

AUDIT REPORT

Riga

February 11, 2014

No. 5.1-2-8/2013

Provision and organisation of health care services for the imprisoned

Legal justification of the audit

1. Under the provisions of Section 2 of the State Audit Office Law and audit task No. 5.1-2-8/2013 of 7 May 2013 of the Second Audit Department the regulatory audit was carried out on provision and organisation of health care services for the imprisoned.
2. The audit was performed by state auditor Iveta Ozolina, senior state auditor Diana Zunna, state auditors Ilze Laure and Beata Plavina, assistant state auditors Laura Mazure and Ervins Melders.

Aim of the audit

3. To obtain an assurance about whether the health care of the imprisoned is organized compliant to regulatory enactments and the allocated funds from the State budget for provision of health care services for the imprisoned are disposed legitimately and efficiently.

Responsibilities of the auditors of the State Audit Office

4. The auditors of the State Audit Office are responsible for preparation of a report based on sufficient, appropriate and reliable audit evidence which is gathered during the audit.

Responsibilities of the audited entity

5. The Ministry of Justice and the Prisons Administration are responsible for ensuring regulatory compliance and veracity of the information provided to the auditors.

Scope of the audit

6. The audit was performed according to the International Standards on Auditing which are legitimate in the Republic of Latvia.
7. The audit was planned and performed to obtain reasonable assurance about whether the provision of health care services for the imprisoned complies with regulatory enactments and the allocated funds from the State budget for provision of health care services are disposed legitimately and efficiently. The audit covers the time period from January 1, 2011 to September 30, 2013. In order to ensure the follow-up of transactions and to obtain a complete understanding on the trends of statistical indicators related to health care of the imprisoned, in respect of certain matters tests were performed and data was obtained beyond this time period.
8. In order to achieve the aim of the audit the auditors:

- 8.1. evaluated the measures performed by the Ministry of Justice, which as the managing authority in the policy area of justice is responsible for elaboration of penal policy and organising its implementation, in relation to development of an appropriate health care model for the imprisoned;
- 8.2. performed inspections in the central body of the Prisons Administration, Riga Central Prison, Ilguciems prison, Valmiera prison, Prison Hospital, Olaine prison and Cesis Correctional Institution for Juveniles by evaluating:
 - 8.2.1. management and supervision of health care system implemented by the Prisons Administration the aim of which is to provide health care services for the imprisoned compliant to regulatory enactments in prisons and in medical treatment institutions outside prisons;
 - 8.2.2. provision of health care services for the imprisoned, including:
 - 8.2.2.1. availability of medical services to the imprisoned within the prisons;
 - 8.2.2.2. regulatory compliance of health care procurements of medicinal products and the control over the concluded procurement contracts;
 - 8.2.2.3. regulatory compliance of organisation and supervision over circulation of medicinal products and medical goods;
 - 8.2.2.4. regulatory compliance of registration of the operations of medical care units and medical practitioners of prisons.
9. The audit report was prepared based on findings and conclusions included in the audit report "Evaluation of operations of the Prison Hospital of Latvia".
10. Following matters were not evaluated during the audit:
 - 10.1. regulatory compliance of medical care units of prisons to special requirements for medical treatment institutions and compliance of activities of medical practitioners to state clinical guidelines;
 - 10.2. regulatory compliance of registration and technical maintenance of medical equipment;
 - 10.3. compliance of medical services received in prisons and outside prisons and of the prescribed medicinal products to the stated diagnosis;
 - 10.4. compliance of preparation of patients' information and medical documents to the respective requirements;
 - 10.5. information on construction and repair works related to health care objects in prisons;
 - 10.6. dispose of allocated health care budget funds (the part administrated by the State health service) for services provided to the imprisoned in medical treatment institutions outside prisons.

Summary

11. The Ministry of Justice which as the managing authority for the policy area of justice is responsible for elaboration of penal policy and organising its implementation¹ has not implemented the necessary measures in order to assess the most appropriate health care model for the imprisoned and stipulate in regulatory enactments which health care services are to be provided in prisons and the Prison Hospital of Latvia chargeable to the funds from the State budget.

