Short-term holding facilities

Service specification

Contents

1. Purpose

As referenced in our National Partnership Agreement for immigration removal centre (IRC) healthcare in England 2022 – 2025[1]. Detained individuals should receive high quality healthcare services, commensurate with standards of community services, appropriate to their needs and reflecting the circumstances of detention. Healthcare services include those aimed at disease prevention and health protection interventions. These services are to be made available based on clinical need and in line with the short-term holding facility (STHF) Rules 2018.

Healthcare services provided to people in STHFs should be equivalent to that available to people in the wider community (bearing in mind that detention may exacerbate some known conditions).

This specification and the requirements must be read in conjunction with Home Office detention service orders (DSOs)[2] and other relevant legislation.

1.1 Quality

NHS England has a commitment to quality in STHFs [3]. This service specification is intended to provide a consistent approach to quality and ensure services meet our priorities. Working together to celebrate and share examples of high-quality care to ensure quality and community equivalence of care is central to everything we do.

Safe - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.

Effective - informed by consistent and up-to-date high-quality training, guidelines and evidence; designed to improve the health and wellbeing of this patient population and to tackle inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.

Positive experience - responsive and personalised - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.

Caring - delivered with compassion, dignity and mutual respect.

Well-led - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

[1] NHS England National partnership agreement for immigration removal centre (IRC) healthcare in England 2022 – 2025

[2] Detention services orders - GOV.UK

[3] A shared commitment to quality for those working in health and care systems

Sustainably-resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.

Quality care is also equitable - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.

NHS organisations registered with the Care Quality Commission (CQC) in England have a statutory Duty of candour to inform the patient, family, or other relatives if there has been a 'notifiable safety incident' that could, or appears to have, resulted in:

a) the death of the service user/patient or

b) severe harm, moderate harm, or prolonged psychological harm to the service user/patient

Duty of candour doesn't require the patient to be told about 'near-misses', although this is recommended.

There are various clinical guidelines and best practice documents that describe clinical practice and processes to inform the delivery of healthcare for people in secure and detained environments. This document does not aim to replicate these guidelines but provide a description of the minimum service requirements for delivering services to a patient population being held in the detained settings. For specific clinical interventions please refer to the appropriate clinical guidance.

People in detained environments may require additional health and social care support generally. Whilst social care is not legally the responsibility of NHS England commissioning arrangements and therefore lies outside the scope of this specification, there is a strong need to work collaboratively with social care teams and other providers.

1.2 Clinical governance

Clinical governance arrangements and structures will be in place which should facilitate continuous service improvement by the use and analysis of key information using information sources such as patient safety incidents, risk registers, complaints, best practice and clinical audit, audit of deaths in detention, serious case reviews, Care Quality Commission (CQC) and His Majesty's Inspectorate of Prisons (HMIP) action plans. There should be evidence of communication of these improvements across the range of organisations and partners operating within STHFs. Good integrated governance should combine and create consensus around the concerns of clinical staff, removal centre staff and managers, patients and their families. Key to effective governance is the availability of information sources on which to base decisions.

The provider will use a variety of methods to ensure that a high-quality service is provided. These will include, but not be limited to:

- patient questionnaires
- waiting time surveys
- clinical audit
- audit of prescribing and medicine usage
- activity information

- complaints.

The provider will supply regular reports and relevant metrics/performance data and any other reasonable additional information to enable the commissioners to monitor performance targets. This could be subject to change negotiation.

1.3 Advocacy and safeguarding

NHS England is dedicated to ensuring that the principles and duties of safeguarding are holistically, consistently and conscientiously applied, with the wellbeing of all at the heart[4] of what we do. We are dedicated to ensuring that the principles and duties of safeguarding are embedded across the detained estate.

The service will:

- advocate for the patient's rights in accessing statutory services
- follow all safeguarding policies and procedures in line with their organisational and legal obligations
- fulfil its legal duties to ensure all staff have completed their statutory and mandatory training including, but not limited to, safeguarding, adults at risk, Rule 35, awareness of PREVENT[5], data protection, information governance, health and safety, and equality and diversity.

