

# WEST MIDLANDS REGIONAL DEVELOPMENT CENTRE

Prison Healthcare

**Supporting Document for:  
INPATIENT SELF ASSESSMENT**

# CONTENTS

Section	Page number
BACKGROUND/CONTEXT	2
HEALTH NEEDS ASSESSMENT	3
REVIEW OF LITERATURE AND GOOD PRACTICE	4
SUMMARY	10
REFERENCES	11

## GUIDANCE AND SUPPORT FOR PRISON INPATIENT FACILITIES

### BACKGROUND/CONTEXT

The offender health programme in the West Midlands has sought to develop guidance and support for prison in-patient facilities in the West Midlands; that facilitate effective health and social care delivery, and enable patients to participate in the prison regime.

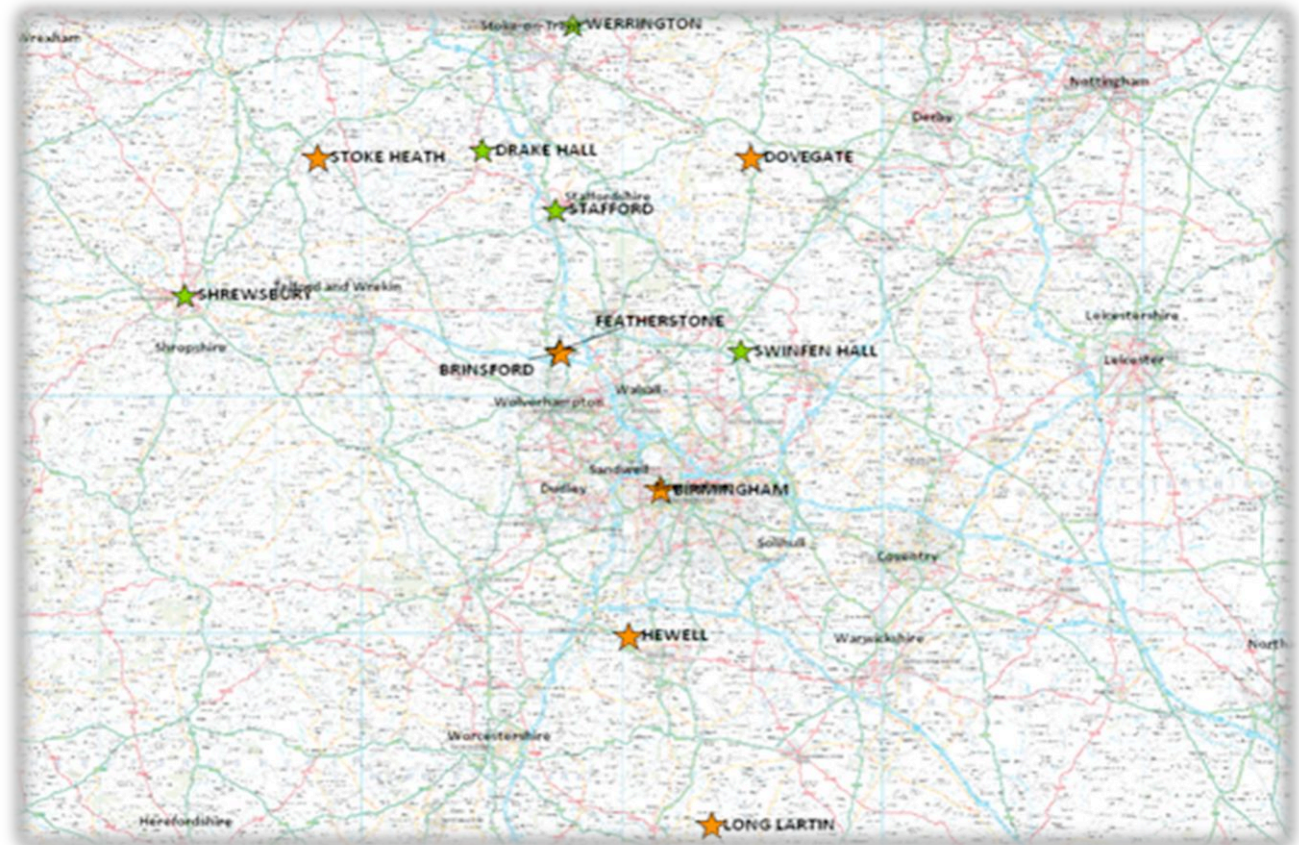
This document has therefore been developed to provide guidance and support for the co-ordination of a prison inpatient service in prisons within the West Midlands region. Information regarding the following criteria are exclusions from the scope of this document:

- Specific Patient Treatment or care planning, and
- The structure and use of prison service operational staff.

