

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

Committee Room 3 – Senedd

Meeting date: 3 October 2019

Meeting time: 08.45

For further information contact:

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Committee Clerk

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Informal pre-meeting (08.45–09.30)

National Health Service (Indemnities) (Wales) Bill: Factual briefing

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 General scrutiny: Evidence session with Betsi Cadwaladr University Health Board

(09.30–11.00)

(Pages 1 – 38)

Mark Polin, Chair, Betsi Cadwaladr University Health Board

Gary Doherty, Chief Executive, Betsi Cadwaladr University Health Board

Deborah Carter, Acting Executive Director of Nursery, Betsi Cadwaladr University Health Board

Sue Hill, Executive Director of Finance, Betsi Cadwaladr University Health Board

Research Brief

Paper 1 – Betsi Cadwaladr University Health Board

Break (11.00–11.10)



- 3 Provision of health and social care in the adult prison estate:
Evidence session with Healthcare Inspectorate Wales, Her
Majesty's Inspectorate of Prisons and Care Inspectorate Wales**
(11.10–12.40) (Pages 39 – 72)
Rhys Jones, Head of Escalation and Enforcement, Healthcare Inspectorate
Wales
Tania Osborne, Head of Health and Social Care Inspection, Her Majesty's
Inspectorate of Prisons
Gillian Baranski, Chief Inspector, Care Inspectorate Wales
- Research Brief
[Consultation Pack](#)
[Consultation Pack \(Private\)](#)
- Paper 2 – Healthcare Inspectorate Wales
Paper 3 – Her Majesty's Inspectorate of Prisons
Paper 4 – Care Inspectorate Wales
- 4 Motion under Standing Order 17.42 (vi) to resolve to exclude the
public from the remainder of this meeting**
(12.40)
- 5 National Health Service (Indemnities) (Wales) Bill: consideration of
draft timetable**
(12.40–12.45) (Pages 73 – 82)
Paper 5 – National Health Service (Indemnities) (Wales) Bill: Consideration of
draft timetable

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	Betsi Cadwaladr University Health Board submission to the Health, Social Care and Sport Committee's general scrutiny inquiry.
Contact:	Gary Doherty, Chief Executive
Date:	6 th September, 2019

Introduction

1. Betsi Cadwaladr welcomes this opportunity to contribute to the Health, Social Care and Sport Committee's general scrutiny inquiry.

About the organisation

2. The Health Board is responsible for improving the health and well-being of the population of around 678,000 across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). It is also responsible for the provision of primary, community and mental health as well as acute hospital services. It operates three main hospitals (Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units and community team bases. The Health Board commissions the work of 105 GP practices, and NHS services provided by dentists, opticians and pharmacists as well as ensuring the population of North Wales can access high quality specialised services provided by NHS Trusts in England. In 2018/19, the Health Board had a revenue income of £1.54 billion and we employ approximately 18,000 people (15,500 whole time equivalents).

Overview

3. The past year has been another very challenging period for the Health Board. Although progress has been made in moving the organisation forwards, much more needs to be done, across a number of fronts, to return the Health Board to a secure footing for the future. The Health Board remains in Special Measures, although the improvements made to GP out of hours services mean that during the year this has been removed as a Special Measures concern. This follows similar progress with maternity services, which were removed from Special Measures last year. Welsh Government has also noted the improvements that have been made in the effectiveness of the Board and mental health services. Substantial progress has been made in a number of key areas, which are summarised below with more detail being provided in the rest of this paper:
 - Improvements in quality and safety including substantial reductions in infection rates, improvements in mortality rates, being awarded exemplar status for our work to reduce blood clots, improved stroke audit scores and sustained improvements in ambulance turnaround times

- Despite our ongoing challenges, our staff survey results show material improvement in a number of key measures including the proportion of staff who would recommend BCU as a place to work and who would recommend BCU for care and treatment
 - We have stepped up our commitment to partnership working which has delivered major benefits both in terms of joint planning and service development but also reductions in Delayed Transfers of Care
 - We have delivered a number of key service changes/innovations including new models of primary care, care closer to home, establishing high quality specialist services (e.g. SuRNICC, vascular, cancer services, cardiac services) and deploying leading edge, first in Wales technology (e.g. digital pathology)
 - Significant reductions in a number of high cost areas, such as employment of agency staff and the use of out of area mental health beds, which are both cost and quality improvements
4. However, it is fully acknowledged that there is a long way to go in respect of performance, especially on waiting times and our financial position, and the Health Board needs to reach a position that will allow an Integrated Medium Term Plan (IMTP) to be approved. More detail is given in the rest of this paper but it is important to state from the outset that the Board fully accepts that performance is not acceptable and that we must build on the successes described above to deliver sustained improvement across all our services.

Health Boards' integrated medium-term plans (IMTPs) supporting the delivery of the vision for health and social care set out in 'A Healthier Wales'

5. The Health Board has engaged in a number of strategic activities over recent years. In 2012 'Healthcare in North Wales is Changing' was launched, which focused on key areas such as Primary and Community services, Older People Mental Health services, Neonatal Intensive Care and Vascular surgery. Following the decision to place BCU in Special Measures service strategies were developed for Maternity Services, Primary Care and Mental Health. These frameworks are being implemented through our improvement groups and partnership forums and the work has resulted in GP Out of Hours Services and maternity services being lifted out of Special measures. The Health Board has delivered significant change in a number of areas as proposed in previous strategic plans. In 2018, the Sub-Regional Neonatal Intensive Care Centre was opened at Ysbyty Glan Clwyd, providing specialist neonatal care for babies with more complex needs. In April 2019, the specialist arterial centre for the North Wales vascular network opened, also at Ysbyty Glan Clwyd. The new Emergency Department at Ysbyty Gwynedd has opened and we have completed and opened the health care resource centres at Canolfan Goffa Ffestiniog, Flint and Llangollen, providing modern facilities for a broader range of care and support with partners.
6. In March 2018, the Health Board approved the ten-year overarching strategy, **Living Healthier, Staying Well: Our Strategy for the Future**. The high-level strategy set out our commitment to work to influence the broader determinants

of health and well-being, work in partnership to provide care and support, and directly provide excellent health care. The strategy is aligned to the long-term future vision of a “whole system approach to health and social care” as described in **A Healthier Wales**. The focus is on achieving better outcomes for people through an emphasis on population health; care closer to home; and improving hospital care. The strategy also sets out programmes for children and young people, older people and mental health, which promote well-being and early intervention. Having continually engaged with our staff, partners and communities we believe they would be substantial quality, safety, sustainability and efficiency gains from developing:

- Specialist inpatient urology services on two sites, working in an enhanced network of services across North Wales
 - A pelvic cancer centre linked with the development of robotic assisted surgery and co-located with the more specialist urology service
 - Expanded orthopaedic capacity at our three main acute hospital sites (rather than spreading this service over five sites as we do now) as part of an orthopaedic network
 - Improved stroke care, from prevention in primary care, improved hospital care; specialist community based rehabilitation and early supported discharge, and a new specialist hyper acute stroke care unit.
7. As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we are fully committed to working with our partners to deliver sustainable and improved health and well-being for all people in North Wales. During 2018/19, we strengthened our commitment to and investment in partnership working, which is bringing benefits in terms of a shared vision and priorities, closer collaboration and maximisation of opportunities.
8. In **A Healthier Wales**, there is a clear expectation of acceleration in the rebalancing of care from a hospital setting to primary and community services. To support this, the NWRPB submitted four proposals for the Transformation Fund, all of which were approved and secured nearly £11m for partnership transformation initiatives:
- Community services transformation
 - Integrated early intervention and intensive support for children and young people
 - Together for mental health in North Wales
 - North Wales Together: seamless services for people with learning disabilities

