

Schedule 2

Service Requirements

Part 1

General Service Delivery Requirements

1 Equity of Access

1.1 The Provider shall:

- (a) not discriminate between Patients on the grounds of age, sex, sexuality, ethnicity, disability, or any other non medical characteristics;
- (b) implement Royal National Institute for the Blind and Royal National Institute for the Deaf guidance as amended from time to time to ensure Patients who have relevant disabilities and/or communications difficulties are able to receive the Services;
- (c) provide Patients access to professional translation services, where required to enable them to access the Services;
- (d) subject to its obligations under the Data Protection Legislation, record details of any Patients who have special requirements in relation to accessing the Services;
- (e) deliver health promotion and disease prevention activities to all Patients in accordance with Paragraph 20, including those from hard-to-reach groups. Provider acknowledges that a hard-to-reach group shall include but not be limited to the following:
 - (i) those who do not understand written or spoken English;
 - (ii) those who cannot hear or see, or have other disabilities;
 - (iii) asylum seekers or refugees;
 - (iv) black or minority ethnic communities;
 - (v) those who are elderly;
 - (vi) those who have mental illnesses;
 - (vii) those who misuse alcohol or illicit drugs;
 - (viii) those who belong to a lower socio-economic class;
 - (ix) gay, bisexual and transgender groups;
 - (x) those with learning disabilities;
 - (xi) gypsy traveller population and;
- (f) ensure that the Services are delivered with reasonable adjustments for Patients with disabilities to ensure fair and equal access for all Patients.

- 1.2 The Provider acknowledges that to improve equity of access for black and minority ethnic (“BME”) Communities, it is important to collect information on ethnicity and first language due to the need to take into account culture, religion and language in providing appropriate individual care, for shared care, including secondary care, and the need to demonstrate non-discrimination and equal outcomes. The Provider shall therefore record the ethnic origin and first language of all Patients.
- 1.3 The Provider shall develop robust working relationships between Provider Staff and the Diversity Manager at each of the Establishments.

1A Critical Success Factors

- 1A.1 The Provider shall deliver the Services in order to meet the following critical success factors:
- (a) Compliance with all relevant Department of Health and National Offender Management Service (NOMS) policies;
 - (b) Patient Involvement – The integration of Patients and former Patients in the development of the Services within the Establishments and through the gate services;
 - (c) Access – The Services must be provided to meet the local Patient access availability (e.g. operational and regime hours of the individual Establishment);
 - (d) Capacity – The provision of NHS equivalent services in all Establishments which must be met within the agreed budget and must have the flexibility to increase and decrease speciality services in line with the year on year health needs analysis;
 - (e) Quality – the Services will be delivered in a safe and effective manner. The Services will be delivered in line with nationally agreed standards as outlined in the HJIPs and any other national and subsequent standards, including the core standards of the Care Quality Commission;
 - (f) Training – The Provider will produce a training plan for all Provider Staff working within the Establishments. This will ensure that the Services will be delivered through appropriately trained Healthcare Professionals. As a minimum all Provider Staff will have an annually updated personal development plan that includes the requirements for Continuous Professional Development;
 - (g) Value for Money and Affordable – The Services must provide value for money;
 - (h) Integration – The Provider and all other service providers within the Establishments will be expected to deliver an integrated health care package which links in with relevant local services e.g. local hospitals, local authorities and the local health economy;
 - (i) Communication – Where possible the Provider must communicate with the appropriate community services prior to individual prisoners entering or leaving custody to ensure a clearly communicated pathway of care with community providers to support the integrated offender management model;
 - (j) Continuous Service Learning and Development – The Provider will ensure that findings and recommendations from formal inspection reports such as those following a visit from CQC, HMCIP, Prison and Probations Ombudsman and feedback from Patients are acted upon appropriately and used to further develop the Services;
 - (k) Safety In Medicines Management – The Provider will support the development of safe and effective systems of prescribing, dispensing and reviewing medication. This includes drugs prescribed by secondary care and/or visiting clinicians out with the prison formulary;

- (l) Effective management of healthcare related escorts and bedwatches – The Provider will develop and maintain robust administration and clinical management systems to ensure where ever possible that there will be no inappropriate escorts; and
- (m) Screening Programmes – The Provider will ensure compliance with national policy.

2 Patient Dignity & Respect

2.1 The Provider shall:

- (a) ensure that the provision of the Services and the Practice Premises protect and preserve Patient dignity, privacy and confidentiality;
- (b) subject to Paragraph 2.2, allow Patients to have their personal clinical details discussed with them by a person of the same gender, where required by the Patient and if reasonably practicable;
- (c) provide a chaperone for intimate examinations to preserve Patient dignity and respect cultural preferences where requested by the Patient;
- (d) ensure that Provider Staff behave professionally and with discretion towards all Patients and visitors at all times; and
- (e) deliver the Services within a patient-focussed environment.

2.2 Where the Provider identifies an issue with the Establishment that is not conducive to the provision of the Services in accordance with Paragraph 2.1 it shall bring this to the attention of the Governor of the relevant Establishment and the Commissioner.

2.3 The Provider shall advise the Governor of the relevant Establishment of any situation where it becomes apparent that Patients with disabilities do not have full access to all healthcare facilities and programmes.

2.4 The Commissioner acknowledges that there may be occasions where, following a risk assessment of the individual Patient, the Provider's compliance with the requirements set out in Paragraphs 2.1(b) and 2.1(c) above, may pose a risk to Provider Staff. The Provider shall establish clear processes and procedures to deal appropriately with occasions where it may be necessary for operational Provider Staff and/or Prison Staff to be present at a Patient consultation.

3 Informed Consent

3.1 The Provider shall comply with NHS Requirements in relation to obtaining informed consent from each Patient as notified to the Provider by the Commissioner from time to time prior to commencing treatment including the following as amended from time to time:

- (a) Department of Health Good Practice in Consent Implementation Guide: Consent to Examination or Treatment 2002;
- (b) Health Service Circular HSC 2001/023; and
- (c) Consent: patients and doctors making decisions together (GMC 2008).

