

NATIONAL MEMORANDUM OF UNDERSTANDING

BETWEEN

THE SCOTTISH MINISTERS, ACTING THROUGH THE SCOTTISH PRISON SERVICE

AND

**AYRSHIRE & ARRAN HEALTH BOARD, DUMFRIES & GALLOWAY HEALTH BOARD,
FORTH VALLEY HEALTH BOARD, GRAMPIAN HEALTH BOARD, GREATER
GLASGOW AND CLYDE HEALTH BOARD, HIGHLAND HEALTH BOARD,
LANARKSHIRE HEALTH BOARD, LOTHIAN HEALTH BOARD AND TAYSIDE HEALTH
BOARD.**

**Collectively known as 'NHS SCOTLAND' for the purposes of this Memorandum of
Understanding**

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Acronyms

BBV	Blood Borne Viruses
CEO	Chief Executive Officer
CHP	Community Health Partnership
CHRE	Council for Healthcare Regulatory Excellence
COSOP	The Cabinet Office Statement of Practice on Staff Transfers in the Public Sector
CPA	Care Programme Approach
FAIs	Fatal Accident Inquiries
GIC	Governor-in-Charge
GMC	General Medical Council
GPASS	General Practice Administration System for Scotland
HAI	Healthcare Associated Infections
HEAT (Targets)	Health Improvement, Efficiency, Access, Treatment (Targets)
HCM	Health Care Manager
HRM	HR Manager
HIS	Healthcare Improvement Scotland
HQ	Headquarters
HR	Human Resources
ICM	Integrated Case Management
IM&T	Information Management and Technology
LAs	Local Authorities
MOU	Memorandum of Understanding
MWC	Mental Welfare Commission
NHS	National Health Service
NHSS	National Health Service in Scotland
NMC	Nursing and Midwifery Council
NPBPH	National Programme Board for Prisoner's Healthcare
NPHN	National Prisoner Healthcare Network
NSS	National Services Scotland
OOH	Out of Hours
PIN (Guidelines)	Partnership Information Network Guidelines
PVG	Protecting Vulnerable Groups
SCSWIS	Social Care and Social Work Improvement Scotland
SGHD	Scottish Government Health Department
SGJD	Scottish Government Justice Department
SIDCAAR	Self-Inflicted Death in Custody Audit, Analysis and Review
SJS	Sodexo Justice Services
SPS	Scottish Prison Service
SPSO	Scottish Public Services Ombudsman
TUPE	Transfer of Undertakings (Protection of Employment)
UN	United Nations
WHO	World Health Organisation

1. Introduction

1.1 In July 2008, Ministers approved the transfer of responsibility for the health care of prisoners to the NHS. A National Programme Board for Prisoners' Healthcare was established in March 2009 to pave the way for transfer to take place, and, in August 2010, the Scottish Parliament passed a legislative amendment to enable the change (annex1).

1.2 The transfer is intended to ensure equity in health care: prisoners will receive their care from NHS as does the general population. In so doing the transfer will uphold European and International standards for the health care of prisoners.

1.3 This document provides a framework of guidance on the responsibilities of the Scottish Prison Service and with prisons on contract to it, and Health Boards in the provision of health services for prisoners, acknowledging that social care agencies, other statutory and third sector organisations, play a key role in maintaining support to prisoners, families and communities, both prior and subsequent to release from prison

2. Statement of Common Purpose

2.1 Common Purpose

To improve prisoners access to an appropriate range and quality of NHS health care services according to their needs.

- ❖ To reduce health inequalities.
- ❖ To preserve life and reduce harm.
- ❖ To provide a safe, secure environment for the health assessment and treatment of prisoners.
- ❖ To ensure that all relevant information is gathered consistently, preserved, analysed and exchanged appropriately and within both the law and applicable protocols.
- ❖ To work with other agencies to maintain this common purpose.

2.2 Common Values

- ❖ Open, consistent and accountable public services.
- ❖ Mutual respect for stakeholders and parties, encompassing health care and staff governance.
- ❖ Openness in disclosure of necessary information, and reasonable notice of change.
- ❖ Partnership in strategy and business planning.
- ❖ Value for money, joint approaches to common problems, and best use of available resources.
- ❖ Continuous service improvement.

