



Royal College
of Nursing

Health and nursing care in the criminal justice service

RCN guidance for nursing staff





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Gillian 'Gill' Hek 1957-2006

This publication is dedicated to the memory of Gill Hek, Chair of the RCN Prison Nurses Forum 2004-2006. Gill's desire to begin work on this publication was sadly not realised at the time of her death. The current nursing Criminal Justice Services forum complete this work on her behalf.

Ann Norman, RCN Criminal Justice Service/Learning Disabilities Adviser.

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Introduction

This guide replaces the 2002 Royal College of Nursing (RCN) publication, *Nursing in Prisons*, and highlights the specific health and nursing care needs of offenders.

The guide is designed primarily for nurses, health care assistants and other health care practitioners who are working in, or want to work in, health care in criminal justice service (CJS).

It is a resource to support the delivery of high quality services to people in a broad range of environments, from police custody to high security prisons.

The role of health care nurses in the CJS is varied, complex and often challenging. This guide will help you to access up to date information, toolkits and sources of advice to assist you in your work. It aims to respond to the most frequent queries and concerns of nurses working within the CJS.

This publication is very much intended to support practitioners in ALL four UK countries. Whilst the prison services in particular are very different in the different parts of the UK we have aimed to highlight the good practice that already exists. We believe that all of the four UK countries offer valuable but differing perspectives. We hope you will consider adapting some of the resources we suggest into your locality but with the due respect and regard to the differing political frameworks that exist.

Use of the term 'offender'

The term 'offender' in this document refers to people who come into contact with the CJS because they have committed – or are suspected of committing – a criminal offence. It is important to note that this is not a precise term, as a significant proportion of this population will not in fact receive a custodial sentence.

Commonly used terms include: prisoner, detainee, patient.

Providing health and nursing care for offenders

Equivalence

In the last decade there have been significant changes to the way in which health care is delivered in the criminal justice service. Current government policy for offender health care is based on the principle of equivalence. This means that standards of health care for people in custody should be the same as for those in the wider community.

In 2006, the commissioning of health care services in the CJS in prisons in England and Wales transferred to the NHS and became the responsibility of primary care trusts. Emphasis is on partnership working and joint strategy development, to ensure that the needs of all individuals including women, children and young people are met at all points throughout the criminal justice system. Indeed, Offender Health (a joint partnership between the Ministry of Justice, Department of Health and Prison Service in England) is broadening its remit to look at the needs of people in contact with the criminal justice system because they have committed, or are suspected of committing, a criminal offence. The aim is to improve health and well being, address health inequalities, reduce re-offending and crime, and protect the public (DH, 2007b).

A similar process has taken place in Northern Ireland, with responsibility for health care in prisons having transferred from the Northern Ireland Office to the Health and Social Care Trusts. The Scottish Government in 2008 announced that health care would best be delivered via the portfolio of the cabinet secretary for health, rather than the cabinet secretary for justice, thus aligning Scotland with the prison service in England and Wales.

Nursing skills

Offenders present diverse health care issues and needs. The CJS is therefore required to provide, or at least provide access to, a comprehensive range of health care services. Consequently, the role of nurses and health

Nursing roles in the criminal justice service

Custody nurses provide health care services within police custody suites. Their work is focused on conducting clinical assessments, identifying and implementing appropriate interventions, collecting forensic samples, providing advice and guidance, and maintaining detailed and accurate records to ensure the health, safety and welfare of people held in police custody.

Prison nurses are employed in all UK prisons, which range from open prisons, high secure estates, young offenders' institutions and women's prisons to local establishments. Their roles are varied and include: general, mental health, children's and learning disability nurses. Prison nurses have a good opportunity for career progression and the development of specialist/advanced practice such as nurse prescribing. Many prison nurses are employed by the NHS, but there are also a number of private providers and others employed by prison services.

Immigration centre nurses provide health services to people detained under the Immigration Act by the Borders and Immigration Agency. Their work can include all aspects of primary care in general and mental health care, as well as occasionally some dealing with tropical diseases. Immigration removal centres are run by both public and private sector agencies and some have in-patient facilities.

Vision

The involvement of the Health and Social Care Trusts in leading prison healthcare should ensure the development of the service in keeping with that in the community and facilitate seamless transfer of care across the interface between prison and community.

(Northern Ireland Executive, 2008)

Refer to Appendix 2 for the other three country visions on page 24.

care assistants in the CJS requires a range of highly developed skills and competencies that often span a number of specialist areas, such as:

- managing long term conditions
- mental health
- learning disabilities
- paediatrics
- maternal and infant health.

CJS nurses can also require many of the public health skills associated with primary care nursing, including health needs assessment, screening and health promotion. Provision of therapeutic activities (such as stress management, counselling and related psychological therapies) is also required to assist in the broader agenda of reducing re-offending.

The challenges and opportunities

A particular challenge for anyone working in this area of health care is that there is a requirement for offenders to be involved in making decisions about their own care, to be treated as equal partners, be listened to and to have informed access. Yet the custodial environment is often seen as one of control and authority, and much has been written about the competing priorities of health care and custody/security (Walsh, 2007). Nurses have a responsibility to consider these important elements when providing care and to work in collaboration with custodial colleagues.

The recent changes to health care provision in the CJS have opened up exciting opportunities for health care practitioners. Nurses and health care assistants in particular have been able to develop and expand their role and responsibilities. This has included, for example, the development of nurse-led clinics, triage, counselling services and sexual health services. The scope of practice offers an opportunity for nurses and health care assistants to really make a difference to this extremely vulnerable group of people, tackling social exclusion and contributing to reducing crime. This is a vital role if offenders are to return to the community as active, productive and healthy citizens (DH, 2005a).

'There are few places nurses work where there will be a truly multi-disciplinary team. This provides exciting opportunities for collaboration, learning and professional development.'

Ann Norman, RCN Adviser for Nursing in the Criminal Justice Service

Health and nursing care needs of offenders

Many offenders enter the criminal justice service (CJS) in poor physical and mental health because they have had limited access to, or uptake of, health care services within their own community. As well as pre-existing health needs, offenders are also at risk of health problems created as a consequence of imprisonment: through overcrowding, isolation and exposure to violence and access to illicit drugs (Viggiani, 2007). The specific health needs of offenders are wide ranging but the most common ones are:

- long term medical conditions
- mental illness
- addictions
- sexual health, blood borne viruses and communicable diseases.

Health and social care policy

A comprehensive list of the key publications and policies related to health and social care in offender health are available at www.dh.gov.uk/en/Healthcare/Offenderhealth/DH_4032016 and www.dhsspsni.gov.uk

Long term medical conditions

A higher incidence of long term conditions and chronic disease exists amongst the offender population compared to the general population (Butler, Karaminia et al., 2004). A number of national service frameworks (NSFs) have been produced to guide the delivery of services, set standards and identify key interventions for:

- coronary heart disease
- diabetes
- pain management
- chronic obstructive pulmonary disease
- renal conditions
- long term neurological conditions.

These frameworks apply just as much to people in custody as to those who live in the community.

