

# STANDARD 9

## HEALTH AND WELLBEING

9

## STANDARD 9: HEALTH AND WELLBEING

Health and wellbeing is displayed differently as the inspection of this Standard in Scottish prisons is undertaken by Healthcare Improvement Scotland, as part of the HMIPS inspection process. The Quality Indicators under Standard 9 reflect a human rights approach and the National Health and Social Care Standards: My support, my life (2017)<sup>1</sup> principles. The guidance supporting Standard 9 also reflects Healthcare Improvement Scotland's Quality Framework<sup>2</sup> which provides guidance to services, and to those externally quality assuring them, about what good quality care looks like and how this can be evaluated. Using the quality of care approach principles<sup>3</sup> Healthcare Improvement Scotland aims to drive improvements in healthcare through consistent quality assurance and inspection activities.

**This section of the document refers to specific national standards, guidelines and legislation which were in place at the time of writing. When reviewing care against the Quality Indicators, the most up-to-date relevant national guidance and legislation should be used.**

**The prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.**

**All prisoners receive care and treatment which takes account of all relevant NHS standards, guidelines and evidence-based treatments. Healthcare professionals play an effective role in preventing harm associated with prison life and in promoting the health and wellbeing of all prisoners.**

- 9.1** An assessment of the individual's immediate health and wellbeing is undertaken as part of the admission process to inform care planning.
- 9.2** The individual's healthcare needs are assessed and addressed throughout the individual's stay in prison.
- 9.3** Health improvement, health prevention and health promotion information and activities are available for everyone.
- 9.4** All stakeholders demonstrate commitment to addressing the health inequalities of prisoners.
- 9.5** Everyone with a mental health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.
- 9.6** Everyone with a long-term health condition has access to treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.
- 9.7** Everyone who is dependent on drugs and/or alcohol receives treatment equitable to that available in the community, and is supported with their wellbeing throughout their stay in prison, on transfer and on release.
- 9.8** There is a comprehensive medical and pharmacy service delivered by the service.
- 9.9** Support and advice is provided to maintain and maximise individuals' oral health.

1 <http://www.gov.scot/Publications/2017/06/1327>

2 [http://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

3 [http://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

**STANDARD 9: HEALTH AND WELLBEING** continued

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- 9.10** All pregnant women, and those caring for babies and young children, receive care and support equitable to that available in the community, and are supported with their wellbeing throughout their stay in prison, on transfer and on release.
- 9.11** Everyone with palliative care or end of life care needs can access treatment and support equitable to that in the community, and is supported throughout their stay in prison, on transfer and on release.
- 9.12** Everyone at risk of self-harm or suicide receives safe, effective and person-centred treatment, and support with their wellbeing throughout their stay in prison, on transfer and on release.
- 9.13** All feedback, comments and complaints are managed in line with the respective local NHS Board policy. All complaints are recorded and responded to in a timely manner.
- 9.14** All NHS staff demonstrate an understanding of the ethical, safety and procedural responsibilities involved in delivering healthcare in a prison setting.
- 9.15** The prison implements national standards and guidance, and local NHS Board policies for infection prevention and control.
- 9.16** The prison healthcare leadership team is proactive in workforce planning and management. Staff feel supported to deliver safe, effective, and person-centred care.
- 9.17** There is a commitment from the NHS Board to the delivery of safe, effective and person-centred care which ensures a culture of continuous improvement.

## **9.1**

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### **AN ASSESSMENT OF THE INDIVIDUAL'S IMMEDIATE HEALTH AND WELLBEING IS UNDERTAKEN AS PART OF THE ADMISSION PROCESS TO INFORM CARE PLANNING.**

- 1.** Health screening is carried out on arrival at the prison:
  - a.** in a manner and setting that respects dignity and confidentiality
  - b.** by suitably trained NHS staff using a validated health screening tool
  - c.** following discussion with the individual
  - d.** with informed consent, and
  - e.** to inform care planning.
  
- 2.** Health screening ensures that:
  - a.** immediate health and wellbeing needs are identified
  - b.** anyone identified as at risk of self-harm or suicide is immediately referred to the Scottish Prison Service Prevention of Suicide in Prison Strategy process, and
  - c.** the individual is fit to be in custody.
  
- 3.** There is timely, effective and person-centred communication, documentation and transfer of information to ensure continuity of care between teams and settings.

