

**Prison Hospital Pathway Good Practice Guidance**

Report for the Lancashire Adult Safeguarding Board

Aim: To develop a pathway from Prison to Hospital to aid better communication between agencies for service users/prisoners with care and support needs.

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# Introduction

There have been discussions regarding cases where prisoners who have been admitted to hospital with care and support needs and lacked capacity to make decisions regarding their care and welfare. Some prisoners had also experienced different approaches in managing challenging behaviour due to being in the community. It was agreed at the Lancashire adult Safeguarding Board that a task and finish group be established to bring together key partners to develop good practice guidance.

# Task and Finish Group

A task and finish group was therefore established with representation from the prisons, including security, healthcare, NHS Acute Trusts, CCG's and local authorities.

This became an excellent networking opportunity for multi-agency professionals to get to know each other's roles and responsibilities to enhance better working relationships.

The group developed the hospital pathways guidance for good practice and there was also discussion that the "hospital passport" could also be used in the application of this pathway.

This information has been shared wider and has now been agreed for use with NHS England Specialist Commissioners. NHSE are also developing the use of the "Red Bag Scheme" though it will be called "Purple Bag Scheme" in prison.

# The Red Bag Scheme:

The red bag scheme is currently being used in parts of Lancashire to provide better care experience for care home residents by improving communication between care homes, hospitals and ambulance staff. When a resident becomes unwell the care home pack a dedicated bag 'red bag' that includes a Service Users paperwork, medication and personal items. It is envisaged that this idea will be transferred to prisons but will be called the 'purple bag scheme' work is continuing and being led by NHS England.

# Recommendations

The Board accepts the attached document for use and NHS England will continue to develop this work alongside multi agency professionals from prisons, providers of healthcare in prisons and the Local Authority.

# Prisoner to Hospital Pathway

All admission / Attendees

Are they an adult with care and support needs?

(No)

(Yes)

Hospital Passport Printed and brought with them

Social Care informed via xxx@lancashire.gov.uk

Risk Plan sent to Hospital security

Prison Health Care Informed

Hospital Safeguarding informed

Emergency

Planned

In Patient

Out Patient

Triage (MDT) to manage behaviour if required

(Prison service, receiving ward and hospital security)

Treatment / Intervention

Discharge

# My Hospital Passport

**My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I prefer to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This passport offers information about me that the hospital will need to know. It includes:**

* **Personal details**
* **My own goals**
* **Discharge arrangements**

|  |
| --- |
| **This passport belongs to me, and should stay with me.**  **Hospital staff need to read it before any interventions. I consent to this information being shared, or it is being shared in my best interests if I am unable to consent.** |

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Address**  **Postcode** |  |
| **Telephone** |  |
|  | |
| **Next of Kin** | |
| **Name** |  |
| **Relationship** |  |
| **Address**  **Postcode** |  |
| **Telephone** |  |
|  | |
| **Professional Support** | |
| **Doctor**  **Name**  **Address**  **Telephone** |  |
| **Others eg Social Worker,**  **Care Coordinator,**  **Mental Health Support Worker** | |
| **Name**  **Address**  **Telephone** |  |
| **Name**  **Address**  **Telephone** |  |
| **Name**  **Address**  **Telephone** |  |

|  |  |
| --- | --- |
| **Religion** |  |
| **Religious Needs** |  |

**General Health**

|  |  |
| --- | --- |
| **Current**  **Medical Conditions or Disabilities** |  |
| **Previous illnesses / surgery** |  |
| **Mental Health needs** |  |
| **Current Medication** |  |
| **Allergies** |  |

**Care & Support Needs**

|  |  |
| --- | --- |
| **Communication** | **How to communicate with me** |
| **Personal Care** |  |
| **Mobility** |  |
| **Eating & Drinking** |  |
| **Rest & Sleep** |  |
| **Pain & Discomfort** |  |
| **Thoughts and Behaviour** |  |

**Discharge Planning Checklist**

**These things are important to me to ensure I am safely discharged from hospital**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are there any additional care needs required for a safe, personal and effective discharge?** | | | | |
| **Carers** | **Yes/No** | **Are they in place?** | | **Yes/No** |
| **Comments** |  | | | |
| **Nurses** | **Yes/No** | **Are they in place?** | | **Yes/No** |
| **Comments** |  | | | |
| **Therapists** | **Yes/No** | **Are they in place?** | | **Yes/No** |
| **Comments** |  | | | |
| **Specialists** | **Yes/No** | **Are they in place?** | | **Yes/ No** |
| **Comments** |  | | | |
| **Others** | **Yes/No** | **Are they in place?** | | **Yes/ No** |
| **Comments** |  |  | |  |
| **Do I need to know special skills? eg application of a bandage, giving myself eye drops** | | | | |
| **Skill 1 –** | | **Competent Yes/No** | | **Assessed by:** |
| **Skill 2 –** | | **Competent Yes/No** | | **Assessed by:** |
| **Skill 3 –** | | **Competent Yes/No** | | **Assessed by:** |
| **Medication** | | | | |
| **Prescription checked?** | |  | **Staff signature** | |
| **Prescription understood?** | |  | **Staff signature** | |
| **Medication received?** | |  | **Staff signature** | |
| **Have I got necessary medical equipment in place? eg a walker, hospital bed** | | | | |
| **Equipment 1-** | | **Yes/No** | **Staff signature** | |
| **Equipment 2-** | | **Yes/No** | **Staff signature** | |
| **Equipment 3-** | | **Yes/No** | **Staff signature** | |
| **Are there any potential risks to being discharged?** | | | | |
| **Potential Risks** | | **How are these being managed?** | | |
| **1.**  **2.**  **3.** | |  | | |
|  | | | | |
|  | |  |  | |
| **Do I have any outstanding worries or concerns about my health?** | | | | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
| **What hospital appointments do I have after discharge?** | | | | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |