



## Prison Service Order

ORDER  
NUMBER

3100

## Clinical Governance – Quality in Prison Healthcare

### INTRODUCTION FROM THE DIRECTOR OF PRISON HEALTH

#### CLINICAL GOVERNANCE – QUALITY IN PRISON HEALTH CARE

##### Introduction

1. 1. This PSO sets out requirements for Governing Governors to ensure that arrangements are being made for clinical governance in prison health care. Governors are not responsible for setting up the detailed arrangements for clinical governance – this falls to the clinical governance lead and health care team – but Governors are accountable for ensuring that the agenda is taken forward. Governors may find it helpful to use the checklist at Appendix 1, which has been based on documents used by NHS Chief Executives.
2. 2. Some prisons are already engaged in clinical governance activities, and we would encourage others to make progress as soon as possible. To help in this, Prison Health Regional Teams have been given resources to enable them to work with prisons to introduce and develop clinical governance. A contact list for Regional Teams is given at Appendix 2.
3. 3. Although clinical governance is focused around health care in prison, Governing Governors have an important role to play in ensuring that health care staff move the agenda forward, and in integrating it fully into prison management structures.

## **Performance Standards**

4. 4. As clinical governance is about making sure proper arrangements are in place for managing, monitoring and improving health care, this PSO supports delivery of the *Health Services for Prisoners* Standard across the board. In particular, it will strengthen compliance with required outcomes set in the Standard around adhering to ethical and professional codes of practice and developing local services in line with NHS Standards.
5. 5. The PSO also introduces new audit baselines to monitor clinical governance as a discrete activity in prisons. These are set out below as mandatory actions.

## **Output**

6. 6. This PSO requires all Governing Governors and Directors and Controllers of contracted out prisons to ensure that systems to support clinical governance are in place in health care which deliver management and monitoring of care, dedication to improving quality of clinical care, and strategies for identifying and reducing risk.

## **Impact and Resource Assessment**

7. 7. Many of the activities classed as 'clinical governance' are already being undertaken by staff (for example – continuing professional development, audit of significant events in health care) and should not present a significant resource need or change in practice, as existing practices may be adapted to the purpose.
8. However, to support the initial implementation of clinical governance in prisons, a total of £180,000 per annum has been made available for the next two years. This has been allocated to Prison Health Regional Teams on a pro-rata basis for work with prisons in their Regions. It is expected that this funding will result in a baseline assessment and a planning document for each prison.

## **Implementation Date**

9. Governing Governors should ensure that baseline assessments undertaken with NHS partners are completed (these are currently ongoing), and be in a position to provide the framework document and designated clinical governance lead details, by 30 September 2003. Implementation is ongoing, but review documents will be required annually from 1 April 2004. These will be integrated into Primary Care Trust (PCT) review documents.

## **Mandatory Action**

10. *Governing Governors must ensure that arrangements are put in place to develop clinical governance activity in prisons. This must include:*
- i) i) An identified clinical governance lead in health care.*
  - ii) ii) A framework/management document setting out the proposed arrangements*
  - iii) iii) A baseline assessment carried out by the prison with the relevant Prison Health Regional Teams*
  - iv) Annual review document of progress from 1 April 2004*

### **Audit and Monitoring**

11. The contents of the PSO *Clinical Governance - Quality in Prison Health Care* are the subject of compliance by the Prison Service Standards Audit Unit.

### **Contact Point**

12. Further information can be obtained from Prison Health by contacting either Julie Bishop (020 7972 3926) or Sinead O'Brien (020 7972 3919).

<b>NOTE FOR ESTABLISHMENT LIAISON OFFICERS</b>					
<i>ELOs must record the receipt of the Prison Service Order - 3100 in their registers as issue 163 as set out below. The PSO must be placed with those sets of orders mandatorily required in Chapter 4 of PSO 0001.</i>					
<b>Issue no.</b>	<b>Date</b>	<b>Order no.</b>	<b>Title and / or description</b>	<b>Date entered in set</b>	<b>ELO signature</b>
163	16/01/903	3100	Clinical Governance- Quality in Prison Healthcare		

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**Director of Prison Health**

## 1.UNDERSTANDING 'CLINICAL GOVERNANCE'

### What is clinical governance?

1.1 Clinical governance was developed in the NHS, and 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'.

1.2 Put very simply, clinical governance is about making sure that there are proper arrangements in place for managing, monitoring, and improving health care.

1.3 NHS bodies use 'clinical governance' to ensure quality of care, but it is equally applicable to other organisations that have a health care component – including prisons.

