinely. If the infection is diagnosed in the early stages, advice about lifestyle changes such as reduction in alcohol intake can decrease the likelihood of progression to serious liver damage. If antiviral drug therapy is indicated, then the infection can be cleared in a significant proportion of people.

#### Suggested Supporting Evidence

- A written Hepatitis C policy which includes health promotion, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.

- Data on the numbers of tests offered and tests performed should be recorded on a monthly basis and submitted as part of quarterly Hep B/C returns to the SHA.

### **Literature and References**

- Hepatitis C Strategy for England. Department of Health 2002
- Shooting Up - Infections among injecting drug users in the United Kingdom 2008, An update: October 2009 (HPA 2009)  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1254510657318](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1254510657318)
- Getting Ahead of the Curve: a strategy for combating infectious diseases (including other aspects of health protection). Department of Health 2002
- Infection Inside: The prison Infectious diseases quarterly:  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582653471>
- Reports and Publications – Prison Infection Prevention Team :  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/ReferenceLibrary/1203582654228>

### **Amber Indicator**

TWO of the following are evidenced:

- Hepatitis C policy agreed by the PCT/Prison Partnership Board, including as a minimum, health promotion, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.
- Access to information on harm minimisation, provided through both healthcare and education programmes
- All those at risk are offered confidential screening for Hepatitis C: the numbers of tests performed should be recorded.

### **Red Indicator**

ONE or NONE of the above are evidenced:

AREA: - PUBLIC HEALTH

### **1.30 Health Promotion**

#### **Green Indicator**

- Health promotion is a key area within the Prison Health Delivery Plan, and is overseen by an action group, with appropriate stakeholder membership from the prison SMT and local health community, including prisoner representatives
- Within the local delivery plan there is a health promotion strategy which specifically addresses activity within all the following areas: (a) Mental Health Promotion and Well being, (b) Smoking Cessation / Reduction, (c) Healthy eating and nutrition, (d) Healthy lifestyles including sexual health and relationships, (e) Drugs and alcohol (f) Exercise, including access to a cardiac rehabilitation programme where required

#### **Rationale**

The Prison Service in partnership with the NHS has a responsibility to ensure that prisoners have access to health services that are broadly equivalent to those the general public receives from the NHS. This means that prisons should already provide health education, patient education, prevention and other health promotion interventions to meet within that general context. (PSO 3200).

All prisoners should be offered the opportunity to engage in a range of physical exercise programmes appropriate to their health needs. These programmes are have been developed and operated in consultation with the health care unit and contain a range of interventions which are tailored to support the cardiovascular, respiratory, physical rehabilitation, weight reduction and mental health well being of prisoners. Cardiac rehabilitation should be available when required from a BACR-trained instructor or equivalent.

Health Trainers reach out to people who are in circumstances that put them at a greater risk of poor health, working with clients on a one-to-one basis to assess their health and lifestyle risks and facilitate behaviour change, providing motivation and practical support to individuals.

#### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- A strategy exists which has direct reference to all 6 of the specified areas and considers the use of health trainers
- The strategy is overseen by an action group with membership drawn from the prison SMT and local health community, including healthcare, catering, physical education, general education, substance misuse services, mental health services and prisoner representatives
- Benefits may be measured through the collection of formal prisoner feedback, completion of smoking cessation programme, increase in demand for healthy food options, reduction in referrals for stress and anxiety support

from mental health teams, referrals for exercise programmes, records of contacts via the health trainer programme

