# Agenda – Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:
**Ystafell Bwyllgora 3 – Y Senedd**
Dyddiad: Dydd Iau, 3 Hydref 2019
Amser: 08.45

I gael rhagor o wybodaeth cysylltwch a:
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## Rhag-gyfarfod anffurfiol (08.45-09.30)

## Bil y Gwasanaeth Iechyd Gwladol (Indemniadau) (Cymru): Brîff Ffeithiol

## 1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

## 2 Craffu cyffredinol: Sesiwn dystiolaeth gyda Bwrdd Iechyd Prifysgol Betsi Cadwaladr

(09.30-11.00) (Tudalennau 1 – 38)

Mark Polin, Cadeirydd, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Gary Doherty, Prif Weithredwr, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Deborah Carter, Cyfarwyddwr Gweithredol Nyrsio Dros Dro, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Sue Hill, Cyfarwyddwr Cyllid Gweithredol, Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Briff Ymchwil
Papur 1 – Bwrdd Iechyd Prifysgol Betsi Cadwaladr

## Egwyl (11.00-11.10)

## 3 Darparu gofal iechyd a gofal cymdeithasol ar yr ystâd carchardai i oedolion: Sesiwn dystiolaeth gydag Arolygiaeth Gofal Iechyd Cymru, Arolygiaeth Carchardai Ei Mawrhydi ac Arolygiaeth Gofal Cymru

(11.10-12.40) (Tudalennau 39 - 72)

Rhys Jones, Pennaeth Uwchgyfeirio a Gorfodi, Arolygiaeth Gofal Iechyd Cymru
Tania Osborne, Pennaeth Arolygu Iechyd a Gofal Cymdeithasol, Arolygiaeth Carchardai Ei Mawrhydi
Gillian Baranski, Prif Arolygydd, Arolygiaeth Gofal Cymru

Briff Ymchwil
Pecyn ymgynghori
Pecyn ymgynghori (preifat)

Papur 2 – Arolygiaeth Gofal Iechyd Cymru
Papur 3 – Arolygiaeth Carchardai Ei Mawrhydi
Papur 4 – Arolygiaeth Gofal Cymru

## 4 Cynnig o dan Reol Sefydlog 17.42 (vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn

(12.40)

## 5 Bil y Gwasanaeth Iechyd Gwladol (Indemniadau) (Cymru): trafod yr amserlen ddrafft

(12.40-12.45) (Tudalennau 73 - 82)

Papur 5 – Bil y Gwasanaeth Iechyd Gwladol (Indemniadau) (Cymru): trafod yr amserlen ddrafft

Mae cyfyngiadau ar y ddogfen hon

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

## Introduction

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

## About the organisation

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

## Overview

3. The past year has been another very challenging period for the Health Board. Although progress has been made in moving the organisation forwards, much more needs to be done, across a number of fronts, to return the Health Board to a secure footing for the future. The Health Board remains in Special Measures, although the improvements made to GP out of hours services mean that during the year this has been removed as a Special Measures concern. This follows similar progress with maternity services, which were removed from Special Measures last year. Welsh Government has also noted the improvements that have been made in the effectiveness of the Board and mental health services. Substantial progress has been made in a number of key areas, which are summarised below with more detail being provided in the rest of this paper:

- Improvements in quality and safety including substantial reductions in infection rates, improvements in mortality rates, being awarded exemplar status for our work to reduce blood clots, improved stroke audit scores and sustained improvements in ambulance turnaround times

- Despite our ongoing challenges, our staff survey results show material improvement in a number of key measures including the proportion of staff who would recommend BCU as a place to work and who would recommend BCU for care and treatment
- We have stepped up our commitment to partnership working which has delivered major benefits both in terms of joint planning and service development but also reductions in Delayed Transfers of Care
- We have delivered a number of key service changes/innovations including new models of primary care, care closer to home, establishing high quality specialist services (e.g. SuRNICC, vascular, cancer services, cardiac services) and deploying leading edge, first in Wales technology (e.g. digital pathology)
- Significant reductions in a number of high cost areas, such as employment of agency staff and the use of out of area mental health beds, which are both cost and quality improvements

4. However, it is fully acknowledged that there is a long way to go in respect of performance, especially on waiting times and our financial position, and the Health Board needs to reach a position that will allow an Integrated Medium Term Plan (IMTP) to be approved. More detail is given in the rest of this paper but it is important to state from the outset that the Board fully accepts that performance is not acceptable and that we must build on the successes described above to deliver sustained improvement across all our services.

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

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

6. In March 2018, the Health Board approved the ten-year overarching strategy, **Living Healthier, Staying Well: Our Strategy for the Future.** The high-level strategy set out our commitment to work to influence the broader determinants

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

- Specialist inpatient urology services on two sites, working in an enhanced network of services across North Wales
- A pelvic cancer centre linked with the development of robotic assisted surgery and co-located with the more specialist urology service
- Expanded orthopaedic capacity at our three main acute hospital sites (rather than spreading this service over five sites as we do now) as part of an orthopaedic network
- Improved stroke care, from prevention in primary care, improved hospital care; specialist community based rehabilitation and early supported discharge, and a new specialist hyper acute stroke care unit.

7. As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we are fully committed to working with our partners to deliver sustainable and improved health and well-being for all people in North Wales. During 2018/19, we strengthened our commitment to and investment in partnership working, which is bringing benefits in terms of a shared vision and priorities, closer collaboration and maximisation of opportunities.

8. In **A Healthier Wales**, there is a clear expectation of acceleration in the rebalancing of care from a hospital setting to primary and community services. To support this, the NWRPB submitted four proposals for the Transformation Fund, all of which were approved and secured nearly £11m for partnership transformation initiatives:

   - Community services transformation
   - Integrated early intervention and intensive support for children and young people
   - Together for mental health in North Wales
   - North Wales Together: seamless services for people with learning disabilities

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

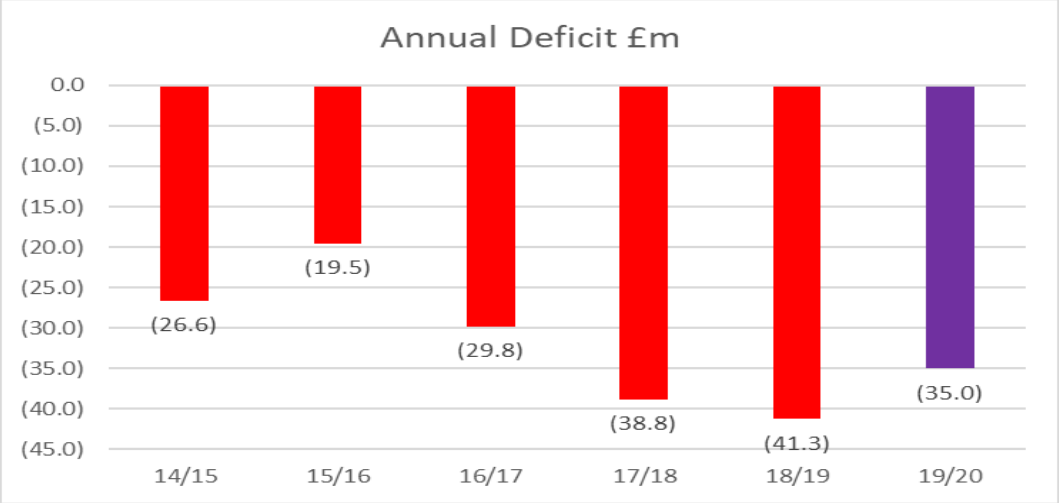
9. The Health Board has not yet been in a position to deliver an approvable IMTP because of continuing pressures in respect of finance, planning and performance. We have however developed a Three Year Outlook, supported by an Annual Plan for 2019/20, which underlines the commitment to improving health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

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

## Finance

10. The Health Board has been in financial deficit since 2014/15 and after the final accounts for 2018/19 were approved, the Health Board reported a three-year cumulative deficit of £109.9m.

