

Action Plan – Mr Aaron Nunes at HMP & YOI Parc on 21/02/2016

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p>The Chief Executives of HMPPS, NHS England and NHS Wales should write to the Ombudsman setting out what they have done to satisfy themselves that the dental services provided by Time for Teeth (TfT) in prisons in England and Wales are safe and fit for purpose, including that:</p> <ul style="list-style-type: none"> • a dedicated dental software system, which meets the professional standards set out by the General Dental Council, operates alongside SystmOne in prison dental surgeries; • there is an efficient appointments system to book dental appointments promptly; • dental emergencies are prioritised for urgent care; 	Accepted	<p><u>His Majesty's Prisons and Probation Service (HMPPS) in Wales response</u></p> <p>From the 15th December 2022, the healthcare service at HMP & YOI Parc has been transferred to the Local Health Board, Cwm Taf Morgannwg. This service is delivered via a Memorandum of Understanding (MoU) between Welsh Government, the health board and HMPPS in Wales. Included in the MoU is a service specification which is based on a full healthcare needs assessment based on the current population of HMP & YOI Parc. The specification was informed by health experts, Welsh Government and HMPPS (including Youth Custody Service).</p> <p>The service delivery is guided by a full-service specification, which outlines staffing mix, record keeping, treatment and waiting times, available services and care plans.</p> <p>A new data dashboard, which monitors all aspects of healthcare delivery, is now collected and reported on during quarterly Prison Health Partnership Boards.</p> <p>HMPPS in Wales will request an update providing assurance on service quality from all Welsh prisons using Time for Teeth via the local Prison Health Partnership Boards.</p>	Complete

<ul style="list-style-type: none"> • failed dental appointments are followed up and rescheduled promptly so that emergency patients are not lost in the system; • patients at a higher risk of complications are flagged; • regular updates on patients causing concern are recorded and acted on; • prisoners have access to out-of-hours emergency dental cover equivalent to the level of safety and accessibility available in the community; • prescriptions, particularly those for antibiotics for acute infections, are dispensed within hours; • all surgery equipment, especially diagnostic equipment, is regularly serviced and is fit for use, as required by statutory regulations; • effective processes are in place to communicate critical patient information between the dental and healthcare teams and within the dental team; 	<p><u>NHS England response</u></p> <p>The Dental Specification for Dental service for prisons in England 2020 states that “<i>all dental providers must ensure they have an accredited software solution to support the electronic submission of FP17 in line with the regulations</i>”.</p> <p>All contracts need to be added to the Business Services Authority (NHSBSA) COMPASS system. This includes sub-contracts. 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.</p> <p>Access to TPP SystmOne is available to all Dental providers across the detained estate.</p> <p>The appointments system is managed using TPP SystmOne and all healthcare and dental providers have access, to refer and manage appointments and referral lists on this clinical system. This includes a rota template which is created for the dental service and appointments can be booked from a referral either through healthcare or the dental administration team.</p> <p>Service availability in the dental specification 2020 covers dental emergencies. NHS England has 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 healthcare providers.</p>	<p>Complete</p>
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<ul style="list-style-type: none">• prison dental staff receive specialist training to ensure competence in prison dental care; and• clinical sessions set out in the contract / SLA include the presence of a dental surgeon in the dental clinic at specified times to deal with emergencies as they arise.	<p>The managed clinical network for Dental in secure settings has also produced a national Urgent Care pathway, which includes referral of the patient to an urgent care dental practice where necessary.</p> <p>Sites can make use of the telemedicine equipment provided, and in some cases, intra oral cameras to facilitate out of hours dental triaging.</p> <p>Failed dental appointments are managed using TPP SystmOne's appointment ledger and movement slips are issued daily. This applies to all failed appointments, including no access visits.</p> <p>Patient records on TPP SystmOne are flagged where necessary, using clinical indicator patient alerts and can be added by any member of the healthcare and dental team.</p> <p>Patient consultations are recorded using the clinical system TPP SystmOne using the local or full medical records for the patient. This facility is available to insert patient alerts, and task creation for other members of the team, a recall function can also be used to insert appointments for follow up where there is cause for concern.</p> <p>The Urgent dental care pathway is a national pathway. Additionally, telemedicine is available in every site which can and would be used to facilitate an out of hours appointment where necessary and appropriate.</p> <p>The dental specification covers pharmacy outcomes and clearly states that patients have prompt access to medication in accordance with clinical need.</p> <p>As per the dental specification 2020:L providing dental services in a secure setting presents particular issues due the surgical nature of dentistry, which requires specific settings and equipment.</p>	
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Failure of key dental equipment (such as the dental chair or sterilisation equipment) can result in extensive delays to treatment. All such delays should be accurately recorded and reported to commissioners. NHS England, as the commissioner of services, does not hold responsibility for dental equipment. Responsibility for fixed, permanent dental equipment lies with HMPPS. This includes for example (but is not limited to), the dental chair (plus compressor and suction), fixed sterilisation equipment, fixed radiography equipment. The dental provider must be confident that this equipment is fit for use and is responsible for reporting and escalating if and when there are issues identified. The dental provider is also responsible for equipment which can be removed from the surgery. All parties should work together to facilitate a continuous service.