### Key elements of clinical governance

1.4 There is no single set of tasks that define 'clinical governance', although there are typical elements. These elements can be organised under three broad headings which together map out clinical governance:

- Responsibility and accountability for clinical care
- Programme of quality improvement
- Risk management

1.5 The main elements are:

- Clear management arrangements for health care
- Opportunities for staff training and development (Continuing Professional Development - CPD)
- Compliance with national standards
- Learning from complaints and serious incidents; risk management
- Staff responsibility at every level for quality of care
- Acting on complaints and problems
- External accountability for the quality of care (clinical audit)

1.5 How these are met will vary from place to place, and depend on the mix of staff, type of care offered, and management structure and systems. It is important to remember that no single system is applied everywhere in the NHS – different organisations combine different approaches and ideas together – but in general, all systems incorporate the above areas.

### Why clinical governance in prisons?

1.6 Governing Governors are familiar with adopting various systems and approaches for managing the different aspects of prison activity – security, finance,

etc. Clinical governance is the most effective system for managing and improving health care in the prison. It has the following benefits:

- Although there are standard elements to it, it is flexible enough to be applied in any health care setting, and can be adapted to the particular requirements of a prison setting.
- As its name suggests, clinical governance is a combined approach to both the management of health care and its clinical quality. It covers such aspects as staff development, risk assessment, and improvement in clinical practice.
- Other systems for monitoring and managing health care, such as Standards Audit, or complaints, can be incorporated into it. Clinical governance can thus be used as a framework that contains existing practices and incorporates new ones.
- Clinical governance is already well established in the NHS, and there is a great deal of local and national experience that can be drawn upon. It forms the basis of the NHS quality agenda, and feeds directly into monitoring systems and delivery commitments, such as National Service Frameworks (NSFs), and the NHS Plan, which include provisions for prisoners. This aspect of clinical governance will become more relevant as prison health moves into the NHS over the next few years (see below, 3), and Primary Care Trusts (PCTs) become the commissioners of prison health care.

## **2. STAKEHOLDERS AND ROLES**

- 2.1 2.1 The Governing Governor's support is vital to the development of clinical governance in prisons. He or she can provide leadership and support to the clinical governance lead and health care team as they take systems forward. The Governing Governor is responsible for the overall performance of health care in prison, which is measured against performance standards, whilst members of the health care team are responsible for individual clinical performance. The Governing Governor's role will remain just as important as prison health moves into the NHS – he or she will still have overall accountability for ensuring that health care is being appropriately delivered within the prison.
- 2.2 2.2 Regional Prison Health Teams have a brief to help prisons implement clinical governance. They have been resourced to do this by the Directorate of Prison Health.
- 2.3 2.3 PCTs, NHS Trusts and other bodies that have input into prisons have a role in supporting prisons in developing clinical governance. PCTs and Trusts have clinical governance leads who can advise on activities. Some are already working with prisons and Regional Teams to take developments forward.
- 2.4 2.4 At a national level, the Prison Service Director General is responsible overall for assuring that the quality of clinical care in prisons is acceptable. The Directorate of Prison Health has developed a programme for the implementation of clinical governance, which has included guidance to health care staff, support and development work with some Governing Governors and Area Managers, resources to Regional Teams, and publicising good practice through the Prison Health Newsletter.

### **3. TRANSFER OF PRISON HEALTH TO THE DEPARTMENT OF HEALTH**

- 3.1 From 1 April 2003, responsibility for funding prison health care in England will be transferred from the Prison Service to the Department of Health. Initially, prisons will still retain local budgets for health care but within the next 3-5 years these budgets will be transferred to local NHS Primary Care Trusts, which will then assume full funding responsibility for prison health care.
- 3.2.1 3.2.1 Funding responsibility for prisons in Wales is being discussed with the Welsh Assembly Government.
- 3.3 3.3 Clinical governance development in prisons can only benefit from the transfer, as prison and NHS quality agendas become more integrated. NHS performance monitoring systems will eventually extend to include prison health care. There is still a great deal of work to be done to establish the exact role of the NHS in relation to prison health – for example, with CHAI (Commission for Healthcare Audit and Improvement) and the Health Ombudsman, or for changes to the role of Standards Audit and other Prison Service monitoring arrangements once the handover is complete.
- 3.4 3.4 Until local health care resources are transferred to PCTs, Governing Governors will continue to have responsibility for overall health care delivery in prisons, and this will be reflected in clinical governance requirements. Once PCTs take on full local funding, Governing Governors will still have important responsibilities for working in partnership with the local NHS to support the delivery of good quality, needs-based health services to prisoners.