2.3 Service Values

- ❖ Assured quality of care - applying national standards derived from national health services in Scotland, applied to a prison setting.
- ❖ Consistency of care - allowing variation in practice where justifiable, and taking account of evidence-based national clinical guidelines and good practice.
- ❖ Safety for prisoners, staff and the public.
- ❖ Equity in health services: prisoners will receive improved opportunities to benefit from NHS care in keeping with services provided to the local community; promoting throughcare to ensure integrated support to meet health care needs across settings.
- ❖ Shared responsibility for multi-disciplinary functions (annex 2).
- ❖ Shared responsibility between the Health Boards and prisons for the identification and planning of significant service change, and development of health services to prisoners on the basis of assessed need. Provision of health services will remain the responsibility of the Health Board.

2.4 Organisational Values

- ❖ Promotion and development of best practice.
- ❖ Transparent financial and performance monitoring and strategic planning with information sharing and documentation between the parties.
- ❖ Resolution of disputes, where possible locally, and as rapidly as possible.

2.5 Staff Governance

- ❖ NHS Scotland principles and PIN Guidelines will apply for employed health care staff in prisons.
- ❖ Professional issues relating to health care staff working in prison will primarily be a matter for the local Health Board.
- ❖ Health Boards and SPS will be responsible for Health and Safety requirements relating to their respective duties. Health and Safety responsibilities will apply for NHS and its staff engaged in the process of health care, and with SPS and private contractors, where appropriate, for the overall prison setting.

Elements of governance will include:

- training strategy;
 - recognition for individual and team contributions;
 - processes for investigations and discipline; and
 - professional standards of SPS and health care staff.
- ❖ There will be involvement of the Prison Governor or Prison Director in NHS arrangements to select and appoint health care staff in key management positions.

3. Agreed Definition of Terms

- ❖ Health care services: all services associated with the direct delivery of health care to prisoners by health care staff, administrative and information technology support, and contracted health care services.
- ❖ Operations: activities undertaken to ensure the safety, security and wellbeing of staff and prisoners, and facilities management.
- ❖ See annex 1 for a definition of Scope of Service.

4. The Responsibilities of Both Parties to the Agreement (see annex 2)

4.1 This agreement outlines what will be principally the responsibility of each party to the Memorandum in addition to key areas of joint responsibility.

4.2 Health Boards will be responsible for:

- ❖ The management, training and support of directly employed health care staff, including support functions.
- ❖ Ensuring that staff teams have an appropriate skill mix of professional staff, assistants and administrative staff.
- ❖ Contracts and contracted services associated with the delivery and support of health care to prisoners/patients.
- ❖ On-site managerial staff to support clinical functions.
- ❖ Expert advice on health protection and health promotion matters, including outbreak and incident management.
- ❖ Ancillary services to support clinical activities.
- ❖ Information management and technology and information governance that support the healthcare function.
- ❖ Maintenance and replacement of all clinical fixed and non-fixed assets within health care premises.
- ❖ National health management and clinical support for prison health.
- ❖ Training and development of staff for clinical and supporting purposes.
- ❖ Health care-related complaints.
- ❖ Clinical performance management and monitoring, and prison liaison.

4.3 The Scottish Prison Service and individual prisons will be responsible for:

- ❖ Environments within prisons that protect and promote health and good hygiene.
- ❖ Security and good order within health centres.
- ❖ General care and support of prisoners with health problems, including collaboration with care planning and delivery.

- ❖ Escorting functions for security purposes, both within and outwith the establishment.
- ❖ Facilities management and cleaning services within the health centre.
- ❖ Infrastructure to support the operation of the health centre.
- ❖ Structural maintenance of the health centre, including all fixed and non- fixed non clinical assets.
- ❖ Non-health care related complaints.
- ❖ Training of clinical staff for purposes of working effectively and safely within the prison setting.
- ❖ Management and training of non-clinical prison staff to support the delivery of health care and general care to prisoners.
- ❖ Management of National Offender Outcomes, delivery of the SPS Service Agreement relating to health and wellbeing, and related information management.
- ❖ Effective liaison with Health Boards and Scottish Government.

