

RECEPTION

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RCN Prison Nursing Forum Annual Conference and Exhibition

Defining nursing practice within the criminal justice services

Wednesday, 31 October 2007
RCN Headquarters, 20 Cavendish
Square, London, W1G 0RN

For further information, contact
Mirka Ferdosian, RCN Conference
and Events Organiser, on telephone:
020 7647 3583, fax: 020 7647 3411,
or email: prisonnurse@rcn.org.uk

Further information

Contributions for the next issue
should be sent by 22 January
2008:

Ann Norman
Email: ann.norman@rcn.org.uk

Letter from the Adviser

We are full-to-the-brim with news!

RCN Adviser ANN NORMAN takes a peek inside the newsletter.

It is with pleasure that I offer you the latest RCN Prison Nurses Forum newsletter. The forum has had a very busy period over the summer and I am happy to update you on some of its key activities (see page two).

We have two guest articles in the newsletter. One is from the Head of Health Inspection for Her

Majesty's Inspectorate of Prisons (HMIP) Elizabeth Tysoe, following her first visit to RCN Congress in April 2007. Elizabeth is also currently a guest forum committee member. The other guest article is from Warren Stewart, Senior Lecturer and Project Manager at London South Bank University (Department of Health), who reports on

the university's offender care foundation degree and beyond. Forum committee members are very keen to have continued participation from as many of you as possible, so if you have something you would like to raise within this newsletter, please contact me at email: ann.norman@rcn.org.uk

Letter from the Acting Chair



It has been an interesting time to be working with the forum and with our RCN adviser Ann Norman in providing a service for PNF members and advising on nursing

issues to international, national and local organisations.

One of the forum committee's main aims in the immediate future is to improve its communication with RCN members. To do this, it is developing the forum web page on the RCN website, so please check this out and provide comments. The forum committee represents you as members and it is your voice that it wants to represent on all forum activities.

Prison Nursing Forum (PNF) activities have spread over the last year and as such, it is applying through the RCN Governance Committee to change the name of the forum to 'Nursing within the Criminal Justice Services'. The committee feels that this would be a more true reflection of the forum's work, as we now have more RCN members working across the criminal justice services.

Filling up the committee

I am happy to say that the forum has membership from all four countries, and representation on the committee from England, Wales and Northern Ireland. The committee is currently seeking representation from Scotland, for which it hopes to find an RCN member who will provide the right skills and expertise to represent all areas of nursing. I am working

Name change?

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Adviser's update

RCN Prison Nurses Adviser ANN NORMAN rounds up the latest news.

Meetings and outcomes

Melanie Cullen (RCN Employment Relations) and I had a meeting scheduled with the former Prisons Minister Gerry Sutcliffe in May, which unfortunately was cancelled at short notice. However, in July I was able to meet with Gerry to discuss ongoing links at this level between the RCN and the Ministry of Justice. The former Minister was very positive about the activities of the RCN Prison Nurses Forum (PNF) and about work within the wider RCN to help address some fundamental prisoner health care issues. Of course, Gerry has now moved from his post as Prisons Minister and this has been filled by David Hanson. David has confirmed that he will speak at the PNF conference in October 2007. The RCN is seeking meetings with David Hanson, Minister of State for Prisons, and Ivan Lewis, Undersecretary of State for

Care Services (including Offender Health).

On 11 June I met with RCN General Secretary Dr Peter Carter and Melanie Cullen to discuss prison issues. This is something that is very close to the RCN General Secretary's heart and something that he has experience of in his former post before joining the RCN.

At the end of June I attended a Skills for Health National Occupational Standards (NOS) strategy group meeting that has been shaping NOS for health care professionals who work in custodial health care. It is hoped this will be completed by September 2007, which is welcome news.

In early July, Melanie Cullen and I also met with Deborah Hudspith, from the Police and Powers Unit at the Home Office, regarding custody nursing and

our offer to work closely together on supporting custody nurses. This was very well received.