By permanently detaining the elaboration of health care concept for the imprisoned the Ministry of Justice is risking that implementation of the state penal policy would not provide efficient health care of the imprisoned in the respect of utilisation of the available resources. For example, the Ministry of Justice:

- 11.1. has not provided an assessment of the most efficient possible utilisation of functional possibilities of the Prison Hospital of Latvia, whose development required investments of approximately 6.54 million lats from the State budget funds, nor within the existing health care model, nor in the context of future developments after implementation of the concept of prison infrastructure development²;
 - 11.2. up to December 1, 2013 has not reached a decision on efficient usage of infrastructure and medical equipment of the Prison Hospital of Latvia, although since reorganisation of the Prison Hospital of Latvia in 2009 no use has been made for provision of health care services for the imprisoned of the surgery unit as well as of 25% of the acquired medical equipment.
12. Taking into account the fact that the penal policy planning documents do not define the health care model for the imprisoned and the regulatory enactments do not stipulate the health care services that are to be provided in prisons and in the Prison Hospital of Latvia chargeable to the funds from the State budget, during the audit it was impossible to evaluate the efficiency of dispose of the state budgetary funds allocated for provision of health care services for the imprisoned.

Provision of health care services for the imprisoned

13. According to the procedure stipulated in the legislation³ the imprisoned:
 - 13.1. totally in 85% of the inspected cases are provided with medical care services within the medical care units of prisons (medical care units and the Prison Hospital of Latvia) by providing access for such persons to prison's medical practitioners within one week (or five working days)

¹ Sub-paragraph 5.3 of the Cabinet of Ministers Regulations No. 243 of April 29, 2003 on the Statutes of the Ministry of Justice.

² The Prison infrastructure development concept (approved by the Cabinet of Ministers Regulations No. 50 of February 2, 2013).

³ Sentence Execution Code of Latvia, Medical Treatment Law, Cabinet of Ministers Regulations No. 199 of March 20, 2007 "Rules for health care of arrested and imprisoned persons in short-term imprisonment facilities and prisons").

which corresponds to the general national procedures on waiting time for primary health services, including:⁴

13.1.1. in 38% of the inspected cases the imprisoned person received medical care at the same day when he/she submitted a request for medical care;

13.1.2. in 32% of the inspected cases medical care was received within 3 days, and in 15% of the cases — within one week from the day of receiving the request;

meanwhile in 15% of the inspected cases the imprisoned person received medical care after one week, and these services were secondary health care services which compliant to regulatory enactments⁵ are provided on a first-come-first-serve basis by evaluating the urgency at which service has to be received;

13.2. health care services are provided in medical treatment institutions outside prisons conforming to the amount guaranteed by the state in cases when medical assistance cannot be provided within the prison (at the expense of the funds of Prisons Administration); provision of such services is ensured in respective medical treatment institutions on a first-come-first-serve basis compliant to regulatory enactments⁶; in 30% of the inspected cases the service was provided within one week, but in 33% of the inspected cases it was provided within one month from the moment when the prison's medical practitioner had decided on the necessity of the service;

13.3. there are health care services provided which exceed medical services guaranteed by the state and are these provided in medical treatment institutions outside prisons based on request by the imprisoned (expenses are covered on the imprisoned' own account). Provision of such services is ensured in respective medical treatment institutions on first-come-first-serve basis, and in 30% of cases the service was provided within one week from the moment when the prison's medical practitioner had decided on the necessity of the service.

14. The Prisons Administration has not implemented sufficient measures for provision of dental services in prisons conforming to the amount stipulated in the regulatory enactments⁷, as:

14.1. in three prisons dental services have not been provided for a long time because of lack of a dentist and in four prisons medical dental equipment is out of order — medical equipment needs to be repaired or lacks necessary accessories;

⁴ Sub-paragraph 44.4, 44.5, 44.6 of the Cabinet of Ministers Regulations No. 1046 of December 19, 2006 “Procedure for organising and funding of health services” (effective till December 30, 2013).

