

Action Plan: Calam Atour, HMP Erlestoke

Action Plan

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible	Progress (to be updated after 6 months)
1	<p>The Governor should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidance, including in particular:</p> <ul style="list-style-type: none"> ☐ A multi-disciplinary approach for all case reviews, with continuity of case management. ☐ Healthcare staff attending at least all first case reviews. ☐ Setting caremap actions, which are specific and meaningful, aimed at reducing prisoners' risks and actively followed up. ☐ Reviewing levels of observations whenever an event occurs which indicates an increase in risk. ☐ All staff, including healthcare staff, recording relevant information about risk, observations and interactions with prisoners in ACCT documents, which accompany the prisoner. 	Accepted	<ul style="list-style-type: none"> • A Safer Custody action plan has been devised and implemented. Progress on its implementation will be reviewed at the monthly Safer Custody meeting. • The local weekly quick time learning bulletins are used to remind staff to ensure that: relevant staff attend ACCT reviews; meaningful caremap actions are set; levels of observation are reconsidered whenever an event occurs which indicates a change to risk levels: and relevant information about risk as well as the details of observations and interactions are recorded. These bulletins are produced by the Safer Custody team and disseminated by global email and in Notices to Staff, and displayed on the Safer Custody display board. • The daily morning meeting, attended by managers from all departments of the prison is used to ensure multi-disciplinary case reviews, including healthcare attendance at all first case reviews. • A system of management checks will be undertaken at prisoner's places of work and within the healthcare centre to check that the ACCT has followed that individual. Qualitative checks on ACCTs will be made to ensure that entries from those areas 	Completed, with ongoing review Safer Custody Team	

			<p>are included.</p> <ul style="list-style-type: none"> • The Safer Custody Team provides refresher training on issues specifically identified during self-audit and management checks, and learning from this recommendation will be included within this training. • Guidance on policy requirements and best practice in relation to the Assessment Care in Custody Policy has been reissued to healthcare staff. 	Completed Great Western Hospitals NHS Foundation Trust (GWHNHSFT)	
2	The Governor and Head of Healthcare should ensure that the prisoners identified as at risk of suicide and self-harm are referred urgently for a mental health assessment.	Accepted	<p>Staff will be reminded that when opening an ACCT document they must contact healthcare to inform them that a prisoner has been placed on an ACCT and requires a mental health assessment. They will also be required to e-mail the Healthcare functional mailbox to record they have made this request.</p> <p>At the first case review, the case manager will be required to check whether or not the mental health assessment has taken place and to record this. If the mental health assessment has not taken place this will be added as a CAREMAP action, and completion will be monitored at future ACCT Case Reviews.</p> <p>A risk assessment tool has been devised for the use of healthcare staff in identifying those prisoners at requiring referral to secondary mental health services, and additional training will be provided for healthcare staff in in the identification of female prisoners at risk of suicide</p>	Completed Safer Custody Team & GWHNHSFT	

			<p>or self-harm.</p> <p>Daily meetings of healthcare staff will be held to discuss those at risk of suicide or self-harm and ensure that they are on the correct care pathways and that any follow-up actions are completed</p>		
3	The Head of Healthcare should ensure that medication risk assessments take full account of a prisoner's history of drug misuse and compliance with medication.	Accepted	A pharmacist has been appointed to undertake an urgent review of medicines management, and this will ensure that risk assessments take full account of a prisoner's history.	Completed GWHNHSFT	
4	The Head of Healthcare should ensure a consistent approach to prescribing antidepressant and antipsychotic medication that is in the patient's best interests, in line with clinical guidance and properly recorded. Clear reasons for prescribing decisions should be entered on the SystmOne medical record and prisoners on antidepressant and antipsychotic medication should be reviewed regularly and monitored for known side effects.	Accepted	The clinicians involved will review (by means of a Significant Event analysis) their prescribing practice and consider how to make all clinical staff aware of the possible side effects of recently commenced medications. They will also review their practice in record keeping to ensure that relevant information around prescribing, mental health assessments and other aspects of care are correctly recorded in the clinical system.	Completed GWHNHSFT	
5	The Governor 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	Prison staff have been made aware of the policy advice in PSI 75/2011 "Residential Services" which advises staff to assure themselves of the well-being of prisoners during or shortly after unlock. A local notice to staff has been issued to remind staff of this requirement.	Head of Safer Prisons and Equalities Completed	

6	<p>The Governor should ensure that control room staff call an ambulance as soon as an emergency medical code is called and that the local emergency protocol properly reflects the requirements of PSI 3/2013.</p>	Accepted	<p>A Notice to Staff will be issued, and new training for Control Room Staff will be implemented.</p> <p>A meeting with the local ambulance service was held to discuss the need to clearly communicate requirements on both sides to make this practical and operable. Control Room staff will be reminded that they are responsible for calling the ambulance upon hearing the emergency medical code.</p> <p>All Operational Support Grade (OSG) staff will receive training, and refresher training annually, on the national and local requirements concerning emergency response. This will be covered at a full staff meeting and in presentations for gate staff and healthcare staff.</p>	<p>21 September 2016 Safer Custody Team</p>	
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