Melanie Cullen and I have now had feedback from several private prison providers following an announcement via the Prison Service that new private prisons will be required to be co-commissioned so that the primary care trusts (PCTs) will have some responsibility for aspects of the service. We are now aiming to meet with some of them as soon as possible.

Future dates

Ros Mullins (PNF committee member in Wales) has been in contact with John Porter in Scotland, and John has offered his support to hold a forum meeting in Scotland, which the forum hopes to do in early 2008. It is the committee's intention to ensure that it has strong representation north of the border.

CONTINUED FROM PAGE ONE

towards having a full committee, so that forum elections can take place soon.

PNF conference coming up

I understand it is difficult to get to conferences in the current health care climate. However, the PNF conference is well worth the effort. It has been well received each year, which I believe is not only a measure of its quality but also of the great interest in the field in which we all work. It is also the perfect opportunity to share good practice and meet colleagues working in the same field.

I want to help the forum move into the future and represent our members working in the difficult environment of the criminal justice services. A key element of this is to ensure that all members can communicate. So if you have any comments, please contact me through the web page on www.rcn.org.uk/prisonnurses

RCN CONGRESS 2007

Sentenced to poor health – a successful resolution

Head of Health Inspection HMIP ELIZABETH TYSOE, who is currently a guest forum committee member, provides an update from Harrogate.

Prison Nurses Forum (PNF) members regularly attend RCN Congress, and this year our RCN adviser Ann Norman, committee member and Head of Healthcare at HMP Everthorpe Dawn Fawcett and myself were keen to ensure that prison nurses and nursing were represented at some of the fringe events and debates, particularly in light of the resolution that was to be debated on prison overcrowding.

The informal networking opportunities

were great and we were also able to speak to a journalist from the *Nursing Times* who was planning a feature on prison nurses. The exhibition also proved useful, with plenty of information on display about products and services.

Prison overcrowding resolution

Debates took place in the main auditorium with an electronic voting system that was also used by delegates who wished to speak to a particular resolution. 'Sentenced to Poor Health', the

A Justice for All event, with the theme of 'Learning disabilities in criminal justice services', is to be held at the Royal Society of Medicine (RSM) in London on 6 December 2007.

Conferences

The Sharing Good Practice in Prison Health Conference took place in York in June 2007. Guest PNF committee member Elizabeth Tysoe, Melanie Cullen (RCN Employment Relations) and committee member Dawn Fawcett were there. If you attended, please get in touch and let us know if it was useful to you.

The RCN PNF conference will take place on 31 October 2007 (*see page eight*). It is a full programme, which represents very good value to practitioners and managers, and we hope to see as many of you as possible. Christopher Dobson, a speaker at the RCN Learning Disability Nursing Conference last year who also has a learning disability, has agreed to speak at the conference about his short experience in HMP Lincoln, where he was arrested and detained in custody.

Congress resolution

RCN Congress saw a resolution about overcrowding in prisons (see page three). The RCN Council lead is Les Storey and I will be preparing an update for Council regarding our activities so far.

New guide

A new guidance document, *Positive practice, positive outcomes*, produced by the Care Services Improvement Partnership (CSIP)/ Department of Health (DH) looks at the needs of those with learning disabilities going through the criminal justice services. It is a very useful resource to all those who may work with people in police, prison, courts or other such services and has been very well received (*see page five*).

Name change

The forum has regularly discussed changing its name to 'Nursing in Criminal Justice Services'. This change would reflect the changes in service provision and ensure that the RCN is up to date and responsive to the needs of members. RCN will consider a paper that has been submitted by the forum and will report its findings as soon as it can.

Joint prison health activists and forum meeting

RCN stewards, safety representatives and learning representatives and PNF committee members will come together for the first time for a training, networking and action planning day on 4 October 2007. Members will review current key issues, receive updates and explore ways of working for the future.