11. The following table illustrates the annual deficits between 2014/15 and 2018/19 and the current draft plan for 2019/20:




12. The Health Board has always sought to improve its effectiveness and efficiency in order to ensure we are able to use public funds in the best possible way. On a number of key efficiency metrics, we are a high performer compared to other Health Boards including readmissions within 28 days, admissions on the day of surgery, prescribing and the cost of our corporate services. We have delivered a number of improvements to our cost base including:

- Significant improvements on reducing expenditure and reliance on agency staff, which has reduced by 33% from £40m in 2016/17 to £27m in 2018/19.
- In relation to Out of Area costs, Mental Health has seen a reduction of £2.3m in placement costs from 2017/18 to 2018/19, a reduction of over 3000 less beds used. In 2019/20, the bed days are at a continuing low level.

- The Health Board, through its Primary Care Pharmacy Teams, work directly with individual GP Practices and within the Prescribing Enhanced Service to target specific drugs and devices (e.g. inhalers) for cost savings. Based on an analysis of the actual GP Prescribing costs and activity for Quarter 1 of 2019/20 compared to Quarter 1 of 2018/19, the Top-10 targeted savings areas have shown a cash reduction in expenditure of £1.4m, which represents an 18% reduction in cost. In many cases, there have been direct switches from one drug to a cheaper alternative hence the change in overall items issues is less than 1%.

13. However, we have not been able to make the progress needed on our financial position which we fully recognise is not acceptable. In March 2019, we commissioned an independent financial review by Price Waterhouse Cooper, conducted over a three-month period from April 2019. The review was undertaken with full engagement from both the Health Board and the Welsh Government's Financial Delivery Unit and there were five key outputs:

    a) Review of Expenditure Controls report
    b) Financial Baseline report
    c) Revised Annual plan 2019/20
    d) Pipeline of Opportunities
    e) Delivery framework

14. The Health Board has a £25m control total for 2019/20, which requires us to deliver a savings target of £35m. As at the end of August 2019, the Health Board has reported an £18.2m deficit, which is £3.6m behind plan. This is largely as a consequence of our continued operational challenges and cost pressures, driven mainly across our three main hospital sites in Ysbyty Glan Clwyd, Ysbyty Gwynedd and Ysbyty Maelor as well as the challenge of delivering our savings target.

15. As at the end of August 2019, the Health Board has identified £25.2m cash releasing savings against a target of £35m (72%) and has delivered £6.7m (19%).

16. The Health Board appointed a Recovery Director in July 2019 and the dual focus of the Recovery Programme is to control the expenditure run rate and to identify and deliver the savings target, in order to significantly improve the financial position on a recurrent basis, with the ambition to achieve the £25m control total. We now have a savings programme in the order of £37m, of which 65% is rated as green and 87% is recurrent, with a number of actions underway to further improve the situation including:

    - Financial Recovery (FR) delivery structure embedded
    - Additional grip and control processes for both pay and non-pay
    - Enhanced support to each Division to identify and take forward service improvement and savings opportunities, mitigating delivery gaps and putting forward new schemes

## Performance

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

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

18. Key Challenges for performance:

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

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

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

## Escalation and intervention

19. In November 2014, Welsh Government determined that the Health Board should be escalated to 'targeted intervention' under the NHS escalation and intervention arrangements protocol. In June 2015, the then Minister for Health and Social Services wrote to the Chairman of the Health Board and issued a written statement to advise that the Health Board would be placed in Special Measures.

20. In February 2018, the Cabinet Secretary for Health & Social Services provided an update on the escalation status of health organisations under the escalation and intervention arrangements. Significant improvement had taken place in maternity services, to the extent that this area was de-escalated from Special Measures.

21. In an oral statement on 6th November 2018, the Cabinet Secretary for Health & Social Services highlighted improvements made by the Health Board in respect of Board capability, assurance systems, partnership working and mental health. Of note, the improvements in the results of the NHS Staff Survey since 2016 were acknowledged in relation to staff engagement. However, ongoing challenges relating to finance, planning and performance were noted.

22. The Health Board submitted its latest formal update report covering the October 2018 - March 2019 element of the Framework to Welsh Government in May 2019. Following this, the Minister's oral statement recognised that improvements had been made in governance, quality, Board leadership, mental health services, engagement, partnership working and GP out of hours services (which was

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

**Workforce and integrated working**

23. The Workforce Strategy is integrated with the service and finance objectives embedded throughout the Plan. We also recognise the role we play in supporting a strong workforce for the wider NHS and public sector. We want to have a pipeline of talent for all parts of the system.

24. We are clear that our ability to deliver the long-term strategy **Living Healthier, Staying Well** is predicated upon the health of our organisation. The purpose of our three year Workforce Strategy is: 'To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance' (Workforce Strategy.) A talented and aligned workforce is crucial for bringing our strategic priorities to life and ensuring we deliver on our objectives.

25. Our strategic workforce aims are designed to deliver the right workforce to improve health and deliver excellent care whilst embodying our values:

    - Put patients first
    - Working together
    - Value and respect each other
    - Learn and innovate
    - Communicate openly and honestly

26. The principles of the 'Five Rights' should underpin everything that we do.


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

**BCU Health Board Vacancy Rates**

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

28. Progress has been made in filling our vacancies but the recruitment environment remains challenging and currently the Health Board is seeking to fill 130fte (full time equivalent) Medical and Dental posts and 653 FTE Nursing and Midwifery posts. There are 130 newly qualified nurses due to start during September and a further 260 people currently undergoing pre-employment screening.

29. In order to reduce our vacancies we are investing in a resourcing team; setting up recruitment and retention teams to address hotspots; increasing use of Digital Media (including a new Train Work Live Facebook page); attending events across the country and working with partner recruitment organisations, including working with an agency to recruit nurses from overseas.

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

    "I would recommend BCU as a place to work"
    2013 = 42%  2016 = 51%  2018 = 61%

    "I'm proud to say I work at BCU"
    2013 = 47%  2016 = 54%  2018 = 65%

    "I would recommend BCU to a friend or relative for treatment"
    2013 = 51%  2016 = 61%  2018 = 67%

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

**Mental Health**

32. The challenges we face as an organisation and a region are interconnected, and cannot be tackled by the wider Health Board or by our Mental Health Division in isolation. With the support of key partners and people with lived experience of mental health issues, we have co-produced the first 'whole system' integrated mental health strategy – *Together for Mental Health in North Wales.*

33. Our new approach aims to ensure that people receive the right support, in the right place, at the right time. This involves moving away from a clinical, specialist model of bed-based care to one which is focused on community based prevention and early intervention. This significant, whole system change will deliver better outcomes for people across the region as well as better value for money.