### West Midlands Region

In the West Midlands there are inpatient facilities at:

- ★ HMP Birmingham
- ★ HMP/YOI Brinsford
- ★ HMP Dovegate
- ★ HMP Hewell, and
- ★ HMP/YOI Stoke Heath
- ★ HMP Long Lartin



## HEALTH NEEDS ASSESSMENT

In order to meet the expectations of Her Majesty's Inspectorate of Prisons (2008) an inpatient service should be informed by the assessed needs of the prison population and 'planned, provided and quality assured through integrated working between the prison and it's local health economy'.

Policies should be developed for:

- Access and Discharge
- Treatment and Interventions
- The physical environment
- Human Resources and Staff Development
- Legal and Other Issues, and
- Equality and Anti-discriminatory practices

Furthermore, there should be a Joint Workforce Plan in place 'which is coherent with the Prison Health Delivery Plan'. This plan should be 'based upon up to date demand assessment, review of recruitment and retention, current workforce reviews' (DH, 2008)

## REVIEW OF LITERATURE AND GOOD PRACTICE

### Assessment and Care Planning

- a. The admission of a prisoner to an inpatient service should be primarily dependent upon symptomatology, whilst considering their past health (DH, 2002).
- b. It is good practice to engage with the local PCT or mental health in-reach team to ensure that the appropriate arrangements for prisoners with mental health issues are made (HMPS, 2005b).
- c. Efforts should be made to retrieve any information required from the prisoner's GP or other relevant service he/she has recently been in contact with. The prisoner's explicit consent should be obtained before doing this, although in exceptional circumstances information may be requested and disclosed without consent (HMPS, 2006a).
- d. Prisoners who, under normal circumstances, would be admitted to the prison inpatient service should not be 'unnecessarily restricted by security procedures' (HMIP, 2008). A robust risk assessment procedure should be implemented to inform an appropriate level of security (DH, 2002).
- e. 'The needs of young people should be identified and met through a comprehensive assessment and the provision of an appropriate environment' (DH, 2002). The same action should be orchestrated in relation to the treatment of older adults and women.
- f. Patients should 'receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway' (DH, 2004b).

### Medication and Medications Management

- a. Systems should be in place to ensure that medicines are handled safely and securely. There should be safe pharmaceutical stock management and use (HMIP, 2008).
- b. It is important that prisoners are 'informed of pharmacological treatments and should, whenever possible, be included in the decision making of their medication treatments' (DH, 2002). Any prisoners taking medication should be monitored closely for side effects. In addition to this; medications with the least side effects for the individual should be preferred, 'such as atypical neuroleptics and newer antidepressants' (DH, 2002).
- c. The pharmacy available to prisoners should be equivalent to that available in the community 'which includes direct access to advice by appropriately trained pharmacy staff, information about the benefits and risks of medications, and the self administration of medication' (HMIP, 2008).
- d. Prisoners prescribed long-term medications should receive them without gaps or delays (HMIP, 2008).
- e. On release, medication appropriate to the clinical need, should be provided to ensure supply until a GP prescription can be obtained (HMPS, 2004b)

### Staffing, Resources and Training

- a. The service should include an appropriate mix of the following appropriately trained staff:
  - Medical
  - Nursing
  - Reception
  - Administrative
  - Discipline