5. NHS and Prison Joint Liaison and Leadership

5.1 The parties to this agreement will be jointly responsible for:

- ❖ Offender Health Strategy and Outcomes development.
- ❖ Regular links between prison, NHS management, lead clinicians and other statutory agencies such as local authorities, and non-statutory agencies.
- ❖ Good governance and consistent approach to health and prison service strategy.
- ❖ Development of a prison health delivery plan.
- ❖ Reporting and investigation of critical and adverse incidents.
- ❖ Business continuity planning, including major service change, contingencies and resilience.
- ❖ Effective and appropriate sharing of management and necessary clinically-related information.
- ❖ Preparing and agreeing an annual statement of joint governance/assurance.

5.2 NHS standards and targets for health care provision, NHS staff governance and other procedures will apply to the provision of care within the prison setting. The National Prisoner Healthcare Network will be the mechanism to facilitate and disseminate the principles to be applied in the development of joint working arrangements, continuous quality improvement and performance measurement.

6. Relations with External Bodies

6.1 SPS and NHS Scotland will ensure effective working relationships with the following regulatory and stakeholder interests:

SPS/Private Contractors to Lead

- ❖ HM Chief Inspector of Prisons, SCSWIS and other Inspectorates;
- ❖ Visiting Committees;
- ❖ Scottish Public Services Ombudsman - non clinical complaints;
- ❖ Media relations on prison issues (non-healthcare); and
- ❖ Regulation of Forensic Psychologists- Healthcare Professions Council.

NHS to Lead

- ❖ Healthcare Improvement Scotland;
- ❖ Scottish Public Services Ombudsman - clinical complaints;
- ❖ Mental Welfare Commission and other statutory bodies;
- ❖ Council of Health Care Regulatory Excellence (CHRE) and regulatory bodies (e.g. GMC, NMC - excludes regulation of forensic psychologists);
- ❖ Media relations on health care issues; and
- ❖ Visiting Committees – supporting SPS regarding healthcare issues.

Leadership Would Depend on the Topic

- ❖ Community Justice Authorities, Local Authorities, SCSWIS and Representative Voluntary Bodies.
- ❖ UK Government Departments.
- ❖ International organisations - UN and its agencies (including WHO); Council of Europe, its agencies and committees.

The NPHN will maintain and develop relevant MOUs, working closely with these bodies and others to facilitate integrated and joint working to deliver high quality services and achieve the health and justice outcomes.

7. Management Links, and Resolution of Disputes

7.1 Each prison/NHS Board will convene and sustain a permanent group (Joint Steering Group on Prisoners Healthcare). It will meet regularly and the local Health Board will provide a secretariat. This group will be joint Chaired: Governor-in-Charge or Prison Director - Health Board Executive Director.

NHS senior management and the Prison Governor or Prison Director will meet on a regular basis to ensure good governance, joint planning and the range of joint responsibilities and take a leading role in the Joint Steering Group on Prisoners' Healthcare locally.

7.2 The NPHN has a national coordinating and strategic role, supporting the delivery of primary and community healthcare to prisoners. Each Health Board and SPS will be represented and participate in the NPHN. The network will be Chaired by a Health Board representative and Vice Chaired by a SPS Senior Manager. Scottish Government (SGHD/SGJD) amongst others will be members of the NPHN.

7.3 The principles of management and dispute resolution are:

- ❖ fair and transparent processes;
- ❖ agreed procedures;
- ❖ for complex issues, to discuss and agree the nature of dispute, and the best avenue for resolution;
- ❖ to assign portions of any complex matter to relevant parties, and to nominate by agreement a single co-ordinator;
- ❖ matters kept to a level as local as possible (i.e. within the Health Board); and
- ❖ matters moved to a higher level if there is failure of resolution, or if there is a risk of dispute that persists and is significant across several prisons or Health Boards.

