

Prison Health Performance and Quality Indicators

Annual Report 2011

1. Introduction

One of the most significant changes to prisoners' health services in recent years has been the transfer of commissioning responsibility to the NHS. Since that time, the relationship between prisons and their local PCTs has been central to improvements in health services for prisoners. There has been increasing engagement with police, courts and probation services and with local partnerships to ensure that community services relevant to the needs of the offender population 'join up' with services provided within criminal justice settings.

The NHS Health and Social Care Bill sets out significant policy changes - the element of reform that will have the most immediate impact for prison health is the change to commissioning arrangements for health services, as Primary Care Trusts (PCTs) who currently have responsibility for commissioning prison health services, are replaced by a new system with national (NCB), local (clinical commissioning groups) and possibly sub national (specialist commissioning) elements. These NHS changes will be occurring in the context of other Government initiatives relevant to offender health, crime reduction and the rehabilitation of offenders, including changes to commissioning in the criminal justice system and the outcomes of the Rehabilitation and Sentencing Reviews by the Ministry of Justice.

New quality standards for prison health will be implemented in line with the NHS outcomes framework, based on effectiveness of treatment, safety of treatment and care and broader patient experience of care, and taking account of the expectations of the new regulatory partnership between CQC and HMIP – both CQC and HMIP will continue to have a key role in improving the standard of service delivered to and received by prisoners.

This report is based on a set of Prison Health Performance and Quality Indicators (PHPQIs) issued by Offender Health to guide Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs) and prisons in assessing their own performance in delivering healthcare services to prisoners. This is the fourth year that PHPQIs have been used across the prison estate, thus providing evidence for considerable improvement in healthcare provision since 2007/08.

Guidance documents for 2010/11 were distributed to regional teams for completion with local establishments and subsequent returns received in early summer 2011 for collation and analysis. Performance is assessed by a combination of self-assessment, feedback from partners and presentation of evidence and validated by Strategic Health Authority/Offender health leads. Wherever possible, health care services are encouraged to use IT systems to provide evidence to validate these indicators. PHPQIs fit very well into wider commissioning assurance processes as they allow commissioners to satisfy themselves that services provided are based on an appropriate assessment of need, meet measurable standards and compare well with health indicators across similar prisons.

2. Presentation of results

This is the second year a web-based system has been used for the submission of returns: reports at individual prison level, regional or national level are available derived from this data. The indicators used this year build upon the data sets used in the 2008/09 and 2009/10 PHPQI processes. Discussion with stakeholders led to some clarification of existing indicators and the number was reduced from 38 to 32.

Interpretation of the results

Reported results for each individual prison are compared with the average for:

- All prisons within the Strategic Health Authority
- All prisons within England
- All prisons within a comparator group of similar prison type

The overall score is calculated as follows: Performance is rated as Green, Amber or Red. 1 point is assigned for Red, 2 for Amber and 3 for Green - a maximum of 3 points per indicator. Therefore the maximum score is 3 points x the number of applicable indicators. The percentage of the maximum is simply the score achieved divided by this maximum. Results are displayed in four ways:

Tables comparing results by indicator, SHA and type of prison

For each SHA:

- a web chart displaying the results in each of the six broad areas of assessment
- a bar chart showing the percentage of the maximum target achieved
- a line chart showing progress in each region over the past three years of assessment

Compliance

All state run and contracted out prisons were invited to participate in the survey. Some prisons were dual role and supplied separate returns for each role – with a target total of 136 prisons. 135 replies were received, the one not received from was for a prison due to close imminently.

Table 1: Number of Prisons by Strategic Health Authority

Strategic Health Authority	Number Reported
South East Coast	18
North West	17
East Midlands	17
East of England	17
Yorkshire and the Humber	16
South West	14
West Midlands	12
South Central	11
London	9
North East	8

Table 2: Prisons by prison comparator group

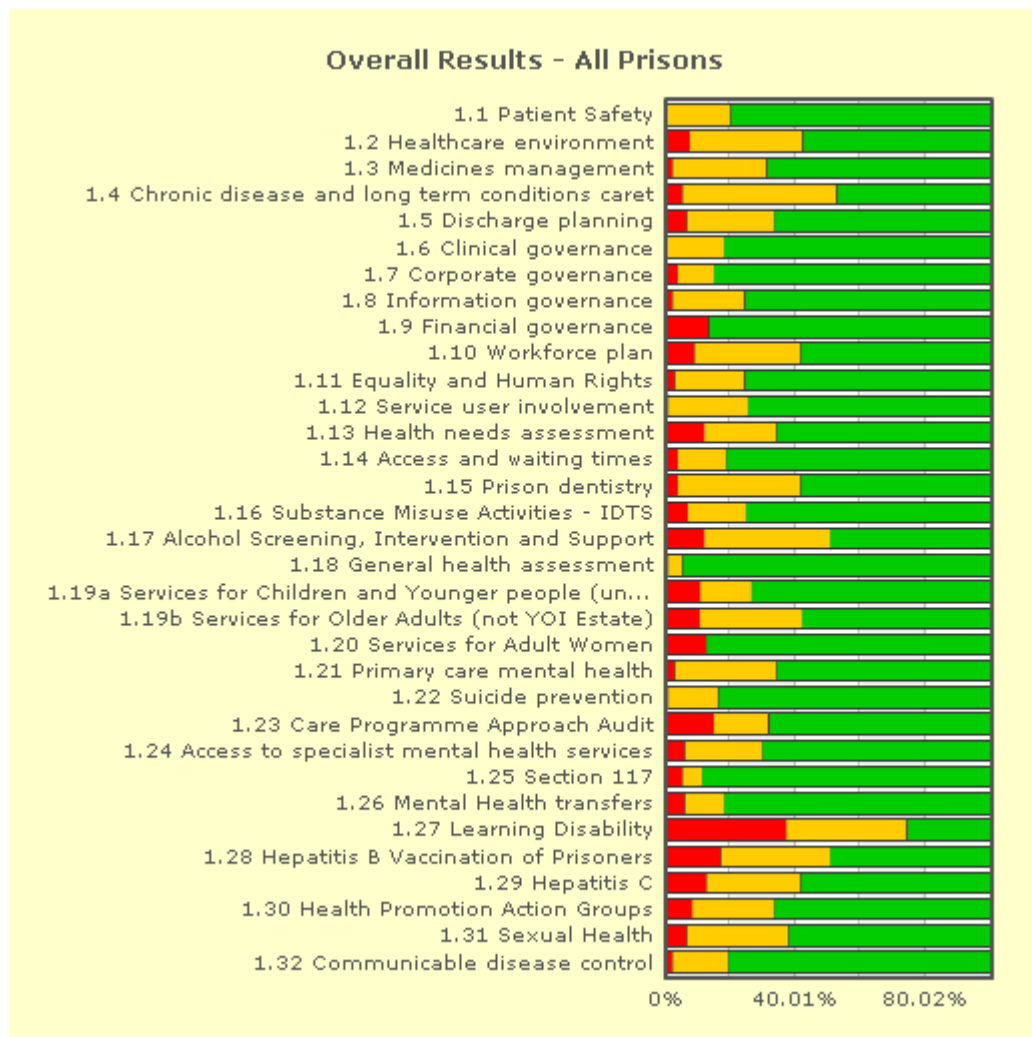
Prison Comparator Type & Code	Number Reported
Group 1A - Large City Male Local	9
Group 1B - Core Local	3
Group 2 - Other Local, Old Buildings	16
Group 3 - Other Local, Modern Buildings	5
Group 4 - Other Local and YO, Modern Buildings	3
Group 5 - Cat B Training	8
Group 6 - Cat C Cellular - Good Control Capability	8
Group 7 - Cat C Cellular - Medium and Poor Control Capability	25
Group 8 - Cat C Non-Cellular	3
Group 9 - Dispersal	5
Group 10 - Female	11
Group 11 - Young Offender	10
Group 12 - Male Juvenile	6
Group 13 - YO & Juveniles	3
Group 14 - Open	12
Group 15 - Semi Open	2
IRC - Immigration Removal Centre	4
Unclassified	2
Total Prison Replies Received	135

Table 3: Numbers of Prison by Type within SHA

SHA	Number of Prisons Who Replied									
	South East Coast	East Midlands	East of England	London	North East	South Central	Yorkshire and the Humber	West Midlands	South West	North West
Group 1A - Large City Male Local				4	1		2	1		1
Group 1B - Core Local				1		1				1
Group 2 - Other Local, Old Buildings	3	3	3			1		1	4	1
Group 3 - Other Local, Modern Buildings	1		1		1	1				1
Group 4 - Other Local and YO, Modern Buildings	1						1			1
Group 5 - Cat B Training		3				3		1		1
Group 6 - Cat C Cellular - Good Control Capability	1	1					2	1	2	1
Group 7 - Cat C Cellular - Medium and Poor Control Capability	2	4	7		2		3	1	3	3
Group 8 - Cat C Non-Cellular			1						1	1
Group 9 - Dispersal			1		1		2	1		
Group 10 - Female	3	1	1	1	1		1	1	1	1
Group 11 - Young Offender	1	1	1		1	2	1	1	1	1
Group 12 - Male Juvenile	1		1				1	1	1	1
Group 13 - YO & Juveniles				1				2		
Group 14 - Open	3	2	1			1	2		1	2
Group 15 - Semi Open	1				1					
IRC - Immigration Removal Centre	1	1				1	1			
Unclassified				1				1		
Total	18	16	17	8	8	10	16	12	14	16

4. Results for all English Prisons

Figure 1. RAG Status by Indicator



For ten indicators, 80% or more of all prisons have now achieved 'green' status. At the other end of the scale, 50% or less prisons achieved a 'green' rating for management of chronic diseases and long term conditions, alcohol services, learning disability services, and Hepatitis B vaccinations. These areas require attention by the majority of Prison/PCT partnerships.

