Partnership Agreement

between the Department of Health, Social Services and Public Safety and the Northern Ireland Prison Service for the accountability and commissioning of health services for prisoners in Northern Ireland

20th February 2009

The Objective is to ensure that services provided to prisoners as patients are equivalent to those in the community.

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Introduction

Partnership Agreement between the Department of Health, Social Services and Public Safety and the Northern Ireland Prison Service for the accountability and commissioning of health and social services for prisoners in Northern Ireland

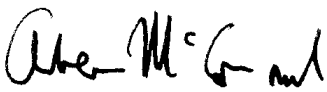
Introduction

1. The Partnership Agreement (PA) is an over-arching agreement between the Permanent Secretary of the Department of Health, Social Services and Public Safety (DHSSPS) and the Director, Northern Ireland Prison Service (NIPS). It is intended to underpin and complement the local partnership arrangements between the HSC and local prisons.

2. In May 2005, Ministers agreed to the transfer of lead responsibility for prison health from NIPS to the DHSSPS. From 1 April 2008 the South Eastern Health and Social Care Trust (the Trust), has had lead responsibility for providing or for securing the provision of a full range of health and social services for prisoners under Article 4 of the HPSS (NI) Order 1972.

3. From the same date the DHSSPS has delegated responsibility for commissioning health and social services for prisons to the Eastern Health and Social Services Board (the Board) as an interim measure until arrangements have been made for a regional health and social care commissioner (the HSC commissioner). It is accepted in principle that when new arrangements have been determined, Prison healthcare will be commissioned on a regional basis. This responsibility will not be delegated to local commissioning bodies.

4. This document is intended to cover accountability and commissioning for health and social care for prisoners from the date of transfer of lead responsibility. The document is restricted to the relationship between the NIPS and the DHSSPS and it is intended that it will be reviewed and revised as appropriate.



Dr Andrew McCormick
Permanent Secretary
Department of Health,
Social Services & Public
Safety

Mr Robin Masefield
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NI Prison Service

1. SCOPE OF AGREEMENT

Parties to the Agreement

1.1 Parties to this Agreement are:

(a) Permanent Secretary, DHSSPS
(b) Director, NIPS

1.2 The Agreement is not intended to be legally binding and no legal obligations shall arise from the provisions of the Agreement. The purpose of this agreement is to set out the intentions of the parties for the commissioning of the service and accountabilities.

Commissioning of Health Services for Prisoners

1.3 The HSC Commissioner, as described in paragraph 3 above, shall commission health and social care services equivalent to those the general public receives in the community. For the purposes of this agreement, the scope of commissioned services includes the appropriate range of primary care (general medical, dental, optometry and pharmacy), secondary care (various disciplines) and other specialist services (e.g. forensic psychiatry and other specialist mental health services). These services will be delivered under service agreements pertaining to:

(a) NIPS employed staff (including administrative staff dedicated to healthcare services) and associated costs such as

training, uniforms, advertising, recruitment costs, and travel and subsistence;

(b) Agency and locum staff;

(c) Healthcare contracts/agreements/arrangements for clinical services;

(d) Medical supplies, dental and optical contributions; and

(e) Clinical management of substance misuse, including detoxification activity (responsibility for the Drugs & Alcohol Strategy transferred on 1st October 2008 following further discussion amongst Partnership Board members)

Minor Capital

1.4 Minor capital responsibility for existing healthcare divides into two distinct areas. Equipment fixed to the fabric of the building that would be included in the valuation of the specialist building, for example dental chairs, remain the responsibility of NIPS. Non-fixed equipment will be the responsibility of the Trust in terms of maintenance, replacement and purchase of new items. For any new facility it is the responsibility of NIPS to commission all items and then for the Trust to maintain those items not fixed. This would only occur with minor capital when a new facility is small i.e. a new wing or treatment area.

Major Capital Development

1.5 Major capital development is the lead responsibility of NIPS but it will work in partnership with the Trust on new schemes where appropriate.

2. PRINCIPLES, AIMS AND OBJECTIVES

Principles

2.1 The Partnership Agreement is underpinned by the following principles:

- Accountability for the commissioning of health and social services for prisoners to be held by the HSC Commissioner, as for all other citizens;

- Access to health services for prisoners equivalent with services provided to the local community;

- Shared responsibility between HSC and NIPS for the health and well-being of prisoners on the basis of assessed need;

- Best use of available resources;

- Continuous service improvement;

- Appropriate clinical and social care governance and oversight arrangements.

Aims of the Partnership

2.2 The principal aim of the partnership is to provide prisoners with access to health and social care services equivalent to those the general public receives from the HSC.

2.3 Other aims of the partnership are to:

- Ensure that prison health issues are appropriately reflected in the development and implementation of wider government policies, including those for the NIPS, the HSC, and the wider criminal justice system

- Support the development of partnership at all levels between NIPS and those responsible in the HSC, including the Department, the Commissioner and the Trust, enabling this development through transparency of all relevant financial, performance and strategic planning information and documentation between the parties.

Objectives of the Partnership

2.4 The key objectives of the partnership are to:

- Develop and maintain policies in keeping with good practice relating to healthcare in prisons and the well being of prisoners, that offer best value for money and are in line with Health and Social Care policy

- Facilitate the generation of momentum between NIPS and HSC for change and continuous improvement in health and social care services for prisoners

- Raise awareness and inform NIPS and DHSSPS Ministers on all aspects of prisoners' health and social care.

