



Healthcare within Justice Strategy 2024–2027

Purpose

Our purpose is to drive high quality, consistent and equitable healthcare provision within Scottish justice settings through our quality assurance activities.

Vision

We have a vision for a healthcare system within prisons, police custody centres and other justice settings where:

- people can consistently access safe, effective and person-centred care when needed
- people can access equitable care as far as possible equivalent to that available within the community
- services are informed by inspection recommendations, best practice, and the voices of people with lived experience
- agencies within Scottish justice settings collaborate to address challenges and to improve outcomes, and
- those delivering care are empowered to continuously innovate and improve.

Our Contribution

Our 'Healthcare within Justice' team exists to lead improvement in healthcare provision in Scottish justice settings through inspection of prisons and police custody centres and collaboration at a national level.

We carry out inspections through the lens of those who receive or require healthcare. These inspections are vital in assessing the complex needs, patient flow, workforce skills and capacity, and ensuring the health needs of people in custody are being met.

Health problems seen in the general Scottish population are reflected within the justice population, but often on a more concentrated level. It is not uncommon for people in custody to have had little or inconsistent engagement with health services and have complex healthcare needs. People who have offended, or who are at risk of offending, frequently experience multiple and complex health issues, such as mental and physical health problems, learning disabilities and substance use, and are at increased risk of premature morbidity. [Read the Scottish Government - The Vision for Justice in Scotland.](#)

The need for our scrutiny is reinforced by evidence which suggests that people in contact with the criminal justice system are far more likely to experience health inequalities than the general population. [Read the NICE Guidance - Mental health of adults in contact with the criminal justice system.](#)

Furthermore, drug deaths in Scotland are the highest in Europe with Scotland's drug misuse rate currently 3.7 times than that of the UK as a whole and higher than any other European country. People with psychiatric illnesses, psychotic disorders, severe depression and personality disorder run a higher risk of police arrests compared to the general population. Therefore, it is important that healthcare teams in Scottish prison and police custody settings maximise opportunities to provide timely interventions or help with routes into treatment or other support for those who need it.

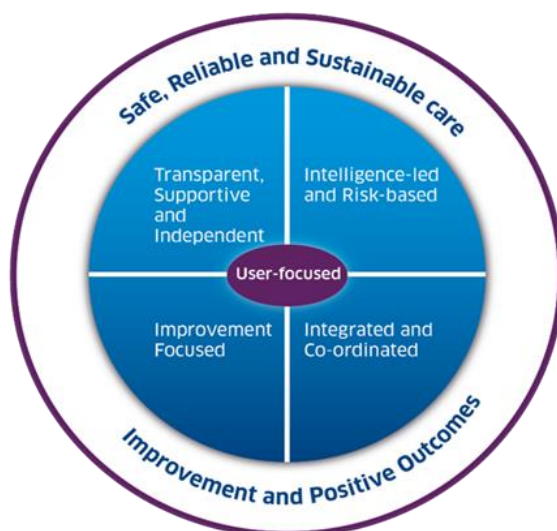
We know that people who are dependent on or use substances are vulnerable on release from prison and the risk of drug related deaths is heightened for this population. There are challenges around the inadequacies and deficiencies for individuals in relation to the continuation of their treatments and support; both from the community into prison, and back to the community following liberation, and when being transferred from one prison to another. [Read the National Library of Medicine - Meta-analysis of drug-related deaths soon after release from prison.](#)

Our inspections help to ensure greater consistency of care for people across Scotland and to make sure people's human rights regarding healthcare are respected. Individuals in custody should receive healthcare and support in a way that is equitable, where possible, compared to the general population, taking into account the constraints of the prison or custody environment.

Our published inspection reports feature recommendations and good practice, and our unique role enables us to be at the heart of national efforts to understand and shape the quality of healthcare, particularly where challenges require a national solution.

Our Guiding Principles

Our work is aligned with our internal [Quality Assurance System](#), which supports our staff to deliver consistent and high impact scrutiny activities. The system is centred around the person experiencing healthcare and features the following core principles:



- **User-focused:** Ensuring that our evaluation of services focuses on the outcomes for service users and carers.
- **Transparent, supportive and independent:** Ensuring we are open about our processes and evaluations and work constructively with service providers.
- **Intelligence-led and risk-based:** Working with, and engage in supportive dialogue with, service providers to identify key themes and areas where support may be required.
- **Integrated and co-ordinated:** Working with colleagues internally to ensure that we share relevant information appropriately and, where possible, schedule our activity to minimise the impact of our range of work on service providers.
- **Improvement-focused:** Identifying areas for improvement and engage in follow-up interventions, which may include signposting to, or provision of, practical improvement support.