Performance improved in the following indicators:

1.1 Patient Safety – 79% green status in 2011, no red status

1.6 Clinical Governance – 82% green status in 2011, no red status

1.9 Financial Governance – 87% green status in 2011, 68% in 2010

1.17 Alcohol Services – 50% green status in 2011, 38% in 2010

1.23 Care Programme Approach – 69% green status in 2011, 47% in 2010

1.28 Hepatitis B vaccination – 49% green status in 2011, 36% in 2010 (due to introduction of web based system for reporting)

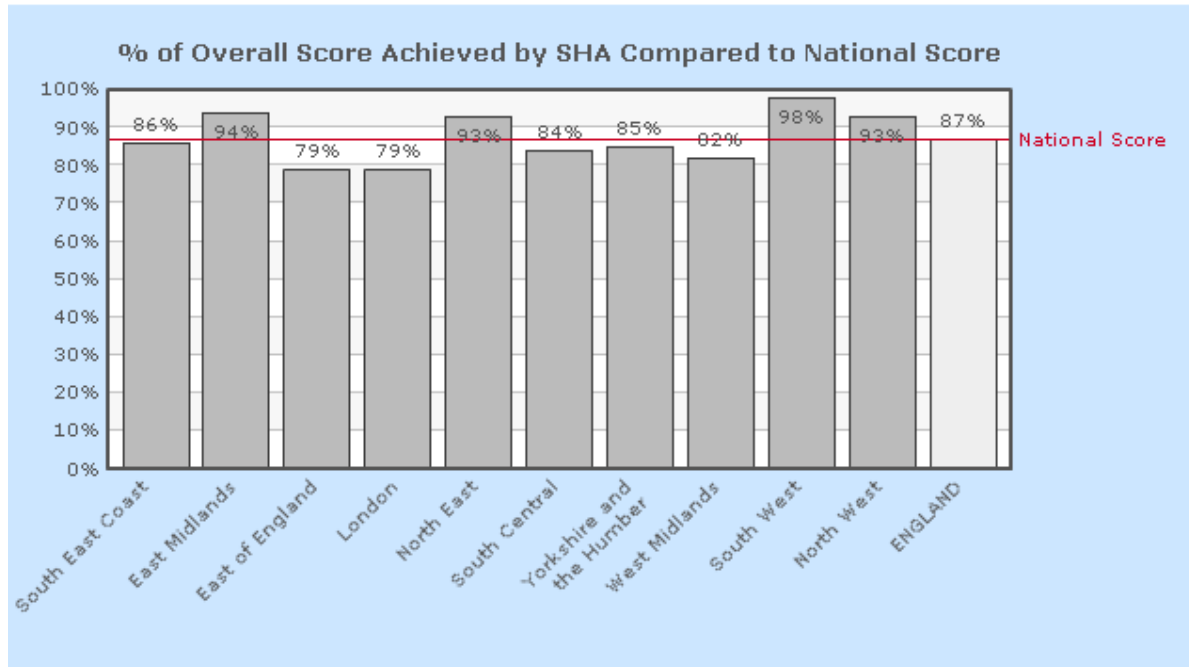
1.29 Hepatitis C – 59% green status in 2011, 32% in 2010 (due to introduction of web based system for reporting)

Performance deteriorated in the following indicator:

1.14 Access and Waiting Times – 81% green status in 2011, 92% in 2010 (in line with the national picture)

Overall performance has improved significantly.

Figure 2. Comparison by Strategic Health Authority



The overall score for English prisons, based on 135 replies, is 87%. All SHAs are now achieving at least 79% of the target. South West SHA has made the most progress with 98% of the maximum score, perhaps reflecting the longer period of time this SHA has been operating a self assessment system. London has the poorest overall performance, along with the East of England. The effectiveness of the validation process at both prison and SHA level will have some bearing on the accuracy of these results.

The poorest performances recorded this year were for Wayland in East of England Strategic Health Authority (60%) and Dovegate in West Midlands Strategic Health Authority (61%).

Table 4: SHA Performance by Indicator group

The greatest range occurs within the Patient Safety indicator group where the range of average scores amounts to 0.87 based on a high of 2.62 in the South West and a low of 1.75 in London. The low scores for indicators relevant to Safety in six regions are a cause for concern.

Strategic Health Authority results are most consistent in Governance, where the range is 0.50, between 2.96 in the South West and 2.46 in London. East Midlands and the South West reported the highest scores for 5 out of the 6 indicator groups, whilst London reported scores in the lowest quintile for 4 of the 6 groups.

SHA	Indicator Group					
	Safety	Mental Health	Accessible and Responsive Care	Governance	Public Health	Clinical and Cost Effectiveness
South East Coast	2.00	2.67	2.68	2.64	2.58	2.65
East Midlands	2.50	2.85	2.72	2.93	2.83	2.77
East of England	1.76	2.35	2.32	2.46	2.50	2.19
London	1.75	2.54	2.12	2.70	2.36	2.31
North East	2.31	2.96	2.69	2.90	2.79	2.90
South Central	2.00	2.60	2.05	2.71	2.56	2.62
Yorkshire and the Humber	2.03	2.42	2.44	2.61	2.65	2.46
West Midlands	1.92	2.58	2.21	2.75	2.44	2.50
South West	2.62	2.81	2.90	2.96	2.97	2.96
North West	2.21	2.87	2.70	2.70	2.86	2.85

Table 5: Comparison by Prison Type

Prison Comparator Types	Indicator Group					
	Safety	Mental Health	Accessible and Responsive Care	Governance	Public Health	Clinical and Cost Effectiveness
Group 1A - Large City Male Local	2.00	2.52	2.28	2.73	2.51	2.47
Group 1B - Core Local	1.50	2.67	2.00	2.73	2.62	2.42
Group 2 - Other Local, Old Buildings	2.06	2.54	2.45	2.69	2.73	2.53
Group 3 - Other Local, Modern Buildings	2.00	2.80	2.40	2.64	2.80	2.70
Group 4 - Other Local and YO, Modern Buildings	2.17	2.78	2.83	2.87	2.91	2.77
Group 5 - Cat B Training	2.18	2.63	2.35	2.66	2.65	2.67
Group 6 - Cat C Cellular - Good Control Capability	1.94	2.87	2.69	2.78	2.79	2.69
Group 7 - Cat C Cellular - Medium and Poor Control Capability	2.25	2.71	2.63	2.74	2.72	2.68
Group 8 - Cat C Non-Cellular	2.00	2.56	2.33	2.67	2.62	2.50
Group 9 - Dispersal	2.00	2.40	2.40	2.52	2.53	2.65
Group 10 - Female	1.91	2.61	2.59	2.75	2.66	2.56
Group 11 - Young Offender	2.45	2.70	2.65	2.70	2.67	2.81
Group 12 - Male Juvenile	2.42	2.78	2.75	2.73	2.65	2.83
Group 13 - YO & Juveniles	1.83	2.67	2.00	2.73	2.42	2.33
Group 14 - Open	2.12	2.64	2.60	2.74	2.64	2.61
Group 15 - Semi Open	2.75	3.00	3.00	3.00	2.97	2.87
IRC - Immigration Removal Centre	2.00	2.58	2.37	2.75	2.48	2.47
Unclassified	2.25	2.67	2.00	2.80	2.23	2.50

5. Comparison of results in public sector and private sector prisons

Figure 3. Web Diagram: public sector prisons

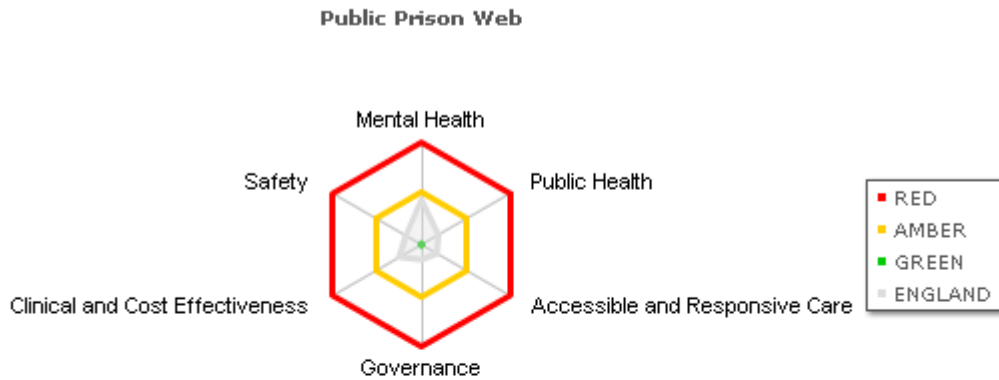
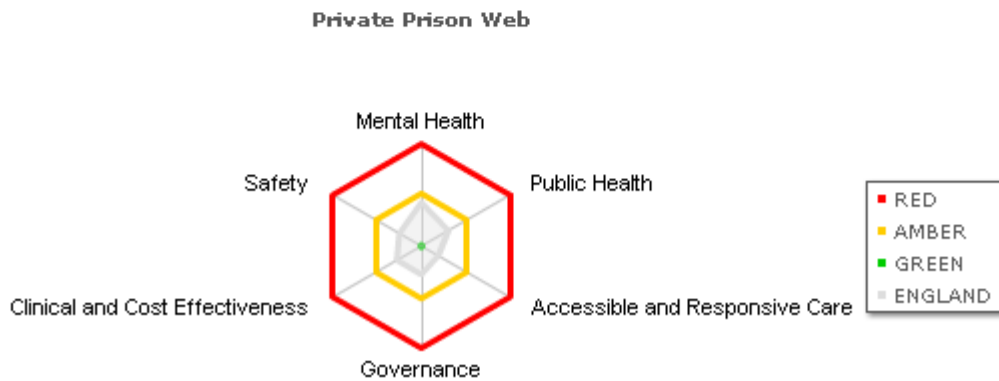
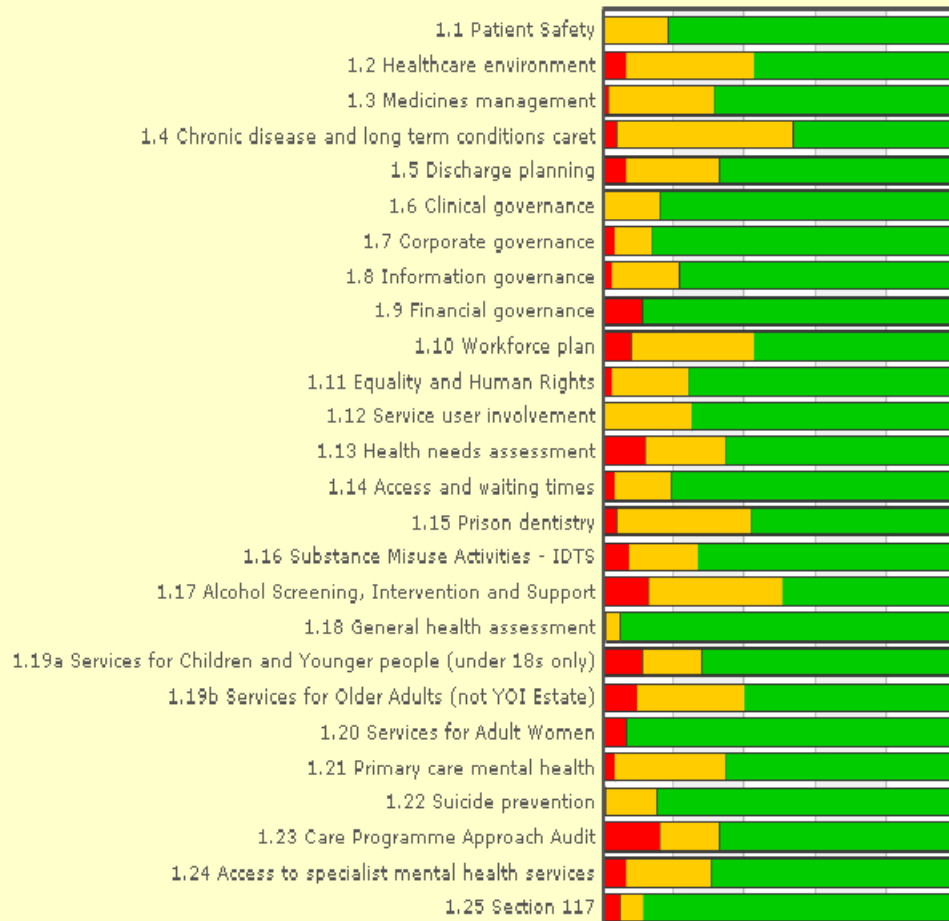