- Contribute to the achievement of core objectives for the partners, for example the achievement of DHSSPS Public Health targets and the NIPS objective to reduce reoffending.

3. ROLES AND RESPONSIBILITIES

3.1 This section sets out the respective roles and responsibilities of two levels of the partnership:

- Northern Ireland Prison Service/Department of Health, Social Services and Public Safety
- Prison/HSC Commissioner and Trust

Northern Ireland Prison Service/Department of Health, Social Services and Public Safety

3.2 The responsibilities described in the PA will not conflict with the accountability either Government Department owes to its Minister for the delivery of Government policy nor with either of the respective organisations' statutory obligations.

Accounting Officer (AO) responsibilities

3.3 The NIPS Agency and DHSSPS AO responsibilities are set out in their letters of appointment and the Accounting Officers' Memoranda applying, as appropriate, to relevant officers. However, in relation to the operation of the PA, the following areas warrant specific mention:

3.3.1 <u>Securing resources</u>

The DHSSPS Accounting Officer as part of his lead responsibility, is responsible for securing sufficient resources to deliver the aims and objectives of this agreement.

3.3.2 Value for money

Both parties are required to obtain value for money. DHSSPS is entitled to assurance that services provided by NIPS represent good value for money against its budget, aims and objectives. Likewise DHSSPS must ensure that NIPS is enabled to recover the actual costs of the healthcare service delivered, in accordance with Treasury guidance, and that propriety and regularity of expenditure is observed.

3.3.3 Investment Decisions

The NIPS Accounting Officer retains authority (as set out in the NIPS Framework Document) over decisions to invest/disinvest in the prison estate. All capital planning decisions relating to the healthcare facilities, including those for infrastructure improvements or refurbishments and major maintenance projects, should be supported as appropriate by business cases, which reflect the agreement of HSC/DHSSPS (including funding arrangements and accounts treatment) to the proposal and an acceptance that the expenditure consequences are appropriate. The requirement to seek NIO/HMT approval will continue to follow the terms of the Framework Document.

3.3.4 Control of Expenditure

Both organisations must have arrangements in place to ensure that expenditure is contained within the agreed provision. DHSSPS is responsible for ensuring its allocation is not exceeded and NIPS is responsible for ensuring that the cost of contracted healthcare services delivered by NIPS does not exceed the agreed income provision. Allocations must be agreed between both

parties in advance of the start of the financial year (although in practice baselines have been set over the CSR07 years). Should the issue arise, NIPS must inform DHSSPS as soon as it may appear likely that the agreed services may not be delivered for the agreed amount. DHSSPS will then consider what action is required.

3.4 In order to support the PA, both Accounting Officers will ensure that the relevant financial and activity data is made available and, if appropriate, allow access for both NIPS and DHSSPS appointed internal and external auditors to validate data. The Director of Prisons (Agency AO) and the Permanent Secretary of DHSSPS (DAO) are responsible for the overall financial control and management across NIPS and DHSSPS respectively. These AOs will have access to all financial information in relation to the partnership, and the NIPS Accounting Officer will ensure that the Northern Ireland Office DAO is kept informed of any issues relating to the financial integrity of the commissioning arrangements, e.g. issues of financial propriety or affecting compliance with the resource limit.

3.5 Disputes over financial issues should be resolved using the "Resolution of Disputes" procedures. However, given the NIO DAO's overriding responsibility for financial control and management within NIPS, in the event of an unresolved dispute on financial issues it should be put to the DAO for advice and/or arbitration before submission to the Secretary of State.

Substance Misuse

3.6 Responsibility for clinical management of substance abuse, including detoxification activity, transferred to DHSSPS on 1st October 2008 following further discussion amongst Partnership Board members. Both the DHSSPS and NIPS agree that wherever lead responsibility lies, it is essential for the various organisations to operate in partnership.

Litigation

3.7 Healthcare related litigation arising from incidents alleged to have taken place before 1 April 2008 will be the responsibility of the NIPS. Healthcare related litigation concerning incidents alleged to have taken place on or after the transfer date will be the financial responsibility of DHSSPS/HSC Commissioner

Escorts and Bedwatches

3.8 When the decision was taken to transfer the budget for commissioning the healthcare of prisoners to the DHSSPS, funding for escorts and bedwatches was not included. It is noted that a comprehensive study has been undertaken in England, to identify costings, clinical reasons for care being offered outside the prison and how better value for money could be achieved through service improvement. New arrangements are subject to a monitoring exercise and when outcomes are clear. NIPS and DHSSPS may arrange discussions about appropriate arrangements and consider options about where the budget should sit in future.

EHSSB/Health and Social Care Commissioner

Performance Management

3.9 From the date of transfer the Board will be responsible for monitoring performance as per the Prison health schedule to the Service and Budget Agreement and by reference to the detailed performance management arrangements developed by the Trust and endorsed by the Partnership Board. When new commissioning arrangements are in place the proposed Regional Health and Social Care Board will assume responsibility for performance management.

Strategic Overview

3.10 The Board will maintain a strategic overview of service development in the context of the wider health economy and the Prison Service arena on a regional basis.