These principles are set within the context of safe, reliable and sustainable care focused on improvement and positive outcomes. This Quality Assurance System also aligns with our [Quality Management System](#), which brings together the key activities under quality planning, quality assurance and quality control to drive improvement in health and wellbeing outcomes.

Our Priorities 2024-2027

In recognition of the variation in the provision of healthcare within Scottish prisons and police custody settings and the challenges in ensuring equity of access, we will maintain a focus on quality and safety through the following priorities.

1	Our inspection activities will promote improvement and drive consistency and equity in healthcare delivery
2	Our collaboration with partners and stakeholders will influence improvement at national level
3	Our understanding of the justice system from a patient perspective will contribute to improved health outcomes for people in custody.
4	People within the justice system will have a voice through our engagement activities
5	People will be assured of the value of our work through our published reports, impact assessments and positive outcomes

Appendix 1 outlines our planned actions in support of each of these priorities.

Our strategy and priorities complement Healthcare Improvement Scotland's Strategy, particularly our focus on tackling inequalities and promoting safe, effective and person-centred care.

Our reach and delivery partners

As an inspection team, we are well placed to identify common challenges across Scotland and to work with other scrutiny bodies, third sector organisations, healthcare providers and relevant stakeholders to make and share improvements.

We will continue to work jointly with the lead agencies in Scotland to manage the healthcare element of inspections to prisons and police custody centres.

- His Majesty's Inspectorate of Prisons for Scotland (HMIPS) - the lead agency for inspecting prisons across Scotland to establish the treatment of, and the conditions for prisoners.
- His Majesty's Inspectorate of Constabulary in Scotland (HMICS) - the lead agency for independent scrutiny of Police Scotland, including police custody centres.

Our inspection of healthcare sits within the existing inspection methodology of the lead agencies. Inspection findings are published on HMIPS and HMICS websites with links to their publications included on Healthcare Improvement Scotland's website. Our inspection findings are also featured within the HMIPS Chief Inspector's annual report.

How we will organise ourselves to deliver

Our inspection activities

Prison inspections are generally announced, although occasionally they may be unannounced such as for follow up inspections. We inspect healthcare against HMIPS's [Inspecting and Monitoring: Standard 9: Health and Wellbeing](#). Police custody inspections are unannounced and we use an agreed [Framework to Inspect](#) with HMICS, which includes a series of quality indicators developed and agreed through an external short life working group. Each programme of inspections is informed by a joint assessment of risk and priority by the lead agencies and us. We undertake the following key types of quality assurance.

- Core and unannounced inspections - planned or unannounced inspections undertaken as part of HMIPS or HMICS annual scrutiny programmes, based on an agreed inspection framework.
- Follow-up inspections - where we identify significant healthcare issues during inspection, we escalate these concerns and follow up on issues at a later date to ensure that action has been taken.
- Inspection of privately run centres - we inspect non-NHS run centres that fall within Healthcare Improvement Scotland's remit, such as Dungavel Immigration Removal Centre.
- Thematic inspections - individual bespoke inspections may be carried out as part of a wider review focused on a particular theme. This may involve inspection of several sites in planned succession.

We collate findings from health provider self-evaluation, evidence, discussions with staff and prisoners or detainees and through on-site inspection activities. We then triangulate these findings using evidence templates for each quality indicator to fully evaluate the quality of healthcare and to help shape our recommendations for improvement.

If we identify significant areas of concern that need to be escalated, we work with NHS boards / Health and Social Care Partnerships (HSCPs) to design and implement action plans to put in place support mechanisms to ensure improvement. This may include follow up site visits or discussions. Our inspection footprint allows for follow up activities to monitor progress against the report recommendations following escalation.

Our strategy is underpinned by appropriate inspection methodology, standards, guidance and tools and is supported by organisational and governance structures.

Our plan

In 2024-2025 we plan to undertake:

Prisons	4 joint prisoner healthcare inspections with HMIPS plus required unannounced and follow up inspections
Police Custody	3 joint police custody healthcare inspections with HMICS plus any required follow up inspections.

The projected number of annual inspections up to 2027 is anticipated to be broadly similar to our planned 2024-2025 activity.

Our workforce

Our prison and police custody inspection programmes are delivered by staff that combine a range of skills and experience, including leadership, inspection, programme management and administration.

Our inspectors play a vital role. Our regularly reviewed induction, training and development approach ensures they are professionally competent, skilled and knowledgeable in all required areas of inspection and are aware of current legislation and national guidance.

We also use Subject Matter Experts, either as part of an extended inspection team or for advice as and when required. The role of the experts is to provide specialist healthcare advice based on their area of expertise such as pharmacy, blood borne viruses, substance use, infection control, maternity and childcare. The experts are independent of the services inspected and work under the direction of the lead inspector to ensure the inspection is informed by current practice and professional knowledge and experience.