3.2 The Provider shall implement and maintain:

- (a) a patient consent policy;

- (b) a policy in relation to obtaining consent from Patients for their clinical records to be held on the Commissioner Mandated System; and
 - (c) robust procedures to deal with situations where Provider Staff have concerns about an individual Patient's capacity to consent to treatment. These procedures shall comply with the Mental Capacity Act 2005. All actions taken by Provider Staff in accordance with such procedures must be fully documented.
- 3.3 The Provider shall follow the requirements of, and procedures within, PSI 64/2011(updated) "Management of prisoners at risk of harm to self, to others and from others (Safer Custody)" and will share relevant information appropriately with all those managing such Patients.

4 Safeguarding

- 4.1 The Provider shall deliver the Services in accordance with:
- (a) the Mental Capacity Act 2005;
 - (b) the safeguarding policies and procedures in place at each Establishment as may be amended from time to time in respect of adults and children; and
 - (c) the policies of the Commissioner's Safeguarding Adults Partnership Board.
- 4.2 The Provider shall ensure that all Provider Staff have access to the policies and procedures referred to in Paragraphs 4.1 and 4.2 at all times and that copies of these documents are placed in the Practice Premises.
- 4.3 The Provider shall:
- (a) have a named member of Provider Staff at each Establishment to provide advice and support to Provider Staff on complex safeguarding issues and escalate concerns, involving the Local Authority where required;
 - (b) ensure it has an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including:
 - (i) risk management systems;
 - (ii) patient safety systems;
 - (iii) complaints; and
 - (iv) human resources functions,and that these are referred appropriately according to multiagency safeguarding procedures or relevant Establishment processes.
 - (c) put in place robust governance arrangements to ensure safeguarding of Vulnerable Adults and Children in line with Local Authority and the Establishment's processes and procedures;
 - (d) implement and maintain a procedure for any Serious Case Reviews that are ongoing or completed. The Provider's implementation of these procedures will be closely monitored by the Commissioner so as to improve procedures where appropriate;
 - (e) implement safeguarding policies and procedures for Children and Vulnerable Adults in line with the policies of the Commissioner's Safeguarding Adults Partnership Board and taking into account the safeguarding policies of the relevant Establishment, which

give clear guidance to Provider Staff on how to recognise and refer safeguarding concerns within and outside of the relevant Establishment;

- (f) collaborate with the advocacy co-ordinator in the relevant Local Authority to ensure that independent advocacy services are provided to Patients as appropriate to the circumstances;
- (g) identify an appropriate person at senior management level to champion the importance of safeguarding and promote the welfare of Children in the Establishments. This individual shall meet regularly with relevant professionals within the Establishments, the Commissioner and the relevant Local Authority;
- (h) co-operate with any request from the Safeguarding Boards to contribute to multi-agency audits, evaluations, investigations and Serious Case Reviews, including where required, producing a management report;
- (i) ensure that there is a system in place for identifying, analysing and referring any complaints which raise safeguarding concerns, including potential neglect;
- (j) ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred according to the local multiagency safeguarding procedures or Establishment safeguarding policies and procedures;
- (k) ensure that all allegations against Provider Staff are referred appropriately according to local multiagency safeguarding procedures;
- (l) ensure effective contribution to safeguarding case conferences/protection meetings through attendance by appropriate and informed Provider Staff, Prison Staff and, where necessary, within multiagency external processes; and
- (m) ensure that all safeguarding concerns relating to any member of Provider Staff are effectively investigated, that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.

4.4 The Provider shall ensure that all Provider Staff:

- (a) comply with the requirements of Working Together to Safeguard Children (Department for Education) (April 2013) and Safeguarding Adults: The Role of Health Service Practitioners (Department of Health) (March 2011);
- (b) understand risk factors in relation to safeguarding, and recognise Children in need of support and/or safeguarding;
- (c) recognise the needs of parents who may need extra help in bringing up their Children, and know where to refer for help;
- (d) recognise the risks of abuse to an unborn Child;
- (e) contribute to enquiries from other professionals, including without limitation any local safeguarding board that is in place for the area in which the relevant Establishment is situated, about Vulnerable Adults, Children and their family or carers, including where necessary the production of a management report;
- (f) liaise closely with other agencies, including other Health Care Professionals;

- (g) assess the needs of Children and the capacity of parents/carers to meet their Children's needs, including the needs of Children who display sexually harmful behaviour;
- (h) plan and respond to the needs of Children and their families, particularly those who are vulnerable;
- (i) contribute to Child protection conferences, family group conferences and strategy discussions;
- (j) contribute to planning support for Children at risk of significant harm, e.g. Children living in household with domestic violence or parental substance misuse;
- (k) help ensure that Children who have been abused and parents under stress (e.g. those who have mental health problems) have access to services to support them;
- (l) play an active part, through the Child protection plan, in safeguarding Children from significant harm;
- (m) as part of generally safeguarding Children and young people, provide ongoing promotional and preventative support, through proactive work with Children, families and expectant parents; and
- (n) communicate with each Establishment's security department in relation to safeguarding issues.

4.5 The Provider shall:

- (a) review the effectiveness of its safeguarding policies and procedures annually;
- (b) provide an annual safeguarding report and declaration to the Prison Health Partnership Board;
- (c) implement robust audit programmes in relation to safeguarding;
- (d) consider and implement the recommendations of any Serious Case Review and devise an action plan to ensure that any learning is implemented across the Establishments; and
- (e) analyse complaints which relate to concerns of abuse or neglect and include this analysis within its annual report under Paragraph 4.5(b) above.

5 Not Used

6 Clinical Safety & Medical Emergencies

6.1 The Provider shall:

- (a) ensure that all Provider Staff have and maintain basic life support and first aid certification with competence in defibrillation and procure that all Provider Staff comply with the UK Resuscitation Council Guidelines on basic life support and the use of automated external defibrillators;
- (b) ensure the availability of sufficient numbers of Provider Staff with appropriate skill, training and competency and who are able and available to recognise, diagnose, treat and manage Patients with urgent conditions at all times;

- (c) possesses the equipment and in-date emergency drugs including oxygen to treat life-threatening conditions such as overdose, strangulation, poisoning or any other form of self harm, anaphylaxis, meningococcal disease, suspected myocardial infarction, stroke, status asthmaticus, status epilepticus and nalaxone to treat overdose of opiodes or respiratory depression caused by overdose of opiodes;
- (d) working with the relevant Establishment's security department, pass all life threatening conditions to the ambulance service as soon as practicable by dialling 999 and requesting the ambulance service. Where a Patient is referred to the ambulance service, the Patient shall receive appropriate care within one (1) hour of the Provider's call to the ambulance service;
- (e) adhere to any national or local guidelines relating to clinical safety and medical emergencies in primary care as amended from time to time;
- (f) respond to any emergency health situation involving a member of the Prison Staff or any visitor, and will deliver emergency first aid until either the situation is resolved or the ambulance service has taken over; and
- (g) ensure that there are procedures in place to give emergency mental health treatment in line with the guidance in the Mental Health Act 2007 or any relevant Law or guidance, including in relation to standards for observation and clinical review.