Dispute Resolution

3.11 Where issues cannot be resolved within the Partnership Board between the Trust and the prison(s) they should be referred to DHSSPS.

HSC Trust/Prisons

3.12 The Trust and its staff are responsible for:

- Sub Contracting health and social services for prisoners;

- Targeting resources for the effective delivery of the aims and objectives of the Partnership Agreement;
- Management of the healthcare unit managers;
- Ensuring performance against standards set out in the Prison Health schedule to the Service and Budget Agreement (where appropriate) and the Trust's performance management framework;
- Acquisition and maintenance of non-fixed, freestanding items e.g. furniture and specialist medical equipment.

3.13 NIPS and its staff are responsible for:

- Overall duty of care to the prisoners
- Supporting the effective delivery of health and social care services for prisoners regardless of the provider
- Maintaining the healthcare facilities in order to deliver the agreed services set out in the SBA (where appropriate);
- Acquisition of new items fixed to the building e.g. dental chairs.

Healthcare Complaints

3.14 Complaints raised about care or treatment or about issues relating to the provision of health and social care will be dealt with under the relevant HSC Complaints Procedures and in line with appropriate legislative requirements.[1]

[1] The Health and Personal Social Services Complaints Procedures Directions (NI) 1996

3.15 Where care or treatment is provided from an independent provider the commissioning body must ensure that the contract includes entitlement, by the HSC organisation, to any and all documentation relating to the care of service users and a provision to comply with the requirements of the HSC Complaints Procedures.

3.16 Complainants must be advised of their right to refer their complaint to the NI Commissioner for Complaints (the NI Ombudsman) if they remain dissatisfied with the outcome of the HSC Complaints Procedures.

3.17 Complaints about prison services (non-healthcare) will continue to be handled via the NIPS request and complaints procedures. If unresolved at that stage, the complaint will be investigated by the Northern Ireland Prisoner Ombudsman. A pragmatic approach will be taken, in collaboration between the relevant parties, to ensure that prisoners have an effective complaints mechanism. This may involve liaison between the respective Ombudsmen.

Clinical Information Technology

3.18 NIPS has in place a stand alone clinical information system linking all the establishments. NIPS will work in co-operation with DHSSPS, the Board and the Trust to develop appropriate links to the HSC system in Northern Ireland with the ultimate aim of providing a fully integrated information system.

Death in Custody Investigations

3.19 The Prisoner Ombudsman is responsible for investigating clinical issues relevant to a death in custody. The Ombudsman will obtain clinical advice as necessary, and will make efforts to involve the Trust in the investigation. Where the healthcare services were commissioned by the HSC, (following transfer) the HSC has the lead responsibility for investigating clinical issues under their existing procedures. The Prisoner Ombudsman will ensure as far as possible that his/her investigation dovetails with that of the HPSS, and vice versa.

Internal Escorts

3.20 Internal Escorts for healthcare are not a significant feature in Northern Ireland prisons. Where it is necessary to provide an escort from outside the healthcare group these will continue to be funded and provided by NIPS. However, if as a result of skills mix adjustments the need for internal escorts increases it will be necessary to consider any additional costs in line with service agreements as determined in the context of the partnership agreement.

Juveniles housed in the Juvenile Justice Centre

3.21 Nothing in this agreement shall affect the arrangements for the running of the juvenile estate operated by the Youth Justice Agency (YJA).

Constant Watches

3.22 The resourcing of constant watches, initiated as a result of a clinical need following a clinical assessment, will be the responsibility of the Trust in respect of clients placed on constant watch in the healthcare centre or the responsibility of NIPS for clients in normal locations.

Root Cause Analysis

3.23 Experience has already shown the value of root cause analysis to investigate cases which cross the custody-community boundary. Both DHSSPS and NIPS reaffirm their commitment to participation in such exercises where deemed necessary.

4. PERFORMANCE MANAGEMENT OF PRISON HEALTH SERVICES

Prison Service Performance Standards, Instructions and Orders

4.1 Due to the requirements of the custodial setting in which health and social care services are being delivered, there are aspects of existing Prison Service Instructions and Orders and Performance Standards with which the HSC partners are expected to comply. Relevant instructions to Governors and standing orders developed in the future that have a direct bearing on healthcare will be subject to consultation with DHSSPS and with the HSC partners.

HSC Standards

4.2 The quality of health and social care services will be monitored in line with the normal HSC performance management processes, incorporating Quality Standards for Health and Social Care. From the date of transfer, in relation to prison health services, the Board will be assessed on its commissioning by the Regulation and Quality Improvement Authority (RQIA). The assessment of the actual services themselves will be undertaken by HM Chief Inspector of Prisons in conjunction with the Chief Inspector of Criminal Justice for Northern Ireland. A Memorandum of Understanding will set out the working relationship between RQIA and HMIP. It will detail how HMIP will continue to inspect and report on the health outcomes for prisoners within the prison while the RQIA will assess the arrangements for, and effectiveness of, the commissioning arrangements generally. The DHSSPS Medicine Inspectorate will continue its current role in

monitoring the movement of controlled drugs and will liaise with the Trust.

4.3 The Prison/HSC Trust Partnership Board will be expected to target investment and improvement on priorities identified in local Health Needs Assessments and local planning processes.