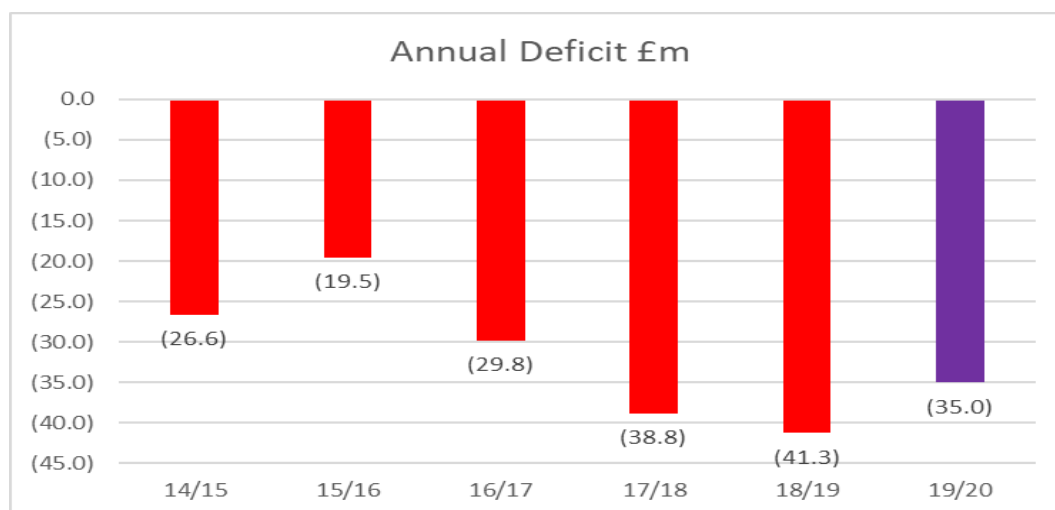
All the initiatives are now progressing through a partnership programme structure and are enabling the pace of transformation to increase.

9. The Health Board has not yet been in a position to deliver an approvable IMTP because of continuing pressures in respect of finance, planning and performance. We have however developed a Three Year Outlook, supported by an Annual Plan for 2019/20, which underlines the commitment to improving health and well-being for all, addressing health inequalities, supporting children to have the best start in life and working in partnership to enable people to

improve their own well-being. However, the Health Board must now move on to develop a comprehensive, co-produced, locally owned Clinical Strategy as a foundation on which to improve performance and as a key part of developing an approvable IMTP. To facilitate this, we are reviewing the existing strategies and enabling plans and engaging with key stakeholders and clinical leaders. This will be driven by the need to improve the value of healthcare, deliver better outcomes and harness technology to change radically the way we deliver services to the population. We will have developed a route map by December 2019, under the leadership of the Deputy Chief Executive and our new Medical Director, and building on co-production and extensive engagement with partners.

Finance

10. The Health Board has been in financial deficit since 2014/15 and after the final accounts for 2018/19 were approved, the Health Board reported a three-year cumulative deficit of £109.9m.
11. The following table illustrates the annual deficits between 2014/15 and 2018/19 and the current draft plan for 2019/20:



12. The Health Board has always sought to improve its effectiveness and efficiency in order to ensure we are able to use public funds in the best possible way. On a number of key efficiency metrics, we are a high performer compared to other Health Boards including readmissions within 28 days, admissions on the day of surgery, prescribing and the cost of our corporate services. We have delivered a number of improvements to our cost base including:
 - Significant improvements on reducing expenditure and reliance on agency staff, which has reduced by 33% from £40m in 2016/17 to £27m in 2018/19.
 - In relation to Out of Area costs, Mental Health has seen a reduction of £2.3m in placement costs from 2017/18 to 2018/19, a reduction of over 3000 less beds used. In 2019/20, the bed days are at a continuing low level.

- The Health Board, through its Primary Care Pharmacy Teams, work directly with individual GP Practices and within the Prescribing Enhanced Service to target specific drugs and devices (e.g. inhalers) for cost savings. Based on an analysis of the actual GP Prescribing costs and activity for Quarter 1 of 2019/20 compared to Quarter 1 of 2018/19, the Top-10 targeted savings areas have shown a cash reduction in expenditure of £1.4m, which represents an 18% reduction in cost. In many cases, there have been direct switches from one drug to a cheaper alternative hence the change in overall items issues is less than 1%.
13. However, we have not been able to make the progress needed on our financial position which we fully recognise is not acceptable. In March 2019, we commissioned an independent financial review by Price Waterhouse Cooper, conducted over a three-month period from April 2019. The review was undertaken with full engagement from both the Health Board and the Welsh Government's Financial Delivery Unit and there were five key outputs:
- a) Review of Expenditure Controls report
 - b) Financial Baseline report
 - c) Revised Annual plan 2019/20
 - d) Pipeline of Opportunities
 - e) Delivery framework
14. The Health Board has a £25m control total for 2019/20, which requires us to deliver a savings target of £35m. As at the end of August 2019, the Health Board has reported an £18.2m deficit, which is £3.6m behind plan. This is largely as a consequence of our continued operational challenges and cost pressures, driven mainly across our three main hospital sites in Ysbyty Glan Clwyd, Ysbyty Gwynedd and Ysbyty Maelor as well as the challenge of delivering our savings target.
15. As at the end of August 2019, the Health Board has identified £25.2m cash releasing savings against a target of £35m (72%) and has delivered £6.7m (19%).
16. The Health Board appointed a Recovery Director in July 2019 and the dual focus of the Recovery Programme is to control the expenditure run rate and to identify and deliver the savings target, in order to significantly improve the financial position on a recurrent basis, with the ambition to achieve the £25m control total. We now have a savings programme in the order of £37m, of which 65% is rated as green and 87% is recurrent, with a number of actions underway to further improve the situation including:
- Financial Recovery (FR) delivery structure embedded
 - Additional grip and control processes for both pay and non-pay
 - Enhanced support to each Division to identify and take forward service improvement and savings opportunities, mitigating delivery gaps and putting forward new schemes