### Literature and References

- NSFs for Cancer, Mental Health & CHD,  
<http://www.dh.gov.uk/en/Healthcare/index.htm>
- PSO 3200- Health Promotion,
- PSO 3801 Health & Safety Policy Statement,
- PSI 19/2007
- Mental Health Promotion in Prisons (WHO 1998)  
<http://www.euro.who.int/document/E64328.pdf>
- Health Promoting Prisons: A Shared Approach PSI 24/2002  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006230](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006230)
- Choosing Health (DH 2004)  
<http://www.dh.gov.uk/en/PublicHealth/Choosinghealth/index.htm>
- Acquitted: Best practice guidance for developing smoking cessation services in prisons (DH 2003)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005383](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005383)
- Stop Smoking support in HM Prisons: the impact of nicotine replacement therapy - executive summary and best practice checklist , by Susan Macaskill and Paul Hayton (2006)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4134515](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134515)
- National Service Framework for Children, Young People and Maternity Services DH (2004)
- NHS Health trainers Initiative (DH 2009)  
<http://www.dh.gov.uk/en/PublicHealth/healthinequalities/HealthTrainersusefullinks/index.htm>
- PSO 4250-physical education
- PSO 4275-Time in the open air

### Amber Indicator

Health promotion action groups exist within the partnership and have appropriate stakeholder membership. Within the local delivery plan there is a health promotion strategy which specifically addresses THREE OR MORE of the following areas: (a) Mental Health Promotion and Well being, (b) Smoking Cessation / Reduction, (c) Healthy eating and nutrition, (d) Healthy lifestyles including relationships, (e) Drugs and alcohol (f) Exercise, including cardiac rehabilitation

### Red Indicator

No health promotion action group exists within the partnership with appropriate membership **AND/OR** the health promotion strategy specifically addresses LESS THAN THREE of the above six areas

AREA: - PUBLIC HEALTH

### **1.31 Sexual Health**

#### **Green Indicator**

The Sexual Health of Prisoners is supported by all of the following.  
Prisoners:

- Are aware of means of accessing condoms in prisons.
- Access the social and life skills modules on sex and relationship education (SRE) or similar.
- Have access to a Genito Urinary Medicine (GUM) service (either provided externally or in house)
- Have access to a chlamydia screening programme, and
- Have access to barrier protection and lubricants

#### **Rationale**

Addressing the sexual health of prisoners supports the Prison Service's strategy for preventing the spread of communicable diseases in prison, offering harm minimisation information and treatment of substance misusers. A clear link between sexual ill health, poverty and social exclusion is identified, as is the unequal impact of HIV on gay men and certain ethnic minorities.

Genital chlamydia trachomatis is the commonest sexually transmitted infection (STI) in England. Genital chlamydial infection is an important reproductive health problem. 10-30% of infected women develop pelvic inflammatory disease (PID). A significant proportion of cases, particularly amongst women, are asymptomatic and so, are liable to remain undetected, putting women at risk of developing PID.

The national strategy states that some groups need targeted sexual health information and HIV/STI prevention because they are at higher risk, are particularly vulnerable or have particular access requirements, within this group they identify prisoners.

#### **Suggested Supporting Evidence**

Evidence that ALL the identified services are available to prisoners in the establishment either on site or via referral mechanisms. It should be possible to demonstrate that all 5 areas can be accessed.

#### **Literature and References**

- Guidance on commissioning sexual health and blood borne virus services in prisons in the South West of England (HPA SW 2007)  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1231919480431](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1231919480431)



- Better prevention, better services, better sexual health - The national strategy for sexual health and HIV: (DH 2001)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4003133](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133)
- Choosing Health: Making healthy choices easier (DH 2004)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4094550](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550)
- Competencies for providing more specialised sexually transmitted infection services within primary care - Assessment Toolkit (DH 2006)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4139358](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139358)
- Effective Sexual Health Promotion Toolkit (DH 2002)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_4005141](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_4005141)
- 10 high impact changes for genitourinary medicine 48 hour access (DH 2006)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_074104](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074104)
- Review of the National Chlamydia Screening Programme (NCSP). (DH 2009)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_108285](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_108285)
- Chlamydia (*Chlamydia trachomatis*) (HPA 2007)  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1191942172070>
- Moving forward: progress and priorities – working together for high quality sexual health (DH 2009)

### **Amber indicator**

The Sexual Health of Prisoners is supported by AT LEAST THREE of the five criteria

### **Red Indicator**

The Sexual Health of Prisoners is supported by TWO or LESS of the following criteria

Prisoners:

1. Are aware of means of accessing condoms in prisons
2. Access the social and life skills modules on sex and relationship education (SRE) or similar
3. Have access to a Genito Urinary Medicine (GUM) service (either provided externally or in house)
4. Have access to a chlamydia screening programme, and
5. Have access to barrier protection and lubricants.