Performance Monitoring

4.4 Performance indicators which incorporate data collection on aspects of prison health performance have been developed. Any change may be proposed by the HSC, subject to full consultation with NIPS.

Clinical and Social Care Governance

4.5 The Trust's Director of Adult Services and a NIPS non-executive director jointly chair the regional prison health service clinical governance committee which oversees clinical governance within the prison health system. In addition, the Trust's Assistant Director with operational responsibility for prison health services has joint membership of each prison establishment's clinical governance committee and the Trust's clinical governance committee. These arrangements collectively are designed to ensure incorporation of prison health governance processes within the Trust's core clinical governance arrangements.

4.5.1 As part of the Trust's governance arrangements, it will have adverse incident reporting procedures in place. Any adverse incidents relating to health and social care issues in prisons should be reported to

the Trust in accordance with its current procedures. As part of its responsibility for managing adverse incidents, the Trust will classify the incident and assess whether it is a Serious Adverse Incident (SAI) which meets the DHSSPS SAI reporting criteria as set out in HSS (PPM) 06/04, 05/05, 02/06 and HSS (SQSD) 19/07.

Evaluation

4.6 One year after the transfer, a joint evaluation will be undertaken between NIPS and the DHSSPS. This will look primarily at how far the anticipated benefits are being realised, and what further actions may be appropriate.

5. FINANCIAL ARRANGEMENTS

Invoicing Arrangements

5.1 Where a HSC Trust commissions healthcare services back from a prison, the Partnership Board must agree on the mechanism for the prison to recover healthcare expenditure it incurs or will incur on behalf of the Trust with due regard to managing risks sensibly. The prison may (i) invoice the actual healthcare expenditure incurred on a regular (monthly/quarterly) basis; or
(ii) agree to invoice a fixed regular (monthly/quarterly) amount based on an agreed annual amount with the Trust.

Overspends

5.2 Where a prison has entered into an SBA with the HSC Trust to provide prisoner healthcare service, the prison will need to keep within the agreed allocation. It will not be able to enter into an overspend situation unless the Trust has agreed to meet the additional expenditure or unless it is prepared to bear the projected cost itself. There is no NIPS facility for healthcare costs to be offset from the core prison operating budget. Thus actual expenditure must not exceed the yearly payment from the HSC Trust unless, exceptionally, this had been authorised by the Partnership Board. The Partnership Board must also be clear about the source and availability of additional funding before authorising any expenditure above the committed level.

6. OTHER STAKEHOLDERS

HM Chief Inspector of Prisons

6.1 HMCIP is an independent inspectorate, which reports on conditions for and treatment of those in prison, young offender institutions and immigration removal centres. HM Chief Inspector of Prisons is appointed by the Home Secretary, from outside the Prison Service, for a term of five years. The Chief Inspector carries out inspections of NIPS establishments in conjunction with the Chief Inspector of Criminal Justice in Northern Ireland. Their reports go to the Secretary of State for Northern Ireland.

Independent Monitoring Boards

6.2 For each establishment there is an Independent Monitoring Board (IMB). IMB members are independent and unpaid, appointed by the Secretary of State to monitor the day-to-day life in their establishment and ensure that proper standards of care and decency are maintained. The role and accountability of Boards in prisons will be unchanged.

Regulation and Quality Improvement Authority (RQIA)

6.3 The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland, and forms an integral part of the new health and social care structures. In its work RQIA encourages continuous improvement in the quality of these services through a programme of inspections and reviews.

RQIA's main functions are:

- to inspect the quality of health and social care services provided by HSC bodies in Northern Ireland through reviews of clinical and social care governance arrangements within these bodies; and,

- to regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on new minimum care standards to ensure that service users know what quality of services they can expect to receive, and service providers have a benchmark against which to measure their quality.

Health and Social Services Councils

6.4 There are currently four Health and Social Services Councils, co-terminous with the HSS Boards. The Councils are separate and independent of the HSC and are charged with representing the views and opinions of the public. Their functions include:

- Acting on behalf of patients to improve the range, type and quality of local services;
- Monitoring the quality of services;
- Representing public opinion on proposed changes to services;
- Provision of information and advice on health and social care issues; and

- Advice and help on complaints about health and social care services.

Under the second phase of RPA restructuring, it is proposed that the current four HSC Councils will be replaced by a single regional Patient and Client Care Council.

The Northern Ireland Ombudsman

6.5 The title of Northern Ireland Ombudsman is the popular name for two offices:

- The Assembly Ombudsman for Northern Ireland; and
- The Northern Ireland Commissioner for Complaints.

The Ombudsman deals with complaints from people who believe they have suffered injustice as a result of maladministration by government departments and public bodies in Northern Ireland.

6.6 On 1 December 1997 the powers of the Ombudsman were extended, by the Commissioner for Complaints (Amendment) (Northern Ireland) Order 1997, to include complaints about doctors, dentists, pharmacists and optometrists (ophthalmic opticians) providing family health services and by other health care professionals in the Health & Personal Social Services. The Ombudsman is also able to investigate complaints about the exercise of clinical judgement by health care professionals.

Prisoner Ombudsman

6.7 The Prisoner Ombudsman is appointed by the Secretary of State for Northern Ireland and investigates complaints from prisoners held in Northern Ireland who remain unhappy with the answer they have received from the Prison Service. The Ombudsman is completely independent of the Northern Ireland Prison Service (NIPS).