Within the prison population, health care professionals have an ideal opportunity to promote health (DH, 2002b). Behaviour prevalent among this population such as smoking, past history of illegal drugs and hazardous drinking, and increased risks such as hepatitis, STDs, HIV and communicable diseases, can all respond to preventative interventions. Health promotion is a key aspect of the health care practitioner's role in the CJS and will include managing infectious diseases and risky behaviour, encouraging healthier lifestyles, and promoting exercise, smoking cessation and a healthy diet (DH, 2004).

National Service Frameworks

www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/index.htm

The health promoting prison. A framework for promoting health in the Scottish prison service
www.sps.gov.uk/multimedialogallery/7AC37908-F280-4895-A772-E77CF4E4CD60.pdf

Mental ill health

Offenders have very high rates of mental ill health; recent estimates suggest that up to 90% of all those in custody will have some form of mental health need (OMHCP, 2005). The offender population is at much greater risk of:

- depression
- psychosis
- suicide
- self harm.

TABLE 1: % Rates of mental illness among prisoners and the general population in England

	% Prisoners	% General population (adults of working age)
Psychosis	6-13	0.4
Personality disorder	50-78	3.4-5.4
Neurotic disorder	40-76	17.3
Drug dependency	34-52	4.2
Alcohol dependency	19-30	8.1

Source – Brooker C and Ullmann B (2008) *Out of sight, out of mind. The state of mental healthcare in prison*, London: Policy Exchange.

Mental health issues amongst offenders are often linked to previous experiences of violence at home or sexual abuse. A recent review of mental health services in the criminal justice service identified the need for

contemporary mental health services to be available to offenders before, during and on release from custody. The review also stated that no one with an acute mental illness should be held in prison (HMIP, 2007).

The Bamford Review of Mental Health and Learning Disability published a report, *Forensic services*, which represented the first major review of Forensic Mental Health and Learning Disability Services in Northern Ireland. It stated that people who suffer from mental disorder and who are subject to the CJS or whose disorder poses significant risks of serious harm to others will have their needs identified more effectively and they will be provided with timely access to assessment, support, treatment and care (Bamford Review, 2006).

The Northern Ireland Executive responded to the report stating that: “The Northern Ireland Executive is committed to improving safe, secure and supportive service provision for people who have a mental disorder and come into contact with the criminal justice system” (Northern Ireland Executive, 2008).

A number of tools have been developed to assist health care practitioners in this area of work:

- the Care Programme Approach (CPA) is designed to make sure that anyone with a mental health problem who needs support gets properly planned, co-ordinated and agreed care and has an appointed care co-ordinator (DH, 2008b).
www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083650
- the Offender Mental Health Care Pathway (DH, 2005) provides a series of templates to guide good practice and act as a framework for end-to-end management of offenders' mental health needs. (You will find a sample care pathway in Appendix 1).

In-reach services provide specialist mental health services to offenders.

Drug and alcohol misuse

Mental ill health in this vulnerable population is often associated with substance misuse. The recent Prison and Probation Ombudsmen report (PPO, 2008) highlights the need to ensure that people with substance misuse problems are identified, treated and monitored effectively, particularly within the first 72 hours of admission.

Treatment for drug/alcohol abuse is a demanding process:

- coming off substances can be an emotional roller

coaster – emotions dulled for many years by drug misuse may be unblocked

- facing the underlying causes of addiction can be traumatic
- facing the damage caused by addiction, for example, to loved ones, can be stressful.

The prevention and treatment of Hepatitis C and other blood borne viruses is paramount with this group. The treatment, care and support services provided should be equivalent to those provided in the community, and often includes methadone programmes, provision of disinfecting tablets as set out in local protocols.

Treatment of offenders who present with drug and alcohol misuse requires a collaborative approach. There are several areas of treatment – clinical services, counselling, assessment, referral, advice and through care (CARATs), and intensive rehabilitation programmes. Each has its own duty and responsibility of care towards offenders, but they are all part of a collective responsibility by the CJS as a whole. An integrated drug treatment service (IDTS) should be implemented within prisons and should be designed to address patient needs.

Custody nurses will be involved in the taking of samples (such as blood) for analysis and assessing the health of people who may be under the influence of drugs and/or alcohol.

Clinical Management of Drug Dependency in the Adult Prison Setting (DH, 2006a)
www.druglibrary.stir.ac.uk/documents/adultprisons.pdf

Sexual health and HIV

The first national strategies for sexual health and HIV were produced in 2003 and broadly aimed to modernise sexual health and HIV services in the UK by:

- reducing transmission of HIV and sexually transmitted infections
- reducing the prevalence of undiagnosed HIV and STIs
- reducing unintended pregnancy rates
- improving health and social care for people living with HIV
- reducing the stigma associated with HIV and STIs
- Chlamydia screening should be available to all held in custody who are under 25 years of age.

The offender community has higher rates of HIV, Hepatitis C and sexually transmitted infections associated with high risk lifestyles compared with the

wider population. The National Aids Trust has published a framework for best practice to assist in tackling blood borne viruses. It offers practical guidance on prevention, risk assessment and training.

National AIDS Trust www.nat.org.uk

Sexual Health Strategy

England *Better prevention, better services, better sexual health – The national strategy for sexual health and HIV*, available at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133

Scotland *Enhancing sexual wellbeing in Scotland: A Sexual Health & Relationship Strategy*

www.scotland.gov.uk/Publications/2003/11/18504/28893

Northern Ireland Health promotion – sexual health

www.dhsspsni.gov.uk/public_health_sexualhealth

Sexual health promotion strategy and action plan 2008-2013 (DHSSPS, 2008)

www.dhsspsni.gov.uk/dhssps_sexual_health_plan_front_cvr.pdf

Wales *A strategic framework for promoting sexual health in Wales*

www.wales.nhs.uk/sites3/Documents/568/WAGStrategicFramework.pdf

Barrier protection availability

Barrier protection is not always easily accessible in prisons but need to be made more readily available in order to address public health concerns and the spread of infection. To prevent transmission of infection it is vital that prisoners have access to proven, evidence-based prevention measures, including condoms, dental dams and lubricants (WHO/UNODC/UNAIDS, 2007).

A resource guide on HIV health promotion in prisons

www.nice.org.uk/nicemedia/documents/prison2.pdf

Tackling blood borne viruses in prison; A framework for best practice in the UK (NAT, 2007)

<http://areyouhivprejudiced.com/Information-and-Resources/Prisons.aspx>

A competency framework for nurses working in the specialty of sexual and reproductive health across the United Kingdom (RCN, 2008)

RCN sexual health skills course

www.rcn.org.uk/development/learning/

[rcn_sexual_health_skills_course](http://www.rcn.org.uk/development/learning/rcn_sexual_health_skills_course)

Older people

Demographic changes in the general and prison population have brought significant changes to the age profile of the prison population (DH, 2004; 2007). Undoubtedly, increasing average age will bring with it increasing health and social need for this group of people. The Department of Health has provided *A pathway to care for older offenders* (DH, 2007a) which is based on the *NSF for Older People* (DH, 2001a) and *No problems – old and quiet* (HMIP, 2004). This guides the delivery of individually planned care for older people in the CJS. A good starting point is the single assessment process (SAP) used to identify age-related health needs, particularly in relation to physical ability, long term conditions and dementia. This assessment should begin when a prisoner reaches age 60 and be repeated at six-monthly intervals.