Comings and goings

Margaret Wood, who was the PNF link to custody nursing in her former role within Primecare, has now moved to HMP Weatherby and is keen to become more involved with PNF. The forum hopes to invite Margaret to future meetings to share her valuable experiences in custody nursing.

Sally Newton of the Northern Ireland Prison Service (NIPS) has moved on. I have sent Sally a letter of thanks from the forum committee and Dr Peter Carter has offered his good wishes from RCN for Sally's tireless hard work in NIPS.

John Boyington of the National Offender Management Service (NOMS) has left his post.

resolution about prison overcrowding and its effects on the health of prisoners and prison nurses that was submitted by the RCN Lewisham and North Southwark Branch, was finally debated late on the third day of Congress.

Following the submission of the resolution by Maureen Marshall and seconder Lesley Chivers, there was an engaging debate with eight speakers from an eclectic background in nursing. Maureen focused upon the effects on prisoners, their living conditions and health status, whilst Lesley pointed out the effects upon nursing staff. Within the round up, the following points were summarised:

- that positive action was needed, particularly in respect of the mental health needs of prisoners
- that nurses need time to provide care, particularly for health promotion activities

- that there needs to be condemnation of the current overcrowding in prisons and the associated adverse effects upon prisoners' health
- that there needs to be more NHS mental health beds available in order that people are placed in the most appropriate environment
- that there needs to be more experienced mental health nurses in this setting.

Although PNF members did not get the opportunity to speak, we were pleased with the points made. The resolution was carried by a majority of 89 per cent, with 15 voting members choosing to abstain.

Taking the point further

During the coming year (and beyond) the forum committee will be raising these and other issues with many key stakeholders. The committee had established dialogue with the former



Prisons Minister Gerry Sutcliffe and it hopes to be able to influence the present Prisons Minister David Hanson by making the forum's collective views known and acted upon.

Neither Dawn Fawcett nor I had attended Congress before, so we were grateful that Ann Norman knew how the event was run. She was able to guide us to ensure we got the most out of the experience. The event certainly made us all think and reflect on our own practice, and it renewed our enthusiasm.

Prison CMHT reaches into HMP Liverpool

Mersey Care's prison community mental health team (CMHT) has been providing mental health 'in-reach' to service users in custody at HMP Liverpool (Walton) since early 2004. In line with effective care co-ordination policy procedures, the service is designed to provide assessment, care and treatment for prisoners who are experiencing serious mental health problems identified upon reception into prison or who may develop such problems later. With many offenders having experienced a lifetime of social exclusion, CMHT team manager DENIS CULLEN outlines the challenges facing the prison.

CMHT principles

As one of the largest prisons in western Europe, HMP Liverpool provides the full range of custodial care, from remand prisoners to those serving life and/or indeterminate sentences. The prison CMHT has evolved from a joint initiative between the Home Office and the Department of Health that was aimed at improving mental health care within prisons. It is a community-based service and works in partnership with Liverpool Primary Care Trust (PCT), which now has responsibility for the commissioning of health services across the prison estate.

The key principle is that of equivalence, i.e. that prisoners should not be excluded or prevented from receiving the same standard of community mental health care within prison as they would expect to receive in the wider community. The service provided by the prison CMHT is based on the same

principles and procedures provided by health services outside prison. Service users are therefore seen by the prison CMHT in 'ordinary locations' such as the wings (cells), in education or at their workplace.

The challenges faced

Delivering such a service, however, is particularly challenging, given a population of 1,500 prisoners at HMP Liverpool, a national prison population of 81,000 and rising, and as many as 90 per cent of prisoners having some form of mental disorder. In addition, there is the challenge of working in a large prison organisation, with its unique culture. The team provides expert assessment, guidance, knowledge and training in mental health to both clinical and non-clinical staff, including discipline staff within the prison, as well as to local allied agencies, the wider trust and to agency partners nationally.

