Department of Health

HM PRISON SERVICE
Public Sector Prisons

Llywodraeth Cynulliad Cymru
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Prison Health Newsletter

Welcome to Issue 22 of the Prison Health Newsletter. Thank you to all those who contributed to it. The newsletter is now published electronically and is available on the Department of Health website and the Prison Service Intranet. The next issue will be published in Autumn 2006.
Please send any contributions to Fiona Pearson, Prison Health by Friday 22nd September at fiona.pearson@dh.gsi.gov.uk.

Back issues of this newletter and all our publications/guidance are available by logging on to www.dh.gov.uk/socialcare and navigating to 'prison health' or by contacting the DH Publications Orderline on 08701 555 455.

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Sharing Good Practice Conference 2006

The Sharing Good Practice in Prison Health conference was held in York on 10th and 11th May 2006.

The conference was opened by Richard Bradshaw, Head of Prison Health, followed by the Director General of HM Prison Service, Phil Wheatley, who set the scene for the next three years in prison healthcare.

The keynote address was given by Baroness Scotland of Asthal QC, Minister of State for Criminal Justice and Offender Management. The Minister began by acknowledging the achievements made in prison health to date and thanked staff working in prisons and PCTs for their contributions in managing the transfer of commissioning responsibility for prison healthcare, which now lies with PCTs.

Baroness Scotland went on to acknowledge some of the successes already achieved in attempting to improve the health and wellbeing of prisoners. She highlighted, amongst other important developments, the Hepatitis B vaccination programme, and noted that "….prisons are now by far the most frequent providers of this vaccination to injecting drug misusers in England and Wales – providing more than twice the number of vaccinations administered by GPs, and four times that of needle exchange centres. We want to press on with this programme, increasing vaccination coverage and reducing infection rates from acute Hepatitis B both in prisons and, as a result, in the community. The longer-term benefit of this programme is that fewer people will develop chronic liver disease secondary to Hepatitis B. This in turn reduces a financial burden on the NHS".

As well as recognising work done in improving the health and wellbeing of prisoners, the Minister drew attention to improvements in opportunities for staff working to deliver health services to prisoners. In particular, the development of the NVQ in Custodial Healthcare, which will give prison healthcare officers and assistants formal recognition for the skills they have developed in supporting prisoners. She remarked that "…overall, the improved integration of the workforce with the NHS has led to less isolation of the workforce, more sharing of knowledge and skills, more opportunities to work across the sectors, better training and development opportunities and greater job satisfaction with consequent improvements in the service to people in prison".

Finally, Baroness Scotland drew the audience's attention to two key government

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documents – the Department of Health White Paper *Our Health, Our Care, Our Say: a new direction for community services* and the NOMS (National Offender Management Service) *Five Year Strategy for Protecting the Public and Reducing Re-offending*. She concluded her remarks by explaining their importance in helping to shape developments over the coming years: "We know that more than one half of crime is committed by re-offenders – those who have been through the system but have not yet changed their behaviour. However, for those with significant health problems a reduction in re-offending may not be possible until they are able to engage satisfactorily and in a sustained manner with health services, both in prison and in the community. Because of this, the NOMS strategy makes commitments to further improve access to prison and community health services for people with drug and alcohol problems, and for those with mental health problems. Similarly, the Department of Health's white paper confirms that offenders' health is very much part of the future agenda for the NHS. It acknowledges that many offenders and prisoners have health problems and have not always been able to access the health services they wanted. The White paper makes it clear that this Government expects PCTs to work with offenders to tackle their problems, especially those concerning drugs, alcohol or mental health, because joint work between health and criminal justice systems offers the potential and the opportunities to reduce both health inequalities and crime."

Agenda for Change

In April 2006, the Prison Service Management Board formally agreed to adopt Agenda for Change New Pay and Terms & Conditions for healthcare staff employed by the public sector Prison Service in England and Wales. The agreement covers nursing grades, pharmacists and pharmacy technicians. PCT employed staff who transferred from the Prison Service to a PCT after 1st October 2004 are also affected. It does not cover healthcare officers (even where these are nurse qualified), administrative staff based in healthcare who are prison service employees, or occupational health staff.