In terms of wider influence on the workforce for the future, our inspectors will work with student nurses to promote careers within the justice system, such as by offering a range of presentations to raise the profile of the work. It is our vision for the future to have student nurses working alongside inspectors to gain a holistic overview of the work that Healthcare Improvement Scotland undertakes, providing an insight into regulation and inspection.

We will be agile in response to changing circumstances within the context of our resources while maintaining a focus on our priorities. Our team will demonstrate our organisational values of:

- care and compassion
- dignity and respect
- openness, honesty and responsibility, and
- quality and teamwork.

Progress review and learning

It is now a requirement for NHS boards / HSCPs to have an identified executive lead for healthcare in justice in their Annual Delivery Plans. We will regularly meet with Scottish Government Policy Leads to discuss and plan additional requests for information such as through self-evaluation which in turn will inform our inspection focus and activities.

Our inspection approach includes periods of self-reflection, analysis and post inspection evaluation to make sure that how we inspect, and our areas of focus, continue to be appropriate.

Our inspection methodology will continue to include an evaluation following each inspection, featuring feedback from the NHS board / HSCP and those involved in the inspection team, including Subject Matter Experts. We will continue to use evaluation findings to improve our inspection tools and templates, such as through use of rapid Plan, Do, Study, Act (PDSA) cycles to demonstrate improvement in our approach.

We have a measurement framework so we can monitor how well we are progressing towards achieving our priorities and our anticipated outcomes. We will review information recorded in the measurement framework on a monthly basis and compile a quarterly evaluation and feedback report to help us assess our performance against our priorities.

Appendix 1 – Our priorities in detail

Priority 1: Our inspection activities will promote improvement and drive consistency and equity in healthcare delivery

Our first priority is based on evidence of variation in healthcare, referred to earlier under ‘Our Contribution’, together with our findings from prison inspections to date and our [Baseline review of healthcare provision within police custody centres in Scotland](#) report published in January 2023.

People’s human rights underpin this priority as we work to ensure people are not disadvantaged as a result of being within the justice system. This not only benefits people in prison or custody, but also helps assure their families, who are often extremely concerned about their loved one’s health and welfare.

To reflect people’s rights, our work is aligned with the ‘Panel Principles’:

Participation	People should be involved in decisions that affect their rights.
Accountability	There should be monitoring of how people’s rights are being affected, as well as remedies when things go wrong.
Non-discrimination and equality	All forms of discrimination must be prohibited, prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritised.
Empowerment	Everyone should understand their rights and be fully supported to take part in developing policy and practices which affect their lives.
Legality	Approaches should be grounded in the legal rights that are set out in domestic and international laws.

Our inspection framework is also designed around our [Quality Assurance System](#) and the [National Health and Care Standards](#) which were designed with a specific intention of promoting human rights.

Data and intelligence underpin our inspections, and our report recommendations and areas of good practice help to raise the quality, safety and consistency of healthcare delivery. Areas for improvement or good practice are also shared through thematic inspections that we undertake, or through our contribution to national reviews, based on our expertise of inspecting healthcare and our knowledge of the justice system.

We will continue to have strong links with the Scottish Health in Custody Network which is an umbrella of two networks; the National Police Care Network and the National Prison Care Network. It brings together NHS boards, HSCPs, Police Scotland, the Scottish Prison Service and other partners to improve the quality of life of people in the justice system.

This forum will continue to enable us to share national areas for improvement and good practice to support and help advance rights and promote equality and consistency across Scotland.

We acknowledge that future inspections may have a wider reach to those experiencing the criminal justice system. The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 places a statutory duty on all territorial health boards in Scotland to provide forensic medical services for victims of rape or sexual assault to nationally agreed standards. A requirement to inspect forensic medical examination suites within police custody centres may become part of our focus in the future.

Priority 2: Our collaboration with partners and stakeholders will influence improvement at national level

Our work reaches across Scotland. We have strong links with the national networks, which means we can share areas for improvement and good practice to support and help advance rights and promote equality and diversity across the country.

We have contributed to real change and improved outcomes through our collaborative work with HMIPS and HMICS.

We will continue to develop our role as a key influencer at a national level, working to support improved delivery of healthcare within the justice system. We will achieve this through a range of mechanisms, including shared intelligence and learning from our inspection activity and engagement with healthcare providers.

We will continue to build on the existing strong engagement, collaboration and dialogue we have with our key stakeholders, with the principal aim to influence change at a national level to support improved outcomes for people within the criminal justice system. This will be underpinned by a communication and engagement plan and having partnership agreements and shared learning agreements in place to consolidate our scrutiny activity with national improvement work.

