



AGENDA ITEM

6.7

QUALITY & SAFETY COMMITTEE

QUALITY & PERFORMANCE OF SERVICE PROVISION HMP & YOI PARC

Date of meeting

19/07/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

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Community & Mental Health

Approving Executive Sponsor

Chief Operating Officer (COO, DPCMH)

Report purpose

FOR NOTING

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

Committee/Group/Individuals

Date

Outcome

Bridgend ILG

29/09/2020

SUPPORTED

Executive Director of Operations

29/09/2020

SUPPORTED

Population Health & Partnership
Committee

07/07/2021

SUPPORTED

Board Development

09/12/2021

SUPPORTED

ACRONYMS

CTMUHB

Cwm Taf Morgannwg University Health Board

HIW

Health Inspectorate Wales

HMP

Her Majesty's Prison



HMPPS	Her Majesty's prison & probation service
HSCNA	Health & Social Care Needs Assessment
MOU	Memorandum of Understanding
PHW&SCPB	Prison Health, Wellbeing & Social Care Partnership Board
PPB	Prison Partnership Board
PPO	Prison & Probation Ombudsman
YOI	Young Offenders Institute

1. SITUATION/BACKGROUND

- 1.1 HMPPS in Wales (Her Majesty's Prison & Probation Service) wrote to Welsh Government in December 2019 about the potential to devolve primary healthcare to CTMUHB (Cwm Taf Morgannwg University Health Board). Welsh Government formally confirmed their consent for HMPPS in Wales to work with CTMUHB and the Chief Executive of CTMUHB ratified the decision in October 2020 to transfer healthcare to the health board in December 2022.
- 1.2 This paper provides information on the mechanisms to ensure the quality and performance of service provision within HMP & YOI Parc upon transition of the service in December 2022.

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

- 2.1 All relevant NHS clinical and operational standards in Wales apply to healthcare services for prisoners, with exceptions only where the constraints of the custodial environment are over-riding.
- 2.2 The "*Partnership Agreement for Prison Health in Wales*", outlines the agreed priorities between Her Majesty's Prison and Probation Service in Wales, Welsh Government, Health Boards and Public Health Wales, to drive improvements in the health and wellbeing of people held in Welsh prisons. The agreement recognises the unique statutory obligations of each partner organisation and builds on the shared objective of ensuring those in prison can live in environments that promote health and well-being, and that health services can be accessed to an equivalent standard of those within the community.

This supports the overarching aim that prison should be a place where an individual can reform their lives.

- 2.3 Accountability for the governance of prison health and social care within Wales, lies with Prison Partnership Boards (PPBs). These are jointly chaired by a delegated representative from the relevant health board and the relevant prison governor. A HMP Parc Prison Health, Wellbeing & Social Care Partnership Board (PHW&SCPB) has been established which comprises of representation from the prison operator, CTMUHB, Welsh Government, Bridgend County Borough Council Social Services and healthcare operational staff from within the prison healthcare service. The board is co-chaired by the Prison Governor and Director of Primary, Community & Mental Health. The Partnership Board is the mechanism for the health board to have oversight and have confidence along with WG and other key stakeholders that the healthcare provision in Parc is of a suitable standard and capacity to meet the needs of the population.
- 2.4 The Head of Nursing Professional Standards & Education has worked collaboratively with the current prison healthcare staff to develop a dashboard made up of key performance indicators that are reviewed bi-monthly at the PHW&SCPB. These KPI's are scrutinized by the board and are used to provide assurance on current service provision and to identify areas for service improvement. Going forward, the dashboard will feed into the wider quality and safety agenda within the health board to provide assurance.
- 2.5 The current healthcare staff within the prison are eligible to TUPE across to the Health Board in December 2022. The Head of Nursing Professional Standards & Education has been using the development of the dashboard as an opportunity to introduce staff to the governance and reporting mechanisms that they will be expected to implement once they have transferred.
- 2.6 In November 2020 a Health and Social Care Needs Assessment (HSCNA) was commissioned to better understand the health needs of the resident population in Her Majesty's Prison (HMP) Parc. It also assessed the extent to which the current need and demand for health and social care in the prison establishment(s) were being met. From this report an action plan has been developed to address the areas identified as requiring attention and progress against these actions are regularly reviewed at the PHW&SCPB.
- 2.7 Prior to the transfer of healthcare a memorandum of understanding (MOU) will be established between Welsh Ministers, HMPPS in Wales and CTMUHB. Under this MOU, CTMUHB will take lead responsibility for the management, delivery and governance of healthcare services

delivered (including those provided by third party arrangements) within HMP & YOI Parc.

- 2.8 The Prison and Probation Ombudsman (PPO) is required to undertake an investigation of every death that occurs in a prison setting. HIW contributes to these investigations by commissioning an independent clinical review of any death within a Welsh prison or approved premises. The outcome of the investigation is brought to the PHW&SCPB where any actions required are documented. Progress against any agreed actions are then reviewed regularly by the board.
- 2.9 It is important to note recent inspections undertaken by Her Majesty's Chief Inspector of Prisons to both the adult population and YOI highlighted several areas of best practice which are above national standards. In particular the YOI is noted as being the best in England and Wales at the time of the inspection.
- 2.10 Under the new structural change the reporting for prison healthcare is likely to transfer to the governance structure of Primary Care, Community and Mental Health.

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

- 3.1 Upon expiration of the current Operator contract, and commencement of the new arrangements, a key requirement is maintaining continuity of provision so that there is no disruption to the quality of service provided, while ensuring opportunities to modernise and align service provision to future need are maximized.
- 3.2 The governance work stream that has been established to support the transition of healthcare for the current provider to CTMUHB and has already identified the need to ensure the transition to the use of DATIX within the prison environment for the recording of incidents and complaints to ensure consistency across the organization.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability more than one Healthcare Standard applies please list below: Safe Care



<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p>
<p>Legal implications / impact</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>
<p>Resource (Capital/Revenue £/Workforce) implications / Impact</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
<p>Link to Strategic Goals</p>	<p>Improving Care</p>

5. RECOMMENDATION

5.1 For the members of the Quality & Safety committee to **note** the contents of the report.