One of the key features of the implementation of Agenda for Change in the NHS has been the partnership working between management and staff-side organisations. To this end, Prison Health will be working closely with the Prison Officers' Association, the Royal College of Nursing and Prospect throughout this project.

It is important that all affected staff, healthcare managers and HR departments are fully informed and involved in order that implementation deadlines can be met. The central project team will therefore be attending meetings and management and HR forums across the country as well as sending out regular written and email updates to ensure that everyone understands their individual or organisational role and responsibilities.

The initial phase of the project is a formal review of job descriptions for all affected staff. To assist with this process, a job description template and guidance notes have been produced. Whilst it is not compulsory to use the template, it is necessary to ensure that the information contained in the submitted job description covers all sixteen areas that will need to be considered in agreeing an individual's Agenda for Change pay band. Copies of the template and guidance notes are available from neil@thelearn.org.uk .

The final agreed job description must be signed by both the jobholder and their line manager prior to being submitted to the Agenda for Change project manager. Any un-signed job descriptions will not be considered and will be returned. The deadline for completion of the job description review was the end of July 2006. Descriptions submitted after this date

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will still be processed but may be subject to a delay. Staff side organisations are available to assist in review, and a number of staff side representatives have been specifically trained in Agenda for Change as Job Matchers, Job Analysts and Job Evaluators for this purpose.

Over the coming months, the project team will be reviewing all submitted job descriptions with a view to either matching or evaluating them onto Agenda for Change bands. At the same time, the team will be looking at getting the necessary infrastructure in place to implement the Knowledge and Skills Framework (KSF) within prisons.

In response to several requests for information, two Q&A briefings have been made available throughout the Prison Service. These contain responses to commonly asked questions from staff across the Prison Service, including lessons learnt from the implementation of Agenda for Change in the NHS.

Further information on Agenda for Change and KSF is also available at www.nhsemployers.org/pay-conditions/agenda-for-change.cfm

Any specific queries or issues can be addressed to Dave Knight (Project Manager for Agenda for Change) at dave.knight@dh.gsi.gov.uk or Neil Mason (Project Support Manager) at neil@thelearn.org.uk. Further information is also available through staff side representatives.

WHO Best Practice Awards 2007

Applications are now being invited for the 2007 WHO Health in Prisons Project Best Practice Awards. As reported in the last issue of this newsletter, the awards scheme was created by WHO 'to identify, acknowledge and disseminate best national practices concerning prison health among our member states'. The awards recognise best practice within a particular prison, or best practice that illustrates co-operation between a prison and the wider community.

If you are involved in some work that you think may be suitable for consideration, please click on the following link for further details and application forms www.uclan.ac.uk/facs/health/hsdu/settings/who_prisons.htm

Alternatively, contact Paul Hayton (WHO Health in Prisons Project Lead) to discuss on 020 7972 4345 or paul.hayton@dh.gsi.gov.uk

What's Going on in the Field?

Medical Student Electives in Prison Healthcare

Doctors often recount stories of their elective* placements by describing the rare tropical diseases they saw, the exotic locations visited, and new cultures discovered, but it was not until recently that they could boast of having spent their elective 'behind bars.' In 2003, Prison Health formed a partnership with The Electives Network (TEN) – the largest internet based resource for students planning their medical electives – and set up a unique scheme to allow medical students to get a taste of life as a medic in a prison.

Opportunities to work as a doctor within prison medicine have for a long time remained little publicised. This is partly because responsibility for healthcare provision within the UK's prisons was, until

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* An 'elective' is a formal one to three month period within clinical medical training when students are given the opportunity to explore areas of particular medical interest.