34. Real progress is now being made across all areas, which is being felt by the people who use our services. Notably:

- Over the past three years, we have significantly reduced the number of days our patients spent at mental health units outside of North Wales. This has enabled more people to receive care closer to the support network of their friends and family, and also delivered significant cost savings

- Recent reports from unannounced inspections of the Hergest Unit (Ysbyty Gwynedd), Ablett Unit (Glan Clwyd Hospital) and Nant y Glyn Community Mental Health Service by Healthcare Inspectorate Wales show that standards of care and staff morale have improved

- A specialist Perinatal Mental Health Service has been established to support new and expectant mums who are struggling with their mental health. In 2018/19 the service supported more than 450 women

- We have implemented an end of life pathway, improved end of life staff training, and established dedicated end of life suites on our older persons mental health wards

- We have developed our approach to restrictive practice management for all older adults within BCUHB healthcare settings. As a result of our proactive approach, assaults on our mental health staff have reduced by 50% over the past five years

- Ysbyty Gwynedd is the first acute hospital in Wales to receive official recognition from the Alzheimer's society for working to become dementia friendly

35. We have also made significant progress in beginning to shift the focus of care to prevention and early intervention, and improving the support for people in crisis. Based on the empowering principles of our I CAN campaign, we have:

- Introduced I CAN Mental Health Urgent Care Centre's at North Wales' three Emergency Departments to support people in crisis who do not require medical treatment or admission to a mental health unit. Since January 2019 the service has supported more than 1,000 people and a recent social return on investment analysis found that for every £1 invested, more than £5 of social value was created

- Piloted I CAN Work in partnership with Bangor University, Welsh Government, CAIS and the Rhyl City Strategy. Based on the leading Individual Placement Support (IPS) model which is endorsed by NICE, I CAN Work aims to help people with mild to moderate mental health problems find and remain in paid employment

- Introduced I CAN Mental Health Awareness Training which is being offered free of charge to employers, community groups and individuals across the region

- Developed detailed local plans to introduce new community support, which will help prevent people from falling into crisis. Once fully established, we expect that more people will receive the early support they need in the community, leading to reduced waiting times and improved outcomes for people who require the specialist support of our mental health services

36. Despite this progress, a number of key challenges remain. These include, but are not limited to:

- Ensuring we have the capacity to respond to ever increasing demand for our services now, and in the future

- Offering services in an integrated and holistic way, with a real focus on recovery and rehabilitation
- Recruiting and retaining staff
- Re-earning the trust and confidence of the population we serve, particularly those who require care and support from our mental health services

37. Our detailed plans to address these challenges amount to a whole system transformation in how we deliver care.

## EU Exit preparations

38. We have worked closely with Welsh Government and other partners across health, social care and other sectors in preparing for withdrawal from the EU, planning to ensure a robust response in the event of a "No Deal" EU Exit.

39. As with all Health Boards, BCUHB has a nominated Executive Director acting as the Senior Responsible Officer (SRO) overseeing the preparations locally, and contributing to a national group of SROs.

40. Since autumn 2018, the Health Board has had a task and finish group in place to coordinate business continuity, emergency preparedness and risk management of any potential impact on staffing, services or supplies, or broader partnership implications. The task and finish group has maintained a live database of all of the potential risks identified by divisional and corporate business continuity leads in order to identify issues, assess the potential impact, and where necessary enhance existing business continuity arrangements to support any response. The overall risk has been identified within the Corporate Risk Register and is visible to Board members.

41. The Health Board has also participated in the Local Resilience Forum and is working with partners in other sectors to share intelligence and plans.

42. BCUHB has actively participated in national planning events to ensure our local plans are as robust as possible, and held a BCUHB-wide exercise on 15 February, consistent with other areas. The aim of the exercise was to review and test business continuity preparedness, planning, and organisational resilience in case of disruption to critical services arising from potential EU Exit-related consequences.

43. After agreement to extend Article 50 and UK membership of the EU until 31st October 2019, the BCUHB Task and Finish Group was stepped down for a period. The Group has commenced work again as of August 2019 and will review and refresh the assessment of risk and the contingency arrangements put in place, addressing any further issues arising in the period to October 2019.

## Conclusion

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

Mae cyfyngiadau ar y ddogfen hon

# Papur briffio: Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

# Ymchwiliad i ddarpariaeth iechyd a gofal cymdeithasol mewn carchardai yng Nghymru

**Arolygiaeth Gofal Iechyd Cymru, Medi 2019**

## Ein rôl mewn perthynas â charchardai yng Nghymru

### Y Sector Cyhoeddus

Y byrddau iechyd perthnasol sy'n gyfrifol am wasanaethau iechyd yn y carchar mewn carchardai sector cyhoeddus. Mae hyn yn golygu bod y byrddau iechyd canlynol yn gyfrifol am yr holl wasanaethau gofal iechyd yn y carchardai canlynol:

| | |
|---|---|
| Carchardai EM Brynbuga a Phrescoed, Sir Fynwy | Bwrdd Iechyd Prifysgol Aneurin Bevan |
| CEM Caerdydd | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro |
| CEM Abertawe | Bwrdd Iechyd Prifysgol Bae Abertawe |
| CEM Berwyn | Bwrdd Iechyd Prifysgol Betsi Cadwaladr |

Mae holl safonau perthnasol y GIG yng Nghymru yn berthnasol i wasanaethau gofal iechyd i garcharorion, yr unig eithriadau i hyn yw lle mae cyfyngiadau amgylchedd y carchar yn drech na'r safonau hynny. Rhaid i garchardai sector cyhoeddus fodloni rheoliadau cwynion y GIG; a rhoddir gwybod am ddigwyddiadau difrifol o ran diogelwch cleifion ym mhob carchar drwy system arferol y GIG.

### Y Sector Preifat

Mae gofal iechyd yn CEM Parc, carchar preifat a gaiff ei weithredu gan G4S, yn fwy cymhleth. Y GIG sy'n gyfrifol am ddiwallu anghenion gofal iechyd eilaidd a thrydyddol pob carcharor, p'un a yw'n cael ei gadw yn ystad carchardai'r sector cyhoeddus neu'r sector preifat. Felly, Bwrdd Iechyd Prifysgol Bae Abertawe sy'n gyfrifol am anghenion gofal iechyd eilaidd a thrydyddol carcharorion yn CEM Parc ar hyn o bryd (ar gyfer 2019-20).

Caiff gwasanaethau gofal sylfaenol CEM Parc eu darparu drwy gontract â gwasanaethau meddygol G4S ac felly nid yw'r GIG yn gyfrifol am hyn. Mae Canolfan Gofal Iechyd CEM Parc yn darparu gofal sylfaenol 24 awr ac mae'n cynnwys uned benodedig ar gyfer carcharorion hŷn sydd ag anghenion gofal iechyd cynyddol a chymhleth. Mae'r uned hefyd yn cynnwys gwelyau gofal brys i'w defnyddio pan fydd eu hangen ar garcharorion, i ddiwallu anghenion gofal iechyd corfforol a meddyliol acíwt. Darperir gofal iechyd gan feddygon a nyrsys sydd wedi'u cyflogi a'u contractio gan G4S. Mae hefyd ystafell ddeintyddol yn y Ganolfan Gofal Iechyd ac mae deintydd ar y safle 5 diwrnod yr wythnos. Caiff gwasanaethau iechyd meddwl gofal

sylfaenol eu cefnogi gan wasanaeth Iechyd Meddwl Cymunedol a gomisiynwyd gan Fwrdd Iechyd Prifysgol Bae Abertawe.

Nid yw rheoliadau a safonau cwynion y GIG yn berthnasol i ddarpariaeth gofal sylfaenol yn CEM Parc.

**Ein cylch gorchwyl**

Mae gan AGIC y sail gyfreithiol i arolygu'r rhan fwyaf o wasanaethau gofal iechyd carchardai. Mae cylch gwaith AGIC yn cynnwys mynd i mewn i unrhyw safle lle y darperir gofal gan neu ar ran cyrff GIG Cymru o dan Ddeddf Iechyd a Gofal Cymdeithasol (Iechyd Cymunedol a Safonau) 2003 a'i arolygu. Felly, byddai gan AGIC y sail gyfreithiol i fynd i mewn i'r rhan fwyaf o safleoedd gofal iechyd mewn carchardai yng Nghymru a'u harolygu, ar wahân i arolygiadau ac adolygiadau o Garchardai AEM a'r Ombwdsmon Carchardai a Phrofiannaeth (PPO).