Putting dignity at the forefront

PAULINE FORD, RCN Adviser for Older People and Project Lead of 'Dignity: the heart of nursing', writes.

The RCN is in the scoping phase of this UK project that commenced in April 2007, and which reaches across all areas of practice, all sectors, and all patient/client groups. Scoping of the project has been both opportunistic and purposeful in approach. In this way, we have been able to make the best use of opportunities to explore what nurses believe would help them to deliver dignified care.

Possible developments

- A learning resource available on the RCN Learning Zone. With external funding, this material could also be adapted to hard copy for those nurses and health care assistants without access to the Internet.

- An interactive practice support pack – for use in the workplace, subject to funding. This would consist of a DVD with filmed vignettes, perhaps with digital patient stories and a guided narrative helping staff to explore nursing practice. The DVD would be accompanied by some carefully selected resources and a facilitators pack for use by the nurse leading the learning session.
- An influencing resource – how do nurses make the case for the resources they need? This would include tips and techniques – a 'how to' guide on presenting a case, identifying opportunities and making dignity central to

organisations' ambitions!

- Leadership – embedding work on dignity into clinical and political leadership programmes run by the RCN.
- Learning and enhancing practice – embedding dignity into all RCN work.
- A possible awareness-raising campaign – subject to funding.

This project will run for between 18 and 24 months and we are currently planning the various work strands. A PNF member has agreed to be a practitioner advisory group member, a crucial role to ensure that the work developed will resonate with the day-to-day realities of your work.

The team itself

The team receives its referrals via a weekly 'single point' referral meeting and works in collaboration with primary care psychology services, dual diagnosis, probation, primary care/GP and inpatient services, criminal justice liaison teams, regional forensic services and other prison 'in-reach' services. The team seeks to promote best practice within the cultural confines of prison, particularly in relation to service user and carer involvement. Consisting of four specialist practitioners from nursing and social work backgrounds, a part-time support worker, plus administrative support, the team operates from its base at Newhall Campus. It is further supported by two consultant psychiatrists, each providing one session a week. An additional full-time practitioner has recently been appointed to assist the work the team will also be doing within HMP Kennet, a newly commissioned training prison in Maghull, north Liverpool.

The facts speak for themselves

Our annual review highlighted the stark facts surrounding the prison population, many of whom have experienced a lifetime of social exclusion. Compared with the general population, those in prison are 13 times more likely to have been in care as a child, 13 times more likely to be unemployed, 10 times more likely to have truanted, six times more likely to be a young father and 15 times more likely to be HIV positive.

We also have evidence to indicate that many prisoners' basic life skills are poor; 80 per cent have reading and writing skills at or below the level of an 11 year old. At any one time, there is likely to be up to 10 per cent of the prison population with severe and enduring mental health problems, many of whom

will consequently meet the criteria for enhanced effective care co-ordination. In addition, up to 90 per cent of the total prison population will experience mental health and/or substance misuse problems while in custody.

Yet there is progress

As a team, we are endeavouring to ensure continuity of care, from reception into prison to the point of release, so that everyone leaving prison has an agreed plan of care. Despite the daily challenges, we are encouraged by the significant progress we have made and by the high standard of assessment and care

“ The key principle is that of equivalence, i.e. that prisoners should not be excluded or prevented from receiving the same standard of community mental health care within prison as they would expect to receive in the wider community. ”

that we continue to deliver to this seriously disadvantaged and vulnerable group. As the modernisation agenda gathers pace, and with the roll-out of newly commissioned NHS resources for the prison and increased partnership working, we are confident that the quality of service we provide will be further enhanced.

The prison's CMHT can be contacted at Cottage 11, Newhall Campus, Longmoor Lane, Liverpool L10 1LD, telephone: 0151 285 6803.