- Other ancillary or specialist staff to reflect prisoners' needs (HMIP, 2008)
- b. Training focused on a clear philosophy of patient care should be given, covering:
  - Management and Administration
  - Assessment
  - Treatment and Care Management
  - Interpersonal Skills, and
  - Collaborative Working. (DH, 2002)
- c. It is good practice to ensure that all those involved in the care of the prisoner, including non-clinical staff receive appropriate training (DH, 2002).
- d. A system needs to be implemented that informs non-regular staff and others that they need to adhere to while in the inpatient unit (DH, 2002).
- e. Shared in-house multidisciplinary training, education, and practice development activities should occur on the unit on at least a monthly basis and team-building exercises should be attended every 6 months (DH, 2002).
- f. In order to adhere with national standards, and achieve a PHPQI of green status, the inpatient service must ensure that 'Each staff member has an up to date personal development plan, which is reviewed on a regular basis, no less than every six months, this personal development plan contains specific reference to the training needs of the individual and the organisation' (DH, 2008).
- g. Training including how to recognize the signs of mental health problems and how to identify social care needs should be undertaken by all staff that work with older people (HMIP, 2008).

- h. In order to adhere with national standards, and achieve a PHPQI of green status, a Joint Workforce Plan should be 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. and includes optimising opportunities for joint training across organisational boundaries' (DH, 2008).

### **Multidisciplinary Planning and Joint Working**

- a. An inpatient service should have clear and documented links with other agencies involved in the care of a prisoner. The service should be able to provide a description of the care that is offered and provide agencies with a record of the care that the prisoner has received whilst admitted (DH, 2002).
- b. All prisoner clinical records should be kept (in accordance with the Data Protection and the Caldicott principles) so that they may be retrieved should the prisoner return (HMIP, 2008).
- c. In order to adhere with national standards, and achieve a PHPQI of green status, the inpatient service should meet the following conditions regarding the continuity of case management: 'The Prison/ PCT partnership, working with social services (or children's services in the case of YOIs) is prioritising this aspect of care delivery and is working in a whole systems way to identify and address all obstacles to full continuity of care as offenders move through the criminal justice system' (DH, 2008)
- d. ACCTThe inpatient service may adopt various interventions to treat prisoners with serious mental health problems, which can be biological (see 'Medication' below), psychological, social or environmental.. It is best practice to provide the intervention(s) based on a comprehensive assessment of the prisoner; where evidence exists to support the use of such intervention(s) (DH, 2002).

## Observation Cells

a. The Department of Health's *Mental Health Policy Implementation Guide*, produced to inform general adults services within Psychiatric Intensive Care Units (PICU) and Low Secure Environments, outlines the following essential design features:

- 'As many clear lines of sight as possible should be available, avoiding numerous corners and corridors'.
- 'All doors (with the exception of the bathrooms and toilets) should be fitted with a polycarbonate observation panel. This will enhance safety when moving around the unit by ensuring that the staff and patients can see the other side of doors'.
- 'Bathrooms and toilets may be fitted with a "fish eye" observation lens. A lockable panel should cover this'
- 'Bedrooms should be fitted with a louvre type window controlled from the outside'
- 'Switches with a dimmer, one located inside and the other outside the room should control bedroom lights. This will allow for nighttime observation'.
- 'Where corridors meet, and in other areas without clear lines of sight, convex mirrors can be fitted at ceiling level to allow views around corners'.

(DH, 2002)

## Environment

a. HMIP (2008) clearly state that 'health services bed spaces should not form part of the prison's certified normal accommodation (CNA) and admission should only be on assessment of clinical need'. HMIP further highlight that inpatient facilities should not be used 'by default to accommodate prisoners with disabilities or those having difficulty coping with the prison'.

b. It is recommended that for 'effective and safe care' a bed occupancy rate of 85% should be maintained as 'a high or excessive rate of bed occupancy brings risks to patients and others because services are unable to admit patients in an emergency and may discharge others

prematurely in order to create an available bed' (Royal College of Psychiatrists, 2009). It has also been highlighted that overcrowding can have a negative effect on staff, causing greater stress, impacting on their primary role.

- a. The design of the inpatient unit 'should maximise the primary functions of safety, therapy and security' and 'gender specific areas such as bedrooms, corridors, bathrooms and toilets are needed as outlined in 'Safety, Privacy and Dignity in Mental Health settings' DoH' (DH, 2002). For a full specification describing the recommended design of a prison inpatient unit refer to chapter 4 of *National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments*.
- b. Patients should be 'cared for in conditions that are accessible to all and that maintain decency, privacy and dignity' (HMIP, 2008).
- c. The inpatient unit should be kept clean at all times, and meet the PHPQIs criteria for green status, which requires that the following conditions are met:
  - The Prison Health care centre and clinical areas are fully integrated with PCT environmental monitoring systems
  - There is evidence of regular infection control audits
  - The Health Care 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 health care facility is assessed by the head of health care as being clean to NPSA (Standards for Better Health) standards.
- d. HMIP (2008) emphasise that 'the decoration and cleanliness of all rooms used for health services' should be 'consistent with the

(DH, 2008)

promotion of health and well being and have appropriate infection control facilities’.