Yr eithriad yw'r gwasanaethau gofal sylfaenol a ddarperir i garcharorion a Phobl Ifanc yn CEM/Sefydliad Troseddwyr Ifanc Parc. Nid oes angen i garchardai na sefydliadau carcharu gofrestru ag AGIC o dan reoliadau 3(3)c, 4(2)(i) a 5b o Reoliadau Gofal Iechyd Annibynnol (Cymru) 2011. Felly, ni fyddai gan AGIC gylch gwaith i arolygu gwasanaethau gofal sylfaenol yn CEM Parc oni bai bod y gwasanaeth yn dod yn un y mae angen ei gofrestru, neu bod y gwasanaeth a ddarperir yn cael ei ddarparu ar gyfer y GIG neu ar ei ran.

Yn Lloegr, mae'n rhaid i bob darparwr 'gweithgareddau a reoleiddir' mewn carchardai, Sefydliadau Troseddwyr Ifanc a Chanolfannau Remánd Mewnfudo, gofrestru â'r CQC. Er bod gan y CQC yr hawl gyfreithiol i arolygu darparwyr gofal iechyd cofrestredig, yn gyffredinol, maent yn mynd i mewn i leoliadau diogel o dan y pwerau a ddyfarnwyd i Arolygiaeth Carchardai Ei Mawrhydi (HMIP) ac ymgymryd ag arolygiadau ar y cyd. Nid yw'r CQC yn ymgymryd â'i arolygiadau ei hun ar wahân. Ymddengys fod y dull hwn yn ddull priodol o ddefnyddio gwybodaeth a phrofiad arolygwyr HMIP a sicrhau y gellir mynd i'r afael â materion ar y rhyngwyneb rhwng gofal iechyd mewn carchardai ac agweddau arall ar fywyd yn y carchar yn addas.

**Trefniadau Llywodraethu ar gyfer Carchardai yng Nghymru**

Mae Cytundeb Partneriaeth ar gyfer Iechyd Mewn Carchardai yng Nghymru – sy'n amlinellu'r blaenoriaethau y cytunwyd arnynt rhwng Gwasanaeth Carchardai a Phrofiannaeth Ei Mawrhydi (HMPPS), Llywodraeth Cymru, byrddau iechyd ac Iechyd Cyhoeddus Cymru. Mae Cynllun Cyflawni Iechyd mewn Carchardai yn ategu'r Cytundeb Partneriaeth.

Dylai troseddwyr allu fanteisio ar yr un gwasanaethau iechyd â phawb arall yn yr ystad carchardai ac mewn lleoliadau cymunedol. Mae'r Cynllun Cyflawni Iechyd mewn Carchardai yn gynllun y bwriedir iddo sicrhau y darperir gofal iechyd cyfwerth. Mae'r Cynllun Cyflawni yn canolbwyntio ar bedwar maes â blaenoriaeth allweddol:

1. Sicrhau bod amgylcheddau carchar yng Nghymru yn hybu iechyd a lles i bawb.

2. Datblygu gwasanaethau iechyd meddwl, llesiant meddwl ac anableddau dysgu cyson ym mhob carchar sydd wedi'u teilwra yn ôl anghenion.

3. Llunio llwybr clinigol safonol ar gyfer rheoli achosion o gamddefnyddio sylweddau mewn carchardai yng Nghymru.

4. Datblygu safonau ar gyfer rheoli meddyginiaethau mewn carchardai yng Nghymru.

Rydym yn ymwybodol bob gwaith yn mynd rhagddo ym mhob un o'r meysydd hyn, a bod cynnydd yn erbyn y blaenoriaethau yn cael ei fonitro ar y cyd gan Lywodraeth Cymru a HMPPS. Disgwylir i bob bwrdd iechyd gynllunio a darparu gofal iechyd i sefydliadau carchar, gan gynnwys sicrhau bod y trefniadau llywodraethu gofynnol ar waith er mwyn sicrhau ansawdd a diogelwch gwasanaethau. Nid ydym yn rhan o'r trefniadau monitro hyn am nad ydym yn cymryd rhan yn y gwaith o gynllunio gwasanaethau.

Y Byrddau Partneriaeth Iechyd mewn Carchardai (PHPBs), a gaiff eu cadeirio ar y cyd gan Brif Swyddogion Gweithredol y Byrddau Iechyd Lleol a Llywodraethwyr y carchardai (neu eu dirprwyon enwebedig), sy'n gyfrifol am y gwaith o lywodraethu gwasanaethau iechyd mewn carchardai, a dylent gynnal cofrestr risgiau ar y cyd, sy'n cynnwys risgiau cyffredin a risgiau i'w priod sefydliadau, y mae disgwyl iddynt gydweithio i gytuno arnynt a'u rheoli. Eto, nid ydym yn rhan o'r trefniadau hyn. Fodd bynnag, rydym wrthi'n nodi, gyda Llywodraeth Cymru, sut y gallem atgyfnerthu ein dylanwad mewn perthynas â llywio gwelliannau ym maes gofal iechyd mewn carchardai.

**Ein gweithgarwch mewn Carchardai yng Nghymru**
Ar hyn o bryd, rydym yn cyflawni ein rôl mewn perthynas â charchardai yng Nghymru drwy wneud y canlynol:

1. Cyfrannu at ymchwiliadau i farwolaethau yn y ddalfa

Mae'n ofynnol i'r Ombwdsmon Carchardai a Phrofiannaeth ymchwilio i bob marwolaeth sy'n digwydd mewn carchar. Mae AGIC yn cyfrannu at yr ymchwiliadau hyn drwy gynnal adolygiad clinigol o bob marwolaeth mewn Carchar neu Safle Cymeradwy yng Nghymru. Caiff y trefniant hwn ei ddiffinio mewn Memorandwm Cyd-ddealltwriaeth rhwng yr Ombwdsmon ac AGIC.

Mae'r adolygiadau hyn yn archwilio systemau, prosesau ac ansawdd gwasanaethau gofal iechyd a ddarperir i garcharorion yn ystod eu hamser mewn carchar neu Safle Cymeradwy, a hynny mewn ffordd feirniadol. Byddwn hefyd yn dilyn hynt materion sy'n peri pryder sy'n deillio o adolygiadau o farwolaeth unigol yn y ddalfa gyda'r byrddau iechyd perthnasol yn uniongyrchol.

2. Cyfrannu at arolygiadau o garchardai a gynhelir gan Arolygiaeth Carchardai Ei Mawrhydi (HMIP)

Mae gan HMIP ddyletswydd statudol i arolygu gofal iechyd a chamddefnyddio sylweddau mewn lleoliadau carcharu yng Nghymru a Lloegr. Felly, mae HMIP yn arwain arolygiadau o garchardai yng Nghymru gyda'r nod o arolygu pob carchar yng Nghymru o leiaf unwaith bob pum mlynedd. Mae gan AGIC femorandwm cyd-ddealltwriaeth â HMIP a gall fynd gyda HMIP ar eu harolygiadau arferol o garchardai yng Nghymru. Rydym hefyd yn rhannu cudd-wybodaeth am unrhyw bryderon a dderbyniwn am garchardai yng Nghymru â HMIP.