Offenders with learning disabilities – a handbook

In 2006, the Department of Health funded a project to look at the needs of offenders with learning disabilities going through criminal justice services. As a result of this, the Care Services Improvement Partnership (CSIP), in partnership with the Valuing People Support team, has produced a booklet titled: *Positive practice, positive outcomes – a handbook for professionals in the criminal justice system working with offenders with learning disabilities*.

The booklet provides a comprehensive 'best practice' guide for professionals working in the criminal justice system, providing information that will help them to:

- recognise when a person has a learning disability
- become more aware of the communication and support needs of each offender with learning disabilities

- understand the legislative framework and responsibilities to protect people with disabilities in criminal justice services
- establish links with local learning disability services in health, social care and the independent sectors.

The booklet was launched in February 2007 and has been well received by partnership organisations and people working within the criminal justice system.

The East Midlands region of CSIP held a successful launch event for *Positive practice, positive outcomes* in June of this year, and the Department of Health (DH) is looking at the possibility of holding launch events in the other eight CSIP regions.

What next?

The group that originally commissioned

the *Positive practice, positive outcomes* booklet is putting together a training pack to go alongside the booklet. This will then be used in basic training and as a reference for those working within the criminal justice system.

NHSmail

NHSmail is email designed with the NHS in mind; an email service secure enough to be used for emailing confidential information, thus helping to cut down on the amount of paper we use. Everyone in the NHS can claim their NHSmail account by going to www.nhs.net. For help and information call 0845 300 5845 (8am–6pm, Mon–Fri)

Blood-borne viruses in UK prisons

Prisoners are some of the most vulnerable people in the UK when it comes to infection with a blood-borne virus such as HIV, hepatitis B and hepatitis C. The most recent figures available, from 1997, showed that almost one in ten prisoners was infected with hepatitis C, and rates of HIV were also much higher among prisoners than among the general population. SHEONAI DH CUMMING, Policy Officer from the National AIDS Trust reports.

Ten years on, experts predict the numbers infected are likely to be even higher, but we currently have no clear idea of how many prisoners are now living with these serious communicable diseases. Anonymous sero-surveys are used to determine levels of infection, but the last prisoner survey was carried out 10 years ago. With many people unaware that they are infected with these viruses, the scale of the problem in UK prisons today is extremely difficult to assess.

Why are prisoners so vulnerable to blood-borne viruses?

Many will have engaged in high-risk activity before they entered prison, such as injecting drugs or sex work, and so the prevalence of infection is likely to be significantly higher amongst prisoners when they arrive into the system. The current prison environment can also exacerbate the spread of blood-borne viruses.

Although it is illegal, injecting drugs regularly takes place in prisons and often involves the sharing of injecting equipment. A large number of prisoners will also have unprotected sex during their time in prison, or engage in risky practices such as tattooing. It can be very difficult for prisoners to protect themselves if they are injecting drugs or having sex whilst in prison; although condoms and tablets to disinfect injecting equipment should be available, prisoners can often find it difficult to

access them as and when needed. Could we do more?

A survey of UK prisons conducted by the National AIDS Trust and the Prison Reform Trust in 2005 revealed that the response to high rates of blood-borne viruses in UK prisons is at times inadequate and that there are serious failings in the current system, both in terms of prevention and treatment. Despite examples of good practice, particularly on the part of nurses, many prisons could do far more to protect prisoners from blood-borne viruses and ensure prisoners have access to information, support, testing and treatment. Key problems revealed by the survey included inadequate education and access to prevention methods, lack of medical expertise, and lack of continuity of care when prisoners are moved, all of which undermine the fight against blood-borne viruses in prisons.

With the recent change in responsibility for prison health, there is now a real opportunity to tackle this issue and stop the spread of what are preventable conditions. Since April 2006, primary care trusts (PCTs) in England and Health Boards in Wales have been responsible for health services in every publicly run prison, and the Department of Health has pledged to provide an equivalent standard of health care in prisons to that available in the community.

