

## ACTION PLAN

No	Recommendation	Accepted/Not accepted	Response	Target date for completion
1	The Head of Healthcare should ensure that healthcare staff follow the protocol for the assessment and management of prisoners undergoing treatment for substance misuse.	Accepted	<p>A list is maintained on the prison IT system (shared drive) and on SystmOne (the clinical system) of all received prisoners who are undergoing detoxification. In line with the Integrated Drug Treatment System (IDTS) protocol, prisoners are checked three times each night and night staff are required to sign and record the time of the check and to make entries in the medical files.</p> <p>Pulse and blood pressure readings are taken during the day and recorded in the prisoner's clinical file. At night, nursing staff completing welfare checks observe prisoners through cell door hatches for signs of detoxing and any distress.</p> <p>Local protocols and guidance notes are in place and available for all staff, and located with the list of prisoners receiving treatment.</p>	Head of Residence and Safety and Head of Healthcare to review during September 2014
2	The Governor and the Head of Healthcare should ensure that newly arrived prisoners dependent on alcohol or drugs are offered a place in a stabilisation unit which allows	Accepted	C 4 landing is the allocated stabilisation landing. This has 20 cells with modified doors to aid welfare checks. Additional cells with modified cell doors to allow welfare checks to be conducted are being fitted to C1 First Night Landing.	Head of Residence and Safety and Head of Healthcare to review during

	unrestricted observation by healthcare staff at all times.		All prisoners who are identified as requiring a drug or alcohol stabilisation are informed during the First Night process of the requirements of welfare checks and compacts are issued and signed to ensure prisoners understanding.	September 2014
3	<p>The Governor should produce clear local guidance about procedures for identifying prisoners at risk of self-harm and for managing and supporting them. In particular this should ensure that reception, first night staff and all others who assess risk:</p> <ul style="list-style-type: none"> <li>• Have a clear understanding of responsibilities and the need to share all relevant information about risk.</li> <li>• Note and consider all information from suicide and self-harm warning forms and person escort records.</li> <li>• Consider and record all the known risk factors of a newly arrived prisoner</li> </ul>	Accepted	<p>HMP Exeter's local Safeguarding Policy includes a comprehensive local ACCT guide, which will be reviewed to ensure full compliance with relevant national instructions. This guidance reminds staff of the need to consider all known risk information available, including from the Prisoner Escort Record, CNOMIS (electronic case records), SystemOne, and Police National Computer records.</p> <p>A "risk and triggers form" is in use at the First Night Centre which is used to record and assess known risks and triggers (as per PSI 64/ 2011). The outcome of the interview with the newly received prisoner and risk analysis is recorded within the prisoner's case notes and risk and triggers form.</p> <p>All new staff with prisoner contact undertake the Introduction to Safer Custody course during induction. There is a programme of ACCT Case Manager courses, ACCT Assessor initial and ACCT Assessor refresher training.</p>	<p>ACCT Local Policy Review in September 2014 led by Head of Residence and Safety.</p> <p>Training database to be monitored by Head of Residence and Safety</p>

	<p>when determining their risk of suicide or self-harm.</p> <ul style="list-style-type: none"> <li>• Open an ACCT when a prisoner appears at high risk, irrespective of his stated intentions.</li> </ul>			
4	<p>The Head of Healthcare should ensure that welfare checks are compliant with the National Treatment Agency guidelines for the management of drug dependence and recorded contemporaneously.</p>	Accepted	<p>The nature of the welfare checks, which include staff checking for signs of physical or mental distress, agitation or anxiety etc, have been agreed with the Substance Misuse Service (SMS), the GPs and Primary Care, and are compliant with national guidelines. The SMS service is leading on keeping the guidelines updated and implementing any changes required after discussing them with Primary Care and the lead GP.</p>	<p>Head of Residence and Safety and Head of Healthcare to review during September 2014</p>
5	<p>The Governor should ensure that staff are aware of Local Instruction 2.77 and understand that, subject to a personal risk assessment and providing there is no obvious danger to themselves or others, they should enter a cell at night in an apparent life-threatening situation.</p>	Accepted	<p>The establishments Night Operating Instructions include the procedures for the opening of cells during patrol states.</p> <p>The local guidance and instructions have been included as additional staff objectives within SPDRs (staff annual appraisals) to monitor compliance and provide management with assurance of staff understanding of the local procedure.</p>	<p>September 2014.</p> <p>All Functional Heads to give Governor assurance of compliance.</p>

6	<p>The Governor should ensure that all prison staff are made aware of and understand PSI 03/2013, local instructions 46/2013 and 29/2013 and their responsibilities during medical emergencies, including:</p> <ul style="list-style-type: none"> <li>• Efficiently communicating the nature of a medical emergency;</li> <li>• Bringing to the scene relevant emergency equipment such as a defibrillator and using it if necessary;</li> <li>• Ensuring there are no delays in calling an emergency ambulance.</li> </ul>	Accepted	<p>HMP Exeter's local Safeguarding Policy includes comprehensive instructions regarding emergency responses.</p> <p>All prison staff who conduct night duties are required to sign to confirm their understanding of the Night Operating Instructions on the commencement of each night shift, which includes the content of:</p> <ul style="list-style-type: none"> <li>• NTS 46/2013 Medical Emergency Response Codes;</li> <li>• NTS 41/2013 Opening a Cell during Night / Patrol State - Preservation of Life and Suspected Death in Custody.</li> </ul> <p>Healthcare staff have access to a defibrillator and attend emergencies with necessary emergency equipment</p> <p>The local guidance and instructions have been included as additional staff objectives within SPDRs to monitor compliance and provide management with assurance of staff understanding of the local procedure.</p>	Head of Residence and Safety and to review assurance during September 2014
7	<p>The Head of Healthcare should arrange for healthcare staff to receive resuscitation and defibrillator training annually.</p>	Accepted	<p>Most members of primary care and SMS have recently received resuscitation and defibrillator training. Training requirements will be reviewed annually.</p>	Head of Healthcare  End of September 2014

8	The Governor should ensure that, in line with PSI 64/2011, the next of kin are informed as soon possible after a prisoner's death.	Accepted	Duty Governors and FLOs have been reminded of the need to ensure that they liaise with the Devon and Cornwall Police to ensure that they understand the requirement for the Prison to inform the Next of Kin in line with PSI 64/2011. They will record any action taken, and any problems encountered when informing the next of kin, within the FLO log.	Head of Safety.  Completed
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