2. Service delivery

Short-term holding facilities (STHFs) hold adults subject to immigration control against whom the Home Office is taking enforcement action. There are limits on the length of time a person can be detained in a residential STHF. Individuals may be detained for no longer than five days, extendable up to seven days if removal is set for within that time. There may be cases in which a detained individual is transferred to another residential STHF or to an immigration removal centre (IRC). This includes cases where complex needs are identified and appropriate interventions are only available elsewhere.

The service aims to deliver an integrated healthcare offer for adults in STHFs. Service delivery should build upon existing best practice and positive relationships between healthcare services, the Home Office, integrated care boards (ICBs), local authorities, lived experience representatives and patients.

The provider will ensure requirements are delivered, whilst allowing for local flexibility and personalisation. Creative and innovative solutions should be developed to enhance the quality, efficiency and accessibility of the service.

Healthcare provision is to be delivered in line with national requirements taking into account the timeframes of detention and facilities available with the intention to make every contact count.

[4] NHS England - About NHS England safeguarding
[5] Prevent duty guidance - GOV.UK

2.1 Primary care

The provider will establish and deliver a primary care service as part of an integrated healthcare service.

Local determination is required, but at a minimum the primary care service must provide:

- 24-hour service provision, 52 weeks per year, including cover for bank holidays
- first night reception/transfer health screening assessment to take place within two hours of arrival within the STHF in accordance with Rule 30 of the 'Short-term holding facility rules 2018' (to include blood born viruses (BBV) and other appropriate screening) and the outcome of the discussion is to be recorded on the Health and Justice Information System (HJIS). Patients should also be made aware they can approach healthcare for a further assessment at any time
- where possible (due to length of stay) a general health assessment is to be offered
- ensure access, support and reasonable adjustments to enable individuals with neurodivergent needs and conditions to engage with services, noting that some conditions are highly correlated with certain mental and physical health co-morbidities (eg learning disability and autism)[6]
- completion of a Rule 32 report in accordance with Rule 32 of the Short-term holding facility rules 2018 and the relevant detention service order (DSO) where Rule 32 is engaged
- where possible, healthcare to contact a patient's community GP to request a patient summary as soon as possible
- routine triage and appropriate further appointments as required
- emergency referrals to be assessed by a primary care clinician within two hours – this must include access to out-of-hours (OOH) prescribing services -and may be via use of the 111 service
- urgent referrals to be assessed by healthcare staff within 24 hours
- access to medicines and medical devices needed to treat the health needs of patients
- healthcare staff to attend all assessment care in detention and teamwork (ACDT)[7] reviews and conduct a health engagement, and then refer the patient for a Rule 32 report, if appropriate
- healthcare staff to support in the identification of whether a 'vulnerable adult warning form' is required and the creation of such a plan
- discharge plans to be in place for all patients on release, to include at least one month (maximum three months) supply of medication, registration with community GP, paper copy of medical record including discharge summary, RECONNECT referral (if eligible) and HC2 certificate (that entitles free or discounted NHS services and products)

[6] DSO 04-2020: Mental vulnerability and immigration detention - non clinical guidance (publishing.service.gov.uk)
[7] Assessment care in detention and teamwork (ACDT): detention services order 01/2022 (accessible version) - GOV.UK

- where appropriate, medical holds need to be considered and reported to the onsite Home Office (HO) and STHF supplier staff
- response to onsite emergencies, involving detained individuals, staff or visitors.

2.2 Pharmacy and medicines optimisation

The service aims to provide patients with safe and effective treatment with medicines, from prescribing, delivery of medicines, reconciliation and review, accessing lawful and prompt supplies, supplying or directly administering medicines to the patient with advice within and on leaving the STHF, and disposing of unused or expired medicines.