All sites should use the clinical system for referral to the dental team. The clinical record should be updated by the dental team and task management on the clinical system should be in use to enable the effective sharing of information.

Registered dental professionals are required to meet the General Dental Council (GDC) standard to “communicate clearly and effectively with other team members and colleagues in the interests of patients”.

All dental staff must be registered with the General Dental Council (GDC) and included on the NHS Performers list.

Managed Clinical Networks for secure dental settings schedule Continued Professional Development (CPD) training specifically for Prison dentists.

CPD is required to be completed in a cycle specified by the GDC.

This is covered by the Personal Dental Services/General Dental Services contract and the dental specification 2020 which stipulates the number of

		<p>sessions and also for the provider to provide an out of hours service where required.</p> <p>The Personal Dental Services/General Dental Services contract and the dental specification 2020 stipulate the number of sessions for the dental surgeon to be present in dental clinic and also for the provider to provide an out of hours service where required.</p> <p><u>HMP & YOI Parc response</u></p> <p>A review of the contracted dental service against expected service provisions is being undertaken by G4S Health Services (June 2021). This will include arrangements for appointments, processes for managing failed dental appointments and the processes by which high risk patients are flagged. It will also include ensuring that the training of individuals providing the service is appropriately documented.</p> <p>As of June 2021, any reported dental emergencies are given same day appointments with clinical staff from the dental team for triage.</p> <p>In the context of patients who are considered a high risk of deterioration, the acuity tool was introduced in June 2001 and soft signs education undertaken.</p> <p>Regular updates are recorded using notifications on the electronic medical records for patients who are causing concerns and all clinical staff have access to this ledger, which was also introduced in June 2021. The nurse in charge prescribes the frequency of reviews, and all reviews are recorded in the medical record.</p> <p>An emergency dental service is not commissioned; in an out of hours situation the patient would be sent to the emergency department.</p>	Complete
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			<p>During core working hours normal access to prescribed medication is available. All on-call GPs have remote access to SystmOne electronic medical records to be able to prescribe for individual patients negating the need for PGDs. An out of hours drug store has a comprehensive supply of commonly used drugs such as antibiotics. As of June 2021, all GP's are aware this is common practice.</p> <p>All surgery equipment, including diagnostics, is recorded and serviced as fit for purpose as required by statutory regulations. Equipment is serviced annually.</p> <p>Since June 2021 additional processes have been put into place to ensure effective handover of critical patient information. This includes verbal handover to the nurse in charge plus a written notification on the electronic medical records.</p>	Complete Complete
2	The Chief Executive of NHS Wales should ensure that prison dental surgeries in Wales are subjected to the same level of scrutiny and inspection as community dental surgeries.	Accepted	<p>Dental inspections in Wales are carried out by Healthcare Inspectorate Wales (HIW). The CEO of NHS Wales has written to the CEO of HIW on 21 September 2022 drawing attention to this recommendation and requesting that prison dental surgeries are included in the HIW dental inspection programme.</p> <p>HIW have now developed a methodology (March 2022) that can be used to inspect prison dental services on the same basis as general dental services. They have also reached an agreement with HMIP to deploy this methodology on all routine prison inspections in Wales. This will result in an inspection around every 5 years which is the same arrangement for general dental services inspections in Wales.</p>	Complete CEO, NHS Wales Complete
3	The HMPPS Executive Director for Wales and the Chief Executive of NHS Wales should write to the Ombudsman setting out what they	Accepted	<p><u>HMPPS Wales response</u></p> <p>From the 15th December 2022, the healthcare service at HMP & YOI Parc has been transferred to the Local Health Board, Cwm Taf Morgannwg.</p>	Complete