Er nad yw'r trefniadau gweithio ar y cyd rhwng AGIC a HMIP yn cwmpasu'r ystad carchardai preifat ar hyn o bryd (oni bai bod darparwr gofal iechyd annibynnol sydd wedi cofrestru ag AGIC yn darparu'r gofal iechyd yn y carchar), caiff y gwasanaeth gofal iechyd a ddarperir gan G4S ei gynnwys yng nghwmpas yr arolygiad pan fydd HMIP yn arolygu CEM Parc, a chaiff yr adroddiad arolygu ei rannu ag AGIC.

Fel cyrff monitro ac arolygu annibynnol, mae gan AGIC a HMIP gyfrifoldebau fel aelodau o Ddull Atal Cenedlaethol y DU i atal pobl rhag cael eu trin yn wael yn y carchar. Mae'r Dull Atal Cenedlaethol yn ofynnol o dan y cytuniad hawliau dynol rhyngwladol a'r Protocol Dewisol i'r Confensiwn yn erbyn Arteithio a Thriniaethau neu Gosbau Creulon, Annynol neu Ddiraddiol eraill (OPCAT).

**Yr hyn rydym yn ei ganfod**

Mae'r tabl canlynol yn dangos ein hymchwiliadau i farwolaethau yn y ddalfa ers 2014:

| Lleoliad | Math o farwolaeth | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | Cyfanswm | |
|---|---|---|---|---|---|---|---|---|
| CEM Berwyn | Achosion naturiol | 0 | 0 | 0 | 0 | 3 | 3 | 3 |
| CEM Caerdydd | Achosion naturiol | 0 | 0 | 5 | 1 | 4 | 10 | 15 |
| | Hunanladdiad | 1 | 1 | 1 | 1 | 0 | 4 | |
| | Dynladdiad | 1 | 0 | 0 | 0 | 0 | 1 | |
| CEM a Sefydliad Troseddwyr Ifanc Parc | Achosion naturiol | 3 | 5 | 5 | 2 | 7 | 22 | 29 |
| | Hunanladdiad | 2 | 2 | 1 | 0 | 2 | 7 | |
| CEM Abertawe | Hunanladdiad | 0 | 1 | 3 | 1 | 0 | 5 | 5 |
| CEM Brynbuga a CEM/Sefydliad Troseddwyr Ifanc Prescoed | Achosion naturiol | 4 | 1 | 1 | 1 | 2 | 9 | 9 |
| | Cyfanswm | 11 | 10 | 16 | 6 | 18 | Cyfanswm | 61 |

**Themâu allweddol**
Mae'r themâu allweddol lefel uchel sy'n deillio o'n hadolygiadau o farwolaethau yn y ddalfa fel a ganlyn:

- Pryderon ynghylch ansawdd dogfennaeth gofal iechyd. Mae hyn yn cynnwys pryderon ynghylch safon cadw cofnodion, a'u diffyg manylder
- Lefelau annigonol o gymorth gofal iechyd meddwl. Gwnaethom nodi sawl achos lle nad oedd carcharorion yn cael y lefelau priodol o ofal a chymorth iechyd meddwl, a gwnaethom nodi pryderon eto mewn perthynas ag ansawdd dogfennaeth ac asesiadau risg
- Hyfforddiant. Nodwyd problemau mewn perthynas â hyfforddiant Dadebru Cardio Anadlol (CPR) yn benodol a phryd na ddylid ymgymryd â CPR
- Cyfathrebu rhwng byrddau iechyd a lleoliadau carchar. Tynnwyd sylw at y cyfathrebu gwael rhwng y sefydliadau hyn yn ein hadroddiadau, yn benodol ynghylch colli apwyntiadau (naill ai mewn lleoliadau carchar, neu apwyntiadau yn yr ysbyty).

**Trefniadau monitro ehangach**
Mae gennym reolwyr cydberthnasau ar gyfer pob un o gyrff y GIG, ac fel rhan o'r rôl hon, mae'r rheolwyr yn arsylwi ar drefniadau llywodraethu y corff hwnnw. Mewn perthynas â gofal iechyd yn y carchar, mae ein harsylwadau neu bwyllgorau ansawdd a diogelwch wedi nodi darlun cymysg o ran deall digonolrwydd trefniadau llywodraethu byrddau iechyd. Er enghraifft, mewn perthynas â CEM Berwyn a Bwrdd Iechyd Prifysgol Betsi Cadwaladr, rydym wedi gweld tystiolaeth o ofal iechyd mewn carchardai yn cael ei gynnwys ar agenda ansawdd a diogelwch y bwrdd iechyd ac mae gwaith i fonitro perfformiad yn y carchar yn amlwg. Fodd bynnag, mae gennym lai o hyder mewn byrddau iechyd eraill a pha mor aml y mae gofal iechyd mewn carchardai yn cael ei gynnwys ar eu hagenda ansawdd a diogelwch a ph'un a oes trefniadau llywodraethu priodol ar waith er mwyn rhoi sicrwydd i'w hunain o ran ansawdd gwasanaethau iechyd i ddynion yn yr ystad carchardai a'u gallu i gael gafael arnynt.

Rydym hefyd wedi bod yn rhan o'r Rhwydwaith Gwella Gofal Iechyd mewn Carchardai (PHIN). Penaethiaid Gofal Iechyd mewn Carchardai sy'n cadeirio'r rhwydwaith a'i ddiben yw gweithredu fel fforwm i rannu arfer da a dysgu o faterion sy'n peri pryder. Mae ein profiad o'r rhwydwaith yn awgrymu bod presenoldeb yn isel weithiau, ac nad yw cyfarfodydd yn cael eu trefnu'n aml, ac o ganlyniad felly, nad yw effeithiolrwydd y rhwydwaith cystal.

**Gwaith pellach**
Mae natur cadw pobl yn y ddalfa yn golygu bod y broses allan o olwg y cyhoedd ar y cyfan. Mae hyn yn rhoi'r carcharorion mewn sefyllfa fwy bregus am eu bod yn dibynnu ar awdurdodau i sicrhau eu diogelwch, eu gofal a'u llesiant. Mae hyn yn golygu bod monitro ac arolygu yn bwysicach fyth, gan sicrhau bod ansawdd y gofal y mae carcharorion yn ei gael ar lefel sy'n cyfateb i'r lefel a gaiff gweddill y boblogaeth.

Felly, gall fod achosion lle y byddai AGIC am gynnal arolygiad neu adolygiad o ofal iechyd mewn carchardai. Gallai hyn fod oherwydd bod cudd-wybodaeth yn awgrymu bod gofal iechyd mewn lleoliad penodol yn peri risg benodol; neu efallai'n fwy tebygol fel rhan o waith annibynnol AGIC, gellid cynnal adolygiad thematig o ofal iechyd carcharorion, gan fynd i'r afael â themâu sy'n deillio o'n hadolygiadau o farwolaethau yn y ddalfa er enghraifft. Byddai unrhyw benderfyniad i ymgymryd â gwaith pellach mewn perthynas â gofal iechyd mewn carchardai yn cael ei ystyried yn unol â sicrhau ein bod yn parhau i gyflawni ein hamrywiaeth eang o gyfrifoldebau ym mhob maes gofal iechyd yng Nghymru.

**Arolygiaeth Gofal Iechyd Cymru**

**Medi 2019**

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

by Her Majesty's Chief Inspector of Prisons

## Introduction

1. We welcome the opportunity to submit a response to the Health, Social Care and Sport Committee's consultation into the provision of health and social care in the adult prison estate in Wales.

2. Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent inspectorate whose duties are primarily set out in section 5A of the Prison Act 1952 and include reporting on the conditions for and treatment of those in prisons and young offender institutions in England and Wales. When inspecting prisons in Wales, we work alongside Health Inspectorate Wales (HIW)[1] to assess health and social care outcomes for detainees in custody.