Pharmacy services and the optimisation of medicines within care pathways delivered by health and justice providers must deliver:

- a legally compliant service that is safe and delivered within national and professional standards interpreted for the shorter duration of stay for STHF detained individuals [8]
- patient access to and a choice of the most effective treatments from those available on the NHS. This includes continuation of specialist prescribed medicines for patients in line with NHS national and local policies
- individually named patient supplies as the main approach with supply from bulk stock reserved for substance misuse medicines and interim supplies
- clinical pharmacy services that deliver safe and continuous access appropriate to the setting. A service that engages with ICBs and NHS controlled drugs (CD)
- Accountable officers to integrate and provide equivalence in care and pharmacy workforce across the local system
- a service that complies with legal and best practice requirements for the licencing and handling of controlled drugs and Environment Agency exemption certification

Local determination is required, but at a minimum the pharmacy service and medicines optimisation must provide (in a locally agreed model):

- a senior pharmaceutical adviser, registered with the General Pharmaceutical Council (GPhC), who is responsible for the medicines policy, pharmacy service delivery, safety and governance of medicines for the provider
- prompt access to medicines for clinical needs via prescribing, sourcing of medicines, appropriate medicines packaging, supply and medicines administration with access to pharmacy staff. This should align with services patients would receive in GP practices and community pharmacies for short-term care e.g. temporary residence
- given the reduced time needed to supply medicines for STHF detained individuals, use of FP10 prescription forms rather than the customised HJ prescription form is preferred
- access to pharmacy dispensing service for the STHF prescriptions that aligns with the Community Pharmacy Essential Services for urgent (same day) supply in the same packaging as those provided to community patients

[8] Professional standards secure environments-edition-1.pdf (rpharms.com)

- arrangements used for the dispensing and delivery or collection of urgent medication outside of core hours (including public holidays)
- provision of pharmacy and general sales medicines via minor ailment or homely remedy protocols
- continuity of medicines on release, deportation or transfer in line with NHS policy, national guidance and standards, taking account of the short length of stay and any restrictions of the destination country
- systems that enable the safe use and handling of medicines accessed by patients[9]
- a model of access to clinical pharmacy services that support both patients and staff in optimising medicines
- reporting and auditing that demonstrates outcomes from medicines, medicines value and safety
- appropriate pharmacy workforce who are fully integrated into the healthcare team, and provide services to patients and staff that enable medicines optimisation which is led by the senior pharmaceutical adviser
- any changes or innovations in equipment or use of the workforce in the service such as remote service delivery, robotics or digital systems development must be approved before implementation by the regional health and justice commissioner and may require national approval including the Home Office.

2.3 Substance Misuse

The provider will establish and run a substance misuse service, adopting a system-wide approach to stabilise people who are in treatment, promote recovery and reduce harm or deaths while in detention. At all points of contact, including screening and assessment, a focus should be given to the following specific areas:

- adopting a system wide approach to stabilise people who are in treatment
- early screening with a focus on harm reduction and assertive recovery focused planning
- identifying, reporting risk and escalating to share with other agencies
- details of resources and interventions which will be deployed
- reviewing and reporting of deaths and non-fatal overdoses.

Clinicians should be aware (through active engagement with service users and detention colleagues) of the main types of drug use for those coming into STHFs (including traditional drugs of abuse, psychoactive substances, illicit use of prescribed drugs and misuse of over-the-counter medicines), and emerging trends in drug and alcohol use and harms.

Local determination is required, but at a minimum the substance misuse service must provide:

- plans for continued treatment and recovery during detention where a person has been known to community-based treatment services at the time of entry. The reception

[9] Safe and secure handling of medicines | RPS (rpharms.com)

process, assessment and initiation of prescribing and psychosocial interventions should continue this treatment

- emergency referrals (instances that involve life-threatening illnesses or accidents which require immediate treatment) i.e.in the case of acute alcohol withdrawal or overdose, there must be an emergency response from the clinical team
- urgent referrals (any non-life-threatening illness or injury needing urgent attention) should be seen by a substance misuse clinician within 24 hours
- for patients who are to be removed or deported, a robust plan that takes into account the destination country and access to opioid substitution therapy (OST) or other substance misuse treatment should be accounted for
- where specialist substance misuse clinicians are not on site, there must be a system in place to access advice and/or a consultation with a specialist substance misuse clinician.

2.4 Mental health

The provider will establish or source a recovery focused mental health service with access to psychological therapies, improved physical health care, personalised and trauma-informed care, medicines optimisation and support for self-harm and coexisting substance use.

The service will provide psychologically informed, evidence-based specialist support for all those assessed as requiring interventions to address needs associated with mental ill health, personality disorder and identified neurodivergent conditions.