⁵ Sub-paragraph 78.1 and paragraph 138² of the Cabinet of Ministers Regulations No. 1046 of December 19, 2006 “Procedure for organising and funding of health services” (effective till December 30, 2013).

⁶ Paragraph 138² of the Cabinet of Ministers Regulations No. 1046 of December 19, 2006 “Procedure for organising and funding of health services” (effective till December 30, 2013).

⁷ Paragraph 2 of the Cabinet of Ministers Regulations No. 199 of March 20, 2007 “Rules for health care of arrested and imprisoned persons in investigation facilities and prisons”).

- 14.2. dental medical care units of prisons are not furnished with necessary medicinal products and material.

Measures implemented by the Prisons Administration for ensuring management and supervision of health care system

15. The Prisons Administration has not ensured efficient management and supervision of health care system for the imprisoned — there is no uniform procedure for implementation of unified health care procedures and for reporting of results of health care services for the imprisoned in prisons.
16. The Prisons Administration has not defined a uniform procedure in medical care units of prisons for registration of applications of the imprisoned for visits to medical practitioner as well as for registering health care services provided to the imprisoned; as the result in 28% of inspected cases the auditors could not obtain assurance on provision of health care services for the imprisoned and on the work actually performed by medical practitioners.
17. Regulatory enactments do not stipulate which specific services are to be provided to the imprisoned within the prisons and the Prisons Administration has not assessed the necessary amount of medical personnel in prisons therefore the workload (the number of served imprisoned persons) of medical practitioners in prisons substantially differentiates which might impact the efficiency of provision of health care services:
 - 17.1. no guidelines are elaborated and no criteria are defined in relation to specialisation of medical practitioners and the number of medical practitioners in each prison;
 - 17.2. there are substantial differences in provision with medical personnel and this aspect is not defined corresponding to the number of the imprisoned; for example:
 - 17.2.1. the number of the imprisoned per one primary care medical practitioner and one assistant practitioner per prison deviates from 26 imprisoned persons in Vecumnieki prison up to 319 imprisoned persons in Daugavgriva prison and 514 imprisoned persons in Brasa prison;
 - 17.2.2. in Skirotava prison with 297 imprisoned persons there is one physician psychiatrist with full work load (40 hours per week) but in Valmiera prison with 568 imprisoned persons — one physician psychiatrist with partial work load (20 hours per week);
18. the Prisons Administration has not established unified principles for organisation of circulation of medicinal products and goods in all prisons and has not ensured supervision over circulation of medicinal products and goods; as the result the auditors could not obtain assurance on utilisation of medicinal products for health care of the imprisoned in the amount of at least LVL 122,940 as by disregarding the regulatory enactments⁸ no actual registration of utilisation of medicinal products has been ensured in medical care units of prisons within

⁸ Sub-paragraph 3.1 of the Cabinet of Ministers Regulations No. 220 of March 27, 2007 “The order of purchasing, storing, utilisation, registration and disposal of pharmaceuticals in medical treatment institutions and social care institutions”).

the audited period; as the result it is not possible to follow-up the circulation of pharmaceuticals up to their actual consumption and there exists a risk of illegal circulation of pharmaceuticals.

19. The Prisons Administration has not implemented the necessary supervision the aim of which is to ensure regulatory compliance⁹ of registration of activities of medical care units and medical practitioners of prisons, as:
 - 19.1. the Register of Medical Treatment Institutions does not include data on compliance of medical treatment services¹⁰ provided in six medical care units of prisons to mandatory requirements for medical treatment institutions;
 - 19.2. as on June 30, 2013 six persons registered in medical practitioners' register were not certified for the speciality in which they were working at the medical care unit of prison;
 - 19.3. by disregarding regulatory enactments¹¹ in case of two persons the speciality of supervising certified medical practitioner did not correspond to the speciality of non-certified person under supervision.
20. Despite the fact that number of applications and complaints submitted by the imprisoned regarding health care increases (increase by 45% in 2012 compared to 2011) the Prisons Administration does not perform analysis of the received inquiries and complaints in order to identify the most characteristic problems in the field of health care of the imprisoned and does not perform subsequent corrective measures.