7 Good Practice

- 7.1 The Provider will deliver "high quality clinical services" at all times within all Prisons in the North East region. The Provider will evidence in the delivery of the Services of the highest standards attainable across the three quality domains set out in 'High quality care for all: NHS Next Stage Review final report'. The Provider will produce reports to evidence the delivery of consistent high quality care and action planning to address any weaknesses in the quality of Services provided when requested to do so by the Commissioner and/or the PHPB.

8 Equipment

- 8.1 Subject to Schedule 6 (Premises and Equipment), the Provider shall provide medical and surgical equipment, medical supplies including medicines, drugs, instruments, and materials necessary for Patient care which shall be adequate, functional and effective.
- 8.2 The Provider shall establish and maintain a planned preventative programme for its equipment as referred to in Paragraph 8.1 above and make adequate contingency arrangements for emergency remedial maintenance.
- 8.3 The Provider shall promote effective care and optimise health outcomes by ensuring that the Practice Premises are safe and secure and protect Patients and their property, together with the physical assets of the Establishments.

9 Infection Control

- 9.1 The Provider shall maintain a safe, hygienic and pleasant environment at the Practice Premises have in place arrangements that meet the standards outlined in the NICE guidelines on infection control "Infection Control (CG139)" <http://guidance.nice.org.uk/CG139> and shall:
- (a) ensure that robust procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of reusable medical devices including complying with the policy of the Commissioner and the National Offender Management Service requirements;
 - (b) ensure that procedures implemented in accordance with Paragraph 9.1(a) above shall be such as to ensure that reusable medical devices are handled safely and/or

decontaminated effectively prior to re-use in compliance with the national decontamination strategy COSHH;

- (c) make arrangements for the ordering, recording, handling, safe keeping, safe administration and disposal of medicines used in relation to the Services including controlled drugs; and
 - (d) make arrangements to minimise the risk of infection and toxic conditions and the spread of infection between Patients, Provider Staff (including any clinical practitioners which the Provider has asked to carry out clinical activity), Prison Staff and visitors.
- 9.2 The Provider shall ensure that the Practice Premises are cleaned on a regular basis and meet all applicable infection control standards, in accordance with Clause 12 and this Paragraph 9. The Provider will adhere to a schedule of cleaning which is comparable to NHS Standards. The Provider will carry out six monthly compliance audits and report back to the Commissioner.
- 9.3 The Provider will deliver the Services from a clean and pleasant environment, in accordance with the national specification for clean NHS premises and the relevant requirements of the Health and Social Care Act 2008 (Code of Practice for the Prevention and Control of Associated Infections), Health and Safety at Work Act 1974, and any other relevant requirements.
- 9.4 The Provider will ensure that the Practice Premises promote effective care and optimise health outcomes by being a safe and secure environment which protects Patients and their property, and the physical assets of the Provider and the relevant Establishment.
- 9.5 The Provider shall put in place and maintain all appropriate arrangements for infection prevention, control and decontamination so as to comply with the Infection Control Code of Practice and Clause 12 and this Paragraph 9, including the development, implementation and review of:
- (a) Provider policies and procedures;
 - (b) the annual audit programme required under the Control of Substances Hazardous to Health (COSHH) Regulations 2002;
 - (c) training and education for Provider Staff; and
 - (d) access for Provider Staff to specialist infection prevention, control and decontamination expertise.
- 9.6 The Provider shall implement a system of six monthly audits of compliance with infection control standards including NHS cleaning standards. The Provider shall co-operate with any request by the Commissioner to inspect premises for the purpose of such audits.
- 9.7 The Provider shall ensure that all notifiable infectious diseases are reported as a matter of urgency and within forty eight (48) hours in accordance with all relevant Law to the Health Protection Agency, the Commissioner and the relevant Establishment.
- 9.8 The Provider will ensure that:
- (a) robust infection outbreak plans are developed as part of the Provider's business continuity plan in accordance with Paragraph 16.1 below and in collaboration with:
 - (i) the Health Protection Agency;
 - (ii) the Commissioner; and

- (iii) the relevant Establishment,
to be approved by the Commissioner and the relevant Establishment;
- (b) Provider Staff, Prison Staff and Patients are educated as to infection control issues;
and
- (c) the risk of health care acquired infection to Patients is reduced, with particular emphasis on high standards of hygiene and cleanliness.

10 Referrals

10.1 The Provider shall:

- (a) have a robust administration system in place for proactively liaising with local hospitals and a referral process to effectively manage Establishment to hospital, and Establishment to telemedicine referrals;
- (b) ensure that once referred to secondary care, monitoring of Patients continues;
- (c) monitor and minimise inappropriate referrals to emergency and urgent care services and hospital admissions and ensure the appropriate and optimal utilisation of Patient escort services for hospital escorts and bedwatches;
- (d) cooperate with and make effective use of:
 - (i) Emergency Care Practitioners;
 - (ii) community services;
 - (iii) Commissioner commissioned services;
 - (iv) telemedicine; and
 - (v) in-prison outpatient and diagnostic services;
- (e) implement robust handover processes for communicating all pre-operative and post-operative care for Patients with all relevant hospitals, telemedicine providers and sending/receiving prisons;
- (f) cooperate with service providers carrying out out of hours services to ensure safe and seamless care for Patients (for example, for Patients with palliative care needs);
- (g) provide complete and comprehensive referral information to the service the Patient is being referred to, to enable any further activity to proceed;
- (h) implement and adopt evidence based clinical pathways for referral, agreed with all other local, primary, secondary and tertiary healthcare providers to ensure ease of access for Patients and continuity of care, including the smooth transition of Patients between Establishments and between Establishments and the community;
- (i) routinely collect data about the appropriateness of the Provider's referrals;
- (j) complete all referrals in a legible format on templates provided by the Commissioner or the secondary care provider that the Patient is being referred to;
- (k) implement national referral advice including Referral Guidelines for Suspected Cancer and NICE guidance;