7.4 When a dispute cannot be resolved locally, the parties will seek resolution through the offices of the SPS Director of Prisons (or, where appropriate, Private Contractor), and the Health Board concerned. If the dispute remains unresolved, the NPHN will facilitate the resolution by agreeing a Health Board to mediate between the Health Board and prison concerned and SPS Headquarters.

8. Review

8.1 Parties to this agreement will review the document annually. Any changes or updates will be agreed through the National Prisoner Healthcare Network. Local plans that are based on this Memorandum should also be reviewed annually.

9. Funding

9.1 While transactions will occur between partners to this Memorandum, arrangements are intended to eliminate cross-charging, and rely on good communications and strong partnership links to agree joint developments and meet challenges.

9.2 Partners will jointly and regularly consider matters of accountability, resources, and value for money.

9.3 Key variances, investments and dis-investments should be subject to joint appraisal, with sufficient time given to stakeholders to assess and respond to developments.

10. Key Success Factors

10.1 The following factors are key to the success of this agreement:

- ❖ effective collaboration and communication and trust between both partners;

- ❖ partnership in the planning of access to and delivery of health care to prisoners and delivery of clear health and offender outcomes, including SPS Service Agreement commitments, specifically, Offender Outcomes 1 and 3 (mentally and physically well; substance misuse free or stabilised, supported by good quality data from NHS sources, and the requirements of the Healthcare Quality Strategy, delivering consistent, high quality, person centred and safe services.
- ❖ demonstrating outcomes such as reducing inequalities, improving health and reducing re-offending.
- ❖ evidence of commitment to continuous improvement by sharing good practice and agreeing joint solutions to challenging issues through the National Prisoner Healthcare Network.
- ❖ recognition of inter-dependency between prison operations and health care, and the importance of the maintenance of good order and the role that health care plays in it; and
- ❖ local and national plans are agreed, implemented and monitored by all relevant parties with minimal use of dispute resolution processes.

Signatories

Signed on behalf of:

Ayrshire & Arran Health Board: DATE

Dumfries & Galloway Health Board: DATE

Forth Valley Health Board: DATE

Grampian Health Board: DATE

Greater Glasgow and Clyde Health Board: DATE

Highland Health Board : DATE

Lanarkshire Health Board: DATE

Lothian Health Board: DATE

Tayside Health Board: DATE

Signed on behalf of Scottish Ministers/SPS

.....
(John Ewing, Chief Executive)

DATE

SCOPE OF PRISON HEALTH SERVICE THE NATIONAL PROGRAMME BOARD FOR PRISONER'S HEALTHCARE

The transfer of responsibility for the management and delivery of enhanced primary health care services to all prisoners held within establishments for which the Scottish Prison Service is responsible.

1. Introduction

1.1 Scottish Ministers approved the transfer of the responsibility for the provision of health care for prisoners in prisons from SPS to NHS Scotland. The transfer will ensure that:

- ❖ prisoners receive the range and standard of health care no less than that which they currently receive; and
- ❖ in transferring the responsibility for this provision to the NHS, prisoners will receive increased opportunities to benefit from NHS care as that offered to the general population, according to need.

The Scope of the NHS Transfer

2. Staff Groups Involved

NHS Transition

Cabinet Secretaries for Justice and Health took the decision to transfer responsibility for prison health services to the NHS. The transfer is scheduled to take place on 1 November 2011. Prison staff groups who are included in the transfer are as follows:

- ❖ all staff groups who work in health care roles in prison - nurses, clinical managers, healthcare assistants, administrators;
- ❖ SPS HQ-based lead health and clinical care management staff; and
- ❖ some relevant staff in services provided by suppliers of health care services and contracts locally and nationally – this may include privately run prison health care, doctors, pharmacists and their staff, addictions support staff, dental staff, and allied health professionals.

The Transfer also includes:

All clinical information management and technology services, and ancillary services - to include G-PASS and its successor, clinical waste, decontamination of dental and surgical instruments.

Relevant staff in these posts are subject to, and protected by, employment law which is commonly known as TUPE and COSOP. The COSOP process usually involves people transferring from one public sector organisation to another.