Local determination is required, but at a minimum the mental health service must provide:

- care plans and relevant risk assessments, if a patient has been previously identified with a serious mental health illness
- a timely and robust mechanism for referral triage and allocation for assessment according to urgency, as outlined within NHS England Mental Health Access Standards
- urgent referrals to be seen by a healthcare clinician within four hours, as per protocols in place for out-of-hours (OOH) response
- urgent referrals will be triaged and assessed by a healthcare clinician within 24 hours
- all patients with assessment, care in detention and teamwork (ACDT) are assessed within the six-hour timeframe
- healthcare staff attend ACDT reviews in line with ACDT guidance.

If the person is under the care of the mental health team and/or on the care programme approach (CPA), a member of healthcare staff must attend all multi-disciplinary case reviews, including the review where the decision to close the ACDT is taken. If possible, this should be a member of healthcare known to the individual.

Where a referral to a community service has been arranged prior to known release into the community, the integrated mental health team will contact the patient and send a discharge summary.

Where psychiatrists are not on site there must be a system in place to access advice and/or a consultation with a psychiatrist.

2.5 Dental

The provider shall not provide services other than urgent treatment and stabilisation to short-term detained individuals except where reasonably clinically justified to do so. Opportunistic oral health promotion advice should also be given to short-term detained individuals where possible.

Access to urgent dental care can be particularly problematic. NHS England have published a commissioning standard for urgent dental care which should form the basis of a locally developed protocol, this includes definitions of 'emergency', 'urgent' and 'routine' dental care and these definitions should be used by all providers.

Commissioners and providers should use the following guidance to inform locally developed protocols in conjunction with other providers[10].

Dental emergencies include the following conditions, which require contact with a dentist or other appropriate clinician within one hour and are treated in a timescale appropriate to the severity of the condition:

- trauma including facial/laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- oro-facial swelling that is significant and worsening
- post-extraction bleeding that the patient is not able to control with local measures
- dental conditions that have resulted in acute systemic illness or raised temperature as a result of a dental infection
- severe trismus
- oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that has led to acute decompensation of medical conditions such as diabetes).

In life threatening medical emergencies, patients should be transferred to accident and emergency immediately.

The provider will ensure that detained individuals requiring urgent care for dental pain and minor trauma have access to a dentist within 48 hours. Where this cannot be achieved an appropriate health practitioner will see the individual within 24 hours to make an assessment as to the appropriate course of action. The provider will have procedures in place to ensure that these assessments are robustly documented and followed up.

The service will develop joint protocols with the provider for the identification and management of detained individuals that require urgent or emergency treatment and advice.

Urgent dental problems include the following conditions, which should receive self-help advice and treatment within 24 hours:

[10] :Clinical standard for urgent dental care

- dental and soft-tissue infections without a systemic effect
- severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- fractured teeth or tooth with pulpal exposure.

The service will work in partnership with the provider to ensure the above protocols are embedded within the early days in the detained setting processes.

Out of hours: the provider must ensure there is access to an out-of-hours service that can respond to urgent and emergency requests which is accessible through phone and telehealth platforms. This may mean the provider agreeing a process to deliver this through the primary care GP.

2.6 Public health

NHS England is responsible for commissioning equivalent care for those in the immigration removal estate to that which is available in the community, this includes public health services. Public health programmes in these settings aim to reduce health inequalities and protect and improve the health of communities and the population.

Healthcare provision is to be realistically delivered in line with national requirements within the timeframe that detained individuals are on site, with the intention to make every contact count.[11]

Secure and detained estates, including STHFs, should be an opportunity to address previously unmet healthcare needs as well as contributing to addressing health inequalities in the wider community through ensuring ongoing access to health and social care on release.

Health and Justice services are required to deliver on both national section 7A targets (e.g for immunisations and cancer screening) and unique indicators relevant to the population residing within prisons and prescribed places of detention (PPDs), proportionate to the time the patient is in a STHF. This includes indicators on substance misuse services and infectious disease screening. The delivery of these services is set out in specification 29[12], which accompanies the NHS public health functions[13] agreements. Specification 29 seeks to reduce the health gap between people in secure and detained estates and the wider population, to meet the legal duty that NHS England has to the service commissioning requirement for the equivalent of services in the community. The provider will establish and deliver public health services as part of an integrated healthcare service.

