# Introduction and Background

HMP Wandsworth is one of the largest prisons in

Western Europe and accommodates up to 1668 prisoners (prisoner turnover 600 month). The largest residential part of the prison accommodates up to 1284 prisoners and accommodates category B prisoners and the Trinity Unit accommodates category C prisoners where there is an emphasis on resettlement. In 2009 the trust took over the Offender Healthcare Service (OHS) at HMPW from a private provider and has been working on development of the service since. The trust recently formed a consortium which includes South London and Maudsley NHS Foundation Trust and has won the contract to continue to provide services for a further 5 years with a two year optional roll over. Healthcare services at HMPW currently include: pharmacy, primary care, substance misuse, mental health (in reach and bed based services), a 6 bedded medical wing, sexual health clinics,

podiatry, optician services, dentistry, X-ray.

Income: £8.2 m Staff: 95WTE

# **Are Services Safe?**

## **OHS Integrated Governance and performance Board**

Has been established to provide integrated leadership, management, review and monitoring of the Offender Healthcare Service (OHS) and to seek assurance on regulated activities, both clinical and non-clinical

Incidents: Total 75 April – Sept 2014

 x36 medication errors (prescribing/ detox regime/ omissions) x10 documentation

**Deaths in Custody** x 6 since Jan 2014 all investigated under Si Policy (x4 hangings)

Reflecting a national trend.

No underlying trend to link recent DiC's

Key issues, limitations of in-reach mental health provision, verification process, Resus competency

#### Risks

OHS risk register: medication management, records, high staff vacancy and sickness, infection control, prison benchmarking and regime & SLAM, Resus

There are specific action plans in place to manage and mitigate all risks

## Safe staffing

There are currently 36.5 WTE vacancies across OHS (38%). There are 17 /51WTE (33%) vacancies in nursing. Daily reporting on safe staffing has been agreed to start Oct 2014.

# Are Services Effective?

## **Performance Monitoring**

Monthly internal performance Board Quarterly performance meeting with NHS England KPI's currently being reviewed by NHSE 2<sup>nd</sup> day screening 94%

68% by primary care nurse/doctor 26% referred on to substance misuse

TB screening 90%

Hep B vaccination 60%

81% have annual poly-pharmacy review

### Multidisciplinary working

Well established MDT working and service much more integrated with SLAM and other providers.

## **Specific Projects**

- Workforce and Governance: led by Maggie Elliot, Governance and Workforce Project Lead
- Service Redesign: led by Ele Charles, Service Redesign Project Lead
- Practice Development: led by Sue Wilson, Professional and Practice Lead
- Professional leadership and improving long term care: led by Louise Backhouse, Head of Nursing
- Review of operational policies/procedures: led by Himaya Baksh, Practice, Operations and Governance Manager (POGM)

# Are Services Caring?

### **Complaints**

OHS has a relatively low number of complaints but have struggled to meet 25 day target due to staff vacancies .

April 2014 to date - x11 in total; x5 breached.

4 closed within target. 2 open.

None currently red.

Clinical treatment most common subject

#### **PALs**

OHS have struggled to manage PALs due to staff vacancies. There is a back log of data entry- back to Jan 2014. Many offenders have left the service or transferred before the PALS concern has been resolved. There is also poor recording of outcomes to concerns. Improvement to PALs response will be led by POGM and will be delivered by December 2014

#### Her Majesty's Chief Inspectorate of Prisons

HMPW was inspected by HMCIP's (June 2013) and rated as good.

### **Independent Monitoring Board**

IMB (May 2014) recorded that the improvements in Offender Healthcare noted in last year's report have been maintained and there has been a welcome improvement in funding

# Are Services Responsive?

#### **Access to services**

Access to second day screening is very good (94%). Access to routine clinics has been challenging due to National Security Staff Benchmarking and security issues.

Access to complex case management has significantly improved as has the waiting times for dental services.

### **Complaints**

Lessons from complaints are shared with the prison at the partnership board and solutions discussed and actioned.

#### **CQUINS**

The Offender Healthcare Service has three CQUIN targets agreed with NHSE – all currently green.

- 1. Access to mental health assessment at 2<sup>nd</sup> day screening (target 80% at year end)
- 2. Hepatitis B Vaccination rate of 90%
- 3. Successful recruitment to 85% of vacant posts

#### Clinical

Pharmacy review to improve access led by Chris Evan, Chief Pharmacist

Resus competencies and role of bleep-holders Helen Spencer Hicks, Clinical Team Leader OHS

Review of all procedural documents, Himaya Baksh, POGM

# Are Services Well Led?

## **Visibility of Senior Staff**

Four open staff meetings have been held at HMPW by senior managers and the Divisional chair has held one road-show.

# **Vision & Strategy**

The OHS is currently embarking on a significant redesign and integrate all patient pathways led by Ele Charles

- Emergency pathway
- Universal pathway
- Targeted pathway
- Managed care pathway
- · Administration hub and single point of contact

A well attended workshop for all staff was held (July 2014) to kick start to project.

#### **Governance arrangements**

A new integrated governance and performance board has been set up with representatives from all healthcare providers. All issues are recorded and progress monitored against performance targets

# Staff management

Appraisal rates have been low due to staff vacancies. A 10% improvement was recorded last month with an aim to hit 85% by December.

### Staff recruitment

Key senior posts filled