Performance

17. Key Achievements over the past year and first quarter of 2019-20 include:

- Best performance in Wales on Flu Immunisation uptake for our at risk population groups, over 65s and pregnant ladies
- Continuing good performance on Childhood Vaccinations
- Delivered a significant reduction in our crude death rate; 11% lower in 2018/19 compared to the year before.
- Our successful Safe Clean Care campaign has seen us reduce the number of cases of the healthcare associated infection MRSA by 53% across 2018/19
- Significant improvement in ambulance handover rates releasing 86% of ambulances from the hospital forecourts within 1 hour in April-August 2019/20 (20,524 ambulances). This is supporting our month on month delivery of the 8 min red response and better than the All Wales performance on amber 1 response times.
- 78% of patients on newly implemented Single Cancer Pathway waiting less than 62 days (2nd best in Wales). Performance improved further to 80% within 62 days in July 2019.
- Consistent delivery of the 31-day non-urgent suspected cancer 98% target, with improvement noted in the first 4 months of 2019-20 compared to the same period in 2018-19 and a higher number of patients treated.
- All reportable therapy services across all sites with waiting lists less than 14 weeks (Physio, Occupational Therapy, Speech and Language Therapy, Dietetics and Audiology reassessments)
- Sustained reduction in number of patients and bed days occupied due to delayed transfers of care. This has resulted in a 75% reduction in bed days lost to delayed transfer of care between August 2016 and August 2019.
- Improving performance across the 10 domains in the Royal College of Physicians quarterly Sentinel Stroke National Audit Programme

18. Key Challenges for performance:

- Elective Access waiting times – despite increased levels of elective activity our waiting lists are still far too long. Actions being taken include: increased governance and management of scheduling to improve treat in turn rates while maintaining access for clinically urgent cases, improved productivity to optimise available capacity, additional internal and external activity and appointment to recurrent posts to build sustainable capacity in services, such as orthopaedics where there is a sustainable service gap to meet population health needs.
- USC (unscheduled care) - 4 hour and 12 hour waits - our current performance levels are not providing a good level of patient experience and must consistently improve. August data shows that all our key USC indicators were better than they were in August 2018 – this is the first month this year that all indicators have either met the target or at least shown improvement on last year. 4-hour performance improved by 3 percentage points and 12 hour waits fell by 6%.
- Focussed action managed through the Unscheduled Care Improvement Group is ensuring a whole system approach is being taken to address pre-hospital, in hospital flow and improved discharge processes and community care. The

Health Board has invested in the SiCAT (single integrated clinical assessment services) within the ambulance control centre to support clinical decision making and signpost patients to the most appropriate service, increased the use of minor injury units and has invested in ambulatory care provision and in community resource teams as well as focusing on in-hospital patient flow and discharge planning

- During 2018-19, diagnostic waiting times increased primarily due to endoscopy services. We have commissioned additional permanent and temporary capacity to address this issue as well as continually seeking to improve efficiency/throughput per endoscopy room.
- Eye Care Measure - this is a significant transformation programme across Wales. BCU has commenced work to re-design both cataract and glaucoma pathways across primary and secondary care. This work will be enabled through technological innovation through the digital patient record being procured nationally. BCU is fully engaged with this programme of work.
- Follow Up backlog. The Health Board has a sizeable follow up backlog to address which includes the eye care backlog referred to above and involves other specialties. Through the Outpatient Improvement Group work is underway to deliver backlog reduction through the use of increased self-care, see on symptoms and patient reported outcomes as well as optimising internal capacity and reducing DNA (did not attend rates) to improve efficient use of staff time in clinics.

Escalation and intervention

19. In November 2014, Welsh Government determined that the Health Board should be escalated to 'targeted intervention' under the NHS escalation and intervention arrangements protocol. In June 2015, the then Minister for Health and Social Services [wrote](#) to the Chairman of the Health Board and issued a written [statement](#) to advise that the Health Board would be placed in Special Measures.
20. In February 2018, the Cabinet Secretary for Health & Social Services provided an [update](#) on the escalation status of health organisations under the escalation and intervention arrangements. Significant improvement had taken place in maternity services, to the extent that this area was de-escalated from Special Measures.
21. In an oral [statement](#) on 6th November 2018, the Cabinet Secretary for Health & Social Services highlighted improvements made by the Health Board in respect of Board capability, assurance systems, partnership working and mental health. Of note, the improvements in the results of the NHS Staff Survey since 2016 were acknowledged in relation to staff engagement. However, ongoing challenges relating to finance, planning and performance were noted.
22. The Health Board submitted its latest formal update [report](#) covering the October 2018 - March 2019 element of the Framework to Welsh Government in May 2019. Following this, the Minister's oral [statement](#) recognised that improvements had been made in governance, quality, Board leadership, mental health services, engagement, partnership working and GP out of hours services (which was

removed from special measures). Concerns remained in relation to other areas, namely finance, planning and waiting time performance. At the time of writing, the Health Board remains in special measures and is continuing to drive improvements measured against a refreshed interim Special Measures improvement framework.

Workforce and integrated working

23. The Workforce Strategy is integrated with the service and finance objectives embedded throughout the Plan. We also recognise the role we play in supporting a strong workforce for the wider NHS and public sector. We want to have a pipeline of talent for all parts of the system.
24. We are clear that our ability to deliver the long-term strategy **Living Healthier, Staying Well** is predicated upon the health of our organisation. The purpose of our three year Workforce Strategy is: 'To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance' ([Workforce Strategy](#).) A talented and aligned workforce is crucial for bringing our strategic priorities to life and ensuring we deliver on our objectives.
25. Our strategic workforce aims are designed to deliver the right workforce to improve health and deliver excellent care whilst embodying our values:
 - Put patients first
 - Working together
 - Value and respect each other
 - Learn and innovate
 - Communicate openly and honestly
26. The principles of the 'Five Rights' should underpin everything that we do.

Right Size:

Ensure we have the right number of people in the right roles spending the right amount of time achieving given outcomes

Right Shape:

Identify duplication and inefficiency to establish the right balance of types of roles, levels of roles experienced staff to new/trainees

Right Cost:

Ensure pay and reward consistent with paying the right prices for the required skills

Right Place:

Ensure the required staff resources are available in the right location to meet the current and future workload

Right Skills:

Assess the gaps in competencies and skills to what will be needed to meet future goals

27. The Health Board, via our Workforce Strategy is on a journey to achieve a workforce in every area that 'lives' our values and who meet our 'five rights'. A priority in this is reducing our vacancy rates.

BCU Health Board Vacancy Rates

	Aug-18	Aug-19
BCU Total	9.7%	9.2%
Medical and Dental	12.3%	8.6%
Nursing and Midwifery	13.3%	11.8%

28. Progress has been made in filling our vacancies but the recruitment environment remains challenging and currently the Health Board is seeking to fill 130fte (full time equivalent) Medical and Dental posts and 653 FTE Nursing and Midwifery posts. There are 130 newly qualified nurses due to start during September and a further 260 people currently undergoing pre-employment screening.
29. In order to reduce our vacancies we are investing in a resourcing team; setting up recruitment and retention teams to address hotspots; increasing use of Digital Media (including a new Train Work Live Facebook page); attending events across the country and working with partner recruitment organisations, including working with an agency to recruit nurses from overseas.

30. We recognise that to deliver our values and reduce our vacancies there needs to be a strong focus on engagement and retention. The 2018 staff survey results for BCUHB revealed a number of positive improvements since the 2013 and 2016 surveys. The engagement index score saw an increase from 3.51 to 3.76. Material improvements have taken across a range of key areas including:

“I would recommend BCU as a place to work”

2013 = 42% 2016 = 51% 2018 = 61%

“I’m proud to say I work at BCU“

2013 = 47% 2016 = 54% 2018 = 65%

“I would recommend BCU to a friend or relative for treatment”

2013 = 51% 2016 = 61% 2018 = 67%

31. Clearly whilst the above shows real improvement, particularly when considering the challenges of the last few years, there is still a long way to go. Divisional improvement plans are in place and staff engagement events are taking place. We are reviewing the exit interview process to understand better why people leave the Health Board and we will be developing an improved retention strategy to explore how we can be more flexible in order to retain staff.