Figure 4. Web Diagram: contracted out prisons

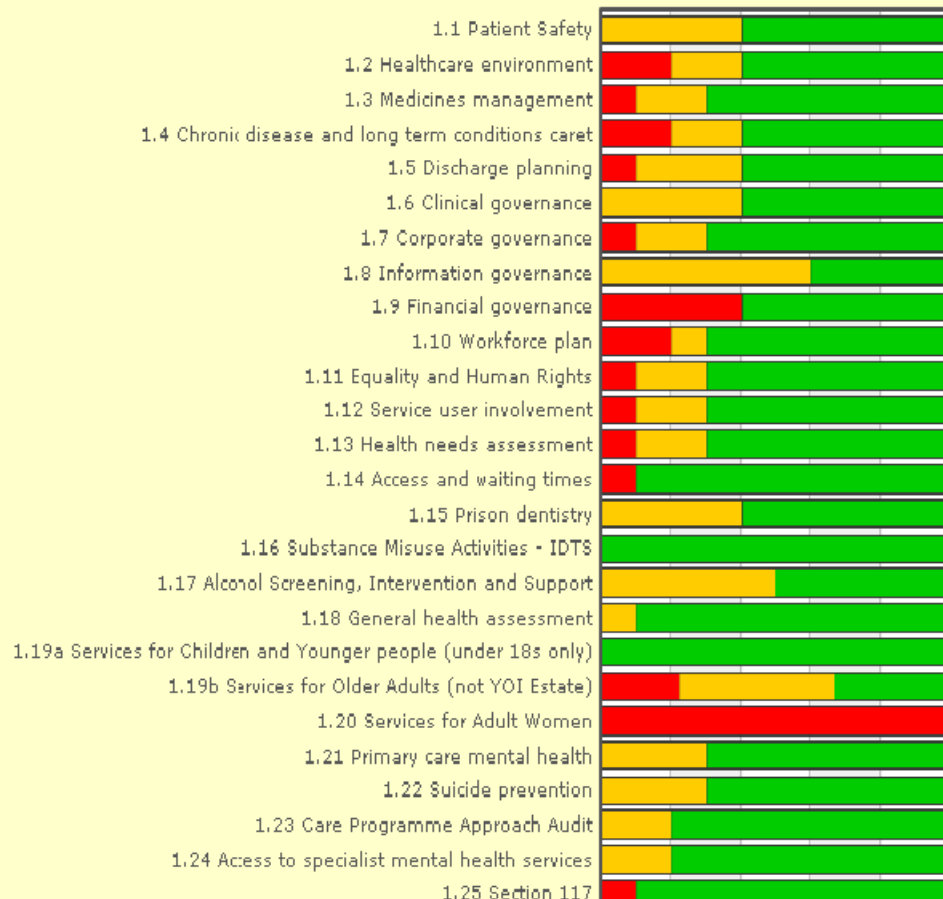


These diagrams show that overall performance is, on average, similar across the public sector and contracted out prison estate. In 2010, private sector prisons performed slightly better in the safety domain. This has reversed in 2011, with performance also better in the Public Health domain.

Overall Results - Public Prisons



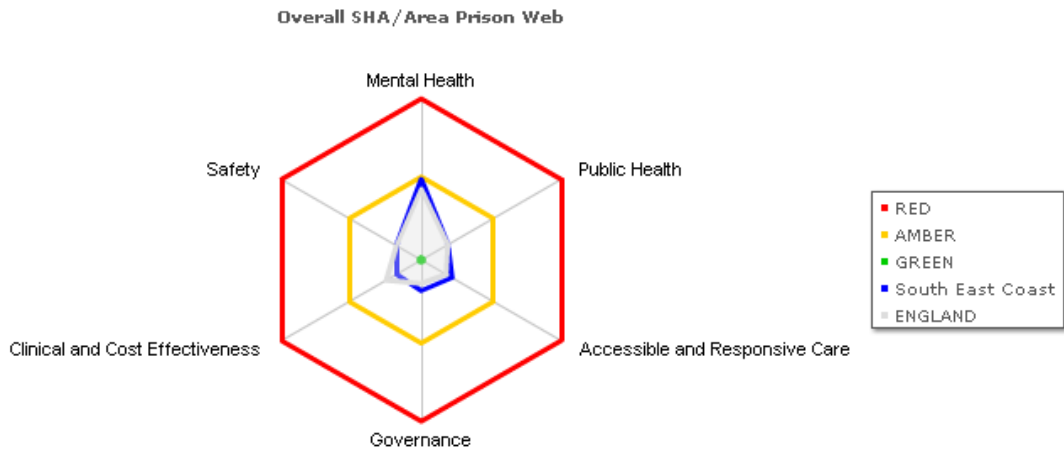
Overall Results - Private Prisons



Contracted out prisons were less likely to be rated red across a range of indicators, but performance on five of the seven public health indicators was poor compared to the public sector. These overall comparisons mask a wide range of performance within the contracted out estate ,from Ashfield , scoring 100% to Dovegate with 61% and Bronzefield with 64%.

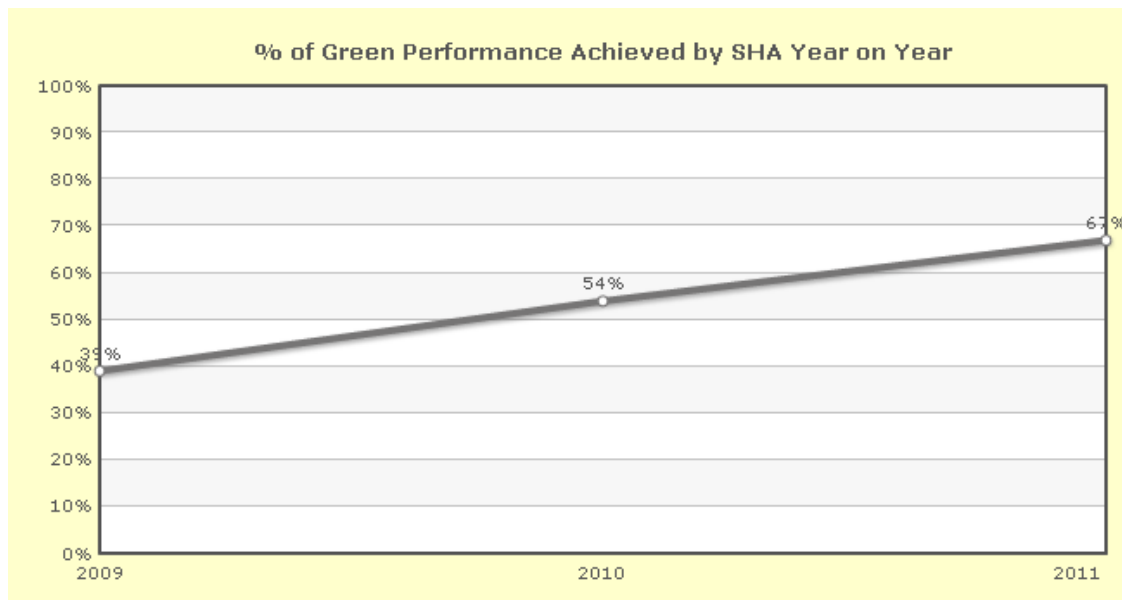
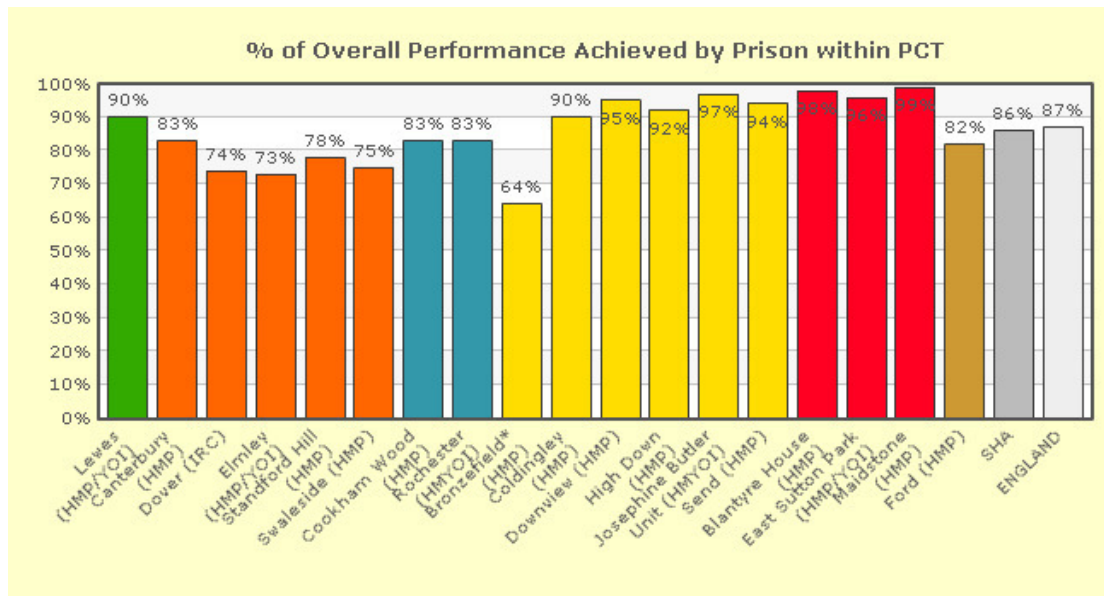
Results for each Strategic Health Authority Area