### **4. SUPPORT AND RESOURCES**

#### **Resources**

- 4.1 4.1 Much of the activity that falls under the clinical governance heading is either currently being carried out, or has little or no resource requirement. The *Health Services for Prisoners* Standard, for example, sets out requirements for health care staff to fulfil continuing professional development activity, also a key element of clinical governance; and so there should already be a provision for this in prison baseline. Identifying a clinical governance lead, one of the mandatory actions for prisons, again should have little effect on resources. And many of the activities that are already being carried out as part of the prison regime – a system for dealing with complaints, or for auditing significant events – can be adapted or included as examples of clinical governance activity.
- 4.2 4.2 However, the Directorate of Prison Health accepts the need for specific resources to enable prisons to develop sound clinical governance systems, and a total of £180,000 per annum has been made available for 2 years from early 2003 for this purpose. The money has been allocated on a pro rata basis to Prison Health Regional Teams to support prisons in their Regions in this process. The funding has been made available prior to issuing of this PSO because several

prisons have already made significant progress in setting up clinical governance, and it is important that these establishments are allowed to maintain the momentum of change, whilst others are given the opportunity to make preparations.

- 4.3 4.3 It has been requested that prisons and Regional Teams either carry out or update existing baseline assessments with some of the resource. Baseline assessments will give an indication of the clinical governance requirements specific to each prison. This PSO makes it mandatory for Governing Governors to ensure that baseline assessments take place.

### **Other Support**

- 4.4 The following can offer help and support both to managers and clinical staff:

- • Prison Health Regional Teams will be working directly with prisons to help develop clinical governance. They can also help to foster links with other organisations, such as the National Clinical Governance Support Team. The CGST runs clinical governance training programmes for health care staff, and teams from 2 prisons, HMP Wormwood Scrubs and HMP Lincoln, have undertaken courses.
- • The Directorate of Prison Health issued 'Clinical governance - getting started', guidance designed for the prison health care team, in January 2002. This has information about professional and internet resources. Each health care centre should have a copy.
- • NHS organisations have been involved in clinical governance since 1999. They have a variety of in-house clinical governance packages and guidelines. Your PCT or local NHS Trust clinical governance lead should be able to provide advice on this.

### **Queries**

- 4.5 For further help or advice, you should contact your Prison Health Regional Team in the first instance. A contact list is given in Appendix 2. Alternatively, you may contact the Directorate of Prison Health by telephoning either Julie Bishop (020 7972 3926) or Sinead O'Brien (020 7972 3919).

## APPENDIX 1: SUGGESTED FRAMEWORK FOR MANAGING CLINICAL GOVERNANCE

Process	When established/ to be established	PCT/NHS involvement	Process monitored/linked to Management Board/Committee	Lead	Outcome
Clinical Audit					
Evidence based practice					
Risk management programmes					
Significant event and clinical complaint monitoring					
Clinical leadership/supervision					
Systems for dealing with poor performance					
Continuing professional development,					
Support and mentorship for staff					
Compliance with national standards					



## APPENDIX 2: NHS REGIONAL PRISON HEALTH TEAMS CONTACT LIST

NHS Region	Prison health lead	Address	Telephone
Northern & Yorkshire	Paul Fallon	Northern & Yorkshire Regional Office, John Snow House, Durham University Science Park, Durham, Dh1 3YG	0191 301 1424
North West	Dr Peter Elton	Bury PCT, 21 Silver St, Bury, Lancs, BL9 0EN	0161 762 3074
East Midlands	Dr Nick Salfield	Government Office for the East Midlands, The Belgrave Centre, Stanley Place, Talbot St, Nottingham, NG1 5GG	0115 971 4760
West Midlands	Dr Mike Wall	West Midlands Regional Prison Task Force, Officers Mess, 24 Gaol Road, Stafford, ST16 3AN	01785 256 727
South West	Dr Ruth Shakespeare	Public Health Team, Government Office South West, 2 Rivergate, Temple Quay, Bristol BS1 6ED	0117 900 3533
South East	Dr Yvonne Arthurs	South East Public Health Group, Government Office for the South East, Bridge House, 1 Walnut Tree Close, Guildford, Surrey, GU1 4GA	01483 882 327
London	Penny Bevan	NHS London East Regional Office, 40 Eastbourne Terrace, London W2 3QR	020 7725 5347
Eastern	Barbara McLean	Eastern Regional Office, Capital Park, Fulbourn, Cambridge, CB1 5XB	01223 597 613
Wales	Peter Lawler	Welsh Assembly Government, Cathays Park, Cardiff, CF1 3NQ	02920 823 303