Mental Health

32. The challenges we face as an organisation and a region are interconnected, and cannot be tackled by the wider Health Board or by our Mental Health Division in isolation. With the support of key partners and people with lived experience of mental health issues, we have co-produced the first ‘whole system’ integrated mental health strategy – *Together for Mental Health in North Wales*.
33. Our new approach aims to ensure that people receive the right support, in the right place, at the right time. This involves moving away from a clinical, specialist model of bed-based care to one which is focused on community based prevention and early intervention. This significant, whole system change will deliver better outcomes for people across the region as well as better value for money.
34. Real progress is now being made across all areas, which is being felt by the people who use our services. Notably:
- Over the past three years, we have significantly reduced the number of days our patients spent at mental health units outside of North Wales. This has enabled more people to receive care closer to the support network of their friends and family, and also delivered significant cost savings
 - Recent reports from unannounced inspections of the Hergest Unit (Ysbyty Gwynedd), Ablett Unit (Glan Clwyd Hospital) and Nant y Glyn Community Mental Health Service by Healthcare Inspectorate Wales show that standards of care and staff morale have improved

- A specialist Perinatal Mental Health Service has been established to support new and expectant mums who are struggling with their mental health. In 2018/19 the service supported more than 450 women
 - We have implemented an end of life pathway, improved end of life staff training, and established dedicated end of life suites on our older persons mental health wards
 - We have developed our approach to restrictive practice management for all older adults within BCUHB healthcare settings. As a result of our proactive approach, assaults on our mental health staff have reduced by 50% over the past five years
 - Ysbyty Gwynedd is the first acute hospital in Wales to receive official recognition from the Alzheimer's society for working to become dementia friendly
35. We have also made significant progress in beginning to shift the focus of care to prevention and early intervention, and improving the support for people in crisis. Based on the empowering principles of our I CAN campaign, we have:
- Introduced I CAN Mental Health Urgent Care Centres at North Wales' three Emergency Departments to support people in crisis who do not require medical treatment or admission to a mental health unit. Since January 2019 the service has supported more than 1,000 people and a recent social return on investment analysis found that for every £1 invested, more than £5 of social value was created
 - Piloted I CAN Work in partnership with Bangor University, Welsh Government, CAIS and the Rhyl City Strategy. Based on the leading Individual Placement Support (IPS) model which is endorsed by NICE, I CAN Work aims to help people with mild to moderate mental health problems find and remain in paid employment
 - Introduced I CAN Mental Health Awareness Training which is being offered free of charge to employers, community groups and individuals across the region
 - Developed detailed local plans to introduce new community support, which will help prevent people from falling into crisis. Once fully established, we expect that more people will receive the early support they need in the community, leading to reduced waiting times and improved outcomes for people who require the specialist support of our mental health services
36. Despite this progress, a number of key challenges remain. These include, but are not limited to:
- Ensuring we have the capacity to respond to ever increasing demand for our services now, and in the future

- Offering services in an integrated and holistic way, with a real focus on recovery and rehabilitation
 - Recruiting and retaining staff
 - Re-earning the trust and confidence of the population we serve, particularly those who require care and support from our mental health services
37. Our detailed plans to address these challenges amount to a whole system transformation in how we deliver care.

EU Exit preparations

38. We have worked closely with Welsh Government and other partners across health, social care and other sectors in preparing for withdrawal from the EU, planning to ensure a robust response in the event of a “No Deal” EU Exit.
39. As with all Health Boards, BCUHB has a nominated Executive Director acting as the Senior Responsible Officer (SRO) overseeing the preparations locally, and contributing to a national group of SROs.
40. Since autumn 2018, the Health Board has had a task and finish group in place to coordinate business continuity, emergency preparedness and risk management of any potential impact on staffing, services or supplies, or broader partnership implications. The task and finish group has maintained a live database of all of the potential risks identified by divisional and corporate business continuity leads in order to identify issues, assess the potential impact, and where necessary enhance existing business continuity arrangements to support any response. The overall risk has been identified within the Corporate Risk Register and is visible to Board members.
41. The Health Board has also participated in the Local Resilience Forum and is working with partners in other sectors to share intelligence and plans.
42. BCUHB has actively participated in national planning events to ensure our local plans are as robust as possible, and held a BCUHB-wide exercise on 15 February, consistent with other areas. The aim of the exercise was to review and test business continuity preparedness, planning, and organisational resilience in case of disruption to critical services arising from potential EU Exit-related consequences.
43. After agreement to extend Article 50 and UK membership of the EU until 31st October 2019, the BCUHB Task and Finish Group was stepped down for a period. The Group has commenced work again as of August 2019 and will review and refresh the assessment of risk and the contingency arrangements put in place, addressing any further issues arising in the period to October 2019.

Conclusion

44. Despite our many challenges, the Health Board is confident and ambitious for its future, and is determined to further improve services to better meet the health and care needs of the people of North Wales. We have much to do to meet our own ambitions, and those of our partners, particularly in the areas of financial sustainability and delivering timely access to both planned and unscheduled health care services. We aim to build on the foundations we have already put in place and we look forward to the opportunity to discuss this report, and any other areas of interest to the Health, Social Care and Sport Committee, at the forthcoming scrutiny session.

Document is Restricted

Briefing paper: Health, Social Care and Sport Committee

Inquiry into health and social care provision in Welsh prisons

Healthcare Inspectorate Wales, September 2019

Our role in relation to Welsh prisons

Public Sector

Responsibility for prison health services in public sector prisons rests with the relevant health boards. This means the following health boards have responsibility for all healthcare services in these prisons:

HM Prisons Usk & Prescoed, Monmouthshire	Aneurin Bevan University Health Board
HMP Cardiff	Cardiff and Vale University Health Board
HMP Swansea	Swansea Bay University Health Board
HMP Berwyn	Betsi Cadwaladr University Health Board

All relevant NHS standards in Wales apply to health care services for prisoners, with exceptions only where the constraints of the custodial environment are over-riding. NHS complaints regulations must be met by the public sector prisons; and serious patient safety incidents in all prisons are reported through usual NHS systems.

Private Sector

Healthcare in HMP Parc, a private prison operated by G4S, is more complicated. The responsibility for meeting the secondary and tertiary care health needs of all prisoners, whether held in the public or the private sector prison estate, rests with the NHS. Therefore Swansea Bay University Health Board currently (for 2019-20) has responsibility for the secondary and tertiary health care needs of prisoners at HMP Parc.

Primary care services at HMP Parc are delivered through a contract with G4S Medical and are therefore not the responsibility of the NHS. The Healthcare Centre at HMP Parc provides 24-hour primary care and has a unit dedicated for older prisoners with increased and complex healthcare needs. The unit also has emergency care beds for use as required for prisoners, to meet acute mental and physical healthcare needs. Healthcare is provided by doctors and nurses employed and contracted by G4S. There is also a dental suite within the Healthcare Centre and a dentist is on site 5 days per week. Primary care mental health services are supported by a Community Mental Health service commissioned by Swansea Bay University Health Board.