SHA Area - South East

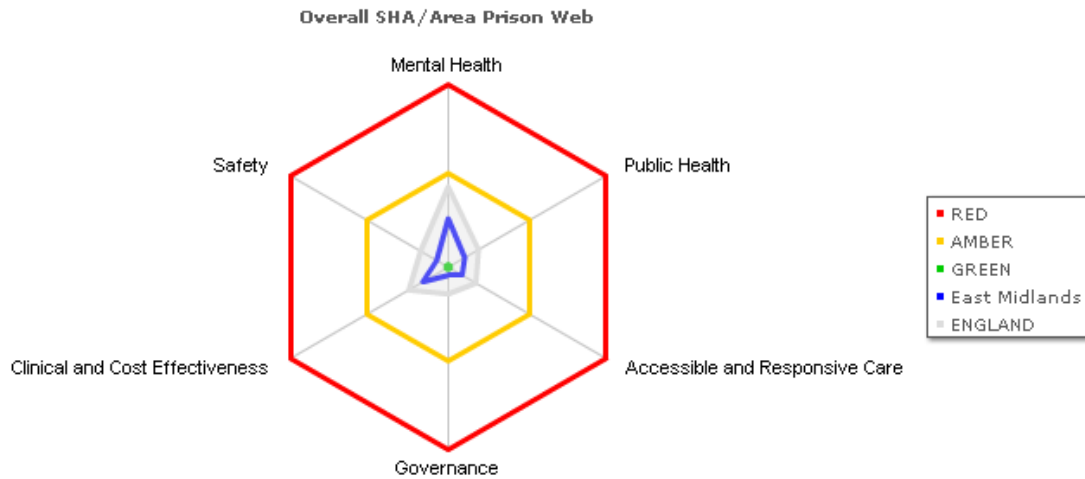


Coast

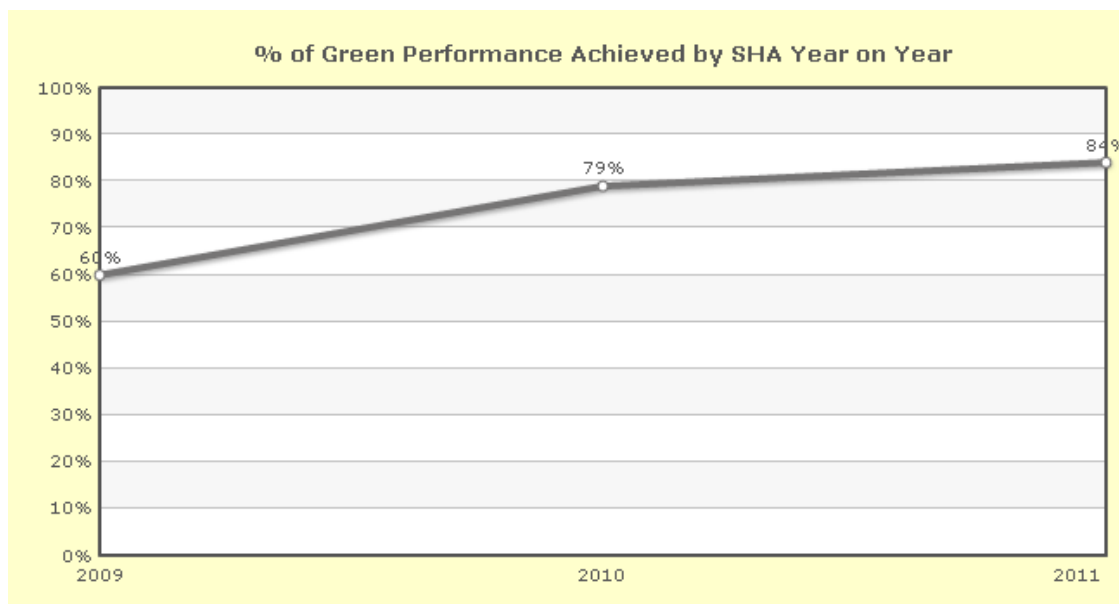
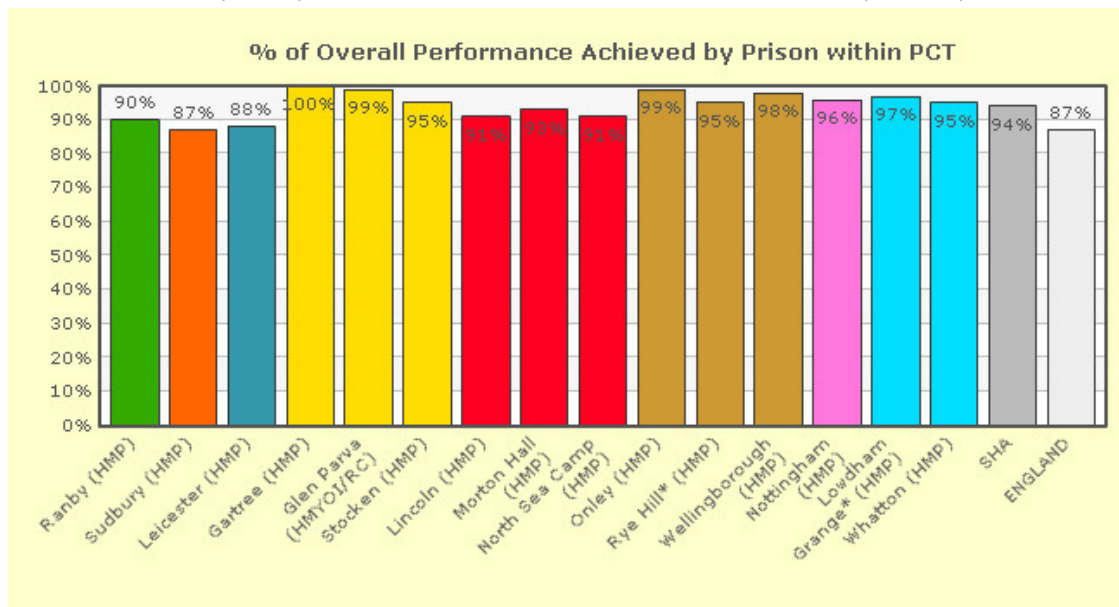
E Sussex Downs & Weald Eastern and Coastal Kent Medway Surrey West Kent WSussex



SHA Area – East Midlands

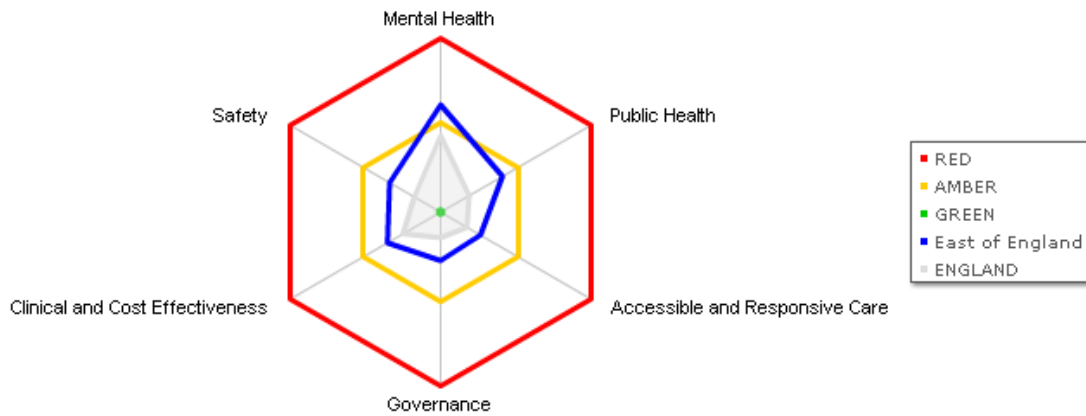


B'lau Derby County Leics City Leics County & Rutland Lincolnshire Northants Notts City Notts County