3. HMI Prisons and HIW are members of the UK's National Preventive Mechanism (NPM), the body established to comply with the UK's obligations arising from the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The NPM's focus is to prevent torture and ill-treatment in places of detention.

4. HMI Prisons inspects all adult male prisons in England and Wales against our *Expectations: Criteria for assessing the treatment of and conditions for men in prisons*.[2] The *Expectations* are underpinned by international human rights standards and were developed following extensive consultation. They are divided into four healthy prisons tests: safety; respect; purposeful activity; and rehabilitation and release planning, under each of which are a number of expectations that detail the outcomes for prisoners that we expect prisons to achieve. The assessment of health and social care outcomes forms part of the 'respect' healthy prison test. The *Expectations* in this regard set out that prisoners should be cared for by services which assess and meet their health, social care and substance use needs and promote continuity of care on release. We expect the standard of provision to be similar to that which prisoners would receive in the community.

5. Our response to this inquiry is based on the most recently published inspection reports and our survey[3] of prisoners from six adult male prisons in Wales: HMP Usk

[1] Information on HMI Prisons' partnership working with other bodies can be found in full at https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/.
[2] The Expectations can be found in full at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/
[3] A representative survey of prisoners is carried out at the start of every inspection. The results of the survey contribute to the evidence base for each inspection. More information about the survey methodology and the results can be found in the appendices of each inspection report https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/.

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

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

# Governance and oversight

7. HMI Prisons considers whether prisons have in place effective governance of health and social care. Governance of health and social care services was good at Berwyn, Usk, Prescoed and Parc, and reasonably good at Cardiff. The exception was at Swansea, where governance was underdeveloped as there were limited formal arrangements in place to drive improvements.

8. Identification and monitoring of adverse incidents and near misses is essential in health provision to prevent their reoccurrence and improve services. This includes learning from deaths in custody and implementing the health recommendations from the Prison and Probation Ombudsman (PPO). In most prisons across Wales, incidents were reported and monitored, and recommendations from PPO reports informed service improvement.

9. Inspections found that governance of medicines was generally improving across prisons in Wales. Most sites had regular medicines management meetings and reviewed prescribing trends. Advanced dispensing technology had been implemented at Berwyn, and medicines screening was routine. However, inspections found oversight was less robust at Swansea, where healthcare staff did not ask for identification before supplying medication.

10. Service provision at all six prisons in Wales was informed by some form of health needs assessment. Inspectors found that partnership meetings were taking place across prisons in Wales, which facilitated joint working between the prison, Local Health Boards, Local Authorities and the health providers. However, inspectors also found some weaknesses in the monitoring of performance data, as it was not standardised and varied in both quantity and quality across sites. This reduced the data available for ongoing needs analysis and performance mapping, which reduced the ability to plan and improve provision.

# Need and demand for health and social care services

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

[4] HMP & YOI Cardiff has been inspected since our last published inspection in 2016. The inspection took place in July 2019. Findings from this inspection have not been included as the report is not yet published.
[5] HMP Usk and HMP & YOI Prescoed are inspected together but are counted as two different establishments. All HMI Prisons inspection reports are available at https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/.

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

12. We expect prisoners' immediate health needs to be identified and responded to on arrival at a prison. Most establishments were undertaking comprehensive initial screening and a follow up secondary screening, in line with National Institute for Health and Care Excellence (NICE) guidance.[6] However, at Parc, there were significant delays in undertaking the secondary screening due to staffing issues. Most sites had open access nurse triage appointments. At Berwyn, daily 'see and treat' clinics were in place; however, at Parc it took 48 hours to see a nurse unless an emergency[7] response code was initiated.

13. We also expect prisoners with social care needs to be identified and receive assessments, care packages, adaptations and advocacy services that continue after transfer or release. Inspectors found good practice at Cardiff, Usk and Prescoed, where all prisoners were seen by social care staff on arrival. In particular, an extensively trained prisoner 'buddy'[8] was allocated to prisoners at Usk; they followed an agreed care plan, which was reviewed monthly.

14. High numbers of prisoners responding to our survey in four Welsh prisons (Swansea, Cardiff, Berwyn and Parc) told us they had a drug or alcohol problem. At Swansea, 53% of prisoners said they had arrived with a drug problem and 31% with an alcohol problem. At Cardiff, 47% and 26% of prisoners arrived with a drug and alcohol problem respectively. However, treatment services for substance use in Swansea and Cardiff was not always sufficient. Clinical treatment for newly arrived prisoners withdrawing from opiates remained inadequate at both Swansea and Cardiff, and was not in line with the national guidance on the management of substance misuse in prisons.[9] In addition, neither Cardiff nor Swansea monitored prisoners withdrawing from drugs and alcohol appropriately, which was a significant health risk, particularly to those withdrawing from alcohol. At Swansea, a quarter of the population were using illicit substances, yet the drug strategy was neither comprehensive nor implemented. In Wales, prisoners who are dependent on illicit opiates do not receive first night opiate substitution treatment unless they arrive with confirmed prescriptions of opiate substitution treatment from the community (in which case this prescribing will be continued in prison). Inspectors have found this lack of access to opiate substitution prescribing for some prisoners created significant distress and drove the demand for illicit drug use.

15. Inspections found that the demand for mental health services, and services available to meet demand, varied in prisons across Wales. At Cardiff, the mental health team did respond to prisoners with severe and enduring mental health problems, but we

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

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

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

[9] *Drug Misuse and Dependence: UK guidelines on clinical management* https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

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

16. Some prisoners required transfers from prison to hospital under the Mental Health Act (MHA), which should take no more than 14 days.[10] Inspections found that transfers were mostly prompt at both Berwyn (one prisoner required transfer under the MHA over the six months prior to inspection) and Parc (three prisoners required transfer in the previous six months). However, transfers were delayed at Cardiff (ten prisoners required transfer) and Swansea (one prisoner required transfer), with an average time of 3.5 weeks and four weeks respectively. Inspections found two instances where a prisoner's transfer was delayed for 18 weeks at Cardiff and more than 20 weeks at Parc, which was unacceptable.

17. Across Wales, prisoners often faced unacceptably long waits to access primary care clinics. For example, inspectors found long waiting times for routine dental appointments in four of the six prisons in Wales - up to 11 months in Berwyn, 10 months in Usk and six months in Prescoed. However, the dental care provided at most prisons was good once accessed. There was no formal dental contract at Swansea, despite prisoners in dental pain waiting to access a drop-in service. Parc, Usk, Prescoed and Swansea had particularly long waits for the optician, with Usk being the longest wait at six months.

18. Prisoners are escorted to external healthcare appointments by prison officers.[11] Delays and cancellations of these escorts should be monitored against national waiting times for diagnostics and treatment[12] by health services, to help identify delays in prisoners' access to treatment. However, at Parc and Swansea these appointments and delays were not monitored. At Usk, Prescoed, Cardiff and Berwyn, prisoners' hospital appointments were rarely cancelled, which was commendable.

19. HMI Prisons expects prisoners with long-term conditions or complex pathologies to receive comprehensive joined-up care. Patients with long-term conditions were mostly managed adequately within the medical services or by appropriately trained nurses across all prisons in Wales. However, inspectors did find some weaknesses in monitoring long-term health needs. For example, patients with long-term conditions

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

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

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

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

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

# Current pressures on health and social care provision

21. Healthcare providers are reliant on a prison to enable them to deliver their service. This includes appropriate, safe, facilities that are suitably maintained to deliver care, and ensuring that prisoners are available to access health appointments. Inspections frequently found a number of pressures which adversely impacted on prisoners' access to health and social care, including buildings that were not fit for clinical purposes, staff recruitment, and the prison's regime.