## 9.2

### THE INDIVIDUAL'S HEALTHCARE NEEDS ARE ASSESSED AND ADDRESSED THROUGHOUT THE INDIVIDUAL'S STAY IN PRISON.

1. Health assessments are carried out as part of healthcare delivery:
  - a. a medical history is obtained from the individual
  - b. all long-term conditions are identified
  - c. treatment or management plans are agreed and implemented in line with national guidance
  - d. prescriptions are reviewed and appropriate medication is prescribed, and
  - e. any changes to treatment or medication are discussed with the individual and documented in their healthcare record.
2. There is a confidential self-referral system to primary care equivalent services.  
Self-referral forms are:
  - a. readily available
  - b. written in clear and simple language
  - c. available in alternative formats, including picture format, where this is required
  - d. managed in line with General Data Protection Regulation, professional guidance data sharing protocols, policies and procedures, and
  - e. include information on the progress of each self-referral and the expected waiting time to access services.
3. Information is provided in a format appropriate to an individual's needs relating to:
  - a. the type of services and support available
  - b. health education and health promotion
  - c. how services can be accessed, including processes for self-referral to health services
  - d. spiritual care
  - e. independent advocacy support, and
  - f. independent listening and support services such as the Listener Scheme and the Samaritans.
4. NHS and prison staff provide support to enable individuals to access services, including attending appointments within the Health Centre, and when necessary, outwith the prison.
5. Onward referral to secondary or specialist health services is in line with the local NHS Board policy.
6. There are clear procedures and protocols in place to ensure that the needs of anyone assessed as unfit to be detained in prison are met.
7. Protocols are in place to ensure that an individual's social care needs are:
  - a. identified promptly
  - b. discussed and agreed with the individual, and
  - c. recorded in their personalised care plan.
8. Arrangements are in place to ensure responsive emergency medical cover and access to urgent care, including out-of-hours services.

## **9.3**

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### **HEALTH IMPROVEMENT, HEALTH PREVENTION AND HEALTH PROMOTION INFORMATION AND ACTIVITIES ARE AVAILABLE FOR EVERYONE.**

- 1.** National screening and treatment programmes are available for:
  - a.** blood-borne viruses
  - b.** national and local age-appropriate immunisation and vaccination, and
  - c.** infectious disease prevention.
- 2.** Information, advice and support are available in a range of formats and styles to enable individuals to:
  - a.** make informed decisions about their health, and
  - b.** understand any risks associated with their decisions and behaviours.
- 3.** NHS and prison staff provide support to enable individuals to have a positive approach towards their health and wellbeing during their stay in prison, and on release.
- 4.** Support for health and wellbeing is available through supervised peer support and health promotion activities.
- 5.** Stop smoking services, including self-care options, are equitable to those provided in the community given the constraints of the prison environment.
- 6.** All prisoners are given information about how to access sexual health services during their stay in prison and before their release.

## 9.4

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### ALL STAKEHOLDERS DEMONSTRATE COMMITMENT TO ADDRESSING THE HEALTH INEQUALITIES OF PRISONERS.

1. The principles of a human rights approach (participation, accountability, non-discrimination, empowerment and legality) underpin all policy and decision-making around healthcare provision within the prison.
2. NHS staff have an understanding, relevant to their role, of:
  - a. health inequalities, and
  - b. the Equality Act 2010.
3. Staff identify and address potential barriers for prisoners accessing healthcare.
4. According to their roles and responsibilities, staff can describe what inequalities sensitive practice is, and how it can be achieved within prison healthcare services according to their role and responsibilities.

## 9.5

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**EVERYONE WITH A MENTAL HEALTH CONDITION HAS ACCESS TO TREATMENT EQUITABLE TO THAT AVAILABLE IN THE COMMUNITY COMMENT AND IS SUPPORTED WITH THEIR WELLBEING THROUGHOUT THEIR STAY IN PRISON, ON TRANSFER AND ON RELEASE.**