The UK Health Security Agency (UKHSA)[14] is responsible for protecting the population's health from infection and aim to reduce the burden from infectious diseases on the NHS and social care. UKHSA tackles inequalities through:

- robust surveillance and intelligence systems
- timely detection, investigation and control of outbreaks of disease
- developing, implementing and evaluating interventions to prevent and control infectious diseases

[11] NHS England - Making every contact count
[12] NHS England - Specification 29 section 7A: public health services for children and adults in secure and detained settings in England, 2023-2024
[13] NHS public health functions agreements - gov.uk
[14] UK Health Security Agency - gov.uk

- advising central government, local government and other partners to inform public health policy and action
- providing advice to the public to prevent and manage communicable diseases
- focusing on how we can use sequencing to diagnose and manage infectious diseases.

3. Access criteria

Healthcare services should be provided for all people being held in a short- term holding facility (STHF). Services should operate from a position of 'making every contact count'.

The provider will ensure there is an out-of-hours service (OOH) to manage any urgent cases, including the need for urgent medicines, through integrated care systems (ICS) commissioned services or specialist services.

Information must be made available to patients in suitable alternative formats such as other languages and easy read formats. The use of an interpreter must be offered where needed, in line with NHS England guidance[15].

Exclusions to service delivery include:

- treatment of all establishment staff and visitors (unless responding to an emergency at the centre, e.g the need to call an ambulance)
- the management of injuries outside the competencies of staff such as those requiring emergency hospital treatment
- the operation of private practice or access to non-NHS commissioned care.

4. Workforce

The provider must ensure the workforce is able to provide high quality, safe, effective, caring, responsive and well-led care to patients. The right staff, with the right skills, in the right place at the right time must be available to achieve better outcomes, better patient and staff experiences and effective use of resources.

The provider will ensure the workforce is able to work flexibly and provide cover where required, and appropriately manage shortfalls in workforce. The provider is expected to have a workforce contingency plan in place, which should include provision for supporting locum staff induction and training.

The provider will ensure an appropriate skill mix of healthcare staff in the establishment with the essential and relevant qualifications and competencies to carry out their roles and responsibilities. Staff should have access to regular clinical supervision.

The provider must have a robust system in place to monitor compliance with all statutory and mandatory training requirements for all healthcare staff (including subcontracted staff), clinical and non-clinical. The provider must ensure there is a rolling training programme in place such as preceptorship, to support trainees and newly appointed staff; and mentorship skills training, to maintain skills for all staff supporting trainees, and for newly appointed staff.

The provider must ensure that they have:

- relevant CQC registration

[15] Guidance for commissioners: interpreting and translation services in in primary care

- appropriate insurance in place to deliver short-term holding facility (STHF) healthcare services
- a healthcare team based within the establishment which includes registered and unregistered roles to ensure patients are seen by the right person with the right skills
- a specific pharmacy workforce team working alongside the nursing, medical and other healthcare professionals to lead and provide roles relating to medicines access and use
- a practice educator. The provider will source a practice educator in collaboration with an academic institution. The role of the practice educator will include the initial completion and annual review of training needs for the nursing and healthcare support workers workforce

In addition, the provider must ensure that all healthcare staff have:

- a right to work in the UK
- appropriate professional registration, and that they complete the mandatory re-validation and supervision required by the regulatory body for the relevant profession
- appropriate competencies and skills mix; including relevant and current qualifications in line with their specific role, which should be evidenced
- carried out security training and attained the required clearances
- received statutory and mandatory training. This includes equality and diversity, information governance and basic life support
- training recorded in their personal development plan and is refreshed in accordance with local guidelines.

5. Performance and standards

5.1 Health and Justice Information System (HJIS)

All detained setting healthcare services will use the national IT solution provided by the NHS England Health and Justice Information System (HJIS) as the primary medical record for the patient. This includes completion of any templates and the correct use of codes for recording.

The provider will ensure there are standardised procedures and processes in place for the use of all clinical software solutions and that all clinicians and administrators receive thorough training in the correct use.