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recently, under the remit of the Home Office rather than the Department of Health. NHS Primary Care Trusts assumed responsibility for prison healthcare in all publicly managed prisons in April 2006 and what once tended to be a reclusive and isolated relationship between prisons and prison healthcare, has since become more open in what it strives to achieve.

The UK's 77,000 prison inmates present a challenging population to treat: they have a much greater concentration of morbidity than the community as a whole; many have received inadequate healthcare preceding imprisonment; there are high rates of substance abuse, blood borne diseases, and mental illness; and once in prison, access to secondary care is greatly restricted. Introducing future doctors to the opportunities and challenges of working in such a setting formed the basis of the scheme set up with TEN. Since its launch, TEN has assisted in placing a continuing flow of students not only from the UK, but also Ireland, Australia and New Zealand for mini-electives of 3 weeks in five of the UK's prisons. Demand from students has substantially exceeded the supply of available places at the prisons currently participating in the scheme. Feedback from both students and the prison healthcare teams has been very positive and it is hoped that this will lead to an increase in the number of prisons participating in the scheme in the future.

Recently, one student wrote to tell us about his prison elective experiences:

"During my 6 weeks with the health care team at HMP Durham, I was involved in the health screening of new inmates, busy GP clinics, mental health teams, health education projects, drug and alcohol services, and public health initiatives. Prison health is a diverse and challenging area, which may particularly appeal to students interested in public health, Infectious diseases, Psychiatry and General Practice. […] These experiences have been invaluable in helping me to cope with the challenges of delivering health care in difficult and sometimes intimidating environments. I also learnt to develop professional relationships with patients whilst remaining impartial to personal and forensic history. I would recommend undertaking an elective in prison medicine to any motivated medical student with an interest in the field or who wants to broaden their experience of health."

At Durham, elective students do not have to restrict themselves solely to prison healthcare but are encouraged to become involved in many different departments to give them the added opportunity to develop communication skills with a difficult and demanding patient group – an opportunity that is not to be matched at any other stage in medical training.

TEN's founder, Dr Gordon Hamilton, is delighted with the scheme's uptake and the response from students who have taken part. "Many of the students have been able to help develop and implement new services for prisoners and have found it tremendously valuable and exciting to receive such close involvement in improving prison healthcare. We're hearing from students that on the strength of their experiences in the prison electives scheme, they are now looking seriously at Prison Health as a career option."

For more information regarding the Prison Health Elective Scheme please contact Sara Buck at The Electives Network: sara.buck@electives.net

What's Going on in the Field?

Seeking Innovative Practice

The National AIDS Trust has convened an expert working group to develop a national framework on tackling blood-borne viruses in prisons. The group is seeking examples of good or innovative practice from around the country.

Are you carrying out innovative approaches to tackling HIV or Hepatitis in your prison? Have you developed any training or education resources for professionals or prisoners? Have you recently developed a prison policy on blood-borne viruses that you think other prisons could benefit from? Do you have any established relationships with community organisations that are addressing the issues? If so, Nicola Douglas, Senior Policy Officer at the National AIDS Trust would like to hear from you. E-Mail: Nicola.Douglas@nat.org.uk

RCGP Database for Prison Doctors

The Royal College of General Practitioners (RCGP) has recently launched an online database, the first to pull together the latest information for doctors delivering healthcare in prisons and other secure settings.

The Knowledge Database on Healthcare in Secure Environments is a new and freely accessible area of the RCGP website compiled by the College's Secure Environments Working Group and includes guidance on mental health, prescribing, and standards in working practices.

Contents are searchable by author, source or keyword and draw on literature from the Department of Health, HM Prison Service, and HMIC2 at the University of Birmingham to offer full-text access and download.

Dr Mark Williamson, Chair of the Group, said: "Treating patients in secure environments is unique and challenging work. This database will provide all doctors, and other clinical colleagues based in secure environments, with much-needed fresh and relevant information and knowledge in this area. One of the key roles of the RCGP Secure Environments Group is to provide support for people who have dedicated themselves to helping some of the most deprived and desperate people in our communities."