1. Mental health needs are assessed using a standardised and validated tool which includes:
  - a. previous history
  - b. an assessment of mental health, intellectual and developmental needs
  - c. substance and alcohol misuse
  - d. psychosocial factors, and
  - e. risk to self and others.
2. Each individual:
  - a. is fully involved in their assessment
  - b. has the opportunity to discuss the purpose and outcome of their assessment
  - c. has a written personalised care plan that has been jointly developed by the individual and NHS staff
  - d. receives information on any interventions and treatments being offered, and has the risks and benefits of these discussed with them, and
  - e. has a regular review date to discuss and review their care.
3. The mental health team:
  - a. consists of a range of professionals from health and social care to enable the team to deliver a full range of treatments or therapies appropriate to the prison population
  - b. has timetabled meetings at least weekly to discuss allocation of referrals, current assessments and reviews
  - c. has a clearly identified clinical lead for the team
  - d. has clear clinical pathways describing access and discharge
  - e. has access to specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment
  - f. has written policies in place for liaison and joint working with substance misuse services, and primary care in cases with co-morbidities, and
  - g. ensures competency assessments are performed in line with current legislation and codes of practice.
4. All treatments and interventions offered are equitable to those available in the community given the constraints of the prison environment, and do not exceed national waiting times.
5. Individuals identified as requiring inpatient mental health care are assessed and transferred promptly to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003.
6. Where community follow-up on release from prison is required:
  - a. a referral is made to the relevant community mental health service, and
  - b. a discharge summary is provided to the receiving primary care healthcare service.

## 9.6

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**EVERYONE WITH A LONG-TERM HEALTH CONDITION HAS ACCESS TO TREATMENT EQUITABLE TO THAT AVAILABLE IN THE COMMUNITY, AND IS SUPPORTED WITH THEIR WELLBEING THROUGHOUT THEIR STAY IN PRISON, ON TRANSFER AND ON RELEASE.**

1. Long-term health conditions are assessed by health services through health screening, health assessment or community GP prisoner summaries.
2. Care for long-term health conditions:
  - a. is equitable to that available in primary care in line with national guidelines, and
  - b. includes assessments, treatment plans, regular reviews and, where necessary, referral to secondary care.
3. Support to self-manage long-term conditions is provided where appropriate and includes anticipatory care planning where relevant.
4. Each individual is fully involved in their assessment and has the opportunity to discuss the purpose and outcome of their assessment.
5. Each individual has a written personalised care plan which reflects their individual healthcare needs, and has been jointly developed by the individual and NHS staff. It is reviewed and monitored by the individual and NHS staff, and includes information about the benefits and risks of any intervention offered that have been discussed with the individual.

## 9.7

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### **EVERYONE WHO IS DEPENDENT ON DRUGS AND/OR ALCOHOL RECEIVES TREATMENT EQUITABLE TO THAT AVAILABLE IN THE COMMUNITY, AND IS SUPPORTED WITH THEIR WELLBEING THROUGHOUT THEIR STAY IN PRISON, ON TRANSFER AND ON RELEASE.**

- 1.** Those requiring support with drug and alcohol dependence are identified during their initial health screening and health assessment.
- 2.** Until an individual's community prescription is confirmed, appropriate clinical treatments, including detoxification or opiate replacement therapy, are offered to all.
- 3.** All referrals to addiction services are assessed to identify individual support needs.
- 4.** Evidence-based pharmacological, harm-reduction and psychological interventions are offered, including:
  - a.** stabilisation maintenance and detoxification programmes, and/or
  - b.** a range of alcohol and drug avoidance strategies.
- 5.** Each individual has a written personalised care plan that has been jointly developed by the individual and NHS staff, and reflects their support needs. The care plan is reviewed and monitored by both the individual and their support worker.
- 6.** Each individual:
  - a.** is fully involved in their assessment
  - b.** has the opportunity to discuss the purpose and outcome of their assessment
  - c.** receives information on any interventions and treatments being offered, and the risks and benefits of these are discussed with them, and
  - d.** has a regular review date to discuss and review their care according to clinical need, and receives written confirmation of this date.
- 7.** There is a process for prescribing medication for individuals with drug and alcohol dependence on transfer between prisons.
- 8.** A standardised discharge planning tool is followed to ensure relevant information is provided to the receiving services when the prisoner is released from the prison.
- 9.** There is a process to ensure that if a prisoner on remand is released at court, the relevant information is provided to the receiving services.
- 10.** The addictions team has:
  - a.** access to a range of multi-disciplinary professionals that enables the team to deliver a full range of treatments or therapies appropriate to the prisoner population
  - b.** a timetabled meeting at least weekly to discuss allocation of referrals, current assessments and reviews
  - c.** a clearly identified clinical lead for the team
  - d.** clear clinical pathways describing access and discharge to and from the service, and
  - e.** written protocols and procedures for liaison and joint working with mental health services and primary care in cases with co-morbidities.