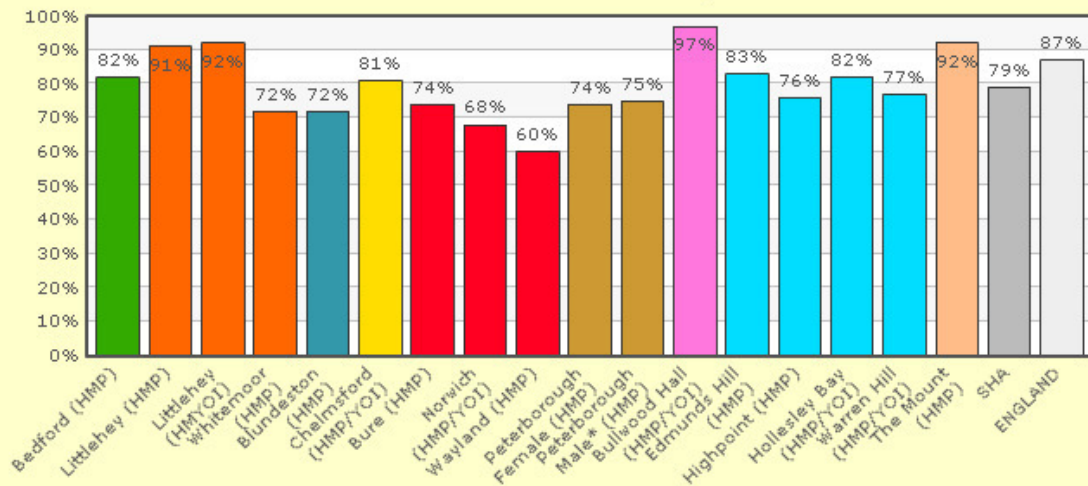
SHA Area – East of England

Overall SHA/ Area Prison Web

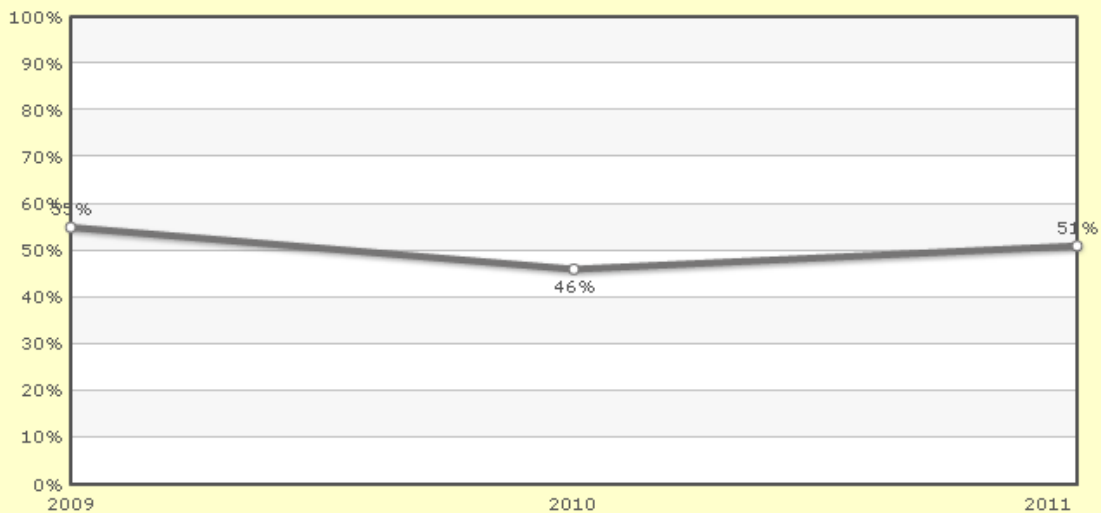


Beds Cambs Gt Yarmouth Mid Essex Norfolk P'borough SE Essex Suffolk W Herts

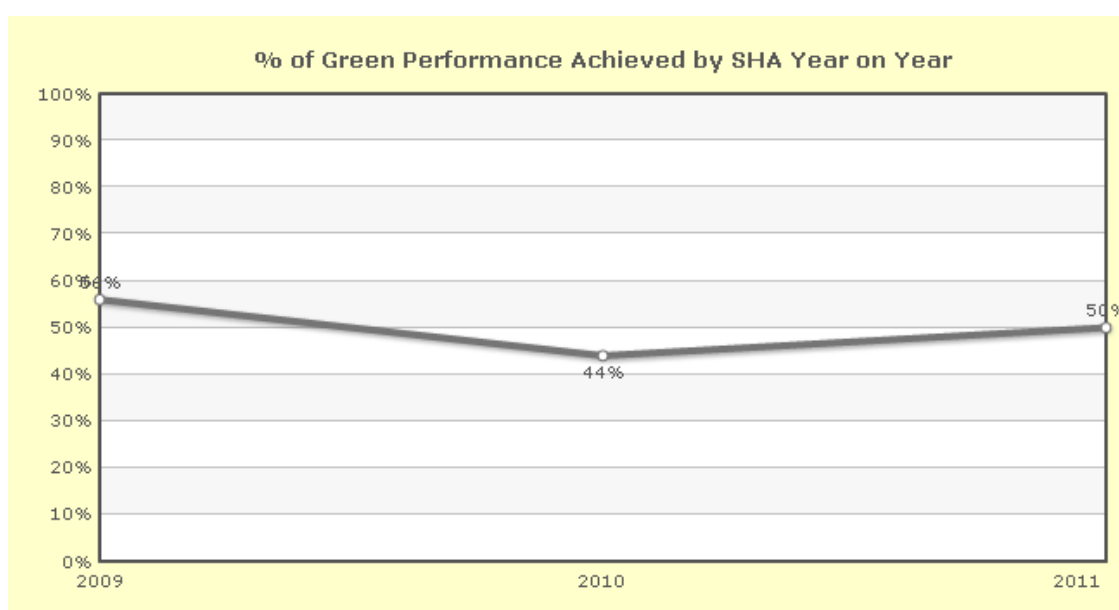
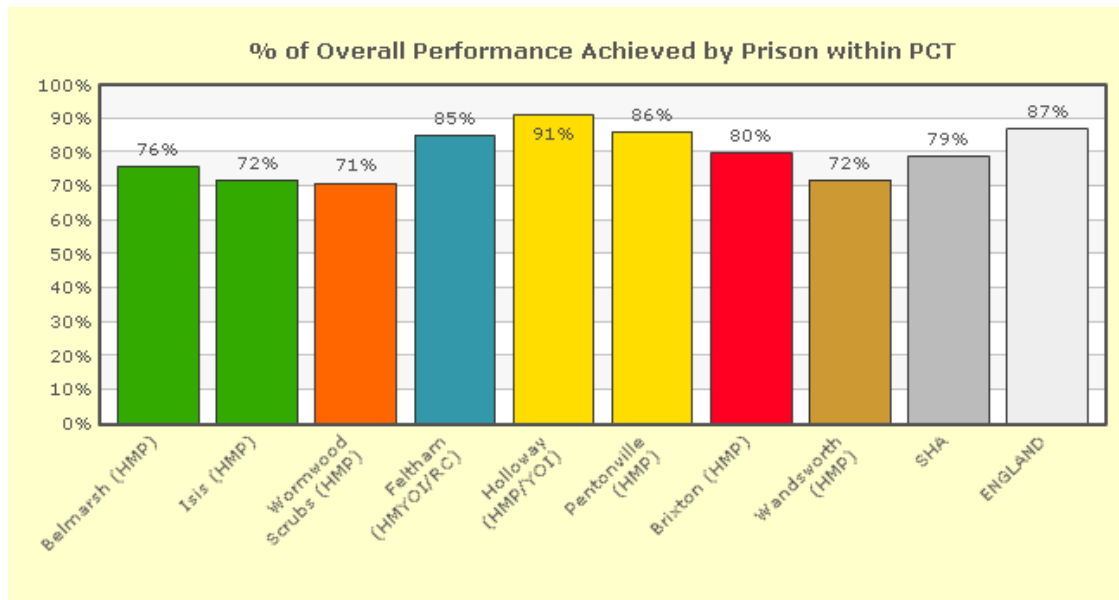
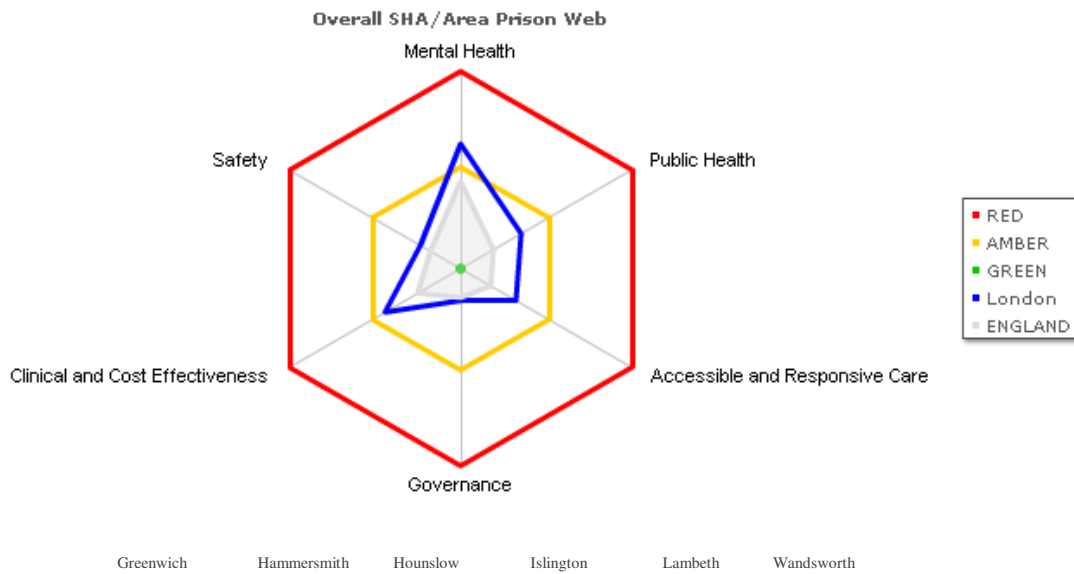
% of Overall Performance Achieved by Prison within PCT