Prisons can pose significant challenges for older people. Prison managers and health care teams will need to consider how the daily regime may need to be different in order to accommodate the specific needs of older prisoners and how they can be given additional assistance with personal hygiene, aids for daily living and medication management. Older prisoners may need additional attention for mental health issues such as depression and dementia. The health care team may also need to consider provision for palliative and end of life care.

The Scottish Prison Service has been going through major refurbishment of its prisons and in some cases has practically rebuilt establishments to meet the needs of the ageing population and the Disability Discrimination Act.

The key to implementing a pathway of care for older people successfully is in strong partnerships between health social care and welfare providers. Resettlement planning is a priority to ensure continuity of care, home adaptations and access to appropriate community-based services.

A pathway to care for older offenders: a toolkit for good practice (DH, 2007a)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079928

Women and children

Attention has recently turned to the specific health and nursing care needs of women in the CJS. In 2007, the Government commissioned *A review of women with particular vulnerabilities in the criminal justice system* (Corston, 2007). This broad-ranging review highlighted the particular needs of women in the CJS and identified the gaps in service provision. It concluded that a radically different approach is required. The government in England has acted on many of the report's recommendations, developing a national service framework for women offenders including gender-specific standards of care.

The ethos is one of court diversion where possible. Court diversion is based upon the opportunity for health care professionals to assess and appropriately treat individuals outside of the custodial setting, for example: secure mental health units, drug and alcohol treatment centres or learning disability services. The report deemed community solutions much more appropriate for non-violent women offenders than custodial sentences. It cites a programme known as *Together Women* as an example of good practice. This programme aims to help women tackle the reasons they commit crimes by working with key workers and community-based women's centres. Women can access advice on health, education and training, housing, substance misuse, finance and family issues. All the centres provide crèche facilities so that women can focus on the issues they need to address while their children are cared for in a safe environment. These facilities are vitally important, because women offenders are far more likely to be the primary carers of young children, and without care provision, their children may otherwise end up in foster care.

It is evident that in caring for women offenders there should be increased emphasis on primary mental health care and wellbeing initiatives such as *Together Women*. Work is underway in Yorkshire and Humberside to extend this type of provision, details of the scheme can be found at the link below.

National Service Framework for Women Offenders
<http://noms.justice.gov.uk/news-publications-events/publications/strategy/NSF-Women-o8>

Children and young people

The number of children sentenced to custody more than tripled between 1991 and 2006. In the UK more children are imprisoned than any other country in Western Europe. There were 3,012 children under 18 years of age in custody in April 2008, of whom 37 were under 14 years old.

The Youth Justice Board was set up to monitor the delivery of youth justice services and works closely with a wide range of children's services including schools, families, health and social care stakeholders (Prison Reform Trust, 2008).

Children's nurses and allied health professionals are able to contribute a key role in the care and treatment of young people in prison by providing purposeful activity, assisting with education and addressing alcohol, drug and mental health problems.

A lost generation: the experiences of young people in prison (Solomon, 2004)

Children of offenders review (Ministry of Justice and Department for Children, Schools and Families, 2007)
www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/offenders_review_o8o11o.pdf

People with learning disabilities

Around 20-30% of offenders are known to have a learning disability or difficulties that compromise their ability to cope with the CJS (Loucks, 2007). A learning disability (LD) is identified as:

- a significantly reduced ability to understand complex information or acquire a new skill
- a reduced ability to cope independently (social impairment)
- a condition which started before adulthood (18 years old) and has a lasting effect (DH, 2001c).

It is estimated that 1.2 million people in England have a mild to moderate learning disability. In general, people with learning disabilities are more likely to experience epilepsy, diabetes, anxiety, depression, attention deficit hyperactivity disorder (ADHD), and obesity and hypertension leading to coronary heart disease (RCN, 2006). In addition, poor health is often accompanied by complex social needs relating to housing, education and employment. This is an area that the Scottish Prison Service has neglected thus far and work focusing on meeting the needs of this vulnerable patient group is now underway.

It is vital that people with learning disabilities are recognised and supported while in the CJS. They may not understand the processes involved, the information given to them, or their rights. Without appropriate support they are likely to be extremely vulnerable to neglect, abuse and persistent re-offending.

Liaison with the community team for learning disabilities is an essential first step in supporting people with learning disabilities (LD). It may be necessary to involve an 'appropriate adult' in some CJS settings such as police custody (Police And Criminal Evidence Act, 2006). Learning disability nurses are considered a valuable addition to the nursing team working within CJS settings.

Positive Practice Positive Outcomes: *A handbook for professionals in the criminal justice service working with offenders with learning disabilities*, (CSIP, 2007).

www.hscjcp.csip.org.uk/learningdisabilities

Specification for a directed enhanced service in England for learning disabilities, (DH, 2008c).

www.dh.gov.uk

There is a significant amount of training for prison staff and resources available via Offender Health and the Department of Health.

Developing clinical practice

There has been significant progress in the last decade in developing clinical practice to deliver the kinds of high quality services required of a modern health care system in the CJS. Nevertheless, there is always more to do to ensure that services are equivalent to the care provided in the community, excellent and meet the specific needs of offenders.

Clinical governance

In simple terms clinical governance is a way of maintaining and improving the quality of care provided. It is important in encouraging a culture where everyone asks “how can we provide the best health care possible?” The key elements of clinical governance are represented below.

Figure 1: Key elements of care for the provision of high quality care

- patient, public and carer involvement
- strategic capacity and capability
- risk management
- staff management and performance
- continuous professional development
- clinical audit
- information management – patient records
- communication
- leadership
- team working.

Clinical supervision and reflective practice

Bond and Holland (1998) describe clinical supervision as: *regular, protected time for facilitated, in-depth reflection on clinical practice aimed to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development.*

Clinical supervision is recognised by nursing professional bodies and regulatory bodies, such as the Nursing and Midwifery Council and the RCN, as a supportive way to facilitate learning from experience and ensure reflective practice.

The purpose of clinical supervision and reflective practice is to encourage and promote continuous professional development and assure standards of care. All members of the nursing team in the CJS should have access to clinical supervision. This can be achieved in a variety of ways that both supports and challenges the clinical aspects of the nursing role and positively impacts on the quality of care delivered.

The Scottish Prison Service has its own model of clinical supervision and this is embedded in the nurses' personal development plans.

For further information regarding clinical supervision in prison health, please refer to Walsh et al. (2007) which details the findings of a project, funded by Offender Health to develop and implement clinical supervision in prison health care settings. At the time of writing, work is being further developed at the University of Leeds, to implement reflective practice and supervisory skills across the whole offender pathway.