3. Services Within, and Outwith, Scope of the Transfer

3.1 Services within the scope of the transfer will be:

- 3.1.1 health services directly supplied or supplied under contract to SPS;
 - 3.1.2 directly employed nursing services and support staff (health care assistants and ancillary staff);
 - 3.1.3 all contracted health services, including Psychiatry specialist services, not covered by 3.1.1 above;
 - 3.1.4 administrative services to support the clinical function of the health centre;
 - 3.1.5 managerial services primarily responsible for the management of the clinical function and the delivery of health care to prisoners;
 - 3.1.6 SPS HQ-based functions which lead and co-ordinate the delivery of health care within prisons;
 - 3.1.7 arrangements and responsibility for the disposal of clinical waste, and decontamination of surgical instruments; and
 - 3.1.8 information management and technology support to the clinical function.
- 3.2 Services outwith the scope of the transfer will be:
- 3.2.1 HQ-based health strategy and liaison;
 - 3.2.2 security services within the health centre;
 - 3.2.3 escorting and hospital bed watch functions both within and outwith the establishment, for security purposes (on occasion, a health professional may accompany a sick patient); and
 - 3.2.4 health centre facilities management, including cleaning and sanitary services.

GOVERNANCE AND ACCOUNTABILITY FOR PRISON HEALTH SERVICES

This Annex sets out a framework of governance and accountability for prison health services. It includes responsibilities apportioned to the NHS, to SPS and contractors, and that which is shared. The shared portion of governance and accountability will be the focus of joint governance arrangements, delivered through a joint Steering Group on Prisoners' Healthcare in each prison or Health Board which hosts a prison; and a National Prisoner Healthcare Network at national level. The detail of proposed responsibilities is set out below in figure 1 and subsequent tables. Responsibilities assigned to NHS or prisons are not exclusive to one or other and assume the support of partners in the agreement. Responsibilities set out do not necessarily equate to full service provision.