The NHS complaints regulations and standards do not apply to primary care provision within HMP Parc.

Our remit

HIW has the legal basis to inspect the majority of prison healthcare services. HIW has a remit to enter and inspect any premises where care is provided by or for Welsh NHS bodies under the Health and Social Care (Community Health and Standards) Act 2003. HIW would, therefore, have the legal basis to enter and inspect most prison healthcare premises in Wales, separate to the inspections and reviews of HMI Prisons and the PPO.

The exception is primary care services delivered to prisoners and Young People at HMP/YOI Parc. Prisons or custodial establishments are exempted from registration with HIW under regulations 3(3)c, 4(2)(i) and 5b of the Independent Health Care (Wales) Regulations 2011. HIW would not, therefore, have a remit to inspect primary care services in HMP Parc unless the service became registerable, or unless the service being provided was provided for or on behalf of the NHS.

In England, all providers of 'regulated activities' within prisons, Young Offenders Institutes and Immigration Remand Centres must register with the CQC. Although the CQC has the legal right to inspect registered health care providers, they generally enter secure settings under the powers granted to HMIP and undertake joint inspections. The CQC does not undertake its own separate inspections. This would appear to be an appropriate approach to utilise the knowledge and experience of HMIP inspectors and ensure that matters at the interface between prison healthcare and other aspects of prison life can be suitably addressed.

Governance arrangements for Welsh Prisons

There is a Partnership Agreement for Prison Health in Wales – which outlines agreed priorities between Her Majesty's Prison and Probation Service (HMPPS), the Welsh Government, health boards and Public Health Wales. The Partnership Agreement is underpinned by a Prison Health Delivery Plan.

Offenders should have equitable access to health services both in the prison estate and community settings. The Prison Health Delivery Plan is a mechanism by which it is intended to ensure equitable healthcare is provided. The Delivery Plan focusses on four key priority areas:

1. Ensuring prison environments in Wales promote health and well-being for all.
2. Developing consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need.
3. Producing a standardised clinical pathway for the management of substance misuse in prisons in Wales.
4. Developing standards for medicines management in prisons in Wales

We are aware that work in each of these areas is ongoing, and that progress against the priorities is monitored jointly by Welsh Government and the HMPPS. Each health board is expected to plan and deliver healthcare to prison establishments, including having necessary governance arrangements in place to assure the quality and safety of services. We are not part of these monitoring arrangements as we do not have a role in planning services.

The Prison Health Partnership Boards (PHPBs), jointly chaired by the Chief Executives of the LHBs and the Governors of the prisons (or their nominated deputies), have responsibility for the governance of prison health services, and should maintain a joint register of risks, both shared and to their respective organisations, which they are expected to agree and manage collaboratively. Again, we are not part of these arrangements however we are in the process of identifying with Welsh Government how we may be able strengthen our influence in relation to driving improvement in prison healthcare.

Our activity in Welsh Prisons

We currently discharge our role in relation to Welsh prisons by:

1. Contributing to death in custody investigations

The Prisons 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 undertaking a clinical review for all deaths within a Welsh Prison or Approved Premises. This arrangement is defined within a Memorandum of Understanding between the PPO and HIW.

These reviews critically examine the systems, processes and quality of healthcare services provided to prisoners during their time within prison or Approved Premises. We will also follow up on matters of concern arising from individual death in custody reviews with relevant health boards directly.

2. Contributing to inspections of prisons conducted by Her Majesty's Inspectorate of Prisons (HMIP)

HMIP has a statutory duty to inspect healthcare and substance misuse within custodial settings in England and Wales. HMIP therefore leads inspections of prisons in Wales and aims to inspect each prison in Wales at least once every five years. HIW has a memorandum of understanding with HMIP and can accompany HMIP on their routine inspections of prisons in Wales. We also share intelligence with the HMIP regarding any concerns we receive about Welsh prisons.

Although the joint working arrangements between HIW and HMIP do not currently cover the private prison estate (unless an independent provider of healthcare registered with HIW provides the healthcare within the prison), the healthcare service provided by G4S is included in the scope of inspection when HMIP inspects HMP Parc, and the inspection report is shared with HIW.

As independent monitoring and inspecting bodies, HIW and HMIP both have responsibilities as members of the UK's National Preventive Mechanism (NPM) to prevent ill treatment of people in prison. The NPM is required under the international human rights treaty and the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

What we find

The following table illustrates our death in custody investigations since 2014:

Setting	Type	2014/15	2015/16	2016/17	2017/18	2018/19	Total	
HMP Berwyn	Natural causes	0	0	0	0	3	3	3
HMP Cardiff	Natural causes	0	0	5	1	4	10	15
	Suicide	1	1	1	1	0	4	
	Homicide	1	0	0	0	0	1	
HMP & YOI Parc	Natural causes	3	5	5	2	7	22	29
	Suicide	2	2	1	0	2	7	
HMP Swansea	Suicide	0	1	3	1	0	5	5
HMP Usk & HMP / YOI Prescoed	Natural causes	4	1	1	1	2	9	9
Total		11	10	16	6	18	Total	61

Key themes

The key high-level themes emerging from our death in custody reviews are:

- Concerns about the quality of healthcare documentation. This includes concerns about the standard of record keeping, and their lack of comprehensiveness
- Inadequate levels of mental health care support. We identified several instances where prisoners were not provided with the appropriate levels of mental health care and support, and identified concerns again regarding the quality of documentation and risk assessments
- Training. We have found issues specifically in relation to Cardio Pulmonary Resuscitation (CPR) training and when not to perform CPR
- Communication between health boards and prison settings. Poor communication between these organisations has been highlighted by our reports, in particular around missed appointments (either within prison settings, or hospital appointments).

Broader monitoring arrangements

We have relationship managers aligned to each NHS body, and part of this role is to observe the governance arrangements at that body. In relation to prison healthcare, our observations or quality and safety committees has painted a mixed picture in terms of understanding the adequacy of health board governance. For instance, in relation to HMP Berwyn and Betsi Cadwaladr University Health Board, we have seen evidence of prison healthcare featuring on the health board's quality and safety agenda and monitoring of performance at the prison apparent. However we have less confidence in other health boards and how prominently prison healthcare features on their quality and safety agenda and whether appropriate governance is in place to assure themselves of both the quality and access to health services for men in the prison estate.

We have also been an attendee of the Prison Healthcare Improvement Network (PHIN). The network is chaired by Prison Heads of Healthcare and its purpose is to be a forum to share good practice and learn from issues of concern. Our experience of the network suggests that attendance is sometimes poor, that meetings are not frequently scheduled, and that the effectiveness of the network as a consequence is diminished.

Further work

The nature of detention is that it is largely out of sight of the public. This puts prisoners in a more vulnerable situation as they rely on authorities for their safety, care and wellbeing. This makes monitoring and inspection more important, ensuring the quality of care received by prisoners is at a level that is equivalent to the rest of the population.