AREA: - PUBLIC HEALTH

### **1.32 Communicable Disease Control**

#### **Green Indicator**

- The Prison has a comprehensive written policy on communicable disease control, including an outbreak plan, pandemic flu plan and immunisation policy, developed in partnership with the Local Health Protection Unit and signed off by the Prison Governing Governor, Chief Executive of the PCT and the HPA lead/CCDC for prisons in their region.
- The Prison has an Infection Control Link Nurse who has specific responsibility and training in infection control. The prison link nurse attends meetings with the local HPU at least six monthly.
- All prisoners are offered vaccinations appropriate to their age and need

#### **Rationale**

The impact of communicable disease upon the population of an establishment, including the staff is significant, encompassing not just the health care management of the disease but also affecting the operational integrity of the prison. It is important that a co-ordinated plan is developed between all significant parties concerned with senior manager support. Prevention of outbreaks is seen as a key priority for prisons and prison healthcare necessitating effective liaison between the prison and the local Health Protection Unit. This indicator reviews the development and operation of outbreak plans, with a specific focus on pandemic flu plans; it requires the prison to work in partnership with key stakeholders.

Immunisation against infectious diseases is a cornerstone of good preventive practice. Prisoners' needs for vaccinations differ. It is clear from the evidence that many British-born prisoners miss out on routine childhood immunisations and other required vaccines. Foreign-born prisoners may not have been exposed to common childhood diseases in the UK and/or may not have been vaccinated in childhood due to being raised in resource-poor countries. Periods of imprisonment may therefore serve as a health-promoting opportunity and should be used to identify the healthcare needs of vulnerable prisoners, including their need for vaccinations.

#### **Suggested Supporting Evidence**

**To support this indicator it is suggested that the following evidence be identified.**

- It should be possible to identify a specific, comprehensive policy relating to communicable disease control
- The policy should contain an outbreak plan and have specific reference to procedures in relation to pandemic flu
- Signatures of the current Governing Governor, PCT Chief Executive and the HPA lead /CCDC for prisons in the region should be evident

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

- It must be possible to identify a named Infection control link nurse for the prison and there should be evidence of attendance at six monthly HPU meetings
- The Health Needs Assessment describes the vaccine requirements of the population of the prison.
- A written vaccination policy exists which reflects the needs identified in the HNA
- Prisoners have access to disinfectant tablets

### Literature and References

- HPA Guidance on prison outbreaks  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203582652988/>
- Reports and Publications – Prison Infection Prevention Team :  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/ReferenceLibrary/1203582654228>
- Pandemic Influenza (HPA 2007)  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1191942171181>
- Infection control guidelines for community settings (HPA 2007)  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1194947417368](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947417368)
- Major Outbreak plan – Example (Essex HPU 2005)  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1194947412384](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947412384)
- Department of Health. Immunisation Against Infectious Diseases. 2006: The Green Book.
- Afza M et al. Schedule for vaccination of prisoners and young offenders.  
[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1209023458513](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1209023458513)
- British HIV Association (BHIVA), 2006. Immunisation guidelines for HIV-infected adults.[www.bhiva.org/](http://www.bhiva.org/)
- Health Protection Agency. Use of combined hepatitis A and B vaccines in injecting drug users and prisoners.  
[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1221722411163](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1221722411163)
- Offender Health, Health Protection Agency. Feb 2008. Guidance on Chickenpox & Shingles Infection Control in Prisons, Places of Detention & Immigration Removal Centres.  
[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1204186195209](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1204186195209)
- Pneumococcal Vaccination : (HPA 2007)  
<http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203008863939>
- Clinical diagnosis and management of tuberculosis, and measures for its prevention and control : (NICE 2006) <http://www.nice.org.uk/CG033>

### Amber Indicator

#### There is evidence of two of the following:

- The Prison has a comprehensive written policy on communicable disease control, including an outbreak plan, pandemic flu plan and immunisation policy, developed in partnership with the Local Health Protection Unit and

## PRISON HEALTH PERFORMANCE & QUALITY INDICATORS 2012

signed off by the Prison Governing Governor, Chief Executive of the PCT and the HPA lead/CCDC for prisons in their region.