- (l) ensure urgent suspected cancer referrals are faxed or sent electronically and received by the relevant trust within twenty-four (24) hours and achieve the two (2) weeks target for cancer referrals. The Provider shall check with the relevant trust and document that the urgent referral has been received;
 - (m) review referrals practice to local hospitals and telemedicine providers at least every six (6) months to ensure it is in line with latest guidance and protocols to ensure efficiency, quality of service and value for money;
 - (n) develop and implement policies in relation to nurse and nurse specialist referrals and their extended role in treatment and investigation of Patients with specified diseases;
 - (o) ensure that Patients undergo an initial assessment and are referred, only where appropriate, using the GMC principles of Good Medical Practice (2006) unless specific referral pathways have been otherwise agreed with the Commissioner;
 - (p) liaise, cooperate and make appropriate referrals to emergency and non-emergency ambulance service providers as appropriate to Patient care;
 - (q) liaise, co-operate and draw up appropriate referral processes with the Commissioner's out of hours service provided by Extended Care Practitioners;
 - (r) contribute to the achievement of:
 - (i) the 18 Week Standard; and
 - (ii) the two (2) weeks target for cancer care referrals, through effective referrals;
 - (iii) the fourteen (14) day target for mental health transfers;
 - (s) develop robust clinical and administration systems to ensure that referrals to the Services are triaged and Patients are sign-posted effectively;
 - (t) ensure all referrals are documented electronically;
 - (u) implement and maintain an effective administration function to support Patient movement along care pathways, referrals and the proactive movement of clinical information to support care;
 - (v) only refer Patients with sufficient time left to serve of their sentence for secondary care treatment (telemedicine and visiting services). The only exceptions will be any two week wait referrals; and
 - (w) implement and maintain a robust pathway for older Patients which complies with the Department of Health document "A Pathway to Care for Older Offenders (DH, 2007a)".
- 10.2 The Provider shall produce monthly Escort and Bedwatch data in collaboration with the Establishment's Security Department.
- 10.3 The Provider will ensure that all Patients have an up-to-date care plan, developed with the individual Patient and including clear timelines for review (the "**Care Plan**").
- 10.4 The Provider shall ensure that the Care Plan includes information as to discharge planning/arrangements from the day of diagnosis, towards the point of recovery.
- 10.5 In the case of a terminal illness, the Care Plans shall include a record of:

- (a) the Patient's wishes for ongoing care and end of life arrangements including communications with family and friends;
 - (b) any living will; and
 - (c) any directions as to when resuscitation will not be appropriate.
- 10.6 The Provider shall put in place a process for liaising with the Patient's legal representative to record the Patient's wishes formally and in accordance with Law. The Patient's wishes shall be communicated to all Provider Staff working at the relevant Establishment wing where the Patient is resident and recorded in the Patient's clinical records.
- 10.7 The Provider will work closely with the Commissioner to support the development of telemedicine and prison based outpatient services and diagnostics.
- 10.8 The Provider will triage all secondary care appointments for suitability of telemedicine or established in-prison outpatient services
- 10.9 The Provider will ensure that the most appropriate methods of communicating information between the Services within each Establishment and all other healthcare services provided by providers within each Establishment and those in the community are implemented to enable the Provider to manage individual Patients and any potential increase in demand for services appropriately.
- 10.10 The Provider will work in partnership with community services, including community substance misuse teams, local health care centres, local hospitals and other specialist services including telemedicine to develop robust referral processes to ensure seamless transfers of information for prisoners between the Establishments and the community to ensure that a complete record is kept for all Patients.
- 10.11 The Provider will ensure that all care pathways between the Establishments and the community are discussed with appropriate Prison Staff to ensure robust care planning and integration with resettlement plans.

10A Liaison and Co-operation with the Establishments

- 10A.1 The Provider will work with all relevant Health Care Professionals and other relevant Establishment and community agencies to implement Discharge Plans for all Patients, containing information on:
- (a) accommodation;
 - (b) education;
 - (c) health;
 - (d) drugs;
 - (e) finance;
 - (f) children and families;
 - (g) attitudes;
 - (h) thinking; and
 - (i) behaviour.

- 10A.2 The Provider will work with the relevant Establishment to ensure that the health care element of the Patient's Discharge Plan is included in the Patient's Resettlement Plan.
- 10A.3 The Provider shall ensure that Provider Staff communicate regularly with the department of the Establishment or Prison Staff responsible for arranging prisoner transfers, so as to ensure that any transfers, moves or releases of Patients are appropriate, planned and followed up from a health care perspective.
- 10A.4 The Provider shall ensure that Patients housed on the Segregation Unit of the relevant Establishment, are visited by an appropriate Health Care Professional on a daily basis and a medical practitioner as required and as a minimum every three days, in compliance with relevant PSOs and PSIs and a pathway is developed to aid transfer of the Patient back into the main environment of the Establishment. A note of each visit must be made in the Patient's care record.
- 10A.5 Where a Patient is transferred to the Segregation Unit of the relevant Establishment the Provider shall complete the HM Prison Service care in separation health algorithm before completing an Initial Segregation Health Screen. The Initial Segregation Health Screen shall be carried out by a registered nurse within two (2) hours of initial segregation.
- 10A.6 The Provider shall undertake an Initial Segregation Health Screen prior to an adjudication by Prison Staff for a Patient to be given a period of cellular confinement in order to advise the adjudicator if there are health factors that would indicate that cellular confinement would be unsuitable or unsafe.
- 10A.7 The Provider shall:
- (a) put in place mechanisms to facilitate effective communication and support between Provider Staff and Prison Staff on how to manage Patients with particular behavioural or risk issues, where appropriate; and
 - (b) in line with PSO 3050, PSO 0550 and PSO 2700 (ACCT), put in place and manage processes at each of the Establishments to enable the effective sharing of risk information between the appropriate departments at the Establishment and the Services where a Patient is assessed as a risk to either himself or others.
- 10A.8 The Provider will ensure that:
- (a) member of Provider Staff attends all meeting of the Segregation Review Board/Young Person Segregation Review Board;
 - (b) it has appropriate representation at each Establishment's daily operational briefing and that any information gathered at such briefings is fed back to all Provider Staff in an appropriate format;
 - (c) it has appropriate representation at each Establishment's security committee, drug strategy meetings, public protection meetings, safer custody meetings and any other relevant meetings as deemed necessary by the Governing Governor of the relevant Establishment;
 - (d) it contributes to Establishment security and operational meetings by sharing appropriate non-confidential information; and
 - (e) it complies with the lawful instructions of the Establishment's duty manager in relation to incidents at an Establishment.

