

Securing Excellence in IT Services Operating model for offender health care

Key facts

February 2013

Introduction

1. The Offender Health IT programme has introduced a national clinical IT system for use within prisons and other premises such as Young Offenders Institutions (YOIs), and those Immigration Removal Centres (IRCs) where healthcare is currently NHS commissioned. This also includes other establishments set to transition to the NHS Commissioning Board (NHS CB) where commitments have been made. The system is supporting major improvements in the quality and continuity of healthcare for offenders.
2. Primary care trusts (PCTs) have led on the local implementation of the national clinical IT system for offender healthcare, including the provision of associated local infrastructure (hardware and local network services); support such as training and helpdesk provision; and assuring the use of national IT services. The safe transfer of these functions into the new commissioning system is highly important to ensure business continuity.
3. The NHS Commissioning Board (NHS CB) becomes accountable for delivery of offender healthcare on 1 April 2013.

The operating model: responsibilities and accountabilities

4. The NHS CB will be responsible for the ongoing provision of a national clinical IT system and support services within public and private prisons and other places of detention where the IT system has been committed to be implemented across England. The funding and operational delivery to provide the support and assurance for use of national IT services will be incorporated into the NHS CB's operating arrangements, through its regional/area teams.
5. As part of this, the NHS CB is directly responsible for:
 - **Clinical IT System** - a national clinical IT system for offender healthcare is provided via the Local Service Provider (LSP) agreements for the North, Midlands and East of England and additional linked prison specific agreements;

- **National Systems Implementation** - by supporting planning and implementation of national clinical IT systems to improve offender health services;
 - **IT maintenance and local service desk** - providing local service desk and technical support services to ensure continued availability of all hardware and software;
 - **Networking** - enabling infrastructure through a local area network as required, connecting to N3 or any subsequent replacement;
 - **Hardware Management** - ensuring all hardware is up-to-date and serviceable including the operation of replacement and disposal programmes. Where hardware is the responsibility of the LSP it is to be managed in line with the LSP contract;
 - **Registration Authority** - administration of appropriate access to clinical systems;
 - **Information Governance** - compliance with the Information Governance Toolkit (IGT); and
 - **Clinical Safety and Assurance** - to assure safe use and deployment of clinical systems (adherence to Information Standards Notices).
6. The NHS CB will remain accountable for local delivery of these services as well as the responsibility for associated IT assets, replacement and disposal programmes and networking located within these premises. Where necessary the NHS CB will seek approval from the host agency for premises where the service is provided to install networking/cabling in accordance with relevant IT security/code of connection policies.
 7. The NHS Commissioning Board (NHS CB) will continue to set overall direction, standards, strategy, budgets and maintain national infrastructure.
 8. In the situation of additional service provision (eg additional capacity or new premises), the NHS CB through its area teams will enable provision of national clinical IT system and associated support services subject to an approved business case outlining financial arrangements and responsibilities.
 9. The NHS CB through its regional/area teams may choose to deliver these functions itself or make arrangements for commissioning support units (CSUs) or any other IT provider, to deliver them. In some cases, the PCT has commissioned the delivery of IT provision through other service providers, and where these agreements are in place the NHS CB through its regional/area teams will manage these legacy arrangements from PCTs through transition subject to review going forward.
 10. Any IT service provider appointed by the area teams will have to deliver to a set of quality standards, including compliance with Information Governance Toolkit (IGT) and clinical safety and assurance, determined by the NHS CB.
 11. The National Offender Management Service (NOMS) will remain responsible for local IT provision to support its security systems (eg P-NOMIS) which are entirely separate from health care services and therefore are not covered by these arrangements.

12. In addition, national clinical IT systems and enabling infrastructure will continue to be developed and delivered by the Health and Social Care Information Centre (HSCIC) for local implementation.
13. Where changes to the national health IT systems are required, the necessary approvals will need to be sought through the NHS CB, by the HSCIC.
14. All clinical information is stored within the clinical IT system and therefore (as per contract and specific agreements), the LSP will continue to provide associated data storage and backup services within a single instance Data Centre infrastructure through the clinical system supplier.
15. Continuity of National Treatment Agency (NTA) data extracts from national clinical IT system will continue as business as usual for wider analysis purposes.
16. Funding of local consumables (eg printer ink and paper) will be the responsibility of the offender health service provider.
17. The NHS CB through its area teams will have responsibility for compliance monitoring for ensuring that all parties comply with their contractual obligations.

Finance

18. The NHS CB will be responsible for the management of revenue and capital budgets for IT services associated with offender health care for those services where a commitment to implement the national clinical IT system has been made.
19. The NHS CB will continue to commission IT and support services with the HSCIC based on current contractual LSP and central funding arrangements for the ongoing development and delivery of LSP and national infrastructure service providers within the scope of services committed to transfer to NHS CB.
20. The operating budget for local implementation of the IT provision, networking services, asset ownership and replacement/disposal programmes will be the responsibility of the NHS CB, which will be commissioned from local delivery IT providers (or may choose to deliver themselves). Where there is an existing agreement with local IT service providers this will continue but will be subject to review.
21. Total funding commitments will need to be maintained within the overall NHS CB Offender Health funding envelope.

Next steps

22. The NHS CB is working with stakeholders to develop common operating policies and procedures to support regional and area teams, including contractual management frameworks and guidance on dealing with concerns about individual performance, issues and incidents.

23. The new arrangements as described in the operating model will be kept under review. The NHS CB will ensure they are achieving what they are designed to do within the context of the emerging commissioning system.

Further information

24. If you have any questions about the future arrangements please contact:
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