## 9.8

### THERE IS A COMPREHENSIVE MEDICAL AND PHARMACY SERVICE DELIVERED BY THE SERVICE.

1. There is an accessible clinical pharmacy service which provides support and advice.  
All medicines are reconciled following admission to prison.
2. All individuals who self-administer their medications have access to secure storage facilities within their cell to ensure the safe-keeping of their medicines.
3. Systems and process are in place to ensure all medicines are handled safely and stored securely in line with national and professional guidance and legislation.
4. All medicines are:
  - a. administered at clinically appropriate times, and
  - b. prescribed in line with evidence-based practice, local and national protocols, guidance and legislation.
5. There is a multi-disciplinary approach to medicines and pharmacy services supported by trained staff which follows national guidance.
6. All supervised medicines are administered safely in line with the relevant legislation and professional guidance.
7. Prisoners going to court receive adequate supplies of medication in line with the local NHS Board policy.
8. All individuals are provided with an adequate supply of medication on release, and arrangements are made for continuity of supply of supervised medicines.

## **9.9**

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### **SUPPORT AND ADVICE IS PROVIDED TO MAINTAIN AND MAXIMISE INDIVIDUALS' ORAL HEALTH.**

- 1.** Dental health services comply with current national guidance and are available to individuals.
- 2.** Prisoners are actively encouraged and supported to maintain a daily oral health routine, including the opportunity for all individuals to brush their teeth with fluoride toothpaste twice a day.
- 3.** General self-help advice and information about maintaining oral health is available in a range of formats and languages.
- 4.** Anyone requiring routine dental care is seen by the dental health service within the Scottish Government's recommended access time guidelines.
- 5.** A system is in place to ensure that any individual requiring emergency dental treatment, including out-of-hours treatment, receives this care.
- 6.** All dental treatment rooms and equipment are fit-for-purpose, maintained, up-to-date and comply with national guidelines.
- 7.** All dental instruments are decontaminated in line with national guidance.

## 9.10

**ALL PREGNANT WOMEN, AND THOSE CARING FOR BABIES AND YOUNG CHILDREN, RECEIVE CARE AND SUPPORT EQUITABLE TO THAT AVAILABLE IN THE COMMUNITY, AND ARE SUPPORTED WITH THEIR WELLBEING THROUGHOUT THEIR STAY IN PRISON, ON TRANSFER AND ON RELEASE.**

1. Pregnant women, and those caring for babies and young children, have a written personalised care plan that has been jointly developed by the individual and NHS staff. This is reviewed and updated on a weekly basis by NHS staff and residential staff who work with or support the women.
2. Women in prison, who do not have care of their baby or young children during their stay in prison, have their care plans agreed in partnership with Social Work to ensure contact, communication and facilities are in place for when contact is given.
3. There is a dedicated mother and baby officer responsible for ensuring the mother and baby have all appropriate equipment to meet their needs, receive support and follow-up and, where required, have access to a breastfeeding helpline.
4. Pregnant women, and those who have recently given birth, are offered advice on health (including sexual health), exercise and nutrition.
5. Women caring for their child during their stay in prison, when there are no contraindications, should be encouraged and supported to breastfeed. All women who choose not to breastfeed are supported with bottle feeding. All women who breastfeed, express milk or bottle feed have access to all necessary equipment and an appropriate level of privacy.
6. Each pregnant woman:
  - a. is fully involved in their care; supporters or co-parents are also encouraged to be involved as appropriate
  - b. has the opportunity to discuss the purpose and outcome of any treatment or intervention, including their birthing plan
  - c. receives information on any interventions and treatments being offered in a format and language appropriate to their needs; the risks and benefits of these are discussed with them, and
  - d. has a regular review date to discuss and review their care.
7. Pregnant women, and women caring for children, are located in the most appropriate area of the prison, identified at the time of initial health screening and health assessment.
8. There is a co-ordinated multi-disciplinary approach to:
  - a. the care and support of all pregnant women, and women caring for children, and
  - b. prescribing medication for pregnant women.
9. Child development is monitored in line with national legislation, policy and guidance in the same way as it would be within the community. Referrals are made to specialist services when indicated for childhood screening and immunisation and to monitor developmental milestones.