11 Not used

12 Co-operation

12.1 The Provider will provide an integrated and fully supported primary health care team to work in partnership with the Establishment and all other Health Care Providers and stakeholders on the same basis as other GP practices;

12.2 The Provider shall:

- (a) develop a programme of training and support for Health Trainers and Peer Mentors;
- (b) develop protocols to support dynamic working between contracted services and service user support services;
- (c) together with the Commissioner, establish good information flows to/from pathology and diagnostic providers and NHS and non-NHS Health Care Providers;
- (d) foster good working relationships and gain mutual understanding of systems, policies and procedures with key local stakeholders; and
- (e) establish a directory of information regarding local resources and foster a good understanding of the local Patient care pathways to promote effective referrals.

12.3 The Provider shall be required to collaborate with the Commissioner in the following areas:

- (a) structures - to ensure that links are maintained with key structures within the Commissioner and local health economy, particularly with forums dealing with patient involvement which is an initiative to involve Patients and the public in the planning of services;
- (b) process – to ensure that similar policies and protocols are in place between the Provider and the Commissioner (e.g. clinical policies, workforce planning including training opportunities and structured secondment programmes subject to agreement by the Commissioner); and
- (c) outcomes – to ensure that key clinical indicators are in place to allow benchmarking with other services commissioned by the Commissioner and contribute towards the Commissioner's own performance indicators.

12.4 The Provider shall discuss and develop policies and procedures with the Commissioner and local Clinical Commissioning Groups to ensure there is compatibility with local policies and procedures, including clinical and non-clinical issues.

12.5 The Provider shall co-operate and collaborate with others involved in the process of providing, commissioning, maintaining or inspecting the Services, including but not limited to:

- (a) the Independent Monitoring Board;
- (b) HM Inspectorate of Prisons;
- (c) the Commissioner;
- (d) the National Treatment Agency;
- (e) the UK Border Agency;
- (f) the National Offender Management Service; and

(g) the Care Quality Commission.

12.6 The Provider shall, in collaboration with the Commissioner and the National Offender Management Service, review existing arrangements for in-patient care which may include a regionalised approach to the utilisation of existing beds and innovative solutions for meeting specific healthcare needs of prisoners.

13 Not Used

14 Quality Assurance

14.1 The Provider shall:

- (a) comply with the Long Term Conditions Scorecard in accordance with the KPIs;
- (b) host a clinical governance forum;
- (c) identify and implement learning from all audit, incident reporting and relevant reports from HM Inspectorate of Prisons through delivery of the Services where appropriate;
- (d) ensure that its Clinical Staff participate in regular clinical audit and reviews of the Services. The Provider shall undertake, as a minimum, an annual audit of clinical records, record keeping of the Provider's compliance with NICE guidance; and
- (e) produce reports to evidence the delivery of consistent high quality care and action planning to address any weaknesses when requested to do so by the Commissioner and/or the Prison Health Partnership Board.

14A Patient Involvement and Outcome Measures

14A.1 The Provider shall:

- (a) conduct Patient experience surveys annually and report the results to the Commissioner;
- (b) in conjunction with the Commissioner and the Establishments, develop Patient reported outcome measures and patient reported experience measures;
- (c) undertake nationally driven Patient Reported Outcomes Measures surveys with key Patients;
- (d) regularly review the experience of Patients of the Services and shall report the results to the Commissioner;
- (e) consult Patients in respect of the Services offered to them;
- (f) work with Patients in order to evaluate and, where necessary, improve patient satisfaction rates; and
- (g) meet at least four (4) times per Agreement Year and up to a maximum of twelve (12) times per Agreement Year with a group of Patients at each of the Establishments in order to discuss and assess the Provider's delivery of the Services.

14A.2 The Provider shall:

- 14A.2.1 develop a robust process for the production of material for Patient use in line with the Provider's processes and policies;

14A.2.2 make information available to all Patients on the Services available to them within the relevant Establishment;

14A.2.3 provide Patients with suitable and accessible information on the care and treatment they can expect to receive; and

14A.2.4 published at least six weeks in advance a programme of clinics and groups provided as part of the Services and how Patients can access such clinics and groups.

14A.3 All information produced by the Provider in accordance with Paragraph 14A.2 shall be in a style and language appropriate to the population of the relevant Establishment.

15 Practitioner Skill Mix/Continuity

15.1 The Provider shall:

- (a) deliver the Services using the most appropriate Clinical Staff to address the needs of the Patients;
- (b) implement processes to ensure all Patients receive continuity of care;
- (c) use its reasonable endeavours to notify and consult with the Commissioner about any planned material changes to the skill mix of Clinical Staff used in the provision of the Services;
- (d) maintain continuity of Clinical Staff and keep the Commissioner informed of any changes in GPs or nurse practitioners; and
- (e) at all times ensure the availability of appropriate Provider Staff who are able and available to recognise, diagnose, treat and manage Patients with urgent or life-threatening conditions.

15.2 Where the Provider is unable to provide a safe level of service either from a clinical or security perspective, then this must be escalated immediately to the senior manager on duty for the Provider and the Establishment and documented within the Provider's clinical risk management system. Where a resolution cannot be found within seventy two (72) hours of the risk being identified the Provider shall notify the Commissioner.

16 Risk Management

16.1 The Provider shall operate:

- (a) mechanisms for managing risk;
- (b) disaster recovery, contingency and business continuity plans;
- (c) keep the Commissioner fully informed about the:
 - (i) Provider's approach to risk management (risk philosophy) including the risk the Provider is willing to bear before taking action and what processes are implemented; and
 - (ii) detail of the risk management structures and processes that exist and how they are implemented.