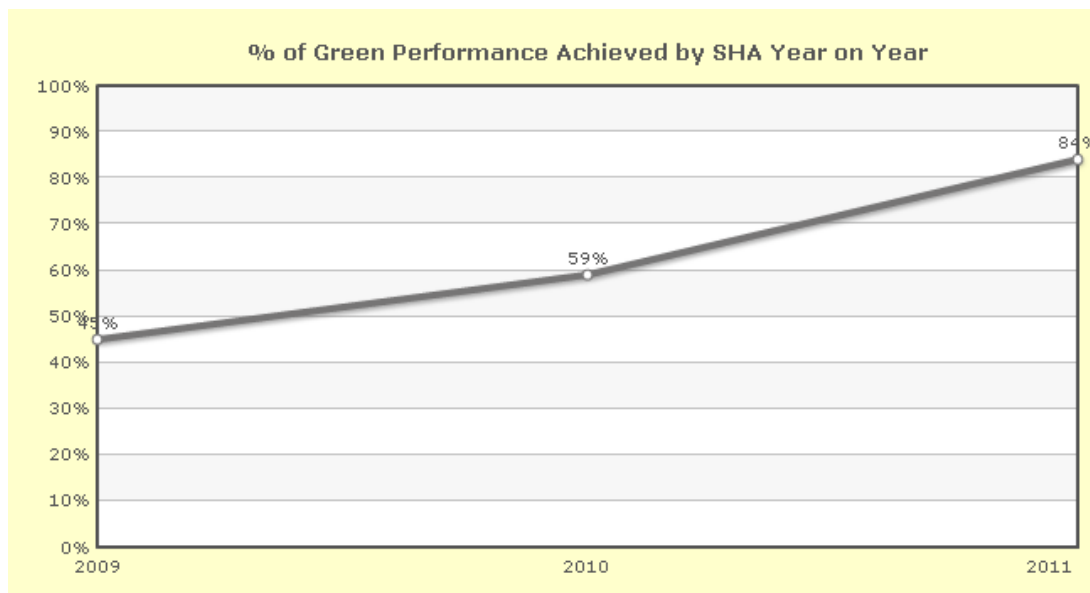
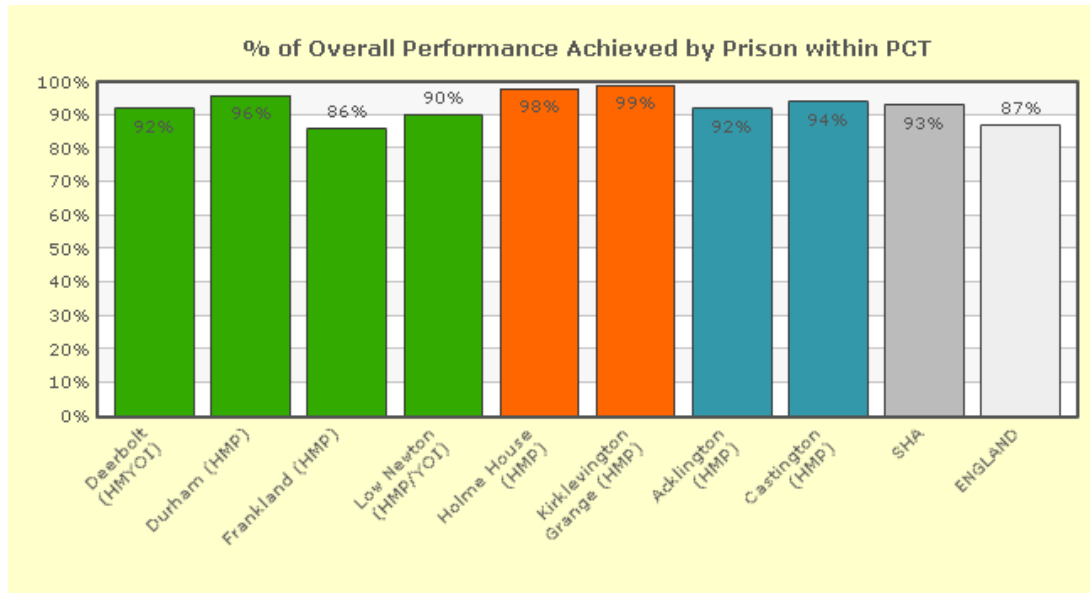
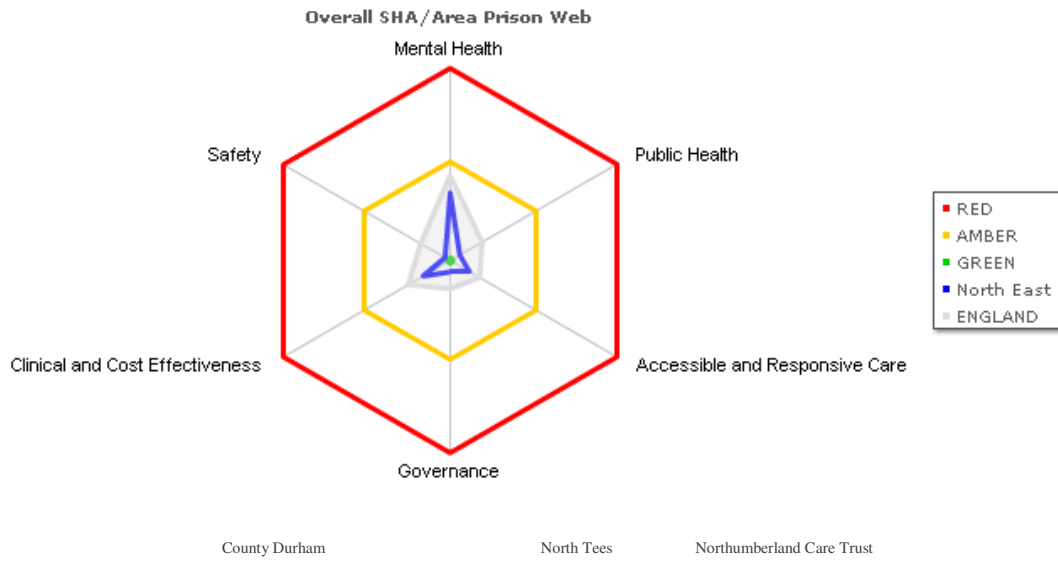
% of Green Performance Achieved by SHA Year on Year



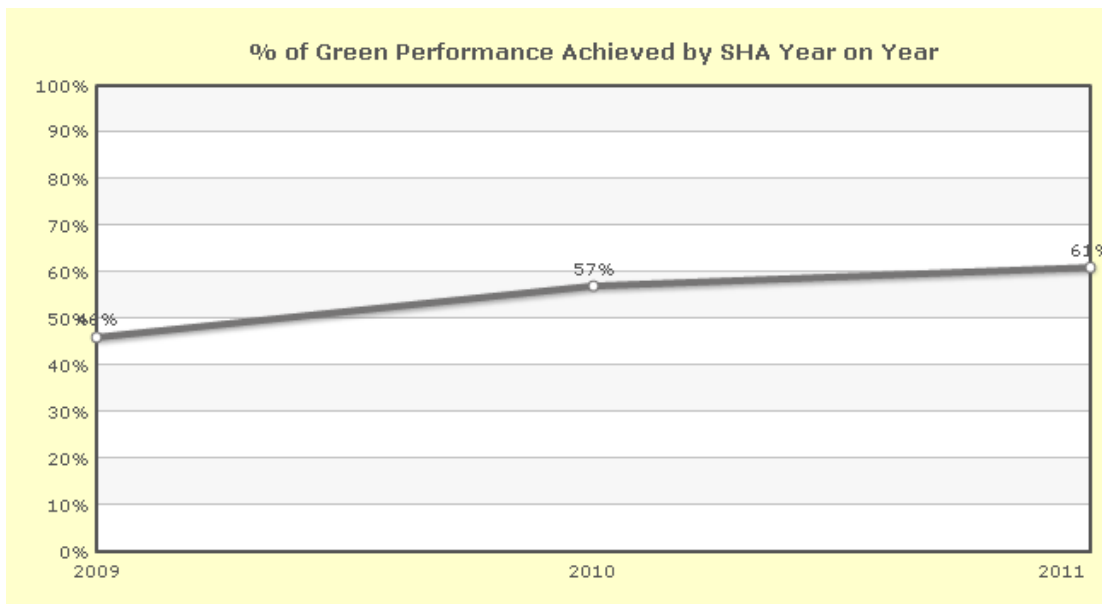
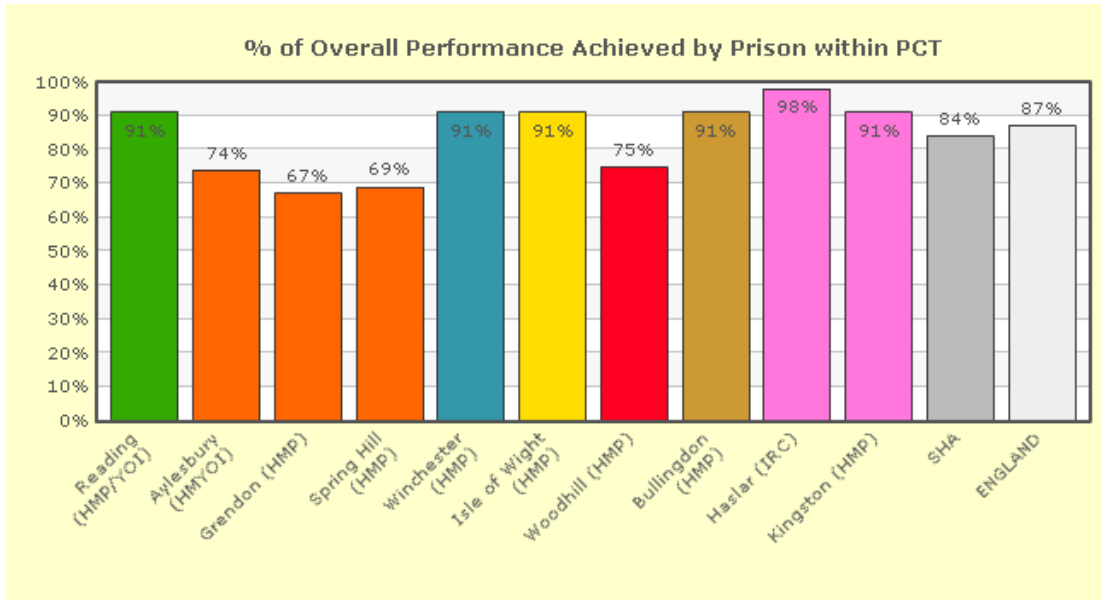
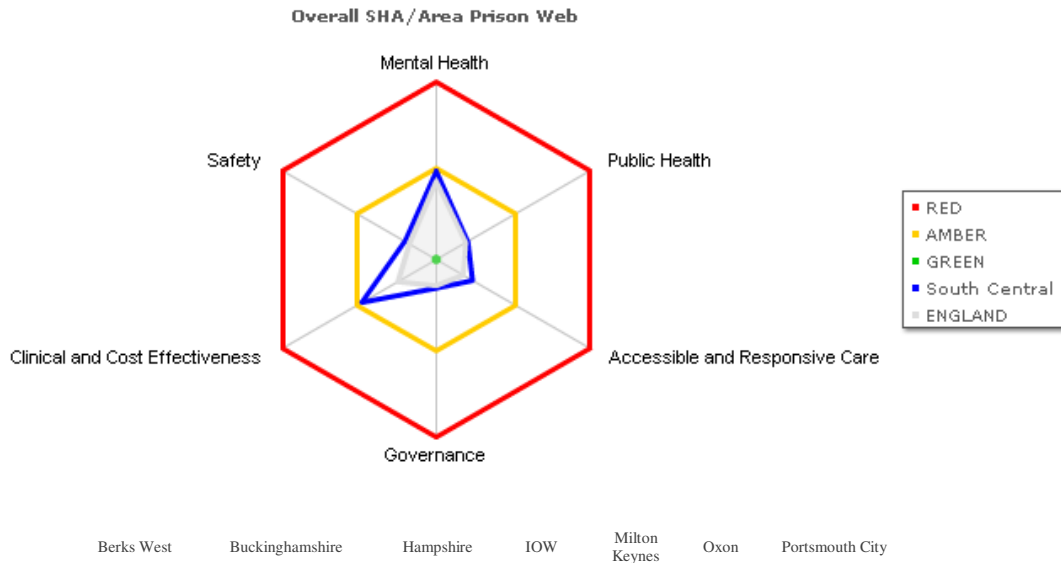
SHA Area – London