Dr Graham Archard, RCGP Clinical Chair and Vice-Chair of Council said: "The role of the doctor in secure environments has often been an area in which practitioners worked in isolation. This new database will be a huge resource to those working in this extremely important and challenging area of general practice. The RCGP's work with the Department of Health in this clinical area is of very great importance and one which is welcomed and highly valued."

It is envisaged that the database will also be helpful for doctors who are considering enrolling on the Masters in Primary Healthcare in Relation to Secure Environments (PHIRSE) course being launched by Lincoln University.

What's Going on in the Field?

Developing Inter-professional Skills in Health Promotion and Public Health Practice

The University of Reading is running a course, which focuses on those skills necessary to succeeding in the emerging and challenging environment of prison healthcare.

Prisons are at the forefront of the battle against health inequalities and as a result, are under enormous pressure and well placed to make a significant difference to those in its care. The course programme is based on tested theories and models of practice and led by specialists who know how to turn the theory into effective practice. It covers the following areas:

- Managing long term chronic illness (physical and mental)
- Establishing specialist prison-based services (sexual and mental health)
- Designing and running learning sets
- Teaching on pre-release schemes
- Encouraging prisoner independence and autonomy in self-care
- Joint working with prisoner families/children
- Partnership working with external agencies

Participants are encouraged to use their imagination for problem solving with structured methods of implementation, especially monitoring and evaluation.

Prison health staff, prison officers with special responsibilities, drug and alcohol substance advisors and prison teaching staff will all benefit. One past student comments: *"I learnt more with you in one year one on how to be effective than I did during the whole of my degree course"*.

The course starts in October 2006 through an open learning format with 10 contact days per academic year.

To find out more, contact Richard Shircore on 01753 638681/07949 154 971, or visit www.rdg.ac.uk/health (look for Health Promotion course) and www.bhps.org.uk/hpcourse/

Ashfield Healthcare Team Wins Major National Award

HMP & YOI Ashfield Healthcare Team (AHT) from Bristol is celebrating after scooping the Health Team Award at the national **Public Servants of the Year Awards 2006 – Celebrating Pride in the Public Services** ceremony in May.

The team beat tough competition from two other finalists – Heart of Mersey Team, based in Liverpool; and Cardiff and Vale NHS Trust's GUM Team.

AHT won the prestigious national award for its dynamic work in improving the lives and quality of health of inmates at the Young Offenders Institute near Bristol. Many of the 400 teenagers arrive at the institute with mental health issues, poor hygiene and an inability to look after their own health.

The team has adopted a holistic approach in its care of the young offenders. Nurses have installed a sense of responsibility in these men to look after their hygiene and have teamed up with Ashfield's education department to teach them about personal health issues. AHT also has direct input into the 'Stay Safe at Ashfield' policy, which discusses topics such as self-harm and suicide prevention.

Working towards the goal of making the facility smoke-free by the end of January 2005, AHT also took the opportunity to work with this challenging patient group to educate them on the irreparable harm that smoking can cause.

Through support sessions, progress monitoring and Nicotine Replacement Therapy, this initiative has been a resounding success and Ashfield is only the second prison in the country to have achieved a Silver 'Clean Air' award.

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The Public Servants of the Year Awards are in their sixth year and are run by *Public Finance* magazine, in partnership with the Chartered Institute of Public Finance and Accountancy (CIPFA), the Cabinet Office, the Office of Government Commerce and Ipsos MORI.

The awards seek to recognise and reward the vitality, commitment and determination of teams and individuals working hard to make a real difference to the general public. They are the longest-running pan-public sector awards and were presented at the Grosvenor House Hotel by Sir Trevor McDonald OBE and Felicity Barr, presenter on *Al Jazeera International*.

Responding to the team's win, Bob Jones, assistant clinical manager, said: "We are absolutely thrilled to receive this award. The health and lives of these young men have been greatly improved through the team's understanding, commitment and encouragement. We hope our work inspires others to work with vulnerable groups in the community to make a positive difference, no matter how big or small."

