



**AGENDA ITEM**

6.3

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**

**TRANSFER OF HEALTHCARE AT HMP & YOI PARC**

<b>Date of meeting</b>	3 <sup>rd</sup> May 2023
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Hayley Pugh Programme Manager for Prison Healthcare
<b>Presented by</b>	Julie Denley Deputy COO Primary, Community, Mental Health
<b>Approving Executive Sponsor</b>	Chief Operating Officer (COO, DPCMH)
<b>Report purpose</b>	FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Name)	(DD/MM/YYYY)	Choose an item.

**ACRONYMS**

CD	Controlled Drugs
CTMUHB	Cwm Taf Morgannwg University Health Board
HMP	Her Majesty's Prison
HMPPS	Her Majesty's Prison & Probation Service
MOU	Memorandum of Understanding
T&C's	Terms and Conditions



WG	Welsh Government
YOI	Youth Offending Institute

## 1. SITUATION/BACKGROUND

- 1.1 In September 2020 a paper was presented to the Board setting out the clear intention by HMPPS to move to a position in Wales where all prison healthcare is delivered by the NHS. HMPPS and WG had made it clear that their preference was that CTMUHB be the provider of healthcare to HMP & YOI Parc from 15<sup>th</sup> December 2022 onwards. At this meeting Board Members agreed to support this direction of travel. Subsequent updates have taken to Strategic Leadership Group and Executive Leadership Group.
- 1.2 On the 13<sup>th</sup> December 2023 a paper was presented at the full Board along with the full financial breakdown for the resource requirements to provide primary care services within the prison. The figure was based on the information received by the then current provider and the staff modelling undertaken to deliver the service as set out in the service specification. At that meeting the Board formally approved the transfer of primary health care services within HMP & YOI Parc to CTMUHB.
- 1.3 The responsibility for all primary care service provision for adults and children in HMP & YOI Parc transferred to the Health Board on the 15<sup>th</sup> December 2022. This paper provides information on lessons learned for the two stages of the project that have been completed and an overview of the third stage that is now ongoing.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 There are three stages to the project programme for the transition of healthcare services within HMP & YOI Parc. These are the Preparation stage, the Transition stage, and the Transformation stage.

### PREPERATION STAGE

- 2.2 The preparation stage commenced in October 2020. A programme manager was appointed by the Health Board and links were made with HMPPS. HMPPS had already commenced work around the tender



process for the retender of the operator contract and had established the project timescales. The health board was tasked with developing a vision for healthcare and a service specification for inclusion in the operator tender documentation. A “kick off” workshop was arranged in December 2020. Four task and finish groups were established, primary/secondary scheduled/unscheduled care, adult mental health services, adult substance misuse services and a children’s mental health and substance misuse services. The groups included representation from Welsh Government, HMPPS, Social Care, Public Health Wales, Cwm Taf Morgannwg UHB Clinical Leads and Service Leads as well as Independent Contractors. Engagement from all parties was excellent. The Vision and Service Specification were completed and submitted to HMPPS on time. Both have been presented at previous board meetings.

## **TRANSITION STAGE**

- 2.3 Once the contract for the prison operator was awarded, the project then moved into the transition stage of the project. An Implementation Board was established within the health board to oversee the governance and progress of the programme of work. Workstream leads from within the health board were established and this time included workforce and finance.
- 2.4 The first objective was to fully cost up the service and provide HMPPS with a figure by June 2022. This proved to be the most difficult element of the project and impacted greatly on the timeline. The Programme manager engaged with the current healthcare provider early on and asked for relevant financial information to support the costing of the service such as drug budgets, consumable expenses, current staff wages etc. There was a considerable delay in receiving this information. This was flagged as a risk on the programme risk register and on the HMPPS project risk register. The issue was escalated to HMPPS and the health board did eventually get the information.
- 2.5 Not receiving the information in a timely fashion, meant that the finance team were delayed in presenting the final financial figure to Board for approval and provide HMPPS with the information required by the June target date. It also impacted on the ability to enter into agreements with other providers and to establish contracts.



- 2.6 The finance team were very engaged in the whole process and worked very hard once the financial information from the previous provider was received. The team were very conscious of the short time frame to provide a final financial figure for the transfer of the service whilst being mindful that that the service had to be cost neutral to CTMUHB. The team along with the with the Deputy Chief Operating Officer for Primary, Community, Mental Health and Learning Disabilities met on numerous times with HMPPS to work towards ensuring a final figure agreeable to both parties.
- 2.7 The one critical issue was the delay in applying to the home office for a controlled drugs license in time for the transfer of healthcare. It takes 16 weeks from the time an application is submitted to the Home Office to the license being awarded. The first application for the license was submitted on the 21st November 2022. A site visit by the Home Office prior to the license being given is also required. This was not factored into the timeline for the pharmacy element of the project. This was then further exacerbated by the delay in the agreement of the final financial figure. Failure to have the license in place meant that controlled drugs could not be stored or dispensed on the premises. As an interim work around the prison pharmacy was registered as a pharmacy premises with the General Pharmaceutical Council. Registered pharmacies do not require a Home Office license. This meant that drugs could only be dispensed within the pharmacy and the methadone dosing machine on the wings could not be used. This had huge resource implications. It was decided that methadone would be dispensed off site in the hospital pharmacy and transported into the prison.
- 2.8 Any elements of the transfer that did not require the allocation of resource or a signed agreement in place continued with the objective of keeping the Programme on track in respect of the agreed transfer date.
- 2.9 The workforce workstream leads ensured that the project TUPE transfer timeline was adhered to and the transfer was completed on time. The team arranged engagement sessions and attended the prison to answer staff questions in respect of change of employer. The team provided support to each of the workstreams in relation to the transfer of staff. They were very supportive and worked tirelessly to ensure all deadlines were met. The timeline for

the transfer of healthcare was dictated by the operator contract expiry date. This had implications for workforce as staff TUPE to the organisation in the middle of the month.