<p>have done to satisfy themselves that the nurse-led healthcare service provided at Parc by G4S Medical Services is safe and fit for purpose, including that:</p> <ul style="list-style-type: none"> • there is an appropriate staff mix so that registered general nurses lead the care and those with specialist expertise, such as mental health nurses, support them within their competence; • staff make accurate and timely records in line with GMC and NMC standards; • prisoners with complex care needs are promptly considered for transfer to a prison with a 24-hour inpatient facility; • a senior clinician is responsible for leading and coordinating the care for prisoners with complex conditions; • effective care plans are created and implemented; and • therapeutic psychological services are available. 	<p>The service specification was based on a full healthcare needs assessment based on the current population of HMP & YOI Parc. The specification was informed by health experts, Welsh Government and HMPPS.</p> <p>The service delivery is guided by a full-service specification, which outlines staffing mix, record keeping, treatment and waiting times, available services and care plans.</p> <p>A new data dashboard, which monitors all aspects of healthcare delivery, is now collected and reported on during quarterly Prison Health Partnership Boards.</p> <p><u>HMP & YOI Parc response</u></p> <p>A review of staffing and skill mix was undertaken in 2018 which resulted in an increased staffing profile for mental health nurses and pharmacy technicians. This also resulted in a dedicated practice nurse model being introduced which ensures continuity of care for those with long term conditions.</p> <p>A repeat of this exercise was completed in May 2021 following the receipt of the updated Health Needs Assessment (HNA). Documentation and record keeping training is mandatory for all staff upon induction. A clinical documentation education workbook is available for managers to work through with staff if record keeping is problematic. The importance of accurate and timely records will be discussed monthly at the healthcare team briefing.</p> <p>Assessment tools for long term conditions have been introduced that include a care plan. Within the care plans/assessment tools there is an embedded Read Code which enables regular audit of their use. A Care Plan audit is run</p>	<p>Complete</p>
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			<p>every Monday morning, which identifies all open care plans and highlights those requiring review. The audit information is sent to the site Clinical Lead for review so that care plans can be reviewed and updated or closed if they are no longer required.</p> <p>Patients' needs are to be reviewed at the weekly Clinically Vulnerable Older Persons (CVOP) meeting. If concerns are raised regarding patients' needs not being met, consideration will be given to moving them to the Safer Custody Unit, T6 or X3. Any individuals requiring acute medical care will be sent to hospital. The Clinical Lead is responsible for leading and coordinating the care for men with complex conditions. Assessment tools for long term conditions have been introduced and there are care plans for these long term conditions available (as above). Psychological services are not commissioned by G4S. Referrals will be made to a prison psychologist who is part of ABMU NHS Foundation Trust.</p>	
4	The Chief Executive of NHS Wales should investigate whether Parc followed the PGD regulations and whether the use of verbal instructions by GPs for nurses to dispense prescription-only medicines from the out-of-hours medication cupboard complies with regulations.	Accepted	The Chief Pharmaceutical Officer for Wales wrote on 28 March 2023 to the prison and health board, outlining the legal position and requesting confirmation that their medicines management processes are compliant with the relevant legislation and guidance.	Complete
5	Health Inspectorate Wales should consider whether the dentist and dental therapist should be referred to their professional bodies with a view to considering their fitness to practice.	Accepted	Healthcare Inspectorate Wales (HIW) will make referrals to the GDC once the report has been finalised and consent provided by the Ombudsman to share the dental review as basis for the referral.	Senior Healthcare Inspector HIW
HOUSEKEEPING RECOMMENDATIONS				
6	The Director and the Head of Healthcare at Parc should:	Accepted	As of 2019, a diabetic specialist nurse (DSN) has now been employed to work two days per week at HMP & YOI Parc. Identification of patients and	Complete

	<ul style="list-style-type: none"> • liaise with the local Health Board to ensure that newly arrived insulin dependent diabetic prisoners are assessed on their understanding of diabetes management and self-care so that appropriate care is provided in line with prisoners' needs; and • commission an outreach service from the community diabetes team to ensure that nursing staff are adequately trained and know when to seek advice from secondary services. 		<p>referral to the DSN takes place on arrival. The DSN carries out assessments on all new arrivals and develops a care plan. The DSN has developed close working relationships with the diabetic team in the local Health Board. The DSN is developing a training package for all nurses which will include guidance as to when to seek advice from secondary care services.</p>	
7	<p>The Director and the Head of Healthcare at Parc should ensure that all prisoners are assessed by the healthcare team on their return from hospital.</p>	Accepted	<p>All healthcare staff were reminded by the Head of Healthcare at a staff meeting in February 2017 of their responsibility to ensure that any prisoner who has discharged themselves from hospital is seen by the nurse and reassessed on their arrival back at HMP & YOI Parc.</p> <p>All staff in Admissions were also reminded in February 2017 via a staff briefing of the process that must be followed for all prisoners returning from external appointments. A briefing sheet was issued to all Admissions staff detailing their responsibilities and staff signed to confirm receipt. Completed An Admissions checklist was also created in February 2017 to ensure that all prisoners were seen by a nurse on arrival at HMP & YOI Parc and this assessment was recorded.</p> <p>Due to changes in the Admissions staffing group and nursing group this process was reviewed in May 2021. Task orders have been amended and issued to the existing Admissions group. Task orders are also provided to all new staff who work in the Admissions area. In addition the Operational Managers for Admissions and Induction have been given a brief from the</p>	Complete