Figure 1

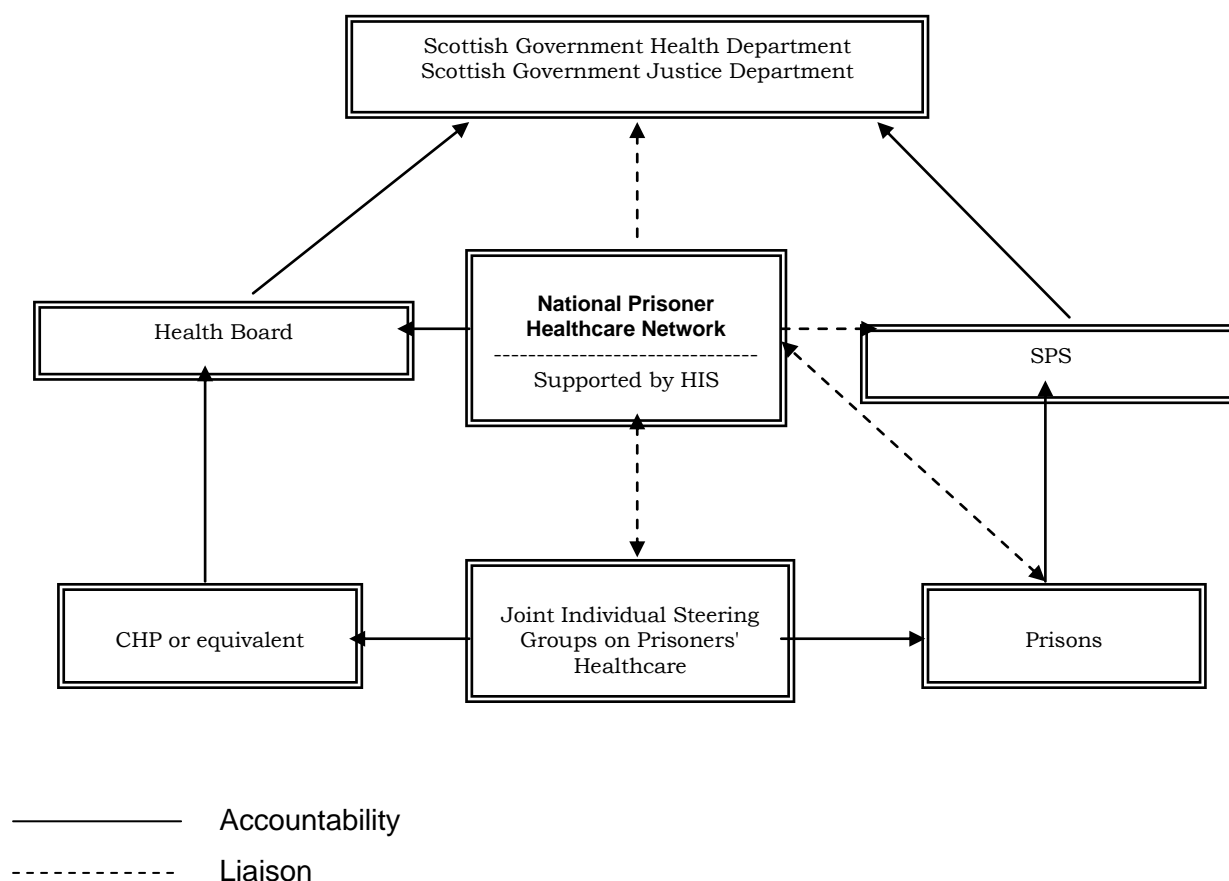


TABLE 1A

SERVICE DELIVERY - CORPORATE

NHS	Shared	SPS , Prison and Escort Contractor
<p>Service Strategic Planning</p> <p>Prison Health Direction and Guidance compliance</p> <p>HEAT Target delivery</p> <p>Standards:</p> <ul style="list-style-type: none"> • Audit and Assurance • Public Health • Needs Assessment <p>Performance Management of Health Care:</p> <ul style="list-style-type: none"> • Individual • Team • Service • Finance • Ancillary/Support Services • Personal Health Information • CPA and Similar Processes • Cross-Sectoral and Multi Disciplinary Performance • 24/7 Cover and on-call • Associated Infection (HAI) <p>Blood Borne Viruses Strategy</p> <p>Health Improvement & Promotion Advice, including Lifestyle (including sexual health)</p> <p>Patient Focus, Public Involvement</p> <p>Health Protection</p> <p>Information, Statistics and Analysis</p> <p>Clinical Research and Evidence</p> <p>Litigation and Complaints (Clinical)</p> <p>Health Service Employed Staff Health</p> <p>Continuing Health Professional Training and Development</p> <p>Training of clinical staff re. prison matters</p> <p>Quality assurance of court/medical reports</p> <p>Translation services – health related</p>	<p>Corporate</p> <ul style="list-style-type: none"> • Strategy/ Improvement Continuous • Governance Framework • Priorities and Performance Management • Service Agreement • 'Equivalence Audit' • Monitoring • Critical Incident Review • Regulatory Compliance • Audit and Assurance Standards <p>Adhoc Project Management</p> <p>Monitoring and Liaison:</p> <ul style="list-style-type: none"> • Operating Standards • Information and Care Planning Processes • Health Promotion • Harm Reduction - Substance Misuse <p>Values:</p> <ul style="list-style-type: none"> • Human Rights and Entitlements • Equality and Diversity • Medico-Legal Diligence • 'Overriding Professional Duty' <p>Contribution to Criminal Justice, Social and Health Policy Delivery</p> <p>Service Planning Liaison</p> <p>Implementation of Government Guidance/Clinical Matters, Legal Actions, Audit and Lessons Learned</p>	<p>Corporate:</p> <ul style="list-style-type: none"> • Support to Health Service Delivery and Relationships • Safe Custody and Good Order <p>Prison Rules Compliance</p> <p>Health:</p> <ul style="list-style-type: none"> • 'Regime' • Environmental Cleanliness • Personal Hygiene • Induction Programmes • Education and literacy • Basic Protection and First Response Capability • Food • Physical Activity • Basic education of prisoners re. health issues <p>Suicide Risk Management</p> <p>Planning Process:</p> <ul style="list-style-type: none"> • ICM • Justice Sector Information Sharing <p>Care:</p> <ul style="list-style-type: none"> • Non-Health Delivery of Care Plans • Chaplaincy • Social Work (LAs) <p>Litigation and Complaints (Non-Clinical)</p> <p>Training of prison staff re. health matters.</p> <p>Translation – non-health</p> <p>Forensic Psychology</p> <p>Prisoner Involvement</p>