The legal order of guarding and escorting of imprisoned persons

21. The Ministry of Justice has not ensured the elaboration of regulatory enactments in the field of guarding and escorting of imprisoned persons for receiving health services outside the territory of prison; as the result:
 - 21.1. guarding and escorting measures in cases when imprisoned persons need to receive health services outside prison are performed without established legal order;
 - 21.2. the Cabinet of Ministers Regulations¹² on covering of guarding and transport expenses on account of imprisoned person are not observed.
22. As the result of the audit ten recommendations were submitted to the Ministry of Justice and the Prisons Administration implementation of which would lead to following:

⁹ Part Two of Article 26 of the Medical Treatment Law and Cabinet of Ministers Regulations No. 268 of March 24, 2009 "Rules for competence of medical practitioners and students of the first or second level of professional higher medical education program in medical treatment and the amount of theoretical and practical knowledge of such persons".

¹⁰ Cabinet of Ministers Regulations No. 60 of January 20, 2009 "Mandatory requirements for medical treatment institutions and their units"; Cabinet of Ministers Regulations No. 170 of March 8, 2005 "Rules on medical institution register".

¹¹ Paragraph 2 of Article 28 of the Medical Treatment Law and Cabinet of Ministers Regulations No. 268 of March 24, 2009 "Rules for competence of medical practitioners and students of the first or second level of professional higher medical education program in medical treatment and the amount of theoretical and practical knowledge of such persons".

¹² Paragraph 14 and 15 of the Cabinet of Ministers Regulations No. 199 of March 20, 2007 "Rules for health care of arrested and imprisoned persons in short-term imprisonment facilities and prisons".

- 22.1. creation of preconditions for efficient utilisation of available resources in the field of health care of the imprisoned by assessing and defining the health care model for the imprisoned within the context of the concept of health care of the imprisoned as well as defining urgent medical services to be provided in prisons;
- 22.2. improvement of dental medical care for the imprisoned by defining the amount of emergency dental medical care for the imprisoned, by establishing legal order for dental medical services in prisons provided on imprisoned' own account, by providing dental medical cabinets with equipment in working order, with necessary medicinal products and material and by focusing on provision of prisons with dentists;
- 22.3. improvement of efficiency of management and supervision of health care of the imprisoned;
 - 22.3.1. evaluation and stipulation of unified order and procedures for provision of health care services in prisons and for reporting on the results of implemented health care measures as well as for processing and analysis of obtained information;
 - 22.3.2. stipulation of unified approach and criteria for planing the necessary medical personnel resources in medical care units of prisons by stating the necessary specialisation, number and work load of medical practitioners;
 - 22.3.3. stipulation of unified procedure for registration of applications of the imprisoned for visits to medical practitioner and of health care services provided to the imprisoned;
 - 22.3.4. definition of unified principles and implementation of measures in order to ensure transparent and compliant¹³ circulation of medicinal products in medical care units of prisons as well as to ensure accounting and supervision over actual utilisation of medicinal products;
 - 22.3.5. improvement of supervision over registration of the activities of medical care units and medical practitioners of prisons compliant to regulatory enactments¹⁴;
- 22.4. stipulation in regulatory enactments of unified procedure for escorting and guarding imprisoned persons for receiving health care services outside prison.

¹³ The Cabinet of Ministers Regulations No. 220 of March 27, 2007 “The order of purchasing, storing, utilisation, registration and disposal of pharmaceuticals in medical treatment institutions and social care institutions”.

¹⁴The Cabinet of Ministers Regulations No. 60 of January 20, 2009 “Mandatory requirements for medical treatment institutions and their units”; the Cabinet of Ministers Regulations No. 170 of March 8, 2005 “Rules on medical institution register”, Part Two of Article 26 of the Medical Treatment Law, the Cabinet of Ministers Regulations No. 268 of March 24, 2009 “Rules for competence of medical practitioners and students of the first or second level of professional higher medical education program in medical treatment and the amount of theoretical and practical knowledge of such persons”.