			Head of Safety. The existing Admissions checklist created in February 2017 is still in force and has been further reviewed in May 2021. It confirms the name of the nurse who is screening all returns from hospital escorts. In addition the Duty Director ledger also now includes residents who are discharged to hospital and the name of the nurse assessing on their return.	
8	The Director and the Head of Healthcare at Parc should ensure that hospital discharge summaries for prisoners are received in a timely manner and, if this does not happen, that requests are followed up promptly.	Accepted	<p>All men returning from hospital are seen by a nurse and a discharge from hospital template is completed from their medical records which asks the question 'Has discharge letter been received?' Healthcare admin check daily to ensure all discharge letters have been requested.</p> <p>Staff have been instructed that if a discharge letter is not available this must be requested. Discussions have taken place with the local Health Board to stress the importance of this. Healthcare staff have been advised to report discharge summaries not received as an incident which will be shared with the local hospital/Health Board by the Head of Healthcare and the primary care manager on a regular basis and at the quarterly partnership board meeting.</p>	February 2017
9	The Head of Healthcare at Parc should ensure that CVOP meetings are clinically multidisciplinary, that effective care plans are created and implemented, and that the meetings are accurately minuted.	Accepted	A template was developed in 2020 for the CVOP meetings which ensures all information discussed is captured in the patient's medical records. The meeting is multidisciplinary including operational staff and Bridgend Social Services. Care plans are routinely discussed and developed during and following the meetings. Meetings are recorded.	Complete
10	The Director and the Head of Healthcare at Parc should ensure that SLPs are properly completed and shared with operational staff and are taken into account when providing care to prisoners.	Accepted	All Healthcare staff receive training on induction on the process for completing SLPs/ALPs. Operational colleagues manage the database for all SLPs/ALPs. Healthcare staff have been briefed on the importance of sharing all relevant information to enhance the care of residents.	February 2017

11	<p>The Head of Healthcare at Parc should ensure that the prison pharmacist:</p> <ul style="list-style-type: none"> regularly reviews the medication needs of prisoners who use insulin and that insulin prescriptions are ordered promptly; and ensures there are adequate supplies of lancets and blood testing strips for all prisoners who use insulin. 	Accepted	<p>As of 2019, an independent pharmacist prescriber provides ten sessions per week, at HMP & YOI Parc. Their responsibilities include medication reviews for all patients with long term conditions. Nine pharmacy technicians have been employed as a wing based team to support medicines administration, identification of need for medication review and timely re-ordering. This includes re-ordering of supplies.</p>	Complete
	NON-CLINICAL ISSUES			
12	The Director at Parc should ensure that prisoners with substance misuse issues are supported and that efforts to tackle the availability of illicit substances are prioritised.	Accepted	<p>HMP Parc has a robust and comprehensive drug strategy in place which provides complete a cross-departmental integrated approach to disrupting drug supply, reducing drug demand, and providing treatment and support to prisoners with substance misuse issues. The strategy is reviewed annually with the last and most recent drug strategy being implemented in April 2023. As of September 2019, daily clinics were established to support prisoners who use illicit substances where comprehensive health assessments are conducted. If any health or support needs are identified, the clinic can refer the prisoner to the relevant speciality within the prison.</p>	Complete
13	<p>The Director at Parc should ensure that staff manage prisoners at risk of suicide and self-harm in line with national policy, in particular staff should:</p> <ul style="list-style-type: none"> assess risk based on all relevant information, including that held in 	Accepted	<p>All ACCT case managers have completed the HMPPS ACCT case management training which includes all requirements of ACCT case management. No operational manager can complete ACCT case reviews or CAREMAPS if they have not been trained to do so.</p> <p>In addition to this, additional ACCT case management training is being provided within the prison to enhance the skills of ACCT case management with a particular focus on understanding risks, triggers and protective factors</p>	Complete