Planning and guidance for clinical supervision

Clinical supervision – how and why? (NHS WIPP, 2006)

www.wipp.nhs.uk/tools_gpn/toolu6_clinical_supervision_how_why.php

Clinical supervision in prison nursing: getting started (DH, 2002a)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008231

Continuing professional development

Following the implementation of Agenda for Change (AfC) each post should have a Knowledge and Skills Framework (KSF) outline – this describes the knowledge and skills that need to be applied in a particular post. At least once a year, you and your manager/reviewer will review how you are applying knowledge and skills against the KSF outline. From this you will develop and agree a personal development plan to guide your learning and development for the year ahead. The Scottish Prison Service's *Nurse training and*

learning strategy sets the context for training and development and identifies a comprehensive range of learning opportunities (SPS, 2005).

Training and development opportunities relevant to offender health are available to nurses and HCAs via primary care trusts (PCTs) or strategic health authorities (SHAs) in England, local health boards in Wales and the Scottish Prison Service. In Northern Ireland a training needs analysis will be completed on a multi-agency basis for practitioners and other relevant staff working in forensic services and collaborative training initiated (Northern Ireland Executive, 2008).

There are a number of other opportunities in universities, including the Open University, and many scholarships and training awards. You can look for these through many organisations including the RCN, Queen's Nursing Institute, Foundation of Nursing Studies and the Butler Trust.

Research

Research in the area of offender health has increased in recent years and there is now a substantial body of evidence that relates to health care in the criminal justice service.

The Offender Health Research Network (OHRN) is funded by Offender Health at the Department of Health, and is a collaboration between several universities, based at the University of Manchester. The network has produced a number of systematic reviews about the health needs of vulnerable groups including young offenders, older people and peri-natal health care in the CJS, as well as identifying effective interventions. OHRN is committed to exploring the involvement of service users, carers and staff in the design, conduct and dissemination of research. If you are searching for evidence to support and inform your practice or wish to become involved in research then this is an excellent and informative network.

Offender Health Research Network

www.ohrn.nhs.uk

Information management and confidentiality

This is an area of great concern and interest for RCN members. Good record keeping is an essential part of professional health care practice in the CJS and helps to protect the welfare of the offender. Nurses, HCAs and health care officers (HCOs) working in this environment are required to adhere to *The Code* (NMC, 2008b) in relation to record keeping as provided by the Nursing and Midwifery Council (NMC).

All records should follow the principles of confidentiality (DH, 2003) and contain:

- a full account of the assessment
- relevant information about the person's condition at any time
- the measures taken to respond to the needs of the offender
- evidence that the duty of care has been understood and honoured
- a record of arrangements for continuing care.

When caring for people in the CJS, particularly those who may be facing prosecution or parole, there are extra concerns about sharing information, confidentiality and sensitivity of information. Similarly, the transfer of clinical information for people moving around the CJS requires special attention to make sure that appropriate clinicians, in later stages of an offender's time in the CJS, can access previous medical history and treatment episodes. Nurses need to obtain consent from the offender when disclosing information to other sources.

Sharing information

Protection and use of confidential health information in prisons and interagency information sharing (DH, 2002c)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078799

There is also specific guidance from the Department of Health about when to share information when working with young offenders:

When to share information: best practice guidance for everyone working in the youth justice system (DH, 2008d)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084703

Consent

Consent refers to the legal requirement to gain permission from a patient prior to treatment. The fact that a patient is an offender does not affect their right to determine whether or not to accept or refuse a treatment or intervention. For a patient to be able to consent, they must:

- have the 'capacity' (be competent) to make the decision
- be acting voluntarily (not acting under duress from anyone)
- be provided with enough information to be able to make decisions.

Difficult situations can arise for nurses and health care staff in the CJS where concerns about an individual's capacity to consent are compounded by serious mental health issues and behaviour likely to result in self-harm. Such situations require extremely careful handling and nurses should follow guidance provided by the appropriate department of health on seeking consent.

Seeking consent

England and Wales *Seeking consent: working with people in prison*, (DH, 2002d).

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008751

Scotland *A good practice guide on consent for health professionals in the NHS Scotland*.

www.sehd.scot.nhs.uk

Northern Ireland *Good practice in consent, consent for examination, treatment or care: a handbook for the HPSS*. www.dhsspsni.gov.uk

Administering medicines

Whilst it is certainly the case that the constraints of the CJS working environment make medicines management a particular challenge for nurses, there exists the same need to comply with NMC requirements. Registered nurses (RNs) are required to follow the NMC *Standards for medicines management* (2008a) at all times in the CJS. Talking to the pharmacist and to the medicines management committee in the local NHS trust can help the nursing team ensure they are using good practice.

Legally, the administration of controlled drugs to an offender does not require a secondary signature in a drugs record book, but it is nevertheless good practice to have a witness when you give controlled drugs. This witness can be an officer or any other member of staff.

If an HCA or HCO is required to administer medication, administration should be under the delegated direction of the registered lead nurse following an assessment of the HCA's competence. Although administration of drugs by an HCA is under the supervision of the registered nurse (RN), the RN does not have to always be present during administration. The RCN recommends that an HCA is trained to at least NVQ Level 3 to administer drugs under the direction of an RN. ***It is the responsibility of the registered nurse to ensure that the HCA or HCO is competent to undertake this or any other delegated duty.***

Local arrangements vary widely regarding self-administration of medication. The ethos in prisons tends to be geared towards offenders self-medicating and taking personal responsibility. However, this can be problematic where there are issues of bullying and where medication is used as currency. Additional attention should be paid to particularly vulnerable offenders, for example those with mental health problems or a learning disability.

Nurse prescribing is starting to develop in criminal justice health care settings. Many nurses now act as prescribers having undergone training for this. There is very detailed guidance on nurse prescribing and Offender Health is working with the National Prescribing Centre to produce further information for prison health care staff on all areas of medication management.

NMC *Standards for Medicines Management* (2008a)
www.nmc-uk.org (available on CD Rom).

Control and restraint

The use of control and restraint (C&R) is often a challenging area of practice for nurses and HCAs. Nurses should not take part in planned C&R, but may be asked to provide health care support. The rules regarding the use of control are contained in Prison Service Order (PSO) 1600, *Use of Force*, which is currently under review. Training methods are to be reviewed with a view to ensuring standards of practice are in line with other national organisations such as the police and the NHS.

In planned C&R operations, nursing staff are expected to be present throughout the intervention. The most serious risk to prisoner patients, especially in the case of prolonged or extended C&R, is positional asphyxiation.

All staff working in health care units who require training in C&R should receive the necessary training from HMPS – including staff employed by a primary care trust. Managers and staff representatives should undertake a risk assessment in collaboration with security staff, and HMPS will then provide any required training. If you do not think you are receiving the training you need, then:

- ensure your manager is aware of your concerns and keep a copy of any correspondence
- ask to see the risk assessment. If there isn't one, then contact your RCN representative for advice
- if you do not agree with the risk assessment, take this up locally with your managers and RCN representative
- if the risk assessment says you should have a certain level of training but you are not getting it, again, contact your RCN representative.

Use of Control and Restraint PSO 1600 and training manual can be downloaded at
<http://pso.hmprisonservice.gov.uk/ps01600>

Inspection

Her Majesty's Inspectorate of Prisons (HMIP) (England and Wales) has a statutory duty to inspect health care within custodial settings with a remit to:

Ensure independent inspection of places of detention and report on conditions and treatment and promote positive outcomes for those detained and the public.