The provider shall ensure that all Health IT systems procured and used are compliant with the data co-ordination board (DCB) standards DCB0129; The manufacture standards and DCB 0160 Use of health IT systems standards, as outlined in the Health and Social Care Act.

In addition, the HJIS dataset contains specific measures of user involvement to ensure the populations accessing services are consulted, considered, and informed in respect of planning, development, and delivery of healthcare services in secure and detained settings.

5.2 Reporting

The provider will supply regular reports and any other reasonable additional information (as agreed by the commissioners in mobilisation) to enable the commissioners to monitor performance targets:

- clinical audit
- audit of prescribing and medicines optimisation
- activity information (as required).

6. Patient and public participation

NHS England is committed to ensuring the design and delivery of services includes the perspective of lived experience[16]. We value the unique insights that lived experience provides and through multi-disciplinary collaboration we recognise the benefits in shaping, improving and delivering our services and meeting health needs.

Patient and public involvement is an essential component of service design and commissioning and should be considered at all stages of the commissioning cycle[17]. The benefits of patient and public participation are not limited to service design and commissioning. Involvement should also have a direct benefit to people who use services, including improved confidence, skills and knowledge and wider wellbeing benefits.

This document builds on existing resources and good practice to ensure that patients and the public have a voice throughout short-term holding facilities (STHFs) and NHS England including the formally constituted Heath and Justice Lived Experience Network (LEN).

STHF commissioners and providers must uphold NHS England's key principles[18] of patient and public participation, to maximise the benefits and impact of involvement. Our approach to patient and public participation is constantly evolving. Commissioners and providers must continuously learn from and share experience of participation, to maximise its impact within STHFs.

7. Administration, governance and information sharing

The provider(s) of health care services onsite will be expected to have the following in place and/or comply with the following requirements:

- systems must be in place for the smooth and effective running of any necessary clinics
- NHS Patient Safety Incidents **must** be recorded and escalated as per NHS patient safety incidents reporting framework (PSIRF)[19]

[16] Patient and public participation in commissioning health and care: statutory guidance for clinical commissioning groups and NHS England
Health and Justice Inclusive Workforce Programme event series - NHS England events
[17] hlth-justice-frmwrk.pdf (england.nhs.uk)
[18] NHS Accelerated Access Collaborative - patient and public involvement (NHS England)
[19] NHS England - Patient safety incident response framework

- use of NHS numbers allocated to the individual to ensure appropriate flow of information
- all data controllers should identify a clear legal basis for processing, under the data protection legislation[20] .This should be clearly communicated in published privacy information
- each data controller is responsible for any information requests in line with their respective policies and procedures, should there be any crossover in information every effort should be made to work together wherever possible
- information shared between partners should be the minimum amount necessary for the partners to archive their purpose and in line with their respective obligations to data protection legislation[21]
- detained individuals are entitled to have access to their own medical records
- the service will work closely with the other departments and record information in clinical and centre systems where appropriate
- the relevant practitioner will attend multi-disciplinary meetings including site management meetings where appropriate
- data collection returns must be made consistently to the commissioner to support future planning and contract monitoring
- governance arrangements must be agreed at a local level to ensure that services are able to respond appropriately to the needs of the individual
- the provider will be required to form robust working relationships and develop rigorous communication processes with the Home Office, centre manager and the senior management team across the range of departments and functions operating in the centre. In addition, the provider will be required to work in compliance with the centre's local security strategy, all Home Office service specifications and supporting detention service orders (DSOs)
- the provider will ensure that appropriate representation and contribution is made at operational briefings, senior management team meetings and other functional committees and that any information is fed back to all healthcare staff in a relevant format
- the provider will ensure that all security clearance procedures at the centre are complied with by all staff and any visiting staff at all times
- the provider will ensure that all staff are security cleared in line with Home Office security clearance processes and have undertaken the relevant security training before becoming fully operational within the centre
- the provider will contribute to the security and safety of all those working and living in the centre through attending effective operational meetings, and effective sharing of appropriate risk information
- the provider will contribute and handle complaints in a timely manner in line with NHS England's complaints policy and to ensure that appropriate healthcare guidance and training is made available for healthcare staff

[20] A guide to lawful basis - Information Commissioner's Office
[21] NHS England - Patient and public participation in commissioning health and care: statutory guidance for clinical commissioning groups and NHS England

- key performance indicators (KPIs) will be nationally set by NHS England and collected for assurance purposes. The guidance on the national KPIs will be released annually via an information schedule which will be sent to providers by regional NHS England commissioners. Providers are expected to complete regionally led audits or surveys as part of in-year service assurance including quality schedule returns.