	<p>medical records;</p> <ul style="list-style-type: none"> mark caremap actions as completed only once they have been actioned fully; ensure that caremap actions are created and reviewed in line with national guidance and are specific, meaningful and time-bound, aimed at reducing prisoners' risks; and obtain appropriate clinical input where appropriate before deciding to stop ACCT procedures. 	<p>and how this can be reflected in CAREMAPS. All case managers are reminded on a yearly basis via written communication that ACCTs must not be closed until all CAREMAP actions are complete. The ACCT quality assurance process within the prison has been reviewed and a revised policy implemented in January 2021 that provides a more robust assurance process. Findings of ACCT quality assurance are presented in a monthly report and shared at the monthly harm reduction meeting with all Senior Management. Where ACCT quality assurance identifies any shortcomings in ACCT case management the ACCT case manager is referred to the Safer Custody Team for additional supervision and guidance.</p> <p>The safer custody operational policy was reviewed in August 2020 to ensure that a nurse is present at all first ACCT case reviews to ensure any clinical information is recorded and considered. A nurse is also present at any ACCT case reviews for closure of any ACCT. ACCT case managers were reminded of this requirement in a written communication in September 2020 and this is also reinforced in the ACCT case management training. HMPPS ACCT version 6 has been rolled out in HMP & YOI Parc since August 2021 onwards which provides additional guidance on ACCT requirements.</p>	
14	<p>The Director at Parc should ensure that staff:</p> <ul style="list-style-type: none"> involve the prisoner's next of kin in their care where appropriate, in line with PSI 64/2011; and ensure that the next of kin are promptly informed when a seriously ill prisoner is taken to hospital. 	<p>Where appropriate, the prisoner's family or next of kin are involved in their care subject to any security considerations, the wishes of the prisoner and other protective factors. In this particular case the family were involved in some elements of Mr Nunes' care with documented contact and communication between the complex case manager and Mr Nunes' mother. There were some security restrictions in place regarding contact which was evidenced at the inquest of Mr Nunes. The prison has a 24 hour on call Chaplaincy rota to support this. Further written instruction was provided to Healthcare, Duty Managers, Duty Directors and the Chaplaincy in May 2021 to remind all of their responsibilities in relation to this action. External hospital appointment data is reported monthly at the operational healthcare meeting. A breakdown of data including refusals to attend is provided and discussed.</p>	Complete

15	The Director at Parc should ensure that Parc's instructions to staff about roll checks are consistent.	Accepted	The local security strategy instruction 5.32 was amended in February 2017 and is subject to an annual review. This instruction gives staff clear direction on the requirements and responsibilities in relation to roll count duties.	Complete
16	The Director at Parc should ensure that when a cell door is unlocked, staff satisfy themselves of the wellbeing of the prisoner and that there are no immediate issues that need attention.	Accepted	The Prison Safer Custody policy 14.01 was amended in February 2017 and is subject to an ongoing review on an annual basis. The policy gives clear instruction to staff in relation to undertaking welfare checks when cell doors are unlocked. In addition, in 2017 a further audit check was added in relation to welfare checks where the daily Duty Director monitors a unit both AM and PM via CCTV to ensure that welfare checks are being conducted in line with agreed procedures, and this is recorded in the daily senior manager log.	Complete
17	The Director at Parc should ensure that control room staff call an ambulance immediately they receive a medical emergency code.	Accepted	Control room procedures were amended in February 2017 to ensure that control room staff contact ambulance control immediately whenever a code blue or code red is called. A written instruction was also provided to all control room staff to confirm this information. A further task was provided to control room staff in May 2021 to ensure any new staff are fully aware of their responsibilities.	Complete
LEARNING LESSONS				
18	The Head of Healthcare at Parc should share this report with Nurses A, B and C and discuss the ombudsman's findings with them.	Accepted	This recommendation is accepted for its principle; however the healthcare professionals listed in this action are no longer employed by G4S Health Services and/or at HMP & YOI Parc and therefore this cannot be actioned further. The findings have however been shared with the senior nursing staff.	Complete
19	The Director should share this report with CM A and Officers A, B and C and arrange for a senior manager to discuss the Ombudsman's findings with them.	Accepted	This recommendation is accepted, and the findings will be shared with staff. Other staff mentioned are no longer employed within G4S Care & Justice Services and/or at HMP & YOI Parc, once the Ombudsman's report is finalised.	July 2022