16.2 The business continuity plans referred to under Paragraph 16.1 shall cover the following areas:

- (a) staffing issues (including planned or unplanned increase in workload, staff absences etc);
- (b) infection control issues;
- (c) medical emergencies;
- (d) Major Incidents;
- (e) prison incidents (including but not limited to loss of health care operating facilities);
- (f) Serious Incidents;
- (g) deaths in custody;
- (h) any person or persons arriving first on the scene of any incident within the relevant Establishment;
- (i) adverse weather conditions;
- (j) training and continuous professional development;
- (k) malfunction of critical medical equipment;
- (l) IM&T;
- (m) changes in the demography of the population of the Establishments; and
- (n) recruitment.

16.3 The Provider shall:

- (a) share information regarding any risks in relation to any Patient or the Services with both the management at the relevant Establishment and the Commissioner;
- (b) present action plans to the Prison Health Partnership Board as to how risks will be managed between all organisations affected;
- (c) report any incident which affects the good order or security of the relevant Establishment to the relevant duty governor immediately;
- (d) report on a quarterly basis to the Prison Health Partnership Board outlining any risks to Service delivery and current waiting lists for particular Healthcare Services;
- (e) work in collaboration with the Health Protection Agency to comply with local contingency and emergency planning;
- (f) ensure that there is a process in place for the implementation of any agreed plans for the management of risks identified as part of the risk management and risk register management process; and
- (g) ensure that appropriate contingency plans are in place to minimise disruption to the delivery of the Services.

17 Establishment Health Risk Register

- 17.1 The Provider shall maintain and update on a monthly basis a healthcare risk register which is specific to each Custody Suite. The register will include a risk score based on the consequences versus likelihood. The register shall include:
- (a) HJIPs;
 - (b) North East Prison Performance System red risks;
 - (c) healthcare recommendations of HMIP inspection reports;
 - (d) healthcare recommendations resulting from Death in Custody Reviews;
 - (e) risks to Service continuity;
 - (f) sub-contractor red risks; and
 - (g) any other identified risks to Service delivery.
- 17.2 The Provider shall submit a copy of the register to the Prison Health Partnership Board on a quarterly basis.
- 17.3 The Provider shall develop a risk register of all Establishment-wide risks and this will be reviewed as part of the Monthly Review meetings.

18 Clinical Records

- 18.1 The Provider shall at its own cost retain and maintain all the clinical records in accordance with:
- (a) Good Practice;
 - (b) this Part 1 of Schedule 2; and
 - (c) the requirements of Schedule 5 (IM&T).
- 18.2 The Provider shall at its own cost retain and maintain all the clinical records in chronological order and in a form that is capable of audit.
- 18.3 Clinical records shall be retained and maintained in electronic form in accordance with Schedule 5 (IM&T).
- 18.4 The Provider shall make such records available for inspection to authorised representatives of the Commissioner and any other relevant Health Service Body where it has reasonable cause for requiring such records, on giving reasonable notice.
- 18.5 The Provider shall ensure that all Provider Staff receive appropriate training on their legal obligations as to person identifiable records in line with the Caldicott Principles.
- 18.6 The Provider shall include the following minimum information in clinical records:
- (a) a full account of the Provider's assessment of the Patient;
 - (b) relevant information about the Patient's condition;
 - (c) measures taken to respond to the needs of the Patient;
 - (d) evidence that the duty of care has been understood and honoured;

- (e) a record of arrangements made by the Provider for continuing care; and
- (f) recovery and discharge plans, including integration and resettlement.

19 Provider Records

19.1 The Provider shall during the term of this Agreement and for a period of six (6) years thereafter, maintain at its own cost records relating to the provision of the Services, the calculation of the Charges and/or the performance by the Provider of its obligations under this Agreement as the Commissioner may reasonably require in any form (the “**Records**”), including information relating to:

- (a) contract management reporting;
- (b) national / data set reporting;
- (c) activity reporting, including:
 - (i) monthly activity reporting to the Department of Health and Commissioner (as part of the Provider Exception Report);
 - (ii) requisite data for payment purposes; and
 - (iii) KPI measures (where not covered elsewhere);

19.2 The Provider shall:

- (a) on request produce the Records for inspection by the Commissioner or, on receipt of reasonable notice, allow or procure for the Commissioner and/or its authorised representatives access to any premises where any Records are stored for the purposes of inspecting and/or taking copies of and extracts from Records free of charge and for the purposes of carrying out an audit of the Provider’s compliance with this Agreement, including all activities of the Provider, the Charges and the performance, and the security and integrity of the Provider in providing the Services under this Agreement;
- (b) preserve the integrity of the Records in the possession or control of the Provider and Provider Staff and all data which is used in, or generated as a result of, providing the Services;
- (c) prevent any corruption or loss of the Records; and
- (d) provide any assistance reasonably requested by the Commissioner in order to interpret or understand any Records.

19.3 The Provider shall ensure that during any Records inspection the Commissioner and/or its authorised representatives receive all reasonable assistance and access to all relevant Provider Staff, premises, systems, data and other information and records relating to this Agreement (whether manual or electronic).

20 Health Promotion and Disease Prevention

20.1 The Provider shall deliver Services that are focused heavily on health promotion and disease prevention. The Provider acknowledges that the Commissioner has a number of key public health challenges that it needs to address and that it shall as a result be required to support the Commissioner in meeting such challenges. For the avoidance of doubt the Provider shall not be entitled to any additional payments over and above the Charges in respect of health promotion activities.

20.2 The Provider shall work in partnership with the Commissioner and all appropriate stakeholders within each Establishment in accordance with PSO3200 in order to ensure that health promotion in each Establishment includes:

- (a) supporting Patients to build their physical, mental and social health;
- (b) helping prevent the deterioration of Patients' health during custody
- (c) helping Patients adopt healthy behaviours that can be taken back into the community upon release;
- (d) infection control and prevention;
- (e) managing infectious diseases and risky behaviours;
- (f) delivering the Darzi Workstreams;
- (g) smoking cessation;
- (h) promotion of exercise; and
- (i) healthier diets.