- The Prison has an Infection Control Link Nurse who has specific responsibility and training in infection control. The prison link nurse attends meetings with the local HPU at least six monthly.
- All prisoners are offered vaccinations appropriate to their age and need

### **Red Indicator**

There is evidence or one or none of the above

## **2 PART 2 – Mental Health Numeric Indicators: Collected Quarterly**

### **2.1 Initial Assessment**

Total number of prisoners, in the last quarter, who received an initial psychiatric assessment, where the Mental Health Act criteria for transfer were met.

### **2.2 Second Assessment**

Total number of prisoners, in the last quarter, who received a second psychiatric assessment.

### **2.3 Second Assessment – suitability of provider facility**

Total number of prisoners, in the last quarter, who received a second psychiatric assessment and were assessed as not suitable for transfer, because the provider facility was not suitable and the patient needed re-referring to a more suitable provider facility

### **2.4 Second Assessment – not suitable for transfer**

Total number of prisoners, in the last quarter, who received a second psychiatric assessment and were assessed as not suitable for transfer, because transfer was deemed clinically inappropriate under the Mental Health Act

### **2.5 Second Assessment waiting times**

Number of prisoners, in the last quarter, who have been waiting for a second psychiatric assessment, for the following time periods:

- 7 days or less
- 1 – 2 weeks
- 3 – 4 weeks
- 5 – 8 weeks
- 9 – 12 weeks
- More than 12 weeks

### **2.6 Transfer wait**

Total Number of mental health transfers in the last quarter where the waiting time fell within the following time periods, from acceptance as suitable for transfer under the Mental Health Act to actual transfer.

*Nb: The transfer period covers the time between the first assessment and completion of the transfer to hospital.*

- 7 days or less
- 1 – 2 weeks
- 3 – 4 weeks

- 5 – 8 weeks
- 9 – 12 weeks
- More than 12 weeks

## **2.7 Transfer destination**

Total Number of mental health transfers in the last quarter to

- High secure
- Medium secure
- Low secure
- PICU
- Secure CAMHS or other CAMHS services
- Other

## **2.8 Transfer management in segregation**

Total number of prisoners, in the last quarter, who were accepted for transfer and were managed in segregation prior to transfer.

## **2.9 Mental Health Act transfers OUT section type**

Total number of prisoners, in the last quarter, who were subject to the following sections of the Mental Health Act.

- Section 47
- Section 47/49
- Section 48
- Section48/49
- Other sections

## **2.10 Mental Health Act transfers IN section type**

Total number of prisoners in the last quarter who returned from hospital to prison, who were subject to the following sections of the Mental Health Act.

- Section 47
- Section 47/49
- Section 48
- Section48/49
- Other sections

## **2.11 Care Programme Approach**

Total number of patients on CPA during the last quarter

### **3 PART 3 – Harm Reduction Indicators: Collected Quarterly**

#### **3.1 Hepatitis B vaccination coverage**

Vaccine Coverage: describes the overall level of protection for prisoners passing through the prison system. All PCT/Prison Partnerships need to ensure that 80% or more is achieved for 'Green' status

Numerator: no. of prisoners vaccinated (at least one dose) within 31 days of reception **plus** no. of prisoners already vaccinated in the index month/quarter

Denominator: no. of new receptions into the prison in the index month/quarter

#### **3.2 Hepatitis C Screening**

Total number of prisoners for whom a Hepatitis C test has been offered, the offer accepted and the test carried out in the index month/quarter