TABLE 1B

PRIMARY CARE SERVICES

NHS	Shared	SPS. Prison and Escort Contractor
<ul style="list-style-type: none"> • Medical and Nursing • Admin • Dentistry • Pharmacy • Optometry • OOH services – medical, dental, pharmacy and optometry • Women, and Child Health • Therapies • Minor Capital and Specialist Equipment, Fixtures and Fittings • Medical/Health Care Equipment (Moveable and temporary) and Disposables • Clinical Waste • Statutory Regulation – Health care and health professionals • Radiation Protection • Instrument Cleaning and Decontamination 	<ul style="list-style-type: none"> • Relevant Legislation • Statutory Regulation • Health and Safety (begins with SPS processes, liaise with NHS if appropriate) • Patient Attendance and Flow (NHS responsible for keeping services to time; SPS responsible for prisoner movement and attendance) 	<ul style="list-style-type: none"> • Custody and Order • Capital - Infrastructure • Operational Staff - Health escorts • Operational Staff Training and Staff Development • Facilities and Estate Management (including IT infrastructure support – see Table 1G) • General Waste Management • Statutory Regulation • Environmental Health etc • Dental & Ophthalmic Appliances (purchase and fraud prevention) • Integrated Case Management • Personal and social care.

MENTAL HEALTH

TABLE 1C

NHS	Shared	SPS. Prison and Escort Contractor
<p>Tier 4¹ (Specialist)</p> <p>Tiers 3 and 2² Mental Health Professional Care Delivery and Supervision</p> <p>Multi-Disciplinary Mental Health Case Conferencing and Overall Care Planning/Management</p> <p>Tier 1³ Health Professional</p> <p>Tier 0⁴</p> <p>Compliance with practices for Mental Health under relevant legislation.</p> <p>Mental Health Promotion Advice Mental Illness Prevention Advice Contribution - Education and Training</p> <p>Strategy on clinical psychological therapies</p>	<p>Post Assessment Awaiting Transfer for Secure Forensic NHS Assessment and Care</p> <p>Strategy on therapeutic psychological interventions</p>	<p>SPS or Custody Services</p> <ul style="list-style-type: none"> - Transport to Forensic NHS facility <p>In Prison</p> <ul style="list-style-type: none"> - Safety and Security - Accommodation and Facilities <p>ACT2Care/Suicide Risk Management – SPS Led</p> <p>Tier 0</p> <ul style="list-style-type: none"> - Ethos - Care Strategy and Overall Delivery - Education and Training Opportunities for Staff and Management <p>Strategy on forensic psychology – deliver services.</p>

ADDICTIONS

TABLE 1D

NHS	Shared	SPS. Prison and Escort Contractor
<p>Tier 4 (Specialist)</p> <p>Multi-Disciplinary Case Conferencing, Overall Care Planning and Management – NHS Led</p> <p>Tier 3</p> <ul style="list-style-type: none"> - Medical - Nursing <p>Enhanced Casework Support</p> <p>Including Pharmacy</p> <p>Tier 1</p> <p>Tier 0</p> <ul style="list-style-type: none"> - Harm Reduction - Health Promotion Policy Advice - Education and Training Input 	<p>Multi-Disciplinary Staff Training and Development Education, Promotion Overall Strategy and Governance:</p> <ul style="list-style-type: none"> - Addictions - Harm Reduction <p>Health Protection</p> <p>Health Promotion Framework</p> <p>See also Health Protection - BBV</p>	<p>Addictions/Security Supply Side – limiting the supply of illegal drugs in prison</p> <p>Addictions</p> <ul style="list-style-type: none"> - Health Protection - Communications and Media Relations <p>Regimes Management including:</p> <ul style="list-style-type: none"> - Secure Delivery, Facilities for Storage and Dispensing - Surveillance/Supervision - Routine Dispensing Ops - Non-Routine Ops - Facilities for Care Delivery - Education - Alcohol, Smoking, Controlled Drugs Availability Policy - Ops Staff Education