8. Outcomes

The provider will work in partnership with commissioners and other stakeholders to achieve the following objectives and outcomes and will consider all opportunities to enhance the aims of the service: [22]:

- **objective 1**: to improve the health and wellbeing of people in STHFs and reduce health inequalities
- **objective 2**: to support access to and continuity of care through the STHF estate post detention where appropriate and possible.

8.1 Regionally collected outcomes.

Outcomes and priorities will require local determination by commissioners and providers, this will be based on the most recent health needs assessment (HNA) and the current population.

Regionally collected outcomes should be determined locally, enabling providers to demonstrate how their service meets the required outcomes of the populations they serve.

8.2 Nationally collected outcomes

Each overarching objective has specified measures that will be nationally mandated and collected nationally for national assurance purposes. The guidance on the national indicators will be included in the information schedule from providers to regional commissioners.

9. Reference documents

NHS England will commission and expect services to be delivered in accordance with the following documents (and their successors):

- NHS England - The NHS Long Term Plan

Drug misuse guidelines

- Drug misuse and dependence: UK guidelines on clinical management (gov.uk)
- Drug misuse and dependence (gov.uk)

Quality standards of physical health of people in prison

- Quality standard [QS156] (NICE)

[22] NHS England - Health and justice framework for integration 2022-2025: improving lives - reducing inequality

Mental health standards for people in prison

- Standards for prison mental health services, 6th edition (Royal College of Psychiatrists)
- Mental health of adults in contact with the criminal justice system - quality standard [QS163]

Information governance, data protection, security and confidentiality

- NHS England - Information governance and data protection

Information management and technology

- NHS England - protecting and safely using data in the new NHS England

Expected medicines management and optimisation

- NHS England - national medicines optimisation opportunities 2023/24

Prevent guidance

- Prevent duty guidance: guidance for specified authorities in England and Wales (gov.uk)

The NHS Constitution

- NHS Constitution for England - GOV.UK

The NHS Mandate

- The government's 2023 mandate to NHS England - GOV.UK

NHS England planning guidance

- NHS England - Priorities and operational planning guidance 2024/25

National partnership agreement

- NHS England - National partnership agreement for immigration removal centre (STHF) healthcare in England 2022 – 2025

NICE guidance

- NICE guidance

The National Quality Board shared commitment

- National Quality Board - Improving experience of care: a shared commitment for those working in health and care systems (27 October 2022) - organisations linked to patient safety (UK and beyond) - patient safety learning - the hub (pslhub.org)

Home Office rules

- The short-term holding facility (amendment) rules 2022 (legislation.gov.uk)

NHS Standard contract

- NHS England - 2023/24 NHS Standard Contract

Health and Justice Framework

- NHS England - Health and justice framework for integration 2022-2025: improving lives – reducing inequality

NHS England operating framework

- NHS England Operating Framework

NHS England Outcomes Framework indicators

- NHS Outcomes Framework Indicators, March 2022 release - GOV.UK

Short-term holding facility rules 2018

- The short-term holding facility rules 2018 (legislation.gov.uk)

Detention: general instructions

- Detention: general instructions (accessible) - GOV.UK
- Adults at risk in immigration detention - GOV.UK

Detention services orders

- Detention services orders (gov.uk)

Standards for the management of sexual health –

- 3079_prison_standards_bashh_1_final.pdf

Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

Quality standards of survivors of torture in detention

- Quality standards for healthcare professionals working with victims of torture in detention (Faculty of Forensic & Legal Medicine)

Nursing preceptorship

- NHS England - Nursing preceptorship in adult prison healthcare – best practice guidance

Adults at risk policy

- Adults at risk in immigration detention (accessible version) (gov.uk)