## **9.11**

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**EVERYONE WITH PALLIATIVE CARE OR END OF LIFE CARE NEEDS CAN ACCESS TREATMENT AND SUPPORT EQUITABLE TO THAT IN THE COMMUNITY, AND IS SUPPORTED THROUGHOUT THEIR STAY IN PRISON, ON TRANSFER AND ON RELEASE.**

- 1.** Palliative and end of life care needs are assessed using a standardised assessment tool.
- 2.** Each individual assessed with palliative or end of life needs:
  - a.** is referred to palliative care services in the local NHS Board
  - b.** can access clinicians from the local NHS Board to deliver palliative care medication
  - c.** can access the relevant services, facilities and equipment to support their palliative and end of life care needs, and
  - d.** is given the opportunity and support to develop an anticipatory care plan and a personalised care plan.
- 3.** Palliative and end of life care is provided by the local NHS Board and community services working together in partnership.
- 4.** All NHS and prison staff promote the key principles of palliative care (ensuring the prisoner's physical, spiritual, social and psychological needs are met), and ensure the principles underpin the delivery of care and treatment.
- 5.** Treatment, care and referrals, including palliative care emergencies, are managed in line with national guidelines and relevant evidence-based treatment and therapy.

## 9.12

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**EVERYONE AT RISK OF SELF-HARM OR SUICIDE RECEIVES SAFE, EFFECTIVE AND PERSON-CENTRED TREATMENT, AND SUPPORT WITH THEIR WELLBEING THROUGHOUT THEIR STAY IN PRISON, ON TRANSFER AND ON RELEASE.**

1. An assessment of the risk of self-harm or suicide is made:
  - a. on admission or transfer to the prison, and
  - b. using a standardised and validated health screening tool.
2. Regular reassessment of risk of self-harm or suicide is undertaken to ensure safe, effective and person-centred care.
3. Each individual:
  - a. is fully involved in their assessment
  - b. has the opportunity to discuss the purpose and outcome of their assessment
  - c. has a written personalised care plan which reflects their individual needs and has been jointly developed by the individual and NHS staff
  - d. receives information on any interventions and treatments being offered; and have the risks and benefits of these discussed with them, and
  - e. has a regular review date to discuss and review their care.
4. The Scottish Prison Service Strategy for the Prevention of Suicide in Prison is instigated when a prisoner is identified as being at risk of self-harm or suicide.
5. NHS and prison staff work collaboratively to identify, support and review those at risk of self-harm or suicide.
6. All treatments and interventions offered are equitable to those available in the community.
7. Each stage of the Scottish Prison Service Prevention of Suicide in Prisons Strategy process is documented in the personalised care plan and, where necessary, in the prisoner's healthcare record.

## **9.13**

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**ALL FEEDBACK, COMMENTS AND COMPLAINTS ARE MANAGED ACCORDING TO THE RESPECTIVE LOCAL NHS BOARD POLICY. ALL COMPLAINTS ARE RECORDED AND RESPONDED TO IN A TIMELY MANNER.**

- 1.** There is a clear and transparent process to:
  - a.** share feedback and comments, and
  - b.** make a formal complaint.
- 2.** Feedback, comments or complaint forms are accessible and easy to use.
- 3.** Information is provided, in a range of formats, about:
  - a.** the complaint's process (including timelines)
  - b.** confidentiality, and
  - c.** support to make a complaint including independent advocacy.
- 4.** Complaints are recorded in line with best practice and are not recorded in the prisoner record to safeguard confidentiality.
- 5.** The prison healthcare service manages complaints in line with the local NHS Board policy. This includes adhering to response timeframes and guidance on how complaints should be documented, shared and actioned.
- 6.** All feedback, comments and complaints are managed in accordance with relevant data protection legislation and confidentiality protocols.
- 7.** Anyone who makes a complaint is assured that the complaint will be acted on without negative consequences to current or future care or support.
- 8.** Suitably trained and competent staff review complaints and know how and when to escalate issues and concerns.
- 9.** The Health Centre Manager or nominated person has responsibility for responding to all complaints.
- 10.** Health service staff regularly discuss complaints to share learning and identify any themes or required improvements.
- 11.** If an individual is not satisfied with the outcome or response to their complaint, they are signposted to the Scottish Public Services Ombudsman.