¹Tier 4: Specialist Care

²Tiers 2 and 3: Mental Health 1:1 or Group Health Care

³ Tier 1: Health Professional General Training

⁴ Tier 0: Whole Prison and Day-to-Day Management

TABLE 1E

SECONDARY CARE

NHS	Shared	SPS, Prison and Escort Contractor
<p>Care Delivery Decisions to Refer: <ul style="list-style-type: none"> - Transfer Out - Transfer Back Assessment and Communication including Prognosis in event of consideration for Compassionate Release. In Reach: <ul style="list-style-type: none"> - Policy and Delivery - Technical/Capital Investment - Emergency/Ambulance Transport Hospital Referrals</p>	<p>Monitoring and Strategy External referrals / escorting for clinical purposes – monitoring trends and concerns</p>	<p>Custody and Order (with escort provider) Licensing Transport - Planned Facilities Compassionate Release</p>

TABLE 1F

LEGAL AND DISCIPLINARY MATTERS

NHS	Shared	SPS, Prison and Custody Services
<p>Clinical / Medical Negligence Claims (including Legal Aid applications for health care issues) FAIs – case note review; involvement in SIDCAAR Critical Incident Review</p>	<p>Joint and Complex Actions Monitoring</p>	<p>General Duty of Care/Facilities and Access Civil Legal Actions – non-clinical Receiving party for all compensation claims – clinical claims to be forwarded to NHS. Responsibility for operational input to personal injury claims. FAIs – legal, police, public processes; SIDCAAR Critical Incident Review</p>

TABLE 1G

IS AND IT

NHS	Shared	SPS, Prison and Escort Contractors
<p>Clinical Information Systems Personal Health Information Governance</p>	<p>Joint and Complex Actions Multi-Disciplinary Care Information Sharing Health-Justice Interfaces</p>	<p>Interfaces and connectivity with PR2 and Successor, Justice Systems Facilities Management and Infrastructure (IT</p>

TRANSPORT, ESCORTING AND PRISONER LOCATION

TABLE 1H

NHS	Shared	SPS, Prison and Escort Contractor
Ambulance Service: <ul style="list-style-type: none"> - Major Incidents - Emergency Hospital Attendance Monitoring and Liaison	Location and Movement Strategy for Prisoners with prominent healthcare needs (not escorting) <ul style="list-style-type: none"> - Within Prisons - Between Prisons 	Patient Escort/Transport to Secure Mental Health Care (RCS) Overriding Security Considerations Patient Escort <ul style="list-style-type: none"> - Within Prison - To Hospital - Emergency Acute - Non-Psychiatric Escorting Contractor: <ul style="list-style-type: none"> - Planned Hospital Attendance

HR, Recruitment, Staff Development and Communication

TABLE 1I

NHS	Shared	SPS, Prison and Escort Contractor
Recruitment NHS Induction NHS Training NHS HR Policies and Procedures Performance Management and Appraisals Staff Conduct and Competence Clinical Team Conduct and Competence Security Clearance – PVG Checks Occupational Health Uniforms Shift Management, Rotas, Cover Workforce Planning HR Systems including Payroll Maintenance and Storage of HR, Payroll and Training Files. Communications <ul style="list-style-type: none"> - re. changes to health legislation, guidance, directions - re. changes to healthcare practices which will impact wider prison operations 	Pre-Employment Security Checks Information / ‘Intelligence’ Sharing Serious Disciplinary Issues / Security Breaches	Prison Induction Compulsory Prison Training Prison-related Uniform including key chains, belts, radios. Prison HR Policies / Terms & Conditions – Support to Health Boards for those staff who choose to remain on Prison T&Cs. Input into Performance Management processes as required. Input into Recruitment processes as required. Communications <ul style="list-style-type: none"> - re. changes to Prison Rules - re. changes to prison operational practices which will impact healthcare operations.