Media Relations

6.8 Responsibility for communications with the media should follow the statutory responsibilities of both parties, informed, where relevant, by the description of roles set out in the Partnership Agreement. Wherever possible, announcements and communications, in which the other party to the Agreement has an interest, should be the subject of consultation in advance of issue.

Assembly Matters

6.9 It is recognised that after the transfer the Northern Ireland Assembly will take a more direct interest in these matters. Where the Trust or the HSC Commissioner or the DHSSPS has the lead, it will be for DHSSPS to prepare the proposed answer to Assembly Questions, consulting NIPS before finalisation. Annex 1 to this PA sets out the broad approach to PQs and AQs and lists the relevant lead personnel in the four organisations with their contact details.

7. DISPUTE RESOLUTION

7.1 Any disputes between the parties to this agreement will be referred to the Strategic Steering Group for resolution. If the dispute cannot be settled, then the matter may be submitted to appropriate Ministers for final determination.

8. Management of Records

8.1 With the transfer of the prison healthcare function all current and non-current records, including electronic become the responsibility of DHSSPS. As there is no change in healthcare staff, the current records will remain in their existing locations and a catalogue of these will be prepared by NIPS for transferring to DHSSPS. Those staff will continue to have access to all records as there are a number of matters in the prison setting which will be dealt with jointly by NIPS and DHSSPS. From the date of transfer, any new records should be raised by staff in the record keeping system which they are operating. The closed records should be treated in the normal way - kept in storage until the need to refer to them has diminished to the extent that they can be removed to remote storage to await review. Responsibility for the custody, review and transfer to the Public Record Office NI (PRONI) of non-current records rests with DHSSPS. Where non-current records have not yet been subject to first review, both NIPS and DHSSPS will undertake jointly an accelerated first review, thus avoiding the transfer to DHSSPS of large quantities of records of no administrative or historical value.

8.2 Where records have already been transferred to PRONI for permanent preservation and DHSSPS need to requisition records, PRONI must be supplied with a letter by NIO's Departmental Records Officer (DRO) and DHSSPS must send PRONI a list of authorised signatories to requisition records on its behalf. DHSSPS will also be responsible for matters relating to public access and for FOI and DPA requests but will always consult with NIPS prior to the release of any information.

Appendix A

ON TRANSFER OF RESPONSIBILITY OF PRISON HEALTHCARE FROM NIPS TO DHSSPS - PROCESS FOR HANDLING AQs/PQs AND MINISTERIAL CORRESPONDENCE BETWEEN DHSSPS AND NIPS

COMMON WORKING RELATIONS

PARLIAMENTARY BUSINESS

The UK Government and devolved administration have agreed to co-operate to enable each party to meet its obligations to its respective Parliament or Assembly, having regard to the principles set out in the Memorandum of Understanding.

It is for the authorities of each legislature to decide whether or not the subject of a Question or a proposed debate falls within the remit of that legislature, and how to treat Questions and proposed subjects for debate which concern both devolved and non-devolved matters, such as EU business on a devolved matter.

PARLIAMENTARY QUESTIONS

As a general principle, the UK Government will normally answer UK Parliamentary Questions purely on devolved matters of fact by making it clear that such questions should be addressed to the relevant devolved administration. Similarly, the devolved administrations will make it clear in answer to parliamentary or assembly questions in relation to non-devolved matters of fact that such questions should be addressed to the UK Government unless the administration concerned has executive responsibility in the relevant area.

PRIOR TO DEVOLUTION OF NIPS

AQs/PQs

Devolved administration will not answer a question that is relevant to NIO Ministers, nor will they seek part input from the NIO.

When DHSSPS receive an AQ that has part relevance to NIPS, they will answer the query relevant to them and advise the person asking the question that the aspect of the question relevant to NIPS should be raised as a PQ with the NIO Minister. If NIPS receive a PQ with part relevance to DHSSPS the PQ will be answered in a similar style.

Both DHSSPS Private Office and NIPS Secretariat will ensure that a copy of the question and answer is sent promptly to each other for information.

ORAL AQs/PQs

The same process will apply as for AQs/PQs however, by way of background for Ministers DHSSPS Private Office and NIPS Secretariat will liaise with each other to provide factual background information, however, lines to take will not be provided.

Both DHSSPS Private Office and NIPS Secretariat will ensure that each are included on the copy list of final replies.

COMMON WORKING RELATIONS

CORRESPONDENCE ON DEVOLVED MATTERS

Correspondence addressed to the UK Government dealing solely with a devolved matter will normally be transferred to the appropriate devolved administration for substantive reply. At the same time, the UK Government will inform the correspondent and the devolved administration whether it holds any of the information requested and supply such information.

When an administration receives correspondence that relates to both devolved and non-devolved matters, it will normally reply only to the points that fall within its responsibilities and provide the relevant information that it holds. It will in the meantime copy the letter to the administration responsible for the other issues for further action. Each administration will send the other a copy of its reply.

CONCORDAT BETWEEN THE NIO AND THE NORTHERN IRELAND EXECUTIVE

In order to ensure, as far as possible, the provision of a satisfactory level of service and accountability to the public, a general statement on the handling of correspondence is desirable. However, it is recognised that there may be circumstances in which these rules will need to be applied flexibly. In general, the responsible administration will answer correspondence in accordance with its own published standards for answering correspondence.