There may, therefore, be occasions when HIW may wish to conduct an inspection or a review of prison healthcare. This could be because intelligence suggests that healthcare within a particular setting is a particular risk; or perhaps more likely for HIW's standalone work might be a thematic review of prisoner healthcare, for example addressing themes arising from our death in custody reviews. Any decision to undertake further work in relation to prison healthcare would be considered in line with ensuring that we continue to discharge our broad range of responsibilities across healthcare in Wales.

Healthcare Inspectorate Wales

September 2019

Submission to the Health, Social Care and Sport Committee consultation into the provision of health and social care in the adult prison estate

by Her Majesty's Chief Inspector of Prisons

Introduction

1. We welcome the opportunity to submit a response to the Health, Social Care and Sport Committee's consultation into the provision of health and social care in the adult prison estate in Wales.
2. Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent inspectorate whose duties are primarily set out in section 5A of the Prison Act 1952 and include reporting on the conditions for and treatment of those in prisons and young offender institutions in England and Wales. When inspecting prisons in Wales, we work alongside Health Inspectorate Wales (HIW)¹ to assess health and social care outcomes for detainees in custody.
3. HMI Prisons and HIW are members of the UK's National Preventive Mechanism (NPM), the body established to comply with the UK's obligations arising from the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The NPM's focus is to prevent torture and ill-treatment in places of detention.
4. HMI Prisons inspects all adult male prisons in England and Wales against our *Expectations: Criteria for assessing the treatment of and conditions for men in prisons*.² The *Expectations* are underpinned by international human rights standards and were developed following extensive consultation. They are divided into four healthy prisons tests: safety; respect; purposeful activity; and rehabilitation and release planning, under each of which are a number of expectations that detail the outcomes for prisoners that we expect prisons to achieve. The assessment of health and social care outcomes forms part of the 'respect' healthy prison test. The *Expectations* in this regard set out that prisoners should be cared for by services which assess and meet their health, social care and substance use needs and promote continuity of care on release. We expect the standard of provision to be similar to that which prisoners would receive in the community.
5. Our response to this inquiry is based on the most recently published inspection reports and our survey³ of prisoners from six adult male prisons in Wales: HMP Usk

¹ Information on HMI Prisons' partnership working with other bodies can be found in full at <https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/working-with-partners/>.

² The *Expectations* can be found in full at <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/>

³ A representative survey of prisoners is carried out at the start of every inspection. The results of the survey contribute to the evidence base for each inspection. More information about the survey methodology and the results can be found in the appendices of each inspection report <https://www.justiceinspectorates.gov.uk/hmiprison/inspections/>.

and HMP & YOI Prescoed and HMP & YOI Cardiff,⁴ and HMPs Berwyn, Parc and Swansea.⁵

6. We hope that our response will assist the Committee in considering its terms of reference relating to: the effectiveness of current arrangements for the planning and governance of prison health and care services; demand for health and social care services and whether services are meeting the needs of prisoners; current pressures on health and social care provision; older people; and the current barriers to improving health outcomes for prisoners in Wales.

Governance and oversight

7. HMI Prisons considers whether prisons have in place effective governance of health and social care. Governance of health and social care services was good at Berwyn, Usk, Prescoed and Parc, and reasonably good at Cardiff. The exception was at Swansea, where governance was underdeveloped as there were limited formal arrangements in place to drive improvements.
8. Identification and monitoring of adverse incidents and near misses is essential in health provision to prevent their reoccurrence and improve services. This includes learning from deaths in custody and implementing the health recommendations from the Prison and Probation Ombudsman (PPO). In most prisons across Wales, incidents were reported and monitored, and recommendations from PPO reports informed service improvement.
9. Inspections found that governance of medicines was generally improving across prisons in Wales. Most sites had regular medicines management meetings and reviewed prescribing trends. Advanced dispensing technology had been implemented at Berwyn, and medicines screening was routine. However, inspections found oversight was less robust at Swansea, where healthcare staff did not ask for identification before supplying medication.
10. Service provision at all six prisons in Wales was informed by some form of health needs assessment. Inspectors found that partnership meetings were taking place across prisons in Wales, which facilitated joint working between the prison, Local Health Boards, Local Authorities and the health providers. However, inspectors also found some weaknesses in the monitoring of performance data, as it was not standardised and varied in both quantity and quality across sites. This reduced the data available for ongoing needs analysis and performance mapping, which reduced the ability to plan and improve provision.

Need and demand for health and social care services

11. Inspections found that demand for healthcare provision, especially mental health and substance misuse treatment, was high across prisons in Wales. Inspectors found that

⁴ HMP & YOI Cardiff has been inspected since our last published inspection in 2016. The inspection took place in July 2019. Findings from this inspection have not been included as the report is not yet published.

⁵ HMP Usk and HMP & YOI Prescoed are inspected together but are counted as two different establishments. All HMI Prisons inspection reports are available at <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>.

prisoners' health needs were not always adequately met, including excessive waiting times for primary care clinics and an inconsistent approach to opiate substitutes between England and Wales. However, there were some areas of good practice where healthcare services were meeting need, such as the social care arrangements in place at Usk.

12. We expect prisoners' immediate health needs to be identified and responded to on arrival at a prison. Most establishments were undertaking comprehensive initial screening and a follow up secondary screening, in line with National Institute for Health and Care Excellence (NICE) guidance.⁶ However, at Parc, there were significant delays in undertaking the secondary screening due to staffing issues. Most sites had open access nurse triage appointments. At Berwyn, daily 'see and treat' clinics were in place; however, at Parc it took 48 hours to see a nurse unless an emergency⁷ response code was initiated.
13. We also expect prisoners with social care needs to be identified and receive assessments, care packages, adaptations and advocacy services that continue after transfer or release. Inspectors found good practice at Cardiff, Usk and Prescoed, where all prisoners were seen by social care staff on arrival. In particular, an extensively trained prisoner 'buddy'⁸ was allocated to prisoners at Usk; they followed an agreed care plan, which was reviewed monthly.
14. High numbers of prisoners responding to our survey in four Welsh prisons (Swansea, Cardiff, Berwyn and Parc) told us they had a drug or alcohol problem. At Swansea, 53% of prisoners said they had arrived with a drug problem and 31% with an alcohol problem. At Cardiff, 47% and 26% of prisoners arrived with a drug and alcohol problem respectively. However, treatment services for substance use in Swansea and Cardiff was not always sufficient. Clinical treatment for newly arrived prisoners withdrawing from opiates remained inadequate at both Swansea and Cardiff, and was not in line with the national guidance on the management of substance misuse in prisons.⁹ In addition, neither Cardiff nor Swansea monitored prisoners withdrawing from drugs and alcohol appropriately, which was a significant health risk, particularly to those withdrawing from alcohol. At Swansea, a quarter of the population were using illicit substances, yet the drug strategy was neither comprehensive nor implemented. In Wales, prisoners who are dependent on illicit opiates do not receive first night opiate substitution treatment unless they arrive with confirmed prescriptions of opiate substitution treatment from the community (in which case this prescribing will be continued in prison). Inspectors have found this lack of access to opiate substitution prescribing for some prisoners created significant distress and drove the demand for illicit drug use.
15. Inspections found that the demand for mental health services, and services available to meet demand, varied in prisons across Wales. At Cardiff, the mental health team did respond to prisoners with severe and enduring mental health problems, but we

⁶ National Institute for Health and Care Excellence, *Physical Health of People in Prison guidance*
<https://www.nice.org.uk/guidance/ng57>

⁷ Emergency codes in prison refer to a life-threatening event where an ambulance is called.