Inspections are carried out using standard criteria, called 'Expectations'. Health service expectations for prisons are cross referenced with *Standards for better health* (DH, 2006b) and *Health care standards for Wales* (WAG, 2005).

HMIP has a memorandum of understanding (MoU) with the Care Quality Commission (CQC) which, in essence, establishes that HMIP inspects the delivery of health care within custodial settings, and the HCC inspects the commissioning arrangements at the relevant primary care trust. Their combined findings are submitted as part of the inspection report published following every inspection. Nurses working in prisons will need to take full account of inspection reports as they plan and deliver care, working towards improving quality outcomes.

Her Majesty's Inspectorate of Prisons

All inspection reports, 'Expectations', thematic reviews and a copy of the MoU can be found at <http://inspectorates.homeoffice.gov.uk/hmiprisons>.

Employment

This publication focuses on the professional aspects of working in the criminal justice system. There are many RCN publications available online or through RCN Direct which offer guidance to members relating to their employment. Most of these are publications that would be useful whatever sector you work in. See www.rcn.org.uk/publications for further information.

People who deliver health care to offenders may be employed by the public sector (for example, prison services, police forces or NHS) the private sector (for example, various private providers including Serco, Care UK), or third sector (for example, voluntary organisations, charities, social enterprise). Nurses working in the health care of offenders may therefore be employed under various terms and conditions.

HMPS in England and Wales and the Northern Ireland Prison Service has agreed to adopt the pay, terms and conditions of working set out in Agenda for Change (AfC). AfC pay, terms and conditions replace the previous NHS Whitley structure upon which HMPS previously based its pay awards and terms and conditions of employment for nursing staff and HCAs. Currently all health care staff employed by the Scottish Prison Service have different pay, terms and conditions from those employed in the NHS.

Agenda for Change

www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingpay/Agendaforchange/index.htm

www.rcn.org.uk/agendaforchange

If you have specific employment queries you can contact RCN Direct for advice, 0845 772 6100, www.rcn.org.uk/direct.

Conclusion

This RCN publication has been designed to act as a signposting tool to good practice but it is not exhaustive. Policies and good practice exist in many formats and in a wide variety of places. Guidance and good practice will differ from one type of service to another. This will be influenced by the population needs, age, location and physical environment. What is clear is that most existing good practice is adaptable and can be used with the creativity that exists in the nursing workforce.

It is important when reading this resource the nurse is mindful of the particular policy differences in all of the four UK countries.

The RCN is committed to supporting an effective nursing workforce within justice services and by showcasing much of the good practice that exists there in.

Resources

Asylum seekers

www.harpweb.org.uk (accessed 24/4/09) (Web). The health for asylum seekers and refugees site provides a useful tool for those working with immigration detainees and foreign national prisoners.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_4123594 (accessed 24/4/09) (Web). Translated health-related material can be found using the Department of Health website.

Black and minority ethnic people

The Race for Justice Campaign aims to raise awareness of the inequalities faced by black and minority ethnic men and women in the criminal justice system and the positive role that can be played by the voluntary and community sector in addressing this.

www.raceforjustice.net (accessed 24/4/09) (Web).

Confidentiality

Royal College of Nursing (2005) *Confidentiality. RCN guidance for occupational health nurses*, available at: www.rcn.org.uk/publications (accessed 24/4/09) (Web). Although specifically aimed at occupational health nurses, this publication contains much useful information around the issue of confidentiality.

Drug and substance misuse

A recently published report by David Blakey makes recommendations on how to improve the effectiveness of the prison service's measures for disrupting the supply of illegal drugs into prisons and whether any additional measures might be possible.

www.justice.gov.uk/publications/disrupting-drugs-prisons.htm (accessed 24/4/09) (Web).

NICE Clinical Guidelines (51 and 52) *Drug misuse: psychosocial interventions* (51) and *Drug misuse: opioid detoxification* (52), available at: www.nice.org.uk/Guidance/CG51 (accessed 24/4/09) (Web).

Prison Service Instruction document, *Prison Drug Treatment and Self Harm document*, available at: http://psi.hmprisonservice.gov.uk/PSI_2005_46_drug_treatment_and_self_harm.doc (accessed 24/4/09) (Web).

Clinical management of drug dependence in the adult prison setting including psychosocial treatment as a core part. The first wave model describes how psychosocial services (CARAT) will be provided, available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063064 (accessed 24/4/09) (Web).

Tackling drugs, changing lives is a website for practitioners working with a broad range of information about drug misuse prevention and classification: <http://drugs.homeoffice.gov.uk> (accessed 24/4/09) (Web).

Specialist Clinical Addiction Network (2008) *SCAN Consensus Project 2: Substance misusing clients with mental health problems*, available at: www.scan.uk.net (accessed 24/4/09) (Web). This is a brief practitioner's guide to recognising and referring clients with both substance misuse and mental health problems. The guide also includes a template for criminal justice integrated teams to record relevant local contacts who can advise on, or accept urgent and non-urgent referrals of clients with co-occurring mental health problems.

The volatile substance abuse toolkit is available at: <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/VSAtoolkit> (accessed 24/4/09) (Web).

Mental ill health

Department of Health (2005) *Offender mental health care pathway*, available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4102231 (accessed 24/4/09) (Web).

The Mental Health Act (2007) is available at: www.opsi.gov.uk/acts/acts2007/ukpga_20070012_en_1 (accessed 24/4/09) (Web).

Her Majesty's Inspectorate of Prisons (2007) *The mental health of prisoners. A thematic review of the care and support of prisoners with mental health needs*, available at: http://inspectorates.homeoffice.gov.uk/hmiprisoners/thematic-reports1/Mental_Health.pdf (accessed 24/4/09) (Web). This report considers the conditions and treatment of mentally disordered people in prisons.

Sainsbury Centre for Mental Health has a priority programme of research and policy development to improve the quality of mental health care for people in prison, see: www.scmh.org.uk (accessed 24/4/09) (Web).

Working with mentally disordered offenders (CD-Rom) A training pack for staff in criminal justice agencies, health and social care, and the voluntary sector. Available at: www.dawsonmarketing.co.uk/nacro (accessed 24/4/09) (Web).

Rethink is a mental health charity and the website provides a wide variety of information to help care for people with mental ill health: www.rethink.org (accessed 24/4/09) (Web).

Mind, the charity dealing with issues for people with mental health problems: www.mind.org.uk (accessed 24/4/09) (Web).

Learning disabilities

Department of Health (2009b) *Valuing people now: from progress to transformation*, London: DH.

Independent inquiry into access to health care for people with learning disabilities, available at: www.iahpld.org.uk (accessed 24/4/09) (Web). Sir Jonathan Michael's inquiry sought to identify the action needed to ensure adults and children with learning disabilities receive appropriate treatment in acute and primary health care in England.

Resources for working with offenders who have learning disabilities: www.library.nhs.uk/learningdisabilities (accessed 24/4/09) (Web) www.ldoffenders.co.uk (accessed 24/4/09) (Web).

Foundation for People with Learning Disabilities promotes the rights, quality of life and opportunities for people with learning disabilities and their families: www.learningdisabilities.org.uk (accessed 24/4/09) (Web).