Correspondence addressed to Northern Ireland Ministers which relates solely to a reserved or excepted matter for which the Secretary of State is responsible will usually be transferred to the Secretary of State for reply, with a copy of the holding reply (which will indicate how the letter is bring dealt with and, where appropriate, to whom the reply will be sent). Where it would be more appropriate for the Chief Executive of an NIO Executive Agency to reply, the Secretary of State will ask him/her to do so. Correspondence addressed to the Secretary of State which concerns only transferred matters, will be transferred to the relevant Northern Ireland Minister for reply, following the same procedure.

Where the Secretary of State receives correspondence which relates to both transferred and reserved or excepted matters, he will reply to the points within his responsibility, having passed a copy to the Northern Ireland administration to deal with transferred matters. Where Northern Ireland Ministers receive correspondence of this type, they will deal with it following the same principles.

MINISTERIAL CORRESPONDENCE

Above procedures apply for Ministerial Correspondence between NIPS and DHSSPS.
Draft acknowledgement and departmental transfer letters attached at annex A and B.

POST DEVOLUTION

AQs/PQs, ORAL AQs/PQs AND MINISTERIAL CORRESPONDENCE

DHSSPS and NIPS will liaise with other for part input as appropriate and each will send the other a copy of its reply. A single joint reply to be agreed and issued by one of the administrations.

ANNEX A

Our ref:

Date:

Dear

Thank you for your letter which we received in our office on XXXXX in relation to XXXXX.

As the issues you raised come under the responsibility of the Northern Ireland Assembly, your correspondence has been transferred to (Dept) who will correspond in due course.

Yours sincerely

ANNEX B

DEPARTMENTAL TRANSFER

Ref:
Raised by:
Address:

Subject:

Referred to: Date referred:

The attached correspondence appears to fall within the responsibility of XXX. I should be grateful if you would arrange for a response to be provided.

Yours sincerely

Appendix B

HEALTHCARE SCENARIOS FROM 1 APRIL 2008

1. DEATHS IN CUSTODY

1.1 *Suspected suicide*

Prisoner A is found hanging in his cell. He has been undergoing mental health support from health nurses and a PAR 1 is currently open on him

Current Response	**Anticipated Response from 1st April**
1. Death confirmed	**The procedure described opposite would continue to operate. The only additions would be the early notification of the Assistant Director Healthcare and DHSSPS Minister**
2. Cell sealed	
3. Police advised	
4. Family advised via police/chaplain etc	
5. Coroners Office advised	
6. Prisoner Ombudsman advised	
7. Other parties including IMB/Press office informed	
8. Prisons Minister informed	

1.2 Prisoner unconscious – Obvious signs of medication taken

Prisoner B is found unconscious lying on his bed in the Healthcare Unit. On his bedside locker lies a range of empty medicine blister packs and its obvious he has consumed significant prescription medication. Prisoner subsequently confirmed dead.

Current reaction	**Anticipated reaction from 1st April**
1. Death confirmed	As above
2. Cell sealed	
3. Police advised	
4. Family advised via Police/chaplain etc	
5. Coroners Office advised	
6. Prisoner Ombudsman Office advised	
7. Other parties advised IMB/Press Office informed	
8. Prisons Minister informed	

1.3 Prisoner unconscious – No obvious signs of medication taken

Prisoner C is found unconscious in his bed when unlocked following a night guard. There are no obvious signs of any suspicious activity. Healthcare staff are summoned and respond immediately, prisoner subsequently confirmed dead.

Current reaction	**Anticipated reaction from 1st April**
1. Death confirmed	1. As above
2. Cell sealed	
3. Police advised	
4. Family advised via Police/chaplain etc	
5. Coroners Office advised	
6. Ombudsman Office advised	
7. Other parties advised IMB/Press Office informed	
8. Prisons Minister informed	

2. OTHER ISSUES

2.1 Child Protection

Prisoner D is being visited by his family, His child is on the way back from the crèche area, trips and falls and a Nursing Officer responds from Healthcare. When being treated the Nursing Officer notices significant bruising on the child's body and the child subsequently confirms that the injuries were caused at home.

Current procedures	**Anticipated procedures from 1st April**
Nursing officer completes "Report of concern about abuse of a child"	As above
Verbally reports incident to Child Protection Co-ordinator	
Child Protection Co-ordinator reports to Health & Social Services Trust with whom there are appropriate arrangements for handling such incidents, including contact with PSNI if appropriate	

2.2 New Committal

Prisoner E arrives at prison reception under escort by PCO's from Londonderrry Court. The prisoner is obviously distressed and is incoherent and rambling. PCO's advise that during the escort prisoner appeared agitated and kept banging his head against the cubicle sides. PCO's state that there was concern expressed at Court that the prisoner may have mental health issues.