22. At Swansea we found that the number of clinics run was limited by lack of space. In addition, several of the clinical rooms were dirty and required refurbishment. At Wales' newest prison, Berwyn, the clinical rooms were fit for purpose, but there was inadequate space for healthcare staff to undertake essential administration and group work.

23. As medicines can be used as currency in prison, access to safe storage is important. Inspectors regularly see sites where cells do not have a lockable cabinet to prevent loss of medicines through coercion or when cells are not secured. Swansea, Parc and Cardiff had this issue; this problem requires the prison's facilities management to install secure cabinets and cannot be resolved by healthcare staff.

24. Cardiff is the only prison in Wales with an inpatient unit.[13] HMI Prisons expects that inpatient units have a clinical admissions criterion and that the environment is therapeutic. However, we found that the inpatient unit at Cardiff would often receive non-clinical admissions due to a lack of suitable space elsewhere in the prison. For example, beds in the inpatient unit at Cardiff were used by prisoners with disabilities and mobility problems as no modifications had been made to cells in the rest of the prison to accommodate their needs.

25. We found that healthcare staff shortages affected the ability to deliver healthcare provision across prisons, although at Berywn this had less of an impact due to reduced prisoner numbers. There are often difficulties in recruiting and retaining healthcare staff to work in prisons as it can be a challenging place to work, including high levels of violence and drug use. At Parc we reported that "[c]hronic recruitment and retention problems had particularly affected primary mental health and secondary health screening."[14] Similarly, at Swansea, shortages of mental health staff had

[13] A prison inpatient unit is a wing where prisoners with additional health needs are managed. An inpatient unit is not equivalent to external hospital provision.
[14] Secondary health screenings should be undertaken within 7 days of arrival under NICE guidance. The risk of not undertaking these reviews have been continuously highlighted by the PPO.

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

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

# Older prisoners

27. HMI Prisons has consistently recommended that a national strategy for older prisoners is needed.[15] Health provision for the aging prison population differed across Wales. Health initiatives such as screening for illnesses associated with the aging population were adequate across the Welsh prison estate, particularly at Usk, where older prisoners received annual health checks. However, in some prisons the identification of dementia was reliant on initial reception screening tools and health appointments that were scheduled for other health problems. The assisted living unit for older prisoners at Parc, which had mobility equipment and a paid carer scheme, facilitated a raised awareness of the needs of this group.

28. The arrangements for palliative and end of life care varied across prisons. Inspectors found some instances where prisons were working closely with community partners to strengthen end of life delivery; strong links to care provision in the community enables easier access to these services if an older prisoner is released. At Usk, Inspectors found a robust joint palliative and end-of-life pathway being developed between the prisons, the Local Health Board and relevant community palliative care services. Similarly, Parc's arrangements for palliative and end of life care were impressive, and demonstrated a partnership with community services. However, other prisons in Wales had less structured palliative care arrangements, which could delay prisoners' access to care services.

# Conclusion

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

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

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

**Peter Clarke CVO OBE QPM** **September 2019**
HM Chief Inspector of Prisons

Arolygiaeth Gofal Cymru
Care Inspectorate Wales

## Ymateb gan Arolygiaeth Gofal Cymru

## Ymchwiliad i ddarpariaeth iechyd a gofal cymdeithasol yn yr ystâd carchardai i oedolion

Diolch am y gwahoddiad i Arolygiaeth Gofal Cymru (AGC) gyflwyno tystiolaeth i ymchwiliad y Pwyllgor i ddarpariaeth iechyd a gofal cymdeithasol yn yr ystâd carchardai i oedolion.

Er mwyn llywio ystyriaethau'r Pwyllgor, rydym wedi nodi'r cyd-destun y mae AGC yn ei gymhwyso wrth gofrestru, rheoleiddio ac arolygu'r ystâd carchardai i oedolion yng Nghymru. Rydym wedi nodi rhywfaint o wybodaeth sylfaenol am y sector a'n gweithgarwch ynddo.

### Rôl AGC

Rydym yn cofrestru, yn arolygu ac yn gweithio i wella ansawdd a diogelwch gwasanaethau gofal cymdeithasol er llesiant pobl Cymru, gan gynnwys oedolion sy'n garcharorion. Rydym yn penderfynu pwy sy'n gallu darparu gwasanaethau; yn cymryd camau i sicrhau bod gwasanaethau'n bodloni gofynion deddfwriaethol a rheoleiddiol; ac yn ymchwilio i bryderon a godir am wasanaethau rheoleiddiedig. Rydym yn cyflawni ein swyddogaethau ar ran Gweinidogion Cymru. Diogelir ein hannibyniaeth drwy Femorandwm Cyd-ddealltwriaeth rhwng y Prif Arolygydd a Gweinidogion perthnasol Cymru.

### Y sector

| Awdurdod Lleol | Bwrdd Iechyd | Carchardai Ei Mawrhydi (CEM) | Gwasanaethau a rheoleiddir gan AGC ar 31 Gorffennaf 2019 |
|---|---|---|---|
| Sir Fynwy | Aneurin Bevan | Brynbuga a Phresgoed | Gofal yn y Cartref |
| Caerdydd | Caerdydd a'r Fro | Caerdydd | Dim |
| Abertawe | Bae Abertawe | Abertawe | Dim |
| Wrecsam | Betsi Cadwaladr | Berwyn | Dim |
| Pen-y-bont ar Ogwr | Cwm Taf Morgannwg | Parc (sector preifat) | Dim |

### Y ddeddfwriaeth

Gwnaeth rhan 11 (adrannau 185 – 188) o Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 (Deddf 2014) ddarpariaethau mewn perthynas â charchardai i oedolion, llety cadw ieuenctid, safleoedd a gymeradwywyd a llety mechnïaeth. Mae'r cod ymarfer ar Amrywiol a Chyffredinol mewn perthynas â rhan 11 yn ategu'r Ddeddf ac yn nodi'r gofynion ar awdurdodau lleol wrth iddynt arfer eu swyddogaethau gwasanaethau cymdeithasol mewn perthynas ag oedolion sy'n garcharorion.

Cyflwynodd y Ddeddf ddyletswyddau ar awdurdodau lleol i atal anghenion gofal a chymorth rhag mynd yn waeth ac i ddarparu asesiadau a gwasanaethau gofal a chymorth i oedolion yn yr ystâd ddiogel ar sail cyfwerthedd â phobl sy'n byw yn y gymuned. Mae'r dyletswyddau hyn yn bodoli ni waeth ble roeddent yn byw fel arfer yng Nghymru, neu yn rhywle arall cyn eu cadw.

Gall awdurdodau lleol gomisiynu gwasanaethau gofal a chymorth, neu drefnu i eraill ddarparu neu ddirprwyo'r gwaith o gyflawni'r swyddogaeth i barti arall, ond yr awdurdod lleol fydd yn gyfrifol am gyflawni'r ddyletswydd o hyd.

O dan Ddeddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016 (Deddf 2016), mae'n ofynnol i unrhyw berson sy'n darparu "gwasanaeth rheoleiddiedig" gofrestru ag AGC. Y gwasanaethau rheoleiddiedig perthnasol ar gyfer yr ystad ddiogel i oedolion yw Gwasanaethau Cymorth yn y Cartref. Nodir diffiniadau'r gwasanaethau rheoleiddiedig hyn o dan Atodlen 1 o Ddeddf 2016. Mae person sy'n rheoli carchar neu sefydliad carcharu tebyg wedi'i eithrio o'r diffiniad os yw'n darparu gofal a chymorth dan gontract yn uniongyrchol gan y Weinyddiaeth Gyfiawnder i'r unigolion a gedwir yno.