### **Therapeutic Activities**

- a.** The inpatient service should ensure that all prisoners are provided with an intensive, multidisciplinary, therapeutic program and evidenced-based interventions whilst admitted to the service (DH, 2002).
- b.** Recreational activities (engaging in creative work, hobbies and special interests for example) may be used as a therapeutic diversional intervention (DH, 2002).
- c.** HMIP (2008) state that inpatients should ‘have access to day care that provides constructive activity, with access to the same range of activities as other prisoners unless their clinical condition precludes it’. Prisoners should also have access to probation driven courses and other similar courses unless their clinical condition precludes it.

### **Health Education**

- a.** Prisoners should have access to ‘disease prevention programmes and screening programmes that mirror national and local campaigns’ (HMIP, 2008).
- b.** Prisoners should have sufficient information, support and resources to make informed health choices (DH, 2002).

### **Discharge Planning**

- a.** As for prisoners registered to an inpatient service, those discharged may be receiving care/help from a number of different agencies too. The effective co-ordination between such agencies is key to reducing the likelihood of a prisoner from reoffending. There should be information sharing protocols in place ‘to ensure efficient sharing of relevant health and social care information’ between different agencies (HMIP, 2008).

- b.** ‘The most effective discharge planning addresses the 7 pathways to reduce re offending, these are: Accommodation, education, health, drugs, finance, children and families and finally, attitudes thinking and behaviour’ (DH, 2008).
- c.** In order to adhere with national standards, and achieve a PHPQI of green status, Health and Social Care arrangements should ‘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’ (DH, 2008).
- d.** HMIP (2008) highlight that practitioners should ‘complete prisoners’ clinical reports on time so that their release from prison is not delayed’ and that ‘discharge letters outlining care and treatment’ should be provided for all prisoners.
- e.** All disciplines are required to produce a summary outlining problems, needs, progress and recommendations upon discharge from the inpatient service (DH, 2002).
- f.** If, once admitted to the inpatient service, the service is deemed inappropriate for the prisoner, the inpatient service may offer advice and guidance on the management of the prisoner upon discharge (DH, 2002).
- g.** Prisoners should be ‘encouraged and assisted to establish and maintain such relations with persons and agencies outside prison as may, in the opinion of the governor, best promote the interests of his [or her] family and his [or her] own rehabilitation’ (HM Prison Service, 2003).

### **GP arrangements**

- a. The prisoners' GP (and any relevant care agencies) should be contacted 'at the beginning of custody, with the prisoner's consent, to provide relevant information to ensure continuity of care' (HMIP, 2008).

### **Outstanding appointments**

- a. Prisoners who have appointments and continuing treatment with specialist services should not be moved unless appropriate treatment is available at the new establishment to ensure continuity of care (HMIP, 2008).

### **Interprison transfers**

- a. Once admitted they should be assessed by a prompt and effective reception screening tool, followed by a further assessment 72 hours later (HMIP, 2008)
- b. A Transfer sheet outlining current management plans and treatment details to facilitate smooth handover of care should be produced for the receiving unit or team (DH, 2002).
- c. In order to adhere with national standards, and achieve a PHPQI of green status, the following condition must be met: 'All prisoners being transferred between establishments, have a health transfer screen completed on the day of reception' (DH, 2008).
- d. In accordance with HMIP (2008) expectations 'stable long-term medical and physical conditions, such as insulin-dependent diabetes or epilepsy' should not prevent prisoners from being transferred.
- e. For the transfer of non-compliant or violent prisoners a healthcare professional must be in attendance, where available, and certify the prisoner "fit for transfer" and assess their fitness for being placed into a body belt if necessary. Where the prisoner is being transferred in a

body belt, a member of Health Care staff must be present throughout the transfer (HMPS, 2006b)

### **Access to NHS Services**

- a. Young people needing in-patient treatment for mental disorder must be seen, assessed, and an application made to the Home Office for their transfer to hospital under the Mental Health Act 1983 (HMPS, 2004a).
- b. Healthcare staff must complete the Medical Risk section of the Prisoner Escort Record form in accordance with PSO 1025 (MHPS, 2000).
- c. The Head of Health Care must be satisfied that it is necessary for prisoners to attend medical appointments outside the establishment. The Head of Health Care is responsible for ensuring that other relevant departments are notified of these discharges so that appropriate transport arrangements can be made and the LIDS diary updated (HMPS, 2005a).