SHA Area – North East

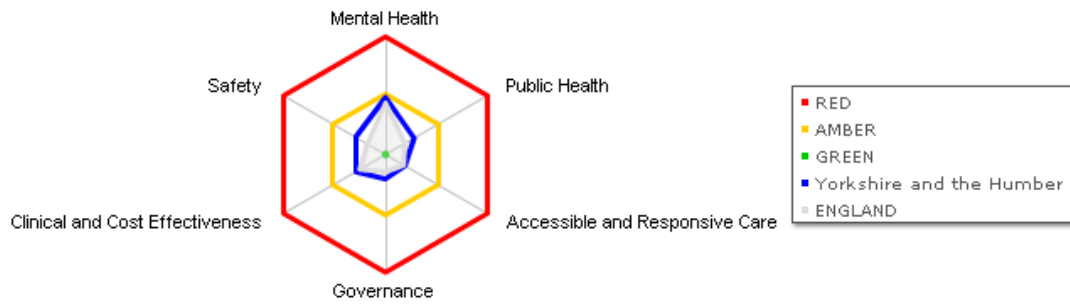


SHA Area – South Central



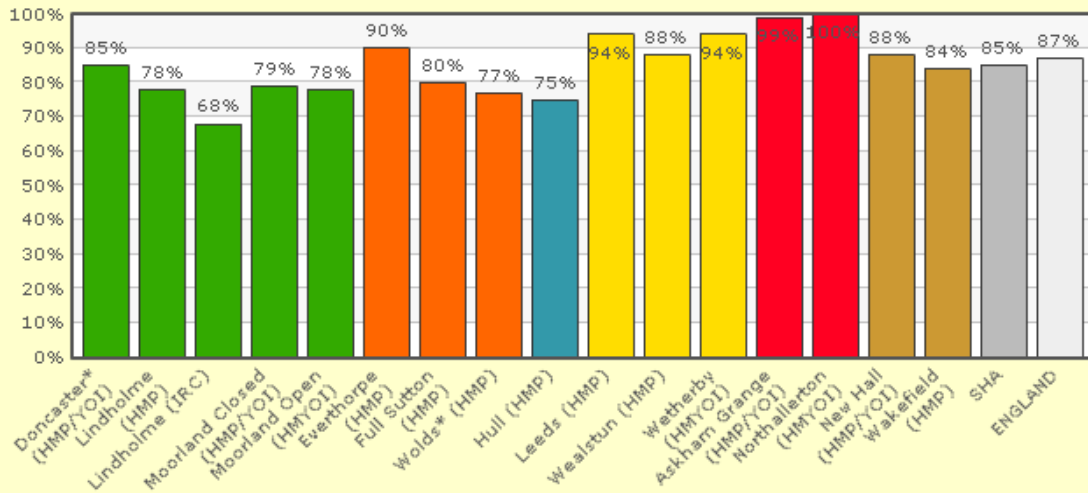
SHA Area – Yorkshire and the Humber

Overall SHA/ Area Prison Web

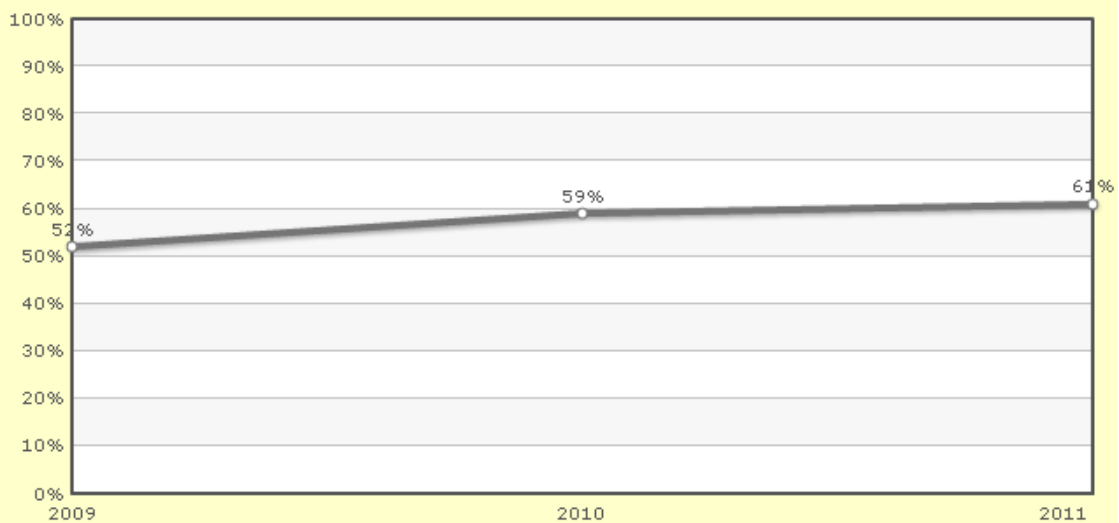


Doncaster East Riding Hull Leeds North Yorks and York Wakefield

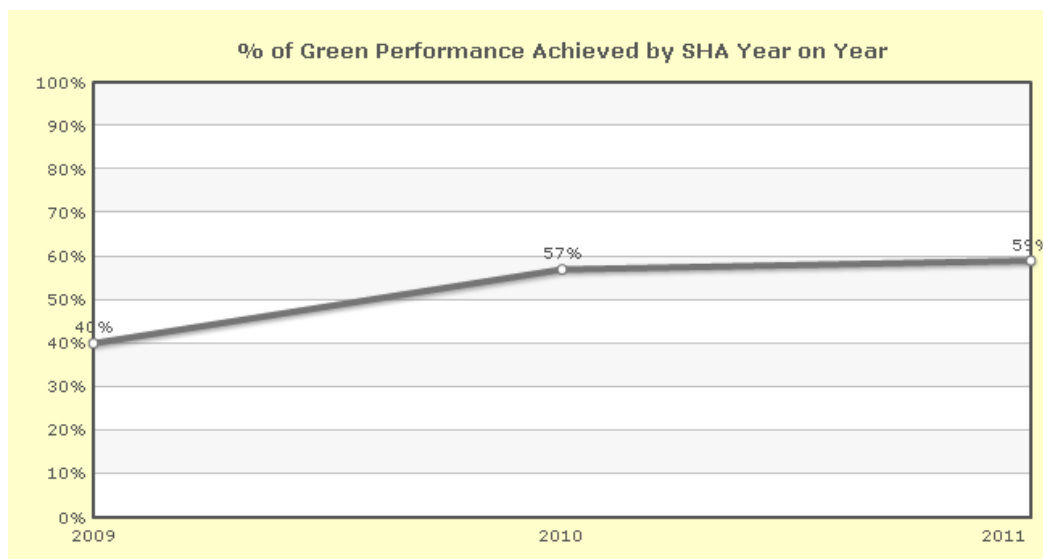
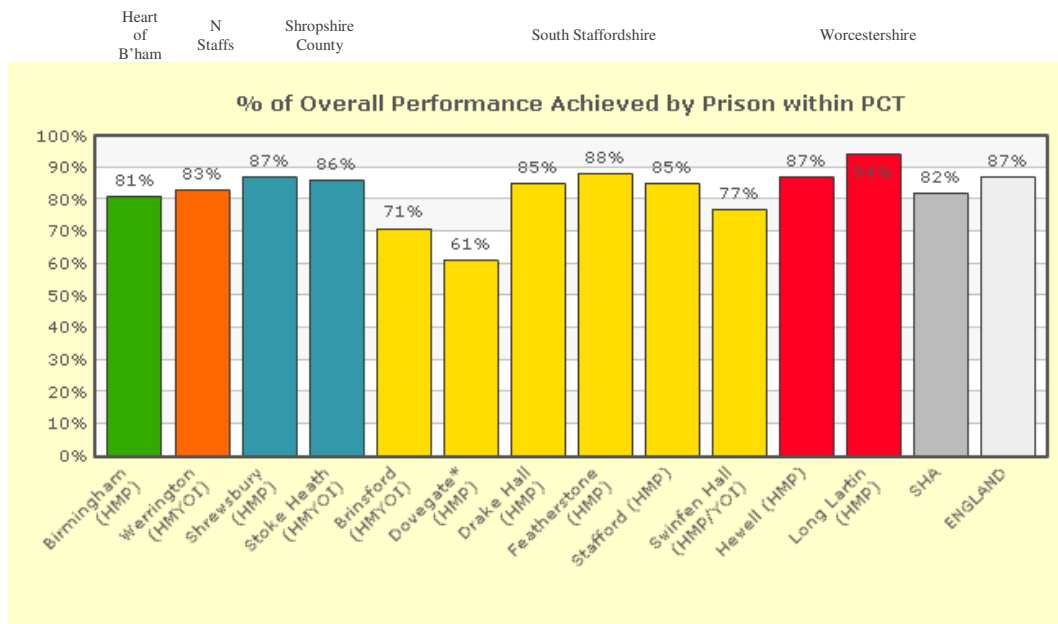
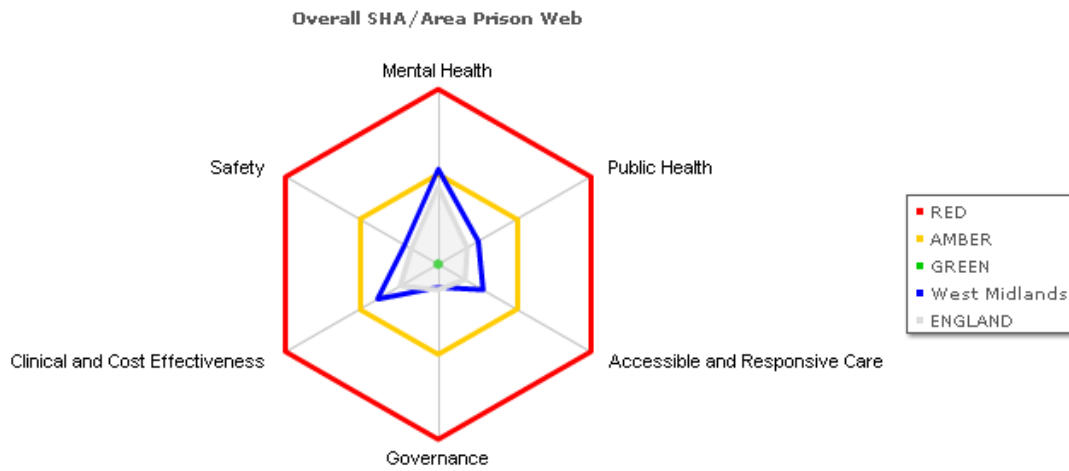
% of Overall Performance Achieved by Prison within PCT