Failing to respond effectively to communicable viruses such as HIV and hepatitis B and C in prisons is not just a prison health issue but a broader public health concern, as it can put everyone at risk; prisoners, staff, their families and the wider community. Prison health cannot be viewed in isolation, as almost all prisoners will rejoin the community and those infected with blood-borne viruses will require testing, treatment, care and support once they leave prison.

“ ... there is now a real opportunity to tackle this issue and stop the spread of what are preventable conditions. ”

A new guide

To assist those working in prison health to reduce high rates of infection, promote good practice and create a safe environment where people feel comfortable coming forward for testing and treatment, the National AIDS Trust has launched guidance on responding to blood-borne viruses in prisons. A practical and accessible guide, *Tackling blood-borne viruses in prison – a framework for best practice in the UK*, was produced in consultation with an expert working group, which included advisers and practitioners in prison health, communicable diseases and genito-urinary medicine, as well as prison governors and representatives from key prison associations. The RCN participated in the expert working group and helped to shape the content of the framework. Given

“ Prison health cannot be viewed in isolation, as almost all prisoners will rejoin the community ... ”

the central role nurses have in this area, it was important that they were involved in drafting this guidance.

What needs to be done

This evidence-based framework gives direction and provides examples of what needs to be done to improve the UK's response to blood-borne viruses in prisons, setting out best practice from the moment a prisoner enters the system until after their release. Topics covered include:

- developing a strategic policy on HIV and hepatitis C
- identifying opportunities for prevention and testing during the prisoner pathway
- ensuring continuity of care as a prisoner moves through the system
- meeting needs of staff in terms of occupational health, risk assessment and training
- promoting health and equality and tackling stigma and discrimination.

It is hoped that this framework will complement and reinforce the good work already being done by many prison nurses in this area, as well as provide guidance on how to improve practice where needed. It may also be of benefit in highlighting the need for nurses to be properly supported in their work by the prison and the PCT or health board. The framework stresses that this is not simply a health care matter, but that it needs to be a priority for the entire prison establishment if it is to be addressed properly.

Implementing these guidelines in UK prisons will have a significant impact, by reducing onward transmission, encouraging early diagnosis through voluntary and confidential testing and ensuring access to high-quality treatment and care for those infected with HIV and hepatitis C. Prisoners will receive the standards of care that they both need and are entitled to, averting a potential health crisis not only in prisons but also in the wider community.

To order or download the framework, or to find out further information, please visit www.nat.org.uk

Offender care training

WARREN STEWART, Senior Lecturer and Project Manager for the Offender Care Foundation Degree, London South Bank University, provides an update.

The Offender Care Foundation Degree continues into its second year. It was originally designed as a pilot for the UK, although discussion is underway about setting up a centre in the north of England. This course is suitable for a range of non-registered staff and is adaptable enough to support a number of roles and programmes throughout the offender health and social care pathway. The most recent intake included health care assistants (HCAs), prison officers and prison substance misuse workers.

The final stages of the course

The original cohort are about to enter their fourth and final semester, which includes specialist units on mental health, learning disability and substance misuse in custodial environments. The underpinning competency framework is based on the Care Services Improvement Partnership (CSIP) competency framework *Key skills for staff*, much of which focuses on health promotion. The overall emphasis remains skills and values. At an academic level, students gain a Diploma of Higher Education; at a professional level, they gain assistant practitioner status, both of which are highly transferable (this also equates to health care officer status for some prison officers). Successful course participants also get the opportunity to move on to the Health and Social Care BSc.

On a personal level, I'm very much looking forward to recruiting for the February 2008 intake and reviewing existing content to keep the course in line with the needs of service. For more information, please go to <http://prospectus.lsbu.ac.uk/courses/course.php?CourseID=2310&SearchWords=health+and+social+care>, or for a discussion, telephone me on: 0776 672 6032.

A new move ...