Mike Thatcher, *Public Finance* editor, said: "I would like to congratulate Ashfield Healthcare Team on its well deserved win. This recognition of the enormous contribution the team has made to its community is a shining example to other teams working throughout the public services in the UK. I would like to wish Ashfield Healthcare Team continued success in the future."

Promoting Excellence in Prison Healthcare

A "very successful" conference to look at the way healthcare is delivered in prisons took place at the Bovington Tank Museum in Dorset on Thursday 15th June.

Healthcare in prisons has seen significant improvement since partnerships with the NHS were established. The conference, 'Promoting Excellence', reflected on just some of the successes seen in prison healthcare over the past eighteen months with the aim of sharing good practice across the country.

This major conference, organised by South West Dorset Primary Care Trust (PCT), helped to promote the changing and expanding national agenda in prison healthcare as well as enable the sharing of innovative ways of delivering prison healthcare and tackling inequalities across the country.

Following on from the success of a previous conference two years ago, the main focus for this year's event was to promote excellence in delivering prison healthcare. The conference also saw the launch of an innovative vision and plans for prison healthcare in the Southwest Dorset region for 2006 and beyond.

Keynote speakers set the tone for the Promoting Excellence conference. These included:

- Mr John Boyington, Director of Health and Offender Partnerships
- Dr Philip Leech OBE, Department of Health Consultant Advisor for Primary Care
- Steve Holland, Governor of HMP Dorchester
- Dr Anne Hayden, GP working in prisons in Dorset

Carole Lawrence-Parr, Director of Primary Care for South West Dorset PCT and conference organiser, said: "This was a very important event for both prison services and the NHS. Key professionals involved in delivering healthcare in prisons right across the south of England attended this very successful conference to share good practice and take away new and innovative ways of working.

"Since 2004, South West Dorset Primary Care Trust has been at the forefront of developing healthcare in prisons in Dorset and Somerset and I was very pleased to be able to launch our innovative vision for prison healthcare at the Promoting Excellence conference.

"South West Dorset PCT is the only PCT in the country to have set up a Quality Outcome Framework (QOF) in prisons and we were happy to share how this can work with other organisations across the country."

For further information contact Carole Lawrence-Parr on 01305 368 913 or by email carole.lawrence-parr@southwestdorset-pct.nhs.uk

What's Going on in the Field?

Foundation of Nursing Studies Awards 2006

The Foundation of Nursing Studies (FoNS) are delighted to announce their awards for 2006 and would welcome applications from individuals and/or teams working within secure healthcare settings.

Healthcare Teams from across the UK are invited to apply for one of six awards. The awards, ranging from £1,000 to £5,000, aim to recognise and reward practitioners working at any level and in any healthcare setting who demonstrate achievement and/or excellence in developing practice to improve care.

Information about the awards has been sent directly to all the prisons within the UK. Further information can be found on the FoNS website: www.fons.org/re_current.asp or contact Kate Sanders on 020 7233 5750 or kate.sanders@fons.org

Do we do Clinical Governance in Prisons?

Denise Goddard, Clinical Governance Manager, South Worcestershire Primary Care Trust

With acknowledgement to: Gary Holland, Head of Healthcare, HMP Long Lartin
Maureen Whitehead, Deputy Head of Health and Primary Care Lead, HMP Long Lartin

Introduction

Several years ago, I attended a conference where prison healthcare service managers were meeting to discuss how they would meet the challenges of this thing called 'Clinical Governance'. Having been involved in clinical governance since its inception, I found it quite difficult to understand why this was such a new concept. We have had a good working relationship with our local High Security prison for about five years, and I was surprised to find that this was not the case elsewhere. In fact, the employment changes have only gone to ensure that our joint working can continue in a more formalised fashion.

What is Clinical Governance?