No One Knows is a UK-wide programme led by the Prison Reform Trust that aims to effect change by exploring and publicising the experiences of people with learning difficulties and learning disabilities who come into contact with the criminal justice system. See: www.prisonreformtrust.org.uk (accessed 24/4/09) (Web).

Royal College of Nursing (2006) *Meeting the health needs of people with learning disabilities; guidance for nursing staff*, available at: www.rcn.org.uk (accessed 24/4/09) (Web).

Valuing people is the Government's plan for making the lives of people with learning disabilities and their families better. A Valuing People Support Team is available in each region to help you. See <http://valuingpeople.gov.uk/index.jsp> (accessed 24/4/09) (Web).

Older people

Department of Health (2007) *A pathway to care for older offenders: a toolkit for good practice* is available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079928 (accessed 24/4/09) (Web).

Sexual health and HIV

Government guidance for working with sexual health and HIV patients is provided in: *Better prevention, better services, better sexual health – The national strategy for sexual health and HIV*, available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133 (accessed 24/4/09) (Web).

Effective sexual health promotion: a toolkit for primary care trusts and others working in the field of promoting good sexual health and HIV prevention, is available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005141 (accessed 24/4/09) (Web).

The National AIDS Trust (2007) *Tackling blood borne virus in prisons – an evaluation*, available at: www.nat.org.uk (accessed 24/4/09) (Web).

WHO/UNODC/AIDS (2007c) *Effectiveness of interventions to address HIV in prisons – measures to decrease sexual transmission*, available at: www.who.int/entity/hiv/idu/oms_ea_hiv_treatment_df.pdf (accessed 24/4/09) (Web).

Women and children

The Corston Report; a review of women with particular vulnerabilities in the criminal justice system, at: www.homeoffice.gov.uk/documents/corston-report (accessed 24/4/09) (Web).

The Ministry of Justice response is given in: *Government's response to the report by Baroness Corston of a review of women with particular vulnerabilities in the criminal justice system*, available at: www.justice.gov.uk/docs/corston-review.pdf (accessed 24/4/09) (Web).

The offender management guide to working with women offenders also provides general guidance. <http://noms.justice.gov.uk/news-publications-events/publications/guidance/OM-Guide-Women> (accessed 24/4/09) (Web).

Women at risk: the mental health of women in contact with the judicial system provides many examples of good practice. See: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126680 (accessed 24/4/09) (Web).

The National Service Framework for children, young people and maternity services is at: www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/DH_4089111#_2 (accessed 24/4/09) (Web).

Young people

The Youth Justice Board website provides specialist information about the specific needs and treatment of youth offenders in the justice system. See: www.yjb.gov.uk/en-gb/yjs (accessed 24/4/09) (Web).

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights. See: www.everychildmatters.gov.uk/uncrc (accessed 24/4/09) (Web).

The Children's NSF is a 10-year programme intended to stimulate long-term and sustained improvement in children's health. See: www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Children/DH_4089111 (accessed 24/4/09) (Web).

Policy and law

Policy

Each of the four countries of the UK has its own policies in relation to how the health and social care needs of offenders within the CJS should be met.

Prison Service for England and Wales

www.hmprisonservice.gov.uk (accessed 24/4/09) (Web).
www.homeoffice.gov.uk (accessed 24/4/09) (Web).

www.dh.gov.uk/en/Healthcare/Offenderhealth/index.htm (accessed 24/4/09) (Web).

National Offender Management Service (NOMS), at: www.noms.homeoffice.gov.uk (accessed 24/4/09) (Web).

Prison Service for Northern Ireland

www.dhsspsni.gov.uk (accessed 24/4/09) (Web).

Prison Service for Scotland

www.sps.gov.uk (accessed 24/4/09) (Web).

Prison Service Instructions (PSIs) and Prison Service Orders (PSOs) are the rules, regulations and guidelines by which prisons are run. These are outlined at: www.hmprisonservice.gov.uk/resourcecentre/psispsos/istpsos (accessed 24/4/09) (Web).

Inspectorate of Prisons

www.inspectorates.homeoffice.gov.uk/hmiprisons (accessed 24/4/09) (Web).

Her Majesty's Inspectorate of Prisons for England and Wales (HMI Prisons) is an independent inspectorate which reports on conditions for and treatment of those in prison, young offender institutions and immigration removal centres.

Police custody

<http://police.homeoffice.gov.uk/operational-policing/powers-pace-codes/custody.html> (accessed 24/4/09) (Web).

Law

The law in relation to each of the four UK countries (England, Wales, Northern Ireland and Scotland) differs and can be found at: www.opsi.gov.uk/acts (accessed 24/4/09) (Web) and www.statutelaw.gov.uk (accessed 24/4/09) (Web).

It is important to familiarise yourself with important pieces of legislation such as the Immigration, Asylum and Nationality Act 2006; Police and Justice Act 2006; Criminal Justice and Immigration Act 2008; as well as human rights, mental health and disability discrimination legislation in the respective countries.

Research

Offender Health Research Network, at: www.ohrn.nhs.uk (accessed 24/4/09) (Web).

Developing practice

Clinical governance

Clinical governance: an RCN resource guide is a comprehensive guide for nurses for ensuring clinical governance, available at: www.rcn.org.uk/publications (accessed 24/4/09) (Web).

Clinical supervision

Department of Health (2002) *Clinical supervision – getting started*, available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008231 (accessed 24/4/09) (Web).

Freshwater D, Storey L, Walsh L (2001) *Establishing clinical supervision within prison nursing*. Report on project commissioned by DH, FONS, and UKCC. Bournemouth: Bournemouth University.

Freshwater D, Storey L, Walsh L (2002) Prison Health Care: Developing leadership through clinical supervision, *Nursing Management*, 8 (8), pp.10-13.

Freshwater D, Storey L, Walsh L (2002) Prison Health Care Part 2: Developing leadership through clinical supervision, *Nursing Management*, 8 (9), pp.16-20.

Walsh E, Dilworth S and Freshwater D (2007) *Establishing clinical supervision in prison health care settings. Phase 3, a report for Offender Health and Department of Health*, Bournemouth: Bournemouth University.

Continuing professional development

Department of Health (2004) *They're not just patients or prisoners. They're people*. If you are considering working in the criminal justice service this useful leaflet is written by people working within the service. See: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4070151 (accessed 24/4/09) (Web).

An education and training framework for staff providing healthcare in prisons, available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122153 (accessed 24/4/09) (Web).

www.nhscareers.nhs.uk (accessed 24/4/09) (Web).

Department of Health (2003) *Prison health induction framework*, London: DH. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4077484 (accessed 24/4/09) (Web).

Council for Healthcare Regulatory Excellence

The Council for Healthcare Regulatory Excellence is the health professions' watchdog. Its primary purpose is to promote the health, safety and wellbeing of patients and the public. It has published some useful guidance on clear sexual boundaries between patients and health care professionals, see: www.chre.org.uk (accessed 24/4/09) (Web).