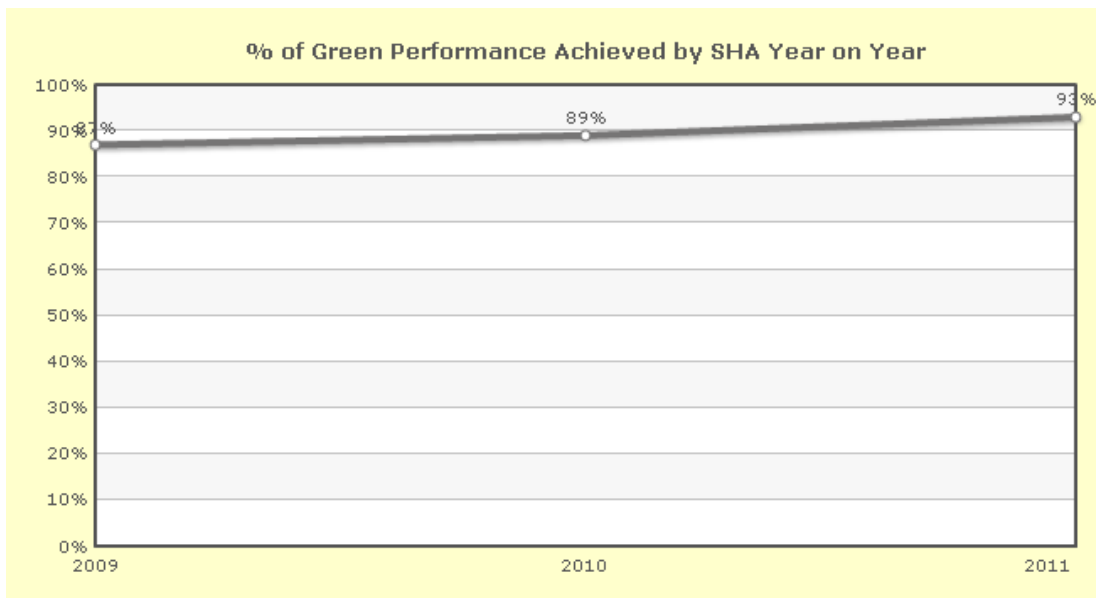
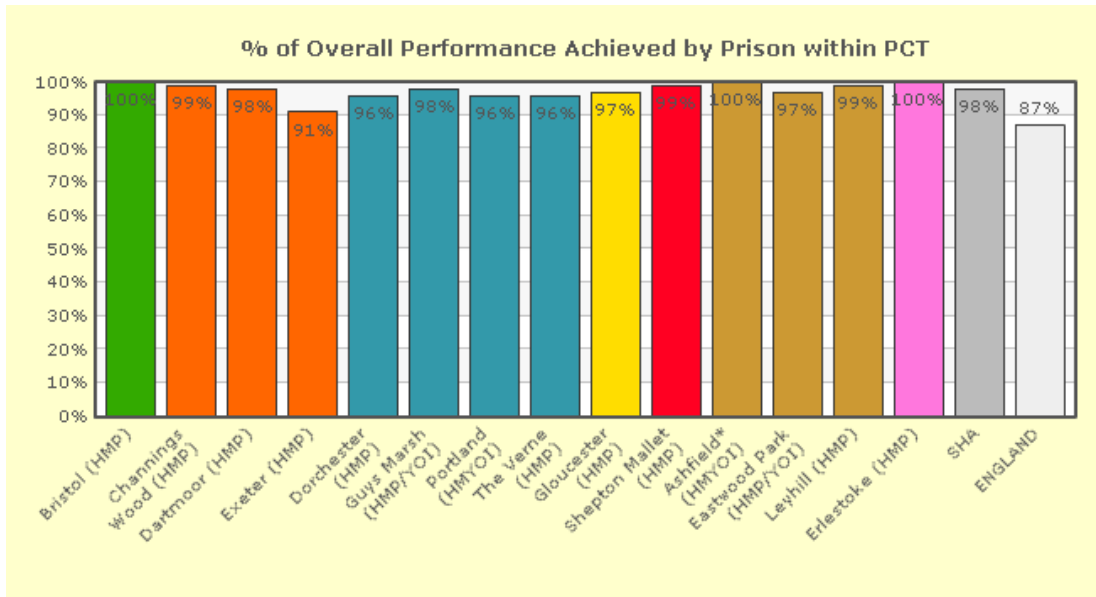
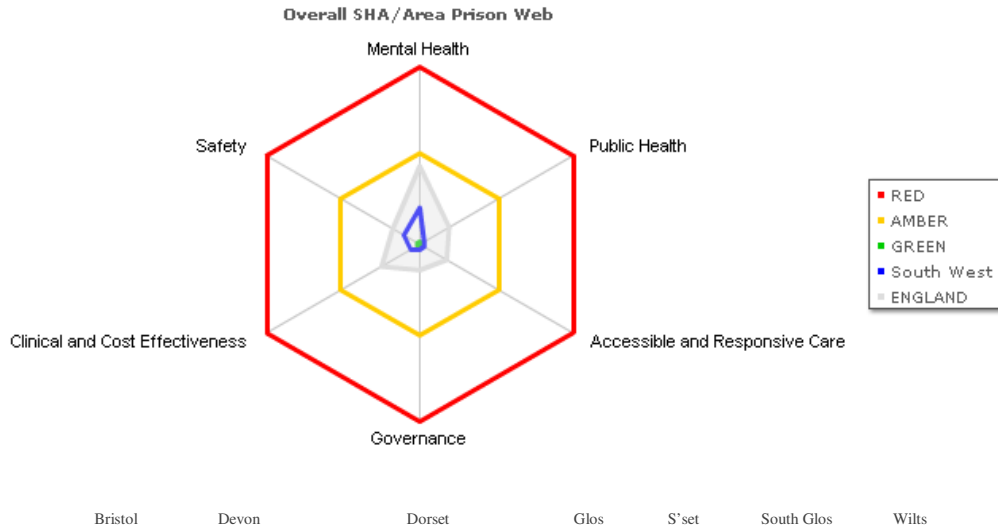
% of Green Performance Achieved by SHA Year on Year



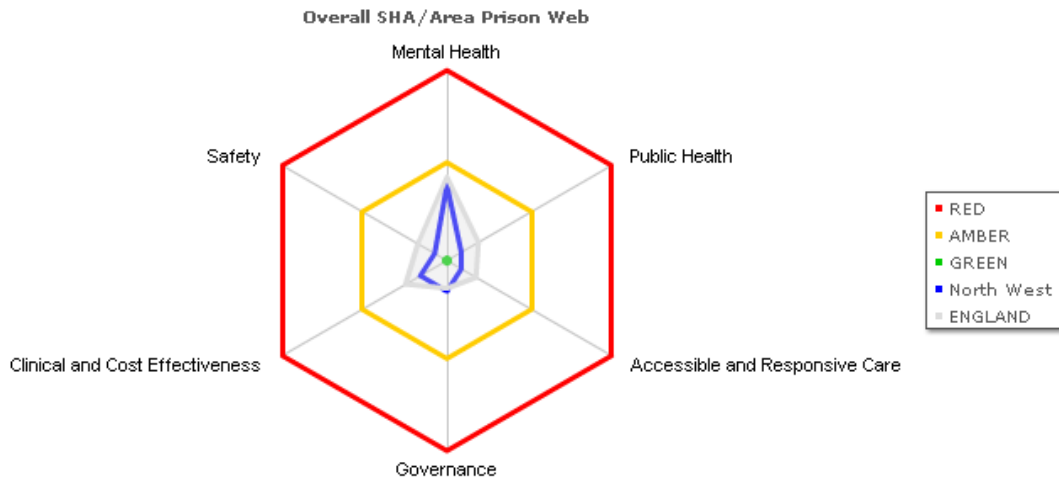
SHA Area – West Midlands



SHA Area – South West



SHA Area – North West



Ashton Leigh & Wigan C & E Cheshire C Lancs Cumbria H'wood M'ton & R'dale Liverpool Manchester N Lancs Salford Sefton W'ton