### **Support with activities of daily living**

- a. Prisoners may be provided with 'life skills training incorporating psycho-education on topics relating to activities of daily living such as interpersonal communication, relationships, coping with stigma and stress management' (DH, 2002). In addition to this they may be provided with other social skills such as anger management. In the wider context of a prisoners' treatment whilst admitted to an inpatient service, as part of a social intervention, staff should 'foster a therapeutic milieu' (DH, 2002).
- b. Prisoners may participate in 'health promotion activities including diet, exercise, substance misuse and smoking cessation' (DH, 2002).

### Contact with family/carers

- a. The family and/or carers should be informed within 24 hours of the prisoner being admitted to, or discharged from, an inpatient service (DH, 2002).
- b. It is important that carers are 'involved in every appropriate aspect of the patient's care and treatment in order to maximise positive experiences and reduce stigma' and that 'clinicians should be aware of the emotional impact on carers, the value of active carer involvement and any potential difficulties that may result as part of this process' (DH, 2002).

### Access to "normal activities" within the regime of a prison

- a. Staff should promote optimum engagement in the prisoners' treatment program through education. Prisoners should be given information about the service 'in a format that they are able to understand' (HMIP, 2008).
- b. The inpatient service should include links to employment agencies, which can form part of a social intervention (DH, 2002).
- c. Prisoners may be subjected to 'boundary setting within the context of physical and psychological containment' (DH, 2002). However, all prisoners admitted to an inpatient service 'including those who are acutely disturbed, should have access to fresh air and secure external space' and 'should have access to space for regular exercise with appropriate supervision' (DH, 2002).
- d. In order to adhere with national standards, and achieve a PHPQI of green status, the inpatient service must ensure that 'all prisoners are offered the opportunity to engage in a range of physical exercise programmes appropriate to their health needs' and should be 'developed and operated in consultation with the health care unit and contain a range of interventions which are tailored to support the ,

cardio vascular, respiratory, physical rehabilitation, weight reduction and mental health well being of prisoners' (DH, 2008).

### Safety

- a. Patient safety should be enhanced by the use of health care processes, working practices and systematic activities that prevent or reduce the risk of harm to patients. YOI's should adhere to national child protection guidance (DH, 2004b).
- b. It is important that 'high risk activities, which are essential to good practice, are documented, audited and reviewed' (DH, 2002). A reporting system should be in place for the purpose of this and one person nominated as the lead to ensure that it is carried out. Both users and carers should be involved in the audit as far as possible, and 'for clinical audit to be successful the MDT [Multidisciplinary Team] needs to give full co-operation to the implementation of the audit process' (DH, 2002). The aim of the audit is to highlight incidences and ensure the most effective action is taken to reduce the occurrence of future incidences.

### Equality

- a. It is important that an inpatient service meets the needs of all its potential users. In order to adhere with national standards, and achieve a PHPQI of green status, the planning and delivery of health care within the prison should meet the need of 'the individual and the diverse prison population, with specific reference the six strands of equality and diversity' (DH, 2008).
- b. An inpatient service has the responsibility to ensure that all patients receive equality of treatment without prejudice to gender, sexuality, disability, religious beliefs, or ethnicity. The service should, wherever possible, accommodate and respect the wishes of the prisoner in relation to each of these personal identifiers (DH, 2002).