We will continue to partner and engage with a broad range of organisations such as the Mental Welfare Commission, Scottish Human Rights Commission, and third sector organisations. We will also strengthen links with other scrutiny organisations in the United Kingdom, such as inspectorate bodies in England and Wales, to learn and share practice as our inspections develop and evolve.

Our role in the UK's [National Preventive Mechanism \(NPM\)](#), a national organisation set up to strengthen the protection of people in detention through independent monitoring, will further influence improvement at a national level.

Priority 3: Our understanding of the justice system from a patient perspective will contribute to improved health outcomes for people in custody

Our human rights-based approach puts the rights of people at the very centre of our inspection processes. When we inspect, we look at how healthcare is delivered through the eyes of the patient, including their journey through the healthcare system. This includes assessing how easily they can access healthcare, how services are arranged to provide appropriate care, and how patients are supported to access secondary care or to transition into the community on release.

How well we understand the patient perspective is reliant on us having a good awareness of the justice system and how people transition through the system such as through forensic services, court appearances or when in transit between different locations. We will take into account any potential to improve healthcare contacts that individuals have within these settings and work with our partners, stakeholders and national networks to drive forward improved health outcomes for people in custody.

Our priority will be to continually build on our knowledge and awareness of the pressure points within the justice system, particularly the increased pressures following the coronavirus pandemic, so we can contribute to improved health outcomes.

Our knowledge of healthcare within the justice system will support services to have increased awareness of the context, challenges and barriers to improvement. Our collaborative work with relevant stakeholders will also help to bring about positive change for people in custody in terms of their healthcare.

Priority 4: People within the justice system will have a voice through our engagement activities

People with lived experience of the justice system or their families/carers have an important role to play, and we will continue engage with them to find out what matters to them.

We will seek their views about healthcare and listen to their experiences using a flexible approach. We have an engagement framework outlining how people will have a voice whether it be through facilitated focus groups, through on-site inspection activities or through commissioned engagement work. We will work in partnership with organisations such as the Scottish Human Rights Commission and third sector organisations that promote the rights of those in custody and their families, such as Families Outside or the Scottish Drugs Forum. These organisations provide a wealth of knowledge and skills for gathering feedback to support our engagement with those with lived experience.

We will continue to establish links with the independent prison and custody monitors to discuss current issues concerning people in prison and custody settings in terms of having their healthcare needs met.

Our engagement will enable people to play an active role in the development of our inspection frameworks and priorities by sharing their experiences of healthcare within justice settings. We will also make sure that people with lived experience are involved in the development of any new standards or methodologies, such as for thematic reviews.

Lived experiences of people has been a key influencer of our focus, and their views will continue to influence and shape our inspection methodology going forward as well as informing any developmental work. Through effective engagement and listening to those in the justice system our inspections will be meaningful and person-centred.

Priority 5: People will be assured of the value of our work through our impact assessments and positive outcomes

While priorities 1-4 articulate the difference we hope to make, priority 5 is about how we will measure the success of our activities and assure people of the value of what we do. The following are what we strive to achieve as a result of our work.

- Quality of healthcare delivery is properly assessed to assure the public, Scottish Government and healthcare providers.
- People in receipt of healthcare have improved outcomes due to implementation of improvement actions following inspection and through knowledge sharing during the inspection process.
- Healthcare staff have better awareness of best practice through guidance, indicators, inspection feedback and published reports.
- Best practice and consistency are spread, supported by inspection reports, annual reports, shared learning or national discussion.
- NHS boards, prisons and police custody centres have sufficient knowledge and confidence to take forward quality improvements.
- Services involved in healthcare delivery have increased awareness of the context, challenges and barriers to improvement and work together to bring about positive change.
- Positive feedback is received from lead agencies, healthcare providers, staff and Subject Matter Experts involved in the inspection process.

Given the multitude of factors influencing the quality of actual healthcare delivery, we will be unable to measure the direct impact of what we do. However, we can demonstrate our indirect contributions towards transforming health and social care for the people of Scotland.

An Outcomes Planning and Evaluation Framework has also been created which outlines the healthcare factors that we are seeking to address to improvement consistency and quality, the activities that we will undertake and the outcomes that we aim to positively influence over the short, medium and long term for each of our priorities. A measurement framework is also in place so we can capture and monitor 'measures of success' to help us evaluate the benefit of our activities. For example:

- actions implemented or progressed as a result of recommendations identified in our inspection reports
- successful results from our facilitation of, or participation in, external working groups
- positive outcomes achieved following our involvement in national reviews
- feedback from people we work with, those we inspect and those with lived experience (both formal and anecdotal to help identify trends), and
- achievement of activities such as inspections undertaken, report publications, attendance at national meetings, working group meetings or input to national reviews.