⁸ The 'buddy' system is a mechanism where other trained and risk assessed prisoners undertake a formal paid carer role to assist individuals with lower level, non-intimate care needs such as collecting meals, cleaning and general wellbeing checks.

⁹ *Drug Misuse and Dependence: UK guidelines on clinical management*

<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

reported that “capacity to assist prisoners with emotional mild and moderate problems was inadequate” (61% of prisoners had an emotional or mental health problem according to our survey). Similarly, mental health services at Parc were too limited to support all prisoners with mild to moderate health needs (39% of prisoners had an emotional or mental health problem according to our survey). Whereas at Berwyn, there was a wide range of interventions for prisoners with mild and moderate mental health problems, and those with severe and enduring mental health problems had agreed care plans and reviews (46% of prisoners at Berwyn reported a mental health problem in our survey). Prisoners with severe and enduring mental health needs at Swansea were seen quickly and reviewed regularly by a mental health team.

16. Some prisoners required transfers from prison to hospital under the Mental Health Act (MHA), which should take no more than 14 days.¹⁰ Inspections found that transfers were mostly prompt at both Berwyn (one prisoner required transfer under the MHA over the six months prior to inspection) and Parc (three prisoners required transfer in the previous six months). However, transfers were delayed at Cardiff (ten prisoners required transfer) and Swansea (one prisoner required transfer), with an average time of 3.5 weeks and four weeks respectively. Inspections found two instances where a prisoner’s transfer was delayed for 18 weeks at Cardiff and more than 20 weeks at Parc, which was unacceptable.
17. Across Wales, prisoners often faced unacceptably long waits to access primary care clinics. For example, inspectors found long waiting times for routine dental appointments in four of the six prisons in Wales - up to 11 months in Berwyn, 10 months in Usk and six months in Prescoed. However, the dental care provided at most prisons was good once accessed. There was no formal dental contract at Swansea, despite prisoners in dental pain waiting to access a drop-in service. Parc, Usk, Prescoed and Swansea had particularly long waits for the optician, with Usk being the longest wait at six months.
18. Prisoners are escorted to external healthcare appointments by prison officers.¹¹ Delays and cancellations of these escorts should be monitored against national waiting times for diagnostics and treatment¹² by health services, to help identify delays in prisoners’ access to treatment. However, at Parc and Swansea these appointments and delays were not monitored. At Usk, Prescoed, Cardiff and Berwyn, prisoners’ hospital appointments were rarely cancelled, which was commendable.
19. HMI Prisons expects prisoners with long-term conditions or complex pathologies to receive comprehensive joined-up care. Patients with long-term conditions were mostly managed adequately within the medical services or by appropriately trained nurses across all prisons in Wales. However, inspectors did find some weaknesses in monitoring long-term health needs. For example, patients with long-term conditions

¹⁰ Department of Health, Good Practice Procedure Guide: *The transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215648/dh_125768.pdf

¹¹ Escorts are required in closed prison conditions. Five prisons in Wales are closed, whereas HMP & YOI Prescoed is an open prison.

¹² Welsh Government, *NHS diagnostic and therapy service waiting times*
<https://gweddill.gov.wales/statistics-and-research/nhs-diagnostic-therapy-service-waiting-times/?lang=en>

at Swansea were referred to the GP, but after referral their needs were not monitored or followed up through regular nurse clinics.

20. Inspections have found some deficiencies in medicines management. Prompt access to medicine and appropriate prescribing is essential to ensure effective treatment of health conditions and pain management. The supply of medicines was generally good and delays in supply were rare across most prisons. However, out of hours access to over-the-counter medicines for acute pain was not in place at some sites. Access to a pharmacist to discuss individual medicines is standard practice in the community; this service was only available for prisoners at Parc, and could be requested at Berwyn.

Current pressures on health and social care provision

21. Healthcare providers are reliant on a prison to enable them to deliver their service. This includes appropriate, safe, facilities that are suitably maintained to deliver care, and ensuring that prisoners are available to access health appointments. Inspections frequently found a number of pressures which adversely impacted on prisoners' access to health and social care, including buildings that were not fit for clinical purposes, staff recruitment, and the prison's regime.
22. At Swansea we found that the number of clinics run was limited by lack of space. In addition, several of the clinical rooms were dirty and required refurbishment. At Wales' newest prison, Berwyn, the clinical rooms were fit for purpose, but there was inadequate space for healthcare staff to undertake essential administration and group work.
23. As medicines can be used as currency in prison, access to safe storage is important. Inspectors regularly see sites where cells do not have a lockable cabinet to prevent loss of medicines through coercion or when cells are not secured. Swansea, Parc and Cardiff had this issue; this problem requires the prison's facilities management to install secure cabinets and cannot be resolved by healthcare staff.
24. Cardiff is the only prison in Wales with an inpatient unit.¹³ HMI Prisons expects that inpatient units have a clinical admissions criterion and that the environment is therapeutic. However, we found that the inpatient unit at Cardiff would often receive non-clinical admissions due to a lack of suitable space elsewhere in the prison. For example, beds in the inpatient unit at Cardiff were used by prisoners with disabilities and mobility problems as no modifications had been made to cells in the rest of the prison to accommodate their needs.
25. We found that healthcare staff shortages affected the ability to deliver healthcare provision across prisons, although at Berywn this had less of an impact due to reduced prisoner numbers. There are often difficulties in recruiting and retaining healthcare staff to work in prisons as it can be a challenging place to work, including high levels of violence and drug use. At Parc we reported that "[c]hronic recruitment and retention problems had particularly affected primary mental health and secondary health screening."¹⁴ Similarly, at Swansea, shortages of mental health staff had

¹³ A prison inpatient unit is a wing where prisoners with additional health needs are managed. An inpatient unit is not equivalent to external hospital provision.

¹⁴ Secondary health screenings should be undertaken within 7 days of arrival under NICE guidance. The risk of not undertaking these reviews have been continuously highlighted by the PPO.

prevented staff being available to attend review meetings for prisoners identified at being at risk of self-harm, and the capacity to offer ongoing mental health interventions.

26. The prison regime can also impact on the quality of healthcare. In at least half of the prisons across Wales, prisoners' medicines were given at times that were dependent on the prison regime, even if they were not clinically appropriate. For example, at Cardiff, Parc and Swansea, medicines that caused drowsiness were given to prisoners before 5pm, as access to prisoners was more difficult after this time due to the regime.