- c. In order to adhere with national standards, and achieve a PHPQI of green status, planning and delivery of healthcare in the inpatient unit should meet the needs of the diverse prison population, a comprehensive needs assessment should be undertaken(DH, 2008).
- d. Prisoners should have 'fair and prompt access to care, to the point where waiting should no longer be an issue for the majority of service issues' (DH, 2004a).
- e. It is important that 'patients are treated with respect in a professional and caring manner that is sensitive to their diverse needs' (HMIP, 2008).
- f. Women should be able to see a woman doctor (HMIP, 2008).
- g. Prisoners should know how to comment/complain about their care and treatment (HMIP, 2008).
- h. In order to ensure that an inpatient service is a patient-centred service it is imperative that service users are involved at managerial and monitoring levels. Feedback should be sought from service users in the review of activities, programmes, therapies, facilities, staff and the environment in which the service is provided (DH, 2002).

### **BSummary**

Key criteria, to which an inpatient service should adhere, in order to deliver care in line with good practice guidance are:

- Providing a patient-centred service, aiming to meet the needs of the prisoner with the most appropriate care
- Providing care in a safe, secure and therapeutic environment
- Keeping the prisoner and the prisoners' carer/family well informed on the intended care
- Allowing the prisoner to make decisions on their own care as far as possible

- Adopting a reflective learning approach to managing the service, reviewing practice with feedback from all those involved with the service, and
- Ensuring a smooth discharge process and comprehensive aftercare.

The guidance set out in this document should not be seen as invariable or definitive, but should aide development and effectiveness over time.

## REFERENCES

Department of Health (2002) *National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments*, Mental Health Policy Implementation Guide - [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4010439](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010439)

Department of Health (2004a) *National Standards, Local Action* - [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4086057](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086057)

Department of Health (2004b) *Standards for Better Health* - [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4086665](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665)

Department of Health (2008) *Prison Health Performance and Quality Indicators* - [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1232006593707](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1232006593707)

Her Majesty's Inspectorate of Prisons (2008) *Expectations: Criteria for assessing the conditions in prisons and the treatment of prisoners* - <http://inspectorates.homeoffice.gov.uk/hmprisons/docs/expectations-2008?view=Binary>

HM Prison Service (2003) *Prison Rules* - [http://www.hmprisonservice.gov.uk/assets/documents/100002D9Prison\(Amendment\)Rules2003.DOC](http://www.hmprisonservice.gov.uk/assets/documents/100002D9Prison(Amendment)Rules2003.DOC)

HM Prison Service (2004a) *Prison Service Order: Regimes for Juveniles* - [http://pso.hmprisonservice.gov.uk/PSO\\_4950\\_regimes\\_for\\_juveniles.doc](http://pso.hmprisonservice.gov.uk/PSO_4950_regimes_for_juveniles.doc)

HM Prison Service (2004b) *22 Health Services for Prisoners* - [http://www.hmprisonservice.gov.uk/assets/documents/10000305\\_22HealthServicesforPrisoners.pdf](http://www.hmprisonservice.gov.uk/assets/documents/10000305_22HealthServicesforPrisoners.pdf)

HM Prison Service (2005a) *Prison Service Order: Discharge* - [http://pso.hmprisonservice.gov.uk/PSO\\_6400\\_discharge.doc](http://pso.hmprisonservice.gov.uk/PSO_6400_discharge.doc)

HM Prison Service (2005b) *Prison Service Order: Prisoner Induction* - [http://pso.hmprisonservice.gov.uk/PSO\\_0550\\_prisoner\\_induction.doc](http://pso.hmprisonservice.gov.uk/PSO_0550_prisoner_induction.doc)

HM Prison Service (2006a) *Prison Service Order: Continuity of Healthcare for Prisoners*, [http://pso.hmprisonservice.gov.uk/PSO\\_3050\\_continuity\\_of\\_healthcare\\_for\\_prisoners.doc](http://pso.hmprisonservice.gov.uk/PSO_3050_continuity_of_healthcare_for_prisoners.doc)

HM Prison Service (2006b) *Prison Service Order: Maintaining Order* - [http://pso.hmprisonservice.gov.uk/PSO\\_1810\\_maintaining\\_order\\_in\\_prisons.doc](http://pso.hmprisonservice.gov.uk/PSO_1810_maintaining_order_in_prisons.doc)

Royal College of Psychiatrists (2009) *Fair Deal Campaign* - <http://www.rcpsych.ac.uk/campaigns/fairdeal/whatisfairdeal/in-patientservices.aspx>