My secondment arrangements have recently changed, resulting in a move between the CSIP London team to the Offender Health section of the Department of Health (DH). This is to support the development of the Offender Health Workforce Strategy, which is due for publication March 2008. The main focus with CSIP was to support mental health training in the London area. This project has enjoyed moderate success over the past year and a half.

The good work will be continued via the centre and, more importantly, where it matters – via the people able to influence the establishments. The development work supporting multidisciplinary student placements in custodial environments will also continue with support to the regions via forthcoming workshops. We also encourage students to use publications and attend the RCN Congress in 2008. More information on this subject is available at www.hsmc.bham.ac.uk/prisonhealth. Or, for a Student Placement Implementation Guide, contact me at email: warren.stewart@dh.gsi.gov.uk



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Offender Health/RCN Employment Relations update

MELANIE CULLEN, RCN Employment Relations, writes.

Agenda for Change

By mid-August, joint panels had matched 660 job descriptions covering 900 members of staff. There were still 20 of these waiting to be matched and job descriptions from two establishments were still awaited.

Out of 173 appeals/reviews, 127 have been completed. Panels have upheld 92 with an increase in the banding and upheld a further 12 that only had a points increase but remained within the original banding. Eleven have not been successful.

There is now a problem with a shortage of trained job evaluator (JE) panellists to consider appeals. Offender Health Project Lead Neil Mason is looking to put on further training, so if any RCN representatives are interested in becoming JEs/job matchers, please contact me on email: melanie.cullen@rcn.org.uk

Control and restraint training

Progress is slow on the review of Government directive Prison Service Order (PSO) 1600. The next step is a meeting of 'experts' to meet at the Prison Service Training College (Newbold Revel) in Rugby to look at the actual training methods. Originally planned for August 2007, this has been postponed because of delegates' non-availability. The RCN is continually pushing for this item to be progressed and the forum has the support of Michael Spurr of the HM Prison Service (HMPS).

Workforce reform

HMPS has begun talking to trade unions about workforce reform. There would be little direct impact on health care staff, but any change in the HMPS will potentially have an indirect impact. This will not be an easy process for an organisation so entrenched in

traditional systems and agreements. The RCN will continue to attend meetings on this issue and seek to minimise indirect impact on members.

Birmingham Prison

The July 2007 meeting with RCN representatives, Prison Officer Association (POA) members and Offender Health representatives took place at Birmingham Prison and included a very interesting visit to the prison's health care unit. We heard of positive practice developments and also some of the challenges of delivering a health care service to prisoners when different providers are involved.

Please email any employment relations queries to me at: melanie.cullen@rcn.org.uk, or contact your local representative. For further news, see Ann Norman's update on page two.

New Offender Health strategy

Guest forum committee member ANN JACKSON provides an update.

Although I am still on secondment, the host has changed to Offender Health (Department of Health), and I am working in a new team, led by Steve Tyman, to develop a pathway for women's health across the criminal justice system, in line with the Corston recommendations. I will be writing the mental health aspect of that pathway and will be looking for all the expertise available.

I am currently involved in the overall

development of the Offender Health strategy, and this new pathway – currently being drafted – will be part of this. However, time scales are undetermined, due to the change of Prisons Minister. The Corston recommendations are as yet to be agreed, but there is plenty of positive will towards them and we can probably expect that some of the recommendations at some point will also be applicable to the male estates

– but that is a really big job that will take decades! The next stage of the development of the Offender Health strategy is to engage with regions.

I am working closely with Ann Norman and Melanie Cullen to ensure that nursing perspectives and issues are consistently represented, so please don't hesitate to contact me at email: ann.jackson@rcn.org.uk for further information.



RCN WING – Providing advice, support and information to RCN members affected by ill health, injury or disability – whether work related or not. Contact 0845 408 4392/020 7647 3465 (weekdays 10am–12 noon) or email wing@rcn.org.uk



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