- 2.10 As the prison IT system was a stand-alone system there was a requirement for staff to be able to access CTMUHB systems such as Datix, ESR, fileshare, Welsh Clinical Portal, Myrddin etc. The IT team worked very hard to ensure that access was available from the date of transfer and have continued to provide support to staff where required.
- 2.11 The Infection control team visited the prison to inspect and ensure the premises from which healthcare is being delivered within the prison setting are compliant with infection control.
- 2.12 The Head of Nursing Professional Standards & Education Head met with the Head of Healthcare and Practice Manager to develop a dashboard prior to the transfer. These measures were used to support the development of SLAS with the service providers. Patient stories were also introduced to the Prison, Health & social care partnership board as a result of the work and support provided.
- 2.13 The transfer of primary care services was achieved on the 15<sup>th</sup> December 2022. All staff TUPE across to the organisation. Contracts for the provision of GP, Dental and Optometry services were in place and there was a seamless transition of care due to the hard work of all workstream leads.
- 2.14 A draft MOU has been shared with finance colleagues, legal & risk and the Director of Corporate Governance and feedback has been received. The draft document is currently awaiting the financial schedule to be attached and will then be ready for final sign off by HMPPS, Welsh Government and CTMUHB.

## **TRANSFORMATION PHASE**

- 2.15 All staff who transferred across via TUPE remained on their previous terms and conditions. All job descriptions are currently being reviewed and submitted for banding in readiness for the

workforce team to commence discussions with those staff who wish to transfer across to NHS Terms and Conditions. It is anticipated that discussions will commence in May.

- 2.16 The project took a “lift and shift” approach to the transfer of services and entered into contracts with the current providers of GP, Dental and Optometry services to ensure continuity of care upon transfer. Performance against the key performance indicators within the contract are reviewed every quarter by the head of primary care for GMS and the head of primary care for optometry and dental. These contracts are in place for 12 months and will go out for tender with support from the procurement team. The psychosocial substance misuse service was procured on a 6-month contract to ensure continuity of service. This contract is currently out to tender with a contract award date of the 19<sup>th</sup> May which then gives a month for the transfer of provider if required.
- 2.17 Additional services and staff requirements were identified through the development of the service specification and through needs identified in the health & social care needs assessment that was completed in December 2020. An additional £1,515,708 has been built into the funding. There is a total increase in funding of £3,193,156 per annum to the funding that was allocated to the previous provider. The next phase is to review the current service that is being delivered and identify how this additional resource can be best utilised to address the healthcare needs of the adults and children in HMP & YOI Parc.
- 2.18 Post transfer the Governance team has visited the prison to ensure that the CTMUHB governance policies and procedures are embed within the prison. This has included ensuring all staff have Datix accounts and have received Datix training. The team have also provided training on complaints procedures and are reviewing the process for CTMUHB to be notified of any for death in custody.
- 2.19 There has been a recent agreement to develop a governance tracker which will be reviewed on a weekly basis by the governance team and head of prison healthcare. All outstanding action plans and governance issues to be pulled into one document to ensure regular review and progress. A report will be submitted every

month to the primary care quality, safety, risk and patient experience meetings for scrutiny and assurance.

2.20 The Head of Nursing Primary Care & Community has arranged a workshop with speakers from the clinical governance team, legal services, people services and the Senior Nurse for Primary Care on the 19<sup>th</sup> May 2023 for the healthcare management team within the prison to cover the following topics: -

- CTM UHB structure
- Datix
- Redress and Inquests
- Manager's responsibilities
- Specialist/ Advance Nursing Services -

### **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

3.1 There are several learning points that may be useful to reflect upon in future healthcare service transfers and for ease of future learning have been set out in Appendix 1.

3.2 The staff who have transferred across for the previous private provider require ongoing support. There have been numerous visits to the prison by service leads as well as an executive team visit. The programme manager and other workstream leads have spent considerable time with the staff leading up to the transfer to understand the previous model of service delivery and the areas that require support going forward to ensure CTMUHB values and behaviours as well as policies and procedure are embedded. The health board needs to ensure that the team are fully immersed into CTMUHB and not isolated because of the environment they work in.

3.3 The delivery of a healthcare service within a prison environment is not a service that CTMUHB as previously been responsible for. There is still a lot of learning required for all service leads to fully understand the needs of patients, the implications and the restrictions of delivering their service within a prison environment.



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Safe Care If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. <a href="X:\Shared\RCT_LHB\New_System\LHB07_Primary_Care\Prison\Equality_Impact_Assessment\HMP_Parc_Healthcare_Service_EIA.docx">X:\Shared\RCT_LHB\New_System\LHB07_Primary_Care\Prison\Equality_Impact_Assessment\HMP_Parc_Healthcare_Service_EIA.docx</a>
<b>Legal implications / impact</b>	Yes (Include further detail below)
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the contents of this paper and the learning that has gone on to inform an updating of a checklist for such service transfers as supported by the planning team.

## **Appendix A**

### **Learning points for future project delivery**

- Ensure a definitive date to receive any information from a third party is set. Any deviation should result in a review of project timelines.
- Ensure that time is built in to the overall project time line to ensure that any legal documents or licences required are built in and taken into consideration if there is any slippage in the project timeline.
- Avoid TUPE transfers mid- month, mid financial year and any time during bank holiday periods if possible.
- Ensure that services who have decided to deliver services inhouse build in the relevant recruitment processes and have mitigations in place to ensure continuity of service.