20.3 The Provider acknowledges that the burden of:

- (a) Long Term Conditions;
- (b) mental illness;
- (c) learning disabilities;
- (d) drug and alcohol issues;
- (e) Blood Borne Viruses;
- (f) Immunosuppressant disease; and
- (g) Sexually transmitted diseases,

are increasing and that it shall ensure it has effective strategies for health promotion and disease prevention (including infection prevention and control) in place to tackle the lifestyle issues that underlie some of these diseases. These shall include but not be limited to:

- (h) smoking;
- (i) substance misuse including alcohol;
- (j) weight management;
- (k) healthy lifestyle including exercise;
- (l) mental health first aid;
- (m) managing self harm and suicide;
- (n) dietary habits;

- (o) sexual health;
 - (p) Blood Borne Viruses; and
 - (q) inoculations.
- 20.4 For the purposes of this Paragraph, "Long Term Conditions" are conditions that cannot at present be cured but which can be controlled by medication and other therapies.
- 20.5 The Provider shall identify and proactively screen and manage Patients at risk of developing long term conditions, cancers and all infections, including sexually transmitted infections.
- 20.6 The Provider shall meet all KPIs in relation to Long Term Conditions and shall keep a register of all Patients with Long Term Conditions. The Provider shall have in place standards over and above those contained in the Long Term Conditions and Chronic Disease Indicator requirements to ensure that Patients receive the highest possible standard of clinical care. The Provider shall achieve the required level of interventions as set by the Commissioner.

21 Serious Incidents and Deaths in Custody

- 21.1 In the event of any serious incident including SIs occurring, the Provider shall:
- (a) report the incident immediately to the Commissioner and the relevant Establishment;
 - (b) register the incident on the Provider's electronic incident reporting system; and
 - (c) inform the security department of the relevant Establishment of the incidents within four (4) hours of it occurring through the use of a serious incident report.
- 21.2 The Provider shall ensure that all Provider Staff are trained in the use of a validated system for reporting serious incidents.
- 21.3 The Provider will implement policies and procedures that comply with the Commissioner's Serious Incidents policy as amended from time to time and all relevant Law, to be approved by the Commissioner.
- 21.4 The Provider shall:
- (a) report all incidents and accidents to the Commissioner Agreement Manager by email within one (1) Business Day of the occurrence of the incident with a written report to follow within two (2) Business Days on the appropriate forms;
 - (b) provide written updates to the Commissioner of any follow up investigation, activity or procedure including the outcomes of such investigations, activities or procedures not less than once in every month following the incident;
 - (c) provide a copy of any investigation report or root cause analysis to the Commissioner and other bodies (including where appropriate the Coroner), as appropriate;
 - (d) unless agreed otherwise in accordance with Paragraph 21.4(f) below, provide a copy of its internal report and action plan in relation to the SI within twelve (12) weeks of the SI taking place;
 - (e) request in writing the Prison Health Partnership Board's written approval for an extension to the timescale for the internal report and action plan referred to in Paragraph 21.4(e) above where the internal report and action plan cannot be completed within twelve (12) weeks;

- (f) provide exception reports against any implemented action plans in relation to SIs on a monthly basis;
 - (g) put in place robust policies and procedures in relation to serious incidents; and
 - (h) consider whether it is appropriate to report the incident to the relevant professional body.
- 21.5 The Provider shall work with the Commissioner, the PHPB and other agencies as appropriate in relation to the investigation of SIs and shall agree with such other agencies which agency or organisation is to take the lead in respect of the investigation. The Contractor shall provide timely responses to any requests for information from such organisations in respect of SI investigations.
- 21.6 The Provider shall work with the Commissioner, HM Prison Service and the relevant Establishment in considering communication and media handling strategy in relation to SIs.
- 21.7 In dealing with an SI at an Establishment, the Provider shall liaise with the lead officer or any nominated investigation manager employed or engaged by the Commissioner in relation to:
- (a) the need for any initial support and advice to the Provider;
 - (b) liaison with the regional director of public health or other bodies where appropriate; and
 - (c) the provision of appropriate briefings to the regional director of public health, the Department of Health and/or ministers.
- 21.8 Where there is evidence that the SI is part of a trend or where the circumstances or consequences of the SI are exceptionally serious, the Commissioner may instigate a wider investigation and, in doing so, may:
- (a) ask the Provider to undertake further inquiries or suggest a particular course of action; and/or
 - (b) the Commissioner may refer the SI to the Department of Health's investigations and inquiries unit.
- 21.9 The Provider shall participate in any investigation into an SI which extends beyond a root cause analysis and which involves people independent of the Provider or the Commissioner and requires the prior approval of the Department of Health investigations and inquiries unit, in collaboration at all times with the Governor of the relevant Establishment(s).
- 21.10 In line with the Never Events Framework 2009/10 (National Patient Safety Agency) (February 2009) the Commissioner shall monitor the occurrence of Never Events within the Services and publicly report on such Never Events on an annual basis.
- 21.11 The Commissioner shall monitor and report on the Provider's performance with regard to:
- (a) timeliness of reporting;
 - (b) performance against the twelve (12) week target referred to in Paragraph 21.4(e) above;
 - (c) trends and patterns; and
 - (d) quality of reporting.
- 21.12 The Provider shall ensure that:

- (a) all investigations in relation to deaths in custody follow any relevant guidance published by the Prison and Probation Ombudsman and any relevant Prison Service Orders in relation to deaths in custody. The Provider shall cooperate with all relevant agencies in respect of clinical and operational investigations into deaths in custody;
- (b) all relevant and appropriate policies and procedures are in place regarding the reporting and management of risks, incidents, near misses and Serious Incidents (SIs), as required by national guidance from the NHS Litigation Authority Risk Management Standards, CQC core standards and any other relevant bodies; and
- (c) all recommendations made following an incident or serious incident by the Commissioner, the Prison Health Partnership Board or any external national investigation teams i.e. Care Quality Commission, Prison Health Inspectorate or Prison and Probation Ombudsman, are implemented and monitored for effectiveness.

21.13 The Provider shall submit an incident report to the Prison Health Partnership Board for each Agreement Quarter as part of the Provider Performance Report as set out in Schedule 7 (Agreement and Performance Management).

21.14 The Provider shall cooperate fully with any investigation conducted by HM Prison Service at any of the Establishments.

22 **Security**

22.1 The Provider will comply with all security procedures in place at each Establishment as set out in each Establishment's local security policy as may be amended from time to time.

22.2 In the event that the Provider becomes aware of any breach in security during the delivery of the Services, the Provider shall make a detailed report of such incident and provide a copy to the relevant Establishment.