## 9.14

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### **ALL NHS STAFF DEMONSTRATE AN UNDERSTANDING OF THE ETHICAL, SAFETY AND PROCEDURAL RESPONSIBILITIES INVOLVED IN DELIVERING HEALTHCARE IN A PRISON SETTING.**

- 1.** NHS staff exercise all statutory duties placed on them to advise the Governor or Director of any situations in which conditions of detention or decisions about any prisoner could result in physical or psychological harm.
- 2.** NHS staff undertake their responsibilities (as described in law and in professional guidance) to assess, record and report any medical evidence of mistreatment of prisoners and to offer treatment as required.
- 3.** Systems and processes are in place to appropriately assess, store and share a patient's health information.

## **9.15**

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### **THE PRISON IMPLEMENTS NATIONAL STANDARDS AND GUIDANCE, AND LOCAL NHS BOARD POLICIES FOR INFECTION PREVENTION AND CONTROL.**

- 1.** All NHS staff adhere to the current national guidance and standards for infection prevention and control.
- 2.** Healthcare facilities and equipment are fit-for-purpose, maintained and compliant with relevant national guidance and standards.
- 3.** Cleaning processes adhere to the current national cleaning services specifications and the National Infection Prevention and Control Manual.
- 4.** The cleanliness of the environment is monitored and audited in line with national guidance. Remedial actions are taken promptly to address any non-compliances.
- 5.** All NHS staff, volunteers or contracted workers adhere to the National Infection Prevention and Control Manual. This adherence is audited in line with guidance within the manual, and remedial actions taken promptly to address any non-compliances.
- 6.** All staff and prisoners tasked with managing body fluid spillages, contaminated items or isolation facilities (bed-down cells) must be trained in line with the National Infection Prevention and Control Manual. All necessary equipment, including chlorine-releasing disinfectant and detergent and personal protective equipment must be made available and used for this type of cleaning.

## 9.16

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### THE PRISON HEALTHCARE LEADERSHIP TEAM IS PROACTIVE IN WORKFORCE PLANNING AND MANAGEMENT. STAFF FEEL SUPPORTED TO DELIVER SAFE, EFFECTIVE, AND PERSON-CENTRED CARE.

1. The prison healthcare leadership team regularly reviews staff competency, training needs and staff skill-mix to ensure the delivery of safe, effective and person-centred care.
2. Staff receive the relevant induction, training and development, and supervision according to their roles and responsibilities.
3. Staff use their respective NHS Board's electronic system and personal development plan to document appraisal, performance reviews and objectives.
4. There is a programme of mandatory training for staff, relevant to their roles and responsibilities to support safe and effective care.
5. All NHS staff:
  - a. have regular and on-going assessment of clinical competence to undertake duties required of their roles and responsibilities, and this should be reflected in their personal development plan, and
  - b. deliver evidence-based practice.
6. Systems are in place to support effective local workforce planning to ensure appropriate staffing levels and skill-mix are available to deliver safe, effective and person-centred services. This includes during out-of-hours, weekends and public holidays.
7. NHS staff with leadership roles have access to development programmes to support them in their role, and these are reflected in their personal development plans. Staff have a clear understanding of their roles and responsibilities, and demonstrate accountability for their actions and behaviours.
8. There is effective communication between staff and teams across all levels.

## **9.17**

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**THERE IS A COMMITMENT FROM THE NHS BOARD TO THE DELIVERY OF SAFE, EFFECTIVE AND PERSON-CENTRED CARE WHICH ENSURES A CULTURE OF CONTINUOUS IMPROVEMENT.**

- 1.** The NHS Board leadership team has a clear vision, shared objectives and values for prisoner healthcare.
- 2.** NHS staff can describe the NHS Board leadership structure for prisoner healthcare roles and responsibilities.
- 3.** The prison healthcare service uses a recognised adverse events reporting system.
- 4.** Staff feel able, and are supported, to report concerns they have about the services provided, healthcare delivery or adverse events.
- 5.** The NHS Board leadership team actively encourages feedback and comments from people who use services. These views are taken into account in the development, delivery and improvement of health services within the prison.
- 6.** There is evidence of collaborative working with other agencies leading to improved health outcomes for prisoners.



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