**Arolygu**

Caiff gwasanaethau carchardai a phrawf eu harolygu gan Arolygiaeth Carchardai Ei Mawrhydi yng Nghymru a Lloegr ac Arolygiaeth Prawf Ei Mawrhydi. Yng Nghymru, mae AGC, Estyn ac Arolygiaeth Gofal Iechyd Cymru (AGIC) yn cydweithio ag Arolygiaeth Carchardai Ei Mawrhydi yng Nghymru a Lloegr ac Arolygiaeth Prawf Ei Mawrhydi i gyfrannu at yr arolygiadau hyn. **Dylai** awdurdodau lleol sicrhau bod unrhyw asesiadau a dogfennau perthnasol eraill ar gael i gyrff arolygu fel rhan o unrhyw arolygiad o'r fath.

Ni chaiff gofal a chymorth a ddarperir gan garchar yn y sector cyhoeddus neu'r sector preifat lle y caiff y gofal ei gontractio yn uniongyrchol gan y Weinyddiaeth Gyfiawnder fel cyfraniad at gyflawni cynllun gofal a chymorth unigol eu rheoleiddio gan AGC, ond gellir eu harolygu gan Arolygiaeth Carchardai Ei Mawrhydi yng Nghymru a Lloegr.

**Gweithgareddau AGC hyd yn hyn**

Ers i Ddeddf 2014 gael ei rhoi ar waith ym mis Ebrill 2016, mae AGC wedi ymuno ag Arolygiaeth Carchardai Ei Mawrhydi yng Nghymru a Lloegr i gynnal adolygiad thematig o ofal cymdeithasol mewn carchardai yng Nghymru a Lloegr. Y bwriad i ddechrau oedd i'r adolygiad ganolbwyntio ar Loegr yn unig. Fodd bynnag, yn dilyn arolygiad cyffredinol gan Arolygiaeth Carchardai Ei Mawrhydi yng Nghymru a Lloegr yng Ngharchardai Ei Mawrhydi Brynbuga a Phresgoed, nodwyd arfer cadarnhaol mewn perthynas â darparu gofal cymdeithasol yng Nghymru. O ganlyniad, cysylltwyd ag AGC a chytunodd i gymryd rhan mewn gwaith maes pellach yng Nghymru. Dewiswyd Carchar Ei Mawrhydi Caerdydd gydag AGC yn cyfrannu at y gwaith maes yn y carchar ac mewn cyfweliadau â swyddogion perthnasol o Gyngor

Dinas Caerdydd.[1] Nodwyd arfer cadarnhaol pellach mewn perthynas ag asesu a chynllunio gofal. Mae canfyddiadau'r arolygiad hwn wedi cael eu cynnwys mewn adroddiad thematig a gyhoeddwyd ym mis Hydref 2018.

Gofal cymdeithasol mewn carchardai yng Nghymru a Lloegr – Adroddiad thematig mis Hydref 2018:
https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf

Ar ôl cyhoeddi'r adroddiad, cytunwyd ar gynllun gweithredu.

Cynllun Gweithredu: Adroddiad Thematig Carchardai Ei Mawrhydi – Gofal Cymdeithasol mewn Carchardai yng Nghymru a Lloegr:
https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Action-Plan-Social-Care-in-Prisons.pdfhttps:/www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Action-Plan-Social-Care-in-Prisons.pdf

Mae'r gwaith o roi argymhellion perthnasol ar waith yn cael ei ystyried ar hyn o bryd gydag awdurdodau lleol perthnasol yng Nghymru drwy weithgareddau adolygu perfformiad arferol AGC. At hynny, mae cohort o garcharorion a staff gofal cymdeithasol wedi cymryd rhan mewn grŵp ffocws yn ystod ein harolygiad thematig: gweithgarwch ataliol a hybu annibyniaeth i oedolion hŷn. Mae'n rhy gynnar i wneud sylwadau ar ganlyniadau'r gweithgareddau hyn ar hyn o bryd.

Er mwyn llywio ein gweithgareddau adolygu perfformiad, mae AGC wedi cynnal arolwg anffurfiol yn ddiweddar gydag awdurdodau lleol perthnasol ynglŷn â threfniadau ar gyfer darparu gofal a chymorth ar draws yr ystad ddiogel i oedolion yng Nghymru.

| **Arolygiaeth Carchardai Ei Mawrhydi** | **Trefniadau presennol** | **Sylwadau** |
|---|---|---|
| Carchar Ei Mawrhydi Caerdydd | Darperir drwy gynorthwywyr gofal iechyd ar hyn o bryd (Bwrdd Iechyd) | Mae lefel yr angen am ofal cymdeithasol yn isel oherwydd natur dros dro y boblogaeth o garcharorion. Mae cwmpas y trefniadau wrth gefn wedi cael ei bennu ac, os bydd angen, byddai "tîm mewnol" yr awdurdod lleol yn darparu cymorth yn y cartref. |

[1] Cyflawnwyd gwaith maes arolygu thematig (Rhagfyr 2017) cyn i Ddeddf 2016 gael ei rhoi ar waith. Er bod dyletswyddau awdurdodau lleol mewn perthynas â gofal cymdeithasol o dan Ddeddf 2014 wedi dechrau, nid oedd gofyn i ddarparwyr gwasanaethau iechyd a oedd yn darparu gofal cymdeithasol mewn carchardai yng Nghymru gofrestru ag AGC ar yr adeg honno.

| Arolygiaeth Carchardai Ei Mawrhydi | Trefniadau presennol | Sylwadau |
|---|---|---|
| Carchar Ei Mawrhydi Brynbuga a Phresgoed | Gofal yn y cartref gan "dîm mewnol" yr awdurdod lleol yn ôl yr angen.<br>Mae ganddo hefyd gynllun 'cyfeillio' er mwyn i garcharorion ddarparu cymorth i garcharorion eraill (PSI 17/15). | Mae'r galw yn isel. |
| Carchar Ei Mawrhydi Berwyn | Darperir drwy gynorthwywyr gofal iechyd ar hyn o bryd (Bwrdd Iechyd). | Galw cyfyngedig hyd yn hyn; petai'r galw yn cynyddu, byddai angen trefniadau ffurfiol. |
| Carchar Ei Mawrhydi Parc | Comisiynir gan yr awdurdod lleol, darperir gan G4S Healthcare. | Mae trefniadau'n cael eu hadolygu – trafodaethau rhwng AGC, yr awdurdod lleol, G4S a Llywodraeth Cymru yn ymwneud â chofrestru'r gwasanaeth. |
| Carchar Ei Mawrhydi Abertawe | Dim | Ni ofynnwyd am gymorth; bydd yr awdurdod lleol yn penderfynu pwy fydd yn darparu cymorth os daw cais i law. |

*Ers mis Chwefror 2019, mae gwasanaeth cymorth yn y cartref "mewnol" Cyngor Sir Fynwy wedi cael ei gofrestru ag AGC o dan Ddeddf 2016. Mae datganiad o ddiben y gwasanaeth hwn yn cynnwys darparu gwasanaethau gofal yn y cartref i garcharorion yng Ngharchar Ei Mawrhydi Brynbuga a Phresgoed. Nid yw wedi bod yn angenrheidiol cynnal arolygiad a drefnwyd o'r gwasanaeth hwn eto. Mae'r gwasanaeth yn cydymffurfio â'r rheoliadau ar hyn o bryd.

Mae cyfyngiadau ar y ddogfen hon