Current priorities	**Anticipated response from 1st April**
1. Healthcare screen carried out	1. Will there be special reporting arrangements for out of the ordinary cases committed to the prisons? - As above. The Assistant Director Healthcare will take care of reporting arrangements including referral to RQIA or the Mental Health Commission if appropriate
2. If bizarre behaviour and incoherence confirmed removed to Healthcare Unit overnight	2. Need a speedy assessment where clearly there are mental health issues.
3. Seen by Mental Health staff at earliest opportunity	3. Will the Governor continue to have the say in committing a prisoner to the protected room? - If in an emergency, the Governor believes there is a need to move a patient to the Healthcare Unit this would be accommodated. The incident would be discussed later at Prison Management Team meeting and if necessary at Partnership Board. If appropriate new protocols would be developed
4. Referred to Psychiatrist	4. Should a prisoner clearly suffering Mental health problems on being committed to prison be reported to the RQIA? - On receiving notification the Assistant Director Healthcare will determine who should be informed of the incident.
5. Remain in the Unit for further assessment	5. Can Healthcare refuse to accept the prisoner if there is no confirmation that there are mental health issues?

	- It is expected that the Governor would discuss such transfers with the Assistant Director of Healthcare. In the absence of agreement the governor would have the final say but the matter would be subject to further discussion at the management team meeting and /or the Partnership Board.
6. Deterioration in behaviour, results in prisoner put on special observation and removal to protected room.	

2.3 Suspected Tuberculosis

Prisoner F is a foreign national from Romania and is committed to the prison from Laganside by PCO's. On arrival the prisoner is clearly unwell and is coughing and having breathing problems. When seen by Healthcare staff they are concerned that the symptoms are similar to that found in someone suffering from tuberculosis.

Current priorities	**Anticipated response from 1st April**
1. Prisoner committed to Healthcare Unit	1. Who should be contacted – contact daytime/contact details out of office hours? - In addition to "Current priorities" Notify Assistant Director of healthcare who will take care of reporting arrangements to the Board etc.
2. Isolated in a side ward	2. What special arrangements should be in place if any?? - There are no special arrangements or additional support available from day one but more detailed protocol will be developed over time in partnership with the Trust.
3. Blood tests completed	3. What additional support would be available to call upon? - As above
4. Removal to outside hospital?	
5. Reported to Eastern Board Public Health Director	
6. Special arrangements put in place/'what are these'??	

2.4 Hunger strike/Food refusal

A sex offender refuses to eat prison food. He has to be closely monitored/assessed for capacity and considered for treatment at a hospital to restore his bodily functions.

Current reaction	**Anticipated reaction from 1st April**
1. Associate Director and NIPS Director advised. NIPS lead on treatment	1. NIPS Director and Trust Assistant Director advised. - Trust will take lead on treatment plan.
2. Arrangements made for assessment by Psychiatrist	2-4 Likely to be as current
3. If his capacity, given advance directive to sign	
4. Closely monitored and if necessary when very weak is sent to outside hospital	NB Prisons and Health Minister advised and joint press handling addressed
NB Prisons Minister advised and press handling addressed	

3. DISCIPLINE AND HEALTHCARE INTERACTION

3.1 Move to Healthcare Unit

3.1 Prisoner G is causing concern, staff report he is withdrawn and spends much of his time in his cell. He is not seen eating prison food. He has been seen on a number of occasions by Healthcare who report they have no concerns. Staff however continue to report that they're extremely concerned for his safety and wellbeing. A PAR 1 is opened and a case conference is carried out. There is no obvious explanation for the prisoner's state of health. Discipline staff remain concerned. The Governor decides that he should be removed to the Healthcare Unit for special observation.

Current response	**Anticipated response from 1st April**
1. Healthcare Manager advised, Bed made available, prisoner relocated.	1. Does the Governor have discretion to relocate prisoners to Healthcare? If Healthcare refuses to accept the prisoner who has the final say? In the event of a major dispute between the Governor and Healthcare managers what is the immediate point of contact on Health side? – contact details daytime/night time. - Where a Governor wishes to relocate a prisoner to Healthcare for health related observation against the advice of the

	healthcare professionals he/she should discuss with the Assistant Director Healthcare and if an alternative course of action is not agreed the request should be accommodated. In such circumstances the matter would be discussed at the next Prison Management Team meeting or if necessary at Partnership Board.

3.2 Search of Unit

The Search Team attend the Healthcare Centre to search prisoners selected at random as per normal procedure, on arrival Healthcare state they do not feel that the presence of the Search Team is conducive and supportive to the treatment provided for patients resident in Healthcare. The Manager in charge refuses to comply with the instruction of the Search Team that room keys be made available.

Current procedures	**Anticipated response from 1st April**
1. Healthcare Manager told by the Senior Management to comply with Search Team to carry out search as reported unless there are adequate reasons to justify the search being deferred.	1. What is the expected authority of the Governor and the management of healthcare where there is a conflict between the security control and discipline and healthcare treatment, who arbitrates, what are the contact details daytime/night time?? - Assistant Director of Healthcare should be consulted and where an accommodation can not be reached the Governor's authority is paramount. The matter would be discussed at the next Prison Management Team or Partnership Board meeting.

3.3 Discipline of Nurse Officer

Prisoner H is being seen by a Nurse Officer in a residential house. Staff notice the Nurse Officer behaving suspiciously and slipping the prisoner an item which the prisoner immediately secretes in his pocket. On being rub down searched a sim card is located on the prisoner.