23 **Not used**

24 **Health and Safety**

24.1 From the Commencement Date the Provider shall implement its health and safety policy which shall be compliant with and operated in conjunction with each Establishment's health and safety policies, and shall provide a copy of its policy to each Establishment's health and safety manager annually.

24.2 The Provider shall:

- (a) report all health and safety incidents occurring at the Establishments to the relevant Establishment's health and safety managers within twenty four (24) hours;
- (b) designate a representative to attend each Establishment's health and safety meetings;
- (c) procure that Provider Staff observe all safety precautions necessary for the protection of Provider Staff; and
- (d) comply with all relevant health and safety Law, including all relevant risk assessments and training as required by health and safety Law.

24.3 The Provider shall carry out risk assessments and safe systems of work for the Services provided including any COSHH assessments for substances used in the delivery of the Services on an annual basis.

25 **Stock control**

- 25.1 The Provider shall endeavour to achieve value for money in terms of all stock ordered, used and distributed in the provision of the Services.
- 25.2 The stock referred to in Paragraph 25.1 includes but is not limited to:
- medication;
- (a) stationery;
 - (b) dressings;
 - (c) other medical equipment;
 - (d) clinical waste; and
 - (e) general waste.
- 25.3 The Provider shall undertake an annual stock take and audit and provide a report on the outcome of the stock take and audit to the Prison Health Partnership Board by 1 April in each Agreement Year. The annual stock take shall be based on an average of a five to ten percent (5 – 10%) depreciation rate on the basis of usage.
- 25.4 The Commissioner shall set a yearly budget for all stock and equipment. If the Provider wishes to purchase stock and equipment in excess of this budget it shall do so at its own cost.
- 25.5 Any savings at the end of the Financial Year for this component of the budget will be reinvested into the overall delivery of the Services in agreement with the Prison Health Partnership Board.

Part 2

Ophthalmic Services

1. Access

- 1.1 The Provider will ensure that the Services are accessible to all Patients within the relevant Establishment and are delivered according to both the Patient's ophthalmic needs and the work that is required.

2. Services

- 2.1 The Provider will provide the following Services:
- 2.1.1 eye examination including assessment of ocular health;
 - 2.1.2 determination of corrective prescription;
 - 2.1.3 measurement of visual acuity;
 - 2.1.4 supply and fitting of corrective spectacles including at least one pair of spectacles covered by the usual NHS voucher system;
 - 2.1.5 glaucoma testing;
 - 2.1.6 retinal screening; and
 - 2.1.7 repairs comparable with what is available on the NHS in the wider community;
- 2.2 Where appropriate the Provider will make referrals to NHS specialists.

3. Eye Infections

- 3.1 The Provider will ensure that all Provider Staff involved in the provision of the Ophthalmic Services are aware of the two common eye infections in human eye disease caused by Chlamydia Trachomatis. These are:
- 3.1.1 Adult conjunctivitis (keratoconjunctivitis) which is a sexually transmitted oculo-genital infection caused by Chlamydia Trachomatis serovars D-K;
 - 3.1.2 Trachoma which is the (global) commonest cause of preventable blindness in the human population. It is caused by Chlamydia Trachomatis Serotypes (serovars) A, B, Ba and C and is a chronic infection of the conjunctiva and cornea (keratoconjunctivitis).
- 3.2 The Provider will ensure that all Provider Staff undertaking eye examinations are able to recognise the presence of the eye infections mentioned in Paragraph 3.1 when conducting eye examinations on Patients.
- 3.3 In cases where infections are detected, the Provider will ensure that the Patient is referred on for treatment appropriately.

Part 3

Access to Services

1. Access to Services

- 1.1 The Provider shall ensure that the Services are provided at the Establishments during the sessions set out in Paragraph 1.2 within the times set out in the table below (the "Core Hours"):

Core Hours	Establishment
Weekdays 08:00 – 19:30 Weekends 08:00 – 17:00	HMP Northumberland
08:45 -11:30, 14:00 - 16:00	HMP Frankland
Weekdays 08:00 – 19:30 Weekends 08:00 – 17:00	HMP Low Newton
08:45 - 11:45, 14:00 - 16:00	HMP Durham
09:15 - 11:30, 14:15 - 16:00	HMYOI Deerbolt
08:30 - 12:15, 13:30 - 16:30	HMP Holme House
08:00 - 17:00 Monday to Friday 18:30 on a Friday to 08:00 Monday (Weekend out of hours service)	HMP Kirklevington Grange

2. Appointments

- 2.1 The Provider will ensure that appointment lengths are tailored to the clinical needs of the Patient.
- 2.2 Appointments will be at least twenty five (25) minutes each unless an auto refractor is used in which case the appointment time will be at least fifteen (15) minutes in duration. Appointment times shall include the time required for spectacle dispensing and fitting by an appropriate individual.
- 2.3 The Provider will ensure that all clinics accommodate and reflect the appointment types in this Paragraph 2.
- 2.4 The Provider will ensure that consultations for Patients who have booked to see an optician commence within fifteen (15) minutes of the scheduled appointment time, unless there are exceptional circumstances. Where there are exceptional circumstances, the Provider will ensure that the Patient is made aware of the delay, given the reason for the delay and offered alternative provision where appropriate.

3. Waiting Lists

- 3.1 The Provider will ensure:
- 3.1.1 that the waiting time for routine appointments is no greater than six (6) weeks from receipt of the request from the Patient;

- 3.1.2 that there is a process for the ongoing monitoring of waiting lists; and
- 3.1.3 all urgent cases are accommodated alongside routine cases provided that this does not elongate waiting lists or move Patients down waiting lists.
- 3.2 The Provider will ensure that there is a clear process for monitoring waiting lists and will notify the Commissioner if waiting times for the Services exceed six (6) weeks giving clear reasons for the increase in activity.

4. Did Not Attend Rates

- 4.1 The Provider will ensure that there is a commitment from all opticians to utilise ophthalmic time within all Establishments to a maximum capacity. Within this the Provider will make every reasonable effort to minimise lost clinical time from Patients failing to attend in order to improve access to ophthalmic care.
- 4.2 The Provider shall implement appropriate protocols to monitor Did Not Attend rates.
- 4.3 The Provider will ensure that there are processes in place to ensure that the Did Not Attend rate for the Services does not exceed ten percent (10%).