Custody nurses

National Occupational Standards for health care professionals working in police custody are available at: www.skillsforhealth.org.uk/js/uploaded/Police%20Custody/Functional%20Map%20for%20HPC%20August%202007.pdf (accessed 24/4/09) (Web).

At the time of going to press there is a review of National Occupational Standards for custodial health care by Skills for Justice.

Defending Dignity RCN campaign

www.rcn.org.uk/dignity (accessed 24/4/09) (Web).

Department of Health

Department of Health (2007) *Good practice in prison health*, this compiles examples of good practice in all aspects of health and social care throughout the UK available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_076878 (accessed 24/4/09) (Web).

Health promotion in prisons

For England and Wales:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006230 (accessed 24/4/09) (Web).

For Scotland: *The health promoting prison. A framework for promoting public health in Scottish prisons*, available at:
www.sps.gov.uk/multimedialogallery/7AC37908-F280-4895-A772-E77CF4E4CD60.pdf (accessed 24/4/09) (Web).

A number of public health work-streams are also underway, for latest updates see: www.hsccjp.csip.org.uk (accessed 24/4/09) (Web).

National Prescribing Centre

Produces publications providing evidence-based reviews of medicines and prescribing-related issues. Includes bulletins and lists of topics: www.npc.co.uk (accessed 24/4/09) (Web).

NPC document, *Medication in-possession: A guide to improving practice in secure environments*, available at: www.npc.co.uk/policy/resources/Medication_in_possession_guide.pdf (accessed 24/4/09) (Web).

NHS Institute for Innovation and Improvement

The NHS Institute for Innovation and Improvement has many links on its website to support practitioners in developing practice: www.institute.nhs.uk (accessed 24/4/09) (Web).

Nursing and Midwifery Council

The code: standards of conduct, performance and ethics for nurses and midwives (2008b) Nurses and health care assistants are bound by the Nursing and Midwifery Council (NMC) code, which contains standards for conduct, performance and ethics: www.nmc-uk.org (accessed 24/4/09) (Web).

Queen's Nursing Institute

www.qni.org.uk (accessed 24/4/09) (Web).

Smoking cessation

Stop Smoking support in HM Prisons: the impact of nicotine replacement therapy – executive summary and best practice checklist, available at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4134515 (accessed 24/4/09) (Web).

Clearing the air 2: guidance for nurses (RCN, 2002)
www.rcn.org.uk/publications (accessed 24/4/09) (Web).

Other useful websites

NACRO

NACRO is a charitable organisation aimed at crime reduction. It provides useful resources and guidance for staff as well as some services such as resettlement and education for offenders: www.nacro.org.uk (accessed 24/4/09) (Web).

Prison Reform Trust

The Bromley briefings provide up to date statistics and facts about the number of people in prison: www.prisonreformtrust.org.uk/factfiles (accessed 24/4/09) (Web).

Butler Trust

The Butler Trust is an independent charity that recognises commitment, hard work and the innovation of those working in UK prisons, through its annual award scheme and Development Programme: www.thebutlertrust.org.uk (accessed 24/4/09) (Web).

Independent Review of Criminality Information

The ROCI examines the way in which criminality information is shared between agencies and services both within the UK and internationally to protect the public. Report at: <http://police.homeoffice.gov.uk/about-us/police-policy-operations/criminality-information-unit> (accessed 24/4/09) (Web).

Prisons and Probation Ombudsman (PPO)

The Prisons and Probation Ombudsman investigates all deaths that occur in prison or young offender institutions, probation approved premises (often known as hostels), and immigration removal centres, whatever the cause of death. Some people may have died of natural causes, others may have taken their own life, while for some the cause of death may initially be unknown. The investigation tries to provide answers to family and friends about what happened. If failings are found, recommendations for improvements are made.

www.ppo.gov.uk/publications/fatal-incidents/index.html

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Department of Health (2001c) *Valuing People: a new strategy for learning disability for the 21st century*, London: The Stationery Office. Accessible at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007429 (accessed 24/4/09) (Web).

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Department of Health (2002b) *Health promoting prisons: a shared approach*. Accessible at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006230 (accessed 24/4/09) (Web).

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Department of Health (2002d) *Seeking consent: working with people in prison*, London: DH. Accessible at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008751 (accessed 24/4/09) (Web).

Department of Health (2003) *Confidentiality: NHS Code of Practice*. Accessible at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253 (accessed 24/4/09) (Web).

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[s/PublicationsPolicyAndGuidance/DH_4094550](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550) (accessed 24/4/09) (Web).

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Department of Health (2007a) *A care pathway for older offenders: a toolkit for good practice*, London: DH. Accessible from: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079928 (accessed 24/4/09) (Web).

Department of Health (2007b) *Improving health, supporting justice*, London: The Stationery Office.

Department of Health (2008) *A pathway to care for older offenders*, London: DH.

Department of Health, Social Services and Public Safety for Northern Ireland (2008) *Sexual health promotion strategy and action plan 2008-2013*, Belfast: DHSSPSNI.

Department of Health (2008a) *Care programme approach*, London: DH. Accessible at www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083650 (accessed 24/4/09) (Web).

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Appendix 1: criminal justice care pathway

Reproduced with kind permission of Graham Durcan, Sainsbury Centre for Mental Health from Offender Mental Health Care Pathway (2005)
Offender mental health – a case for change.

Criminal justice care pathway							
Early intervention		Criminal justice decision making		Through-care and recovery			
Prevention	Pre-arrest	Point of arrest	Arrest/pre-court	Bail, remand and sentencing	Custody/detention	Community	
Critical partners	<ul style="list-style-type: none"> • SureStart workers • Schools • Children's Trust and social care • YOS crime prevention • Families/carers 	<ul style="list-style-type: none"> • CAMHS • Social care • Police • CMHTs • CJLD schemes • Appropriate adults • Families/carers 	<ul style="list-style-type: none"> • CAMHS • CJLD schemes • CPS • Custody sergeant • Forensic medical examiners • CPNs • Psychiatrists • Appropriate adults • Families/carers 	<ul style="list-style-type: none"> • YOTs • CAMHS/CMHTs • Sentencers • CJLD worker • Court duty officer • Bail support worker • Social care 	<ul style="list-style-type: none"> • Prison in-reach and health care • Substance misuse • Secure care workers • Safer custody • Forensic services • Psychology • Chaplaincy • Families/carers 	<ul style="list-style-type: none"> • YOTs/CAMHS/RAP/CMHTs • Housing dept. and tenancy support • Employers • Substance misuse • Primary care • Probation • Families/carers • Faith groups/BME community support 	
Mechanism	<ul style="list-style-type: none"> • Common Assessment framework (CAF) • Positive activities • Youth support workers in school programmes • Youth inclusion • Multi agency preventative panels 	<ul style="list-style-type: none"> • Youth inclusion and support • Multi agency preventative panels • Proactive and skilled primary mental health care • Training • S. 136 	<ul style="list-style-type: none"> • CAF • Training and mental health awareness • Crisis intervention teams (CIT) • S. 136 • Triage 	<ul style="list-style-type: none"> • Training • Assessment referral • CJLD scheme presence • Information sharing 	<ul style="list-style-type: none"> • CJLD triage report • Psychiatric report • Mental health options (MHTRs, CTOs, guardianship orders, hospital orders, voluntary hospitalisation) 	<ul style="list-style-type: none"> • Multi-disciplinary referral meetings • MAPPA/MAPPPs • Parole process • S. 117/CPA • Brief interventions • Treatment programmes • Assessment for transfer to hospital 	<ul style="list-style-type: none"> • CPAs 117/licence • Benefit advice • Housing advice • Employment opps. • Education/training courses • MAPPA/MAPPPs • Advocacy and support • Leisure activities
Objectives	<ul style="list-style-type: none"> • Early identification of risk factors and supporting protective factors for vulnerability, mental health and offending 	<ul style="list-style-type: none"> • Identify vulnerable people pre-crisis • Direct/alert mental health services • Prevent vulnerable people from coming into contact with the criminal justice system • Support carers and families 	<ul style="list-style-type: none"> • Facilitate police discretion • Create options for police officers other than arrest (CPAs; s. 136) • Eliminate service exclusions policies • Increase partnership working with CMHTs 	<ul style="list-style-type: none"> • Identification of mental health problems • Appropriate use of cautions • Appropriate referral to CMHTs • timely mental health reports 	<ul style="list-style-type: none"> • Improved understanding and use of mental health options by the court • Avoidance of remand and imprisonment where appropriate • Co-ordinated packages of holistic care 	<ul style="list-style-type: none"> • Continuity of holistic care • Liaison in and out • Screening • Safety • Appropriate transfer to hospital 	<ul style="list-style-type: none"> • Social inclusion • Reduce reoffending • Improve health outcomes • Support stabilisation, aspirations and positive lifestyle change