Older prisoners

27. HMI Prisons has consistently recommended that a national strategy for older prisoners is needed.¹⁵ Health provision for the aging prison population differed across Wales. Health initiatives such as screening for illnesses associated with the aging population were adequate across the Welsh prison estate, particularly at Usk, where older prisoners received annual health checks. However, in some prisons the identification of dementia was reliant on initial reception screening tools and health appointments that were scheduled for other health problems. The assisted living unit for older prisoners at Parc, which had mobility equipment and a paid carer scheme, facilitated a raised awareness of the needs of this group.
28. The arrangements for palliative and end of life care varied across prisons. Inspectors found some instances where prisons were working closely with community partners to strengthen end of life delivery; strong links to care provision in the community enables easier access to these services if an older prisoner is released. At Usk, Inspectors found a robust joint palliative and end-of-life pathway being developed between the prisons, the Local Health Board and relevant community palliative care services. Similarly, Parc's arrangements for palliative and end of life care were impressive, and demonstrated a partnership with community services. However, other prisons in Wales had less structured palliative care arrangements, which could delay prisoners' access to care services.

Conclusion

29. This response has provided an overview of our published inspection findings on health and social care in six adult male prisons across Wales. Inspections have shown that current governance arrangements are generally good and local partnership working is in place, but some oversight mechanisms require development. There were some gaps in healthcare provision, where the needs of the prison population in Wales were not being met, particularly in relation to mental health and substance misuse treatment needs. However, there were also examples of good practice. The current barriers to delivering health and social care outcomes for prisoners include clinical buildings which are not fit for purpose, the impact of prison regimes, and healthcare staff shortages.

¹⁵ *Social care in prisons in England and Wales: A thematic report*
<https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf>

30. I hope that you find this information useful and should you require anything further, please do not hesitate to contact me.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2019

Response from Care Inspectorate Wales

Inquiry into the provision of health and social care in the adult prison estate

Thank you for the invitation for Care Inspectorate Wales (CIW) to submit evidence to the Committee’s inquiry into the provision of health and social care in the adult prison estate.

To help inform the Committee’s considerations, we have set out below the context in which CIW registers, regulates and inspects the adult prison estate in Wales. We have detailed some basic information about the sector and our activity within it.

The role of CIW

We register, inspect and take action to improve the quality and safety of social care services for the well-being of the people of Wales, including adult prisoners. We decide who can provide services; take action to ensure services meet legislative and regulatory requirements; and investigate concerns raised about regulated services. We carry out our functions on behalf of Welsh Ministers. Our independence is protected through a Memorandum of Understanding between the Chief Inspector and the relevant Welsh Ministers.

The sector

Local Authority	Health Board	Her Majesty’s Prison (HMP)	CIW regulated services at 31 July 2019
Monmouthshire	Aneurin Bevan	Usk & Prescoed	Domiciliary Care
Cardiff	Cardiff & Vale	Cardiff	None
Swansea	Swansea Bay	Swansea	None
Wrexham	Betsi Cadwaladr	Berwyn	None
Bridgend	Cwm Taf Morgannwg	Parc (private sector)	None

The legislation

Part 11 (sections 185 – 188) of the Social Services and Well-being (Wales) Act 2014 (the 2014 Act) made provisions in relation to adult prisons, youth detention accommodation, approved premises and bail accommodation. The code of practice on Miscellaneous and General in relation to part 11 underpins the Act and sets out the requirements on local authorities in the exercise of their social services functions with respect to adult prisoners.

The Act introduced duties on local authorities to prevent the escalation of care and support needs and to provide assessments and care and support services for adults in the secure estate on the basis of equivalence to people living in the community. These duties exist regardless of their place of ordinary residence in Wales or elsewhere before their detention.

Local authorities may commission or arrange for others to provide care and support services, or delegate the performance of the function to another party but the responsibility for fulfilling the duty will remain that of the local authority.

Under the Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act), any person providing a “regulated service” is required to register with CIW. The relevant regulated services for the adult secure estate are Domiciliary Support Services. The definitions of these regulated services are set out under Schedule 1 of the 2016 Act. A person managing a prison or other similar custodial establishment is exempt from the definition if they are providing care and support directly contracted by the Ministry of Justice (MOJ) to the individuals detained there.

Inspection

Prison and probation services are inspected by Her Majesty’s Inspectorate of Prisons for England and Wales (HMI Prisons) and HM Inspectorate of Probation (HMI Probation). In Wales, CIW, Estyn and Healthcare Inspectorate Wales (HIW) co-operate with HMI Prisons and HMI Probation to contribute to these inspections. Local authorities **should** make any relevant assessments and other documents available to inspecting bodies as part of any such inspection.

Care and support provided by a public or private sector prison where the care is contracted directly by the MOJ as a contribution to delivery of an individual care and support plan is not regulated by CIW but is open to inspection by HMI Prisons.

CIW activities to date

Since implementation of the 2014 Act in April 2016 CIW has joined HMI Prisons to undertake a thematic review of social care in prisons in England and Wales. Initially the review was to focus on England only, however, following an HMI Prisons general inspection in HMPs Usk and Prescoed, positive practice in relation to the provision of social care in Wales was noted. As a consequence, CIW was approached and agreed to participate in further fieldwork in Wales. HMP Cardiff was selected with CIW contributing to the fieldwork within the prison and interviews with relevant officers of Cardiff City Council.¹ Further positive practice in relation to assessment and care planning was noted. The findings from this inspection have been included in a thematic report published in October 2018.

Social care in prisons in England and Wales – Thematic report October 2018:

<https://www.justiceinspectors.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf>

Following publication of the report an action plan was agreed.

¹ Thematic inspection fieldwork (December 2017) took place prior to the implementation of the 2016 Act. Although local authority’s duties in respect of social care under the 2014 Act had begun health providers who were then the deliverers of social care in Welsh prisons were not required to register with CIW at that time.

Action Plan: HMP Thematic – Social Care in Prisons in England & Wales:

<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Action-Plan-Social-Care-in-Prisons.pdf>
<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Action-Plan-Social-Care-in-Prisons.pdf>

Implementation of relevant recommendations are currently being followed up with relevant local authorities in Wales through CIW routine performance review activities. Additionally, a cohort of prisoners and social care staff have participated in a focus group during our thematic inspection: prevention and promotion of independence for older adults. It is too soon to comment on outcomes from these activities at this time.

To help inform our performance review activities CIW has recently undertaken an informal survey with relevant local authorities about arrangements for the delivery of care and support provision across the Welsh adult secure estate.

HMI Prison	Current arrangements	Comment
HMP Cardiff	Current delivery is through healthcare assistants (Health Board)	Level of need for social care is low due to transitory nature of the population of prisoners. Contingency arrangement has been scoped and if required, domiciliary support would be provided by local authority “in house” team.
HMP Usk & Prescoed	Local authority “in house” domiciliary care when required.* Also have a ‘buddy’ scheme for prisoners to provide support to others prisoners (PSI 17/15).	Demand is low.
HMP Berwyn	Current delivery is through healthcare assistants (Health Board).	Limited demand to date; should demand increase, formal arrangements will be needed.
HMP Parc	Commissioned by local authority, delivered by G4S Healthcare.	Arrangements under review – discussions between CIW, local authority, G4S and Welsh Government regarding registration of the service.
HMP Swansea	None	Support has not been requested; the local authority will decide who will provide support if a request is received

*Since February 2019, Monmouthshire County Council’s “in-house” domiciliary support service has been registered with CIW under the 2016 Act. This service includes within its statement of purpose delivery of domiciliary care services to prisoners at HMPs Usk & Prescoed. It has not yet been necessary to undertake a scheduled inspection of this service. The service is currently compliant with regulations.

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