Clinical governance is about ensuring that every patient, no matter where they are treated, receives high quality care when they need it. You can use words such as 'clinical risk', 'access', 'evidence based practice' and 'outcomes' but basically it is about treating the right prisoner, at the right time, in the right way, to get the right quality of care and end result.

Clinical governance is not a new concept. The definition, often quoted, is quite dry and often meaningless if not translated into everyday working.[1] Our challenge was to make it meaningful to staff, so we amended our existing system to fit in with the prison system; this is easier said than done with the many added complications for prisoners, staff and the challenges of a high security estate.

How Did We Do It?

Frameworks for Clinical Governance

Our underpinning documentary evidence and tool for identifying and prioritising issues and actions is a robust framework.

Previously, each GP practice, provider and specialist service (eg Health Visiting and Sexual Health) and Community Hospital had had an annual framework visit. The framework I devised originated many years ago and evolved gradually as new guidance, directives and documentation were released. The initial three main Clinical Governance documents[i] laid the foundations, and were added to as experience was gained from CHI/CHAI[2] visits. To suit a prison environment, however, this framework had to be extensively amended, and continues to evolve.

We carried out our first prison visit using the framework back in 2002, far

1 "Clinical Governance can be defined as a framework through which NHS organisations are accountable for continuously improving the quality of (their) services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish." *A First Class Service (1999).*

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exceeding the required format and timescales for the relevant Prison Service Order.[ii] More recent documentation[iii] on Standards for Better Health, has now been taken into account, and the structure of our framework has changed as a result. It now covers one hundred and twenty standards contained within seven domains:

1 Safety
2 Clinical and Cost Effectiveness
3 Governance
4 Patient Focus
5 Accessible and Responsive Care
6 Care Environment and Amenities
7 Public Health.

Elements from the National Prison Standards have also been incorporated and more recently, proposed elements from draft requirements currently being defined by the Healthcare Commission and Her Majesty's Chief Inspector of Prisons (HMCIP). We are also cross-referencing Quality and Outcomes Framework (QOF)[3] elements into the Clinical Governance Tool, using the Trust's QOF framework as a baseline. Prison specific elements are also included (e.g. security issues including bedwatches and escorts).

For example, in the 'Governance' domain, there is a core standard requiring that: 'Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies'. As PSO standards regarding registration checks[4] have been incorporated, this leads us to discuss whether the team is confident that these checks have been carried out. Last year, we identified that a system had been set up to log all PIN numbers and registrations so that these can be flagged up a month before renewals fall due.

The framework shows activities year on year together with any actions required and achieved and comprises over a hundred separate elements. The Healthcare Team can use it to identify areas where action is required, and how these fit in with the other indicators. It identifies good practice and emphasises the place clinical governance has as part of their everyday work.

Leadership

The underlying principles for clinical governance are basically the same for prisons as for any other healthcare provider.iv There are peculiarities, not least the joint ultimate responsibility for clinical governance between the Governor and the PCT Chief Executive. Clinical governance is included within the remit of Partnership Board and the clinical governance requirements levied at Governors form part of the framework described above.

Like other health services, prison healthcare has an appointed Clinical Governance lead, but involvement is required at all levels. Behind the scenes, staff have been actively working on changes, a by-product of which is improved clinical governance arrangements.

Last year, we set up a Joint Healthcare Clinical Governance group attended by the Prison Governor, relevant officers, healthcare leads, the PCT Clinical Governance Manager and the PCT Pharmacist. Such a forum allows both organisations to openly raise and address issues that may not have otherwise been dealt with so promptly or comprehensively. The support and active involvement from the Governor has been vital to the success of this group, particularly when conflicting requirements arise.