Current response	**Anticipated response from 1st April**
1. Nursing Officer interviewed by Manager.	1. Who has responsibility for dealing with an alleged breach of disciplinary procedures? The primary role in dealing with the matter lies with the Governor, and with NIPS as his/her employer. However what steps need to be taken in relation to the person's professional role as a Nursing Officer? Who should be contacted, contact details day time/night time? - The Assistant Director Healthcare should be notified immediately an incident is uncovered and should be part of the investigation process. The Assistant Director would be responsible for issues of professional competency and would have a major input to deliberations in NIPS about the future of the individual concerned.
2. Report submitted to the Governor	
3. Likely to be suspended from duty.	
4. Subject to NIPS disciplinary procedures (COCD)	
5. Potentially dismissed under NIPS/DFP procedures	

4. COMPLAINTS

4.1 Medication

Prisoner I complains through the internal complaints procedure that his medication has been wrongly dispensed. The complaint is submitted through the NIPS internal complaints procedure at stage 1 the complaint goes to the Healthcare Manager.

Current procedures	**Anticipated response from 1st April**
1. Healthcare Manager submits response at Stage 1.	1 Complaint considered by the Healthcare Manager
2. Medical Officer submits response at Stage 2.	2 Complaint considered by the Assistant Director/Trust
3. HQ Associate Director of Healthcare submits response at Stage 3.	3. Complaint considered by the EHSS Board.
4. On completion of stage 3 the prisoner remains dissatisfied the complaint is referred to the Prisoner Ombudsman.	On completion of the three stages the prisoner has the right to have his/her complaint considered by the Commissioner of Complaints

4.2 Medical Officer/GP

On a Saturday when on his rounds, a prisoner J complains that he has been inappropriately dealt with by the Medical Officer.

He complains that that Medical Officer was unsympathetic to his complaint and did not give him the appropriate examination. Medication which had been prescribed for a number of years was suddenly withdrawn.

Current procedures	**Anticipated response from 1st April**
We have no facility to investigate beyond stage 1.	1. As above, i.e. the 3 stage HPSS complaints process followed by right to refer to the Commissioner of Complaints

4.3 Use of C&R

Prisoner K who has ongoing treatment for mental health problems with the ADAPT team in Maghaberry. Healthcare decide that the prisoner should relocate to the Healthcare Unit. Prisoner refuses to leave his cell. Healthcare in the process of discussing with the prisoner his relocation to Healthcare. After some time the prisoner still refuses to leave. The Governor decides as lock-up is approaching the prisoner will be forcibly removed from the cell by C&R. Healthcare refuse stating that this is a contravention of their professional standards and that force should not be used.

Current procedures	**Anticipated response from 1st April**
1. Duty Governor would discuss with Healthcare and PO/SO management of the house.	1. The diagnosis is a Healthcare diagnosis, what happens if the prisoner refuses to comply. -The same procedure as applies at present.
2. A risk assessment would be carried out on the options of leaving the prisoner in the cell or removing him to Healthcare.	2. Can the Governor overrule Healthcare? - This has been discussed above. The Governor has paramount authority but such incidents are likely to be raised for discussion through the Prison Management Team or the Partnership Board so that acceptable protocol can be agreed.
3. If the risk assessment suggests the prisoner is at risk from himself if left in the cell C&R would be used.	3. Who arbitrates when there is clearly a conflict of interests between the discipline approach and Healthcare. - Where agreement can not be reached the matter would be referred to the

	Strategic Steering group for resolution. However, such an occurrence would be viewed as a failure of management

5. STAFFING

5.1 Prisoner L is due to attend a clinic in the Royal Victoria Hospital on a hospital appointment. At short notice PECCS advise that they don't have PCO's available. The Healthcare Manager states that this is an urgent appointment critical to the prisoner's treatment. Unfortunately due to pressures on resources an escort cannot be made available.

Current procedures	**Anticipated response from 1st April**
1. The appointment may have to be cancelled	1. Can appointments be cancelled? (Clearly it is not intended that appointments should be cancelled but there will be occasion that due to competing priorities such a response is likely). What are the implications? Is there anything further that could be done to avoid this situation? - Where it is evident that an escort can not be provided the appointment would be rescheduled in the normal way. Where the occurrence becomes more than occasional the Assistant Director Healthcare will wish to raise the matter at Prison Management Team or through the Partnership Board.

5.2 Healthcare has significant staffing shortages because of the reduction of staff on post and high levels of absenteeism. Healthcare Manager reports to the Governor that the present situation is unsustainable and further support is necessary.

Current position	**Anticipated response from 1st April**
1. Additional prison officers cross-deployed to healthcare to relieve the pressure on healthcare staff and supervise prisoners.	1. Will additional support be available for Healthcare Managers to call in from outside the prison in the Trust? - Provided Prison Healthcare expenditure is contained within existing budget there is a range of options to meet such pressures. These exist at present but HSC input to skill mix will produce different solutions
2. Prisoners locked and restricted regime in operation due to shortages.	2. Will a number of Health Service staff be security cleared as a reserve

	contingency? -The only HSC staff we envisage coming into prisons in the short term are those with specialist skills which are not available through our own staff. We already recruit agency staff to meet short term pressures and these arrangements would continue to be available.
3. Consideration given to additional issue of medication to avoid having to issue during associations.	3. Will it be acceptable to cross deploy prison officers to help out? - There does not appear to be any reason why this arrangement should not continue where appropriate. In time we would expect there to be better arrangements for dealing with staff shortages as a result of Trust input.