Appendix 1: key

BME	Black and minority ethnic
CAF	Common assessment framework
CAMHS	Child and adolescent mental health services
CIT	Crisis intervention teams
CJLD	Criminal justice liaison department
CMHTs	Community mental health team
CPAs	Care programme approach
CPNs	Community psychiatric nurses
CPS	Crown prosecution service
CTOs	Community treatment orders
IDTS	Integrated drug treatment service
MAPPA	Multi-agency public protection arrangements
MAPPPS	Multi-agency public protection panels
MHTRs	Mental health treatment requirements
RAP	Resettlement and aftercare programme
YOS	Youth offending service
YOTs	Youth offending teams
S. 136	section 136 of the Mental Health Act
S. 117	section 117 of the Mental Health Act

Appendix 2: Statement of purpose

HM Prison Service (England and Wales)

Statement of purpose

Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Our duty is to look after them with humanity and help them lead law-abiding and useful lives in custody and after release.

Our vision

- To provide the very best prison services so that we are the provider of choice.
- To work towards this vision by securing the following key objectives.

Objectives

To protect the public and provide what commissioners want to purchase by:

- holding prisoners securely
- reducing the risk of prisoners re-offending
- providing safe and well-ordered establishments in which we treat prisoners humanely, decently and lawfully.

In securing these objectives we adhere to the following principles:

Our principles

In carrying out our work we:

- work in close partnership with our commissioners and others in the CJS to achieve common objectives
- obtain best value from the resources available using research to ensure effective correctional practice
- promote diversity, equality of opportunity and combat unlawful discrimination, and
- ensure our staff have the right leadership, organisation, support and preparation to carry out their work effectively.

Northern Ireland Prison Service

Statement of purpose

“The Northern Ireland Prison Service, through our staff, serves the community by keeping in secure, safe and humane custody those committed by the courts; by working with prisoners and with organisations, seeks to reduce the risk of re-offending; and in so doing aims to protect the public and to contribute to peace and stability in Northern Ireland.”

Our vision

“To be recognised as a model of good practice in dealing with prisoners and to be valued and respected for our service to the community.”

Our values

- Recognising that the service requires the commitment of all of us.
- Leading well and behaving with integrity.
- Upholding prisoners' human rights and working with them as individuals to become law-abiding.
- Ensuring that we each have the required skills and competencies.
- Accepting responsibility and accountability.
- Managing resources, including our time, cost effectively.
- Showing an innovative approach to our work.
- Team-working and acting in partnership with other organisations.
- Demonstrating a commitment to fairness, equality and respect for each other and those we are in contact with.

Scottish Prison Service

The key aims (the Mission Statement) of the Scottish Prison Service are:

- to keep in **Custody** those committed by the courts
- to maintaining good **Order** in each prison
- to **Care** for prisoners with humanity
- to provide prisoners with a range of **Opportunity** to exercise personal responsibility and to prepare for release
- to play a full role in the integration of offender management services.

These aims are central to our new **Vision** for the future.

Our Mission tells us what to do, the vision is aimed at making us do it better by concentrating on key themes.

There are five:

- leadership in correctional service
- a prison estate that is fit for the purpose
- highest standards of service
- respect for our staff
- value for money for the taxpayer.

Correctional excellence

In a very real sense we already have many of the elements of a correctional service within SPS; for example, in the programmes we deliver and the work we do in preparing prisoners for life on the outside. We aim to ensure that the prisoners we deal with are less likely to re-offend.

In the future we must ensure that we play a bigger role in correction. This means that as well as developing programmes which are effective in making prisoners face up to and address their offending behaviour we also have to build on the relationships we already have with other agencies, and develop new partnerships.

A prison estate that is “fit for purpose”

A prime concern for the service is to ensure that we have a prison estate that is fit for the 21st century – where the living conditions for prisoners and the working conditions for staff will serve our goal of correctional excellence.

We need to use the funds that are now available to us from the executive to end the undesirable practice of slopping out as soon as possible. This will of course,

mean that some difficult decisions have to be made – decisions, which will have a direct effect on many people within the service.

We must recognise that our job is to provide a vital service for the people of Scotland and that the service has to be provided in the way which best meets their needs rather than the convenience of those of us who work within the service.

Highest standards of service

We will aim for consistently high standards, not the cheap and cheerful. We are committed to being the kind of organisation that makes quality a part of everything we do. As well as developing management techniques and monitoring systems that will guarantee we provide this quality we also need the commitment of all of our staff to the idea of quality and the need to constantly improve.

We will look everywhere for best practice. By learning lessons from the wider world, as well as from each other we will build on what we have already achieved.

Respect for our staff

The Scottish Prison Service is proud of our people. We recognise that our staff work in difficult circumstances and are dedicated and skilled. But our image is not good and often that is a self-inflicted wound. We all have a responsibility to make sure that the work we do is recognised in the wider community.

Over the next three years we intend actively to promote the work of the service to the people of Scotland and do all that we can to ensure that our work is valued by society. But staff at all levels also need to play their part by being positive about the service and selling it to the wider public.

Value for money for the taxpayer

We must demonstrate that the service we provide represents value for money for the people of Scotland.

We must make the most effective use possible of the resources we are allocated. We must reduce our costs so that we are in the same ballpark as our competitors. We do not have to be the cheapest, but if our costs are more than those of our competitors we must be able to show that the quality of what we do is worth that extra cost.

The whole purpose of the move towards a focussed correctional agenda is to show that the work we do can and does make a difference to the behaviour of those who have passed through our care.



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