Overcoming Conflicts of Interest

The day-to-day clinical governance issues are those that that cause the most angst, and this is especially true in cases where different legislation applies to the prison

2 The Commission for Health Improvement and The Commission for Healthcare Audit and Inspection. Pre-cursor organisations to the Healthcare Commission. The Healthcare Commission regulates and monitors Clinical Governance in the NHS.
3 The Quality and Outcomes Framework (QOF) is used in general practice to monitor and fund quality clinical and non-clinical indicators achieved by a practice. This is based on a scoring system with points allocated per indicator. It is defined and administered nationally with monitoring and inspection carried out locally by the PCT.
4 Ensure that checks are carried out on the nursing registration of employees with a nursing qualification and charge individual members of staff with ensuring that it does not elapse and Qualifications and registrations checked prior to appointment and checks on primary care Doctors and Dentists in accordance PSI 38/2003, qualifications and GMC reg all Doctors, Nurses PIN. Annual review and 3 year check, Doctors Specialist Reg, Dentists GDC, Pharmacists RPS (GB).

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population compared to the population as a whole.
Examples of our achievements include:

- A local policy has been developed to support prisoners and staff in cases where consent for medication is required. Aware of incidents in another establishment, and given that the Mental Health Act does not apply, we had to look to other sources[v] including legal advice.
- Protocols are now in place for the safe administration of medication at night, with prison staff now having clear information on those prisoners who require night medication. Concerns about this issue resulted in ongoing work between healthcare staff and prison officers. Various methods of control were required to meet the high security estate requirements, and prison staff logistics had to be taken into account, including which cells prisoners should use, and any impact upon other areas of the prison. Various locking mechanisms were trialled.
- The clinical governance meetings have supported rapid decision-making and have highlighted how minor things can often make a major difference (e.g. the Governor supporting the purchase of minor pieces of equipment. This can be anything from ligature cutters, to improving access to rubber gloves for prison officers).

The Next Steps

There are still areas for improvement, but our past experience gained from implementing clinical governance arrangements for the PCT has speeded up the learning process. For example, there have been advances in aspects of cleanliness and hygiene standards, and although the prison service is not currently required to undergo all of the checks necessary in the acute sector, this will undoubtedly be required in the future and so we are working towards achieving all of these standards.

Clinical governance is not a stand-alone activity but is integral to the everyday working of healthcare, and to a degree, the daily activities of the prison. Ensuring a proactive approach, where change and high quality care is encouraged, is dependent on an appropriate climate and culture. The framework we have in put in place is only one step towards success, and could not have been accomplished without strong top-down leadership and staff commitment to putting the philosophy of patient-focused care first.

i The New NHS: modern and dependable. *Department of Health December 1997*
A First Class Service: Quality in the new NHS. *Department of Health June 1998*
Clinical Governance: Quality in the new NHS. *Department of Health HSC 1999/065*

ii HM Prison Service Clinical Governance – Quality in Prison Healthcare – *PSO 3100*

iii Standards for Better Health: Healthcare Standards for Services under the NHS – A Consultation – *Department of Health Feb 2004*
National Standards, Local Action: Health and Social Care Standards and Planning Framework – *Department of Health 2004*
Assessment for Improvement – Our Approach *Healthcare Commission Nov 2004*
Assessment for Improvement – Understanding the Standards – *Healthcare Commission Nov 2004*
Assessment for Improvement: The Annual Health Check – *Healthcare Commission – April 2005*
Assessment for Improvement: The Annual Health Check: Criteria for Assessing Core Standards – *Healthcare Commission April 2005*
Assessment for Improvement: The Annual Health Check: Information for Primary Care Trusts – *Healthcare Commission May 2005*

iv Clinical Governance in Prison Healthcare: A Discussion Document *Department of Health January 2001*

v Seeking Consent: Working with People in Prison *Department of Health July 2002*

The Prison Health Newsletter is circulated to Prison Service Area Managers, Governing Governors, Prison Healthcare Managers, Independent Monitoring Board Chairs and to NHS organisations. If we have missed someone/an organisation from our list, or you would like to give us feedback on the newsletter, please let us know by contacting Fiona Pearson, Prison Health by email at fiona.pearson@dh.gsi.gov.uk

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