

**Action Plan – Paul Smith. HMP Elmley .Unclassified. 02/10/2017**

<b>No</b>	<b>Recommendation</b>	<b>Accepted/Not Accepted</b>	<b>Response</b>	<b>Target date for completion and function responsible</b>
1	<p>The Governor and Substance Misuse Lead should ensure that there is an effective and well-implemented substance misuse strategy, including that:</p> <ul style="list-style-type: none"> <li>• There is an effective strategy to identify and reduce trading of prescribed medication.</li> <li>• When there is intelligence to suggest a prisoner is in possession of or has used illicit drugs, staff test the prisoner for drugs as quickly as possible in line with the requirements of PSO 3601.</li> <li>• All prisoners who are prescribed methadone receive a 13-week review and have a methadone review when there is intelligence that they might have used illicit drugs.</li> </ul>	Accepted	<p>Forward Trust, which provides substance misuse services at HMP Elmley, has now introduced the Orange guidelines 2017 which replaced the overarching policy for prison clinical treatment which was previously in place.</p> <p>Medication prescribed to address substance misuse is dispensed in line with the regulations directing the dispensing of prescribed (controlled) medication. There is always a second signatory to observe that the patient has consumed their medication before leaving the dispensary. All second signatories undergo training for their role and all registered healthcare professionals are governed by their relevant professional governing bodies. Additionally, residential officers manage the medication queues to ensure security and compliance.</p> <p>Any suspicions that medication is being diverted are discussed daily at the clinical multi-disciplinary review meeting, and an appointment for a medication review is scheduled. Any cross-over information related to primary health medication is also shared with the appropriate team.</p> <p>A notice to operational staff was issued on the 5<sup>th</sup> April 2018, (NTS 76/2018) reminding them of the need to be observant when prisoners are receiving medication to reduce the risk of medication being diverted, and included directives regarding mouth checks.</p> <p>When intelligence is received regarding illicit drug use, in line with PSO 3601, Suspicion Testing will take place within three days. This will be</p>	Substance Misuse Lead Completed

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			<p>undertaken by MDT testing staff, and this task is ring fenced to ensure there is sufficient resource in place.</p> <p>All patients are booked in for their 5 day and 13 week reviews, and in line with the Orange Guidance 2017, 3 monthly reviews thereafter.</p> <p>If a healthcare professional suspects a patient to be under the influence of an illicit substance then their medication is omitted for the following day and a review takes place in which their health/wellbeing and risk taking behaviour is addressed. Any intelligence received via other sources will lead to a review with an appropriate worker to explore concerns and identify any additional support required.</p>	
2	The Governor should ensure that officers have meaningful contact with every prisoner through an effective personal officer scheme which allows officers to get to know prisoners, identify their needs and make regular case history notes.	Accepted	<p>Under the new offender management model, due to be introduced at HMP Elmley in October, prisoners will be allocated a key worker: a prison officer who is there to guide, support and coach an individual through their custodial sentence. All residential officers will undertake key worker duties for around six prisoners, with time profiled specifically for these duties. All new officers are receiving key worker training as part of their POELT course, and training will be delivered to existing staff. Key workers will be expected to record meetings, discussions and an individual's progress.</p> <p>In the interim, as HMP Elmley increases its staffing compliment to meet the new model, residential staff are being detailed, where possible, to</p>	Deputy Governor October 2018

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			the same spur to improve continuity of staffing and therefore better relationships between staff and prisoners.	
3	<p>The Governor should produce clear local guidance about procedures to identify prisoners at risk of suicide and self-harm and to manage and support them. In particular, this should ensure that reception and first night staff:</p> <ul style="list-style-type: none"> <li>• Have a clear understanding of their responsibilities and the need to share all relevant information about risk.</li> <li>• Consider and record all the known risk factors of a newly arrived prisoner when determining their risk of suicide and self-harm, including information from suicide and self-harm warning forms, person escort records and other sources.</li> <li>• Start ACCT procedures whenever a prisoner has recently self-harmed or expressed suicidal intent.</li> </ul>	Accepted	<p>Suicide and Self-Harm (SASH) training is mandatory for all staff and includes training on the risk factors of new prisoners and determining risk of self-harm or suicide. All staff will complete this training by 2019, as part of a rolling programme.</p> <p>Guidance has been issued to all staff including those working in Reception, First Night and Substance Misuse teams, regarding factors that may indicate an increased risk to prisoners.</p> <p>Additionally, the Safer Custody team now deliver awareness training to staff in the First Night Centre and Reception, and Offender Supervisors so that they are aware of the need to consider and record risk factors of new prisoners in custody who may be vulnerable to self-harm or suicide; and to start ACCT procedures where appropriate. Identified risk factors are then recorded on the Safer Custody team database and shared with staff across all functions including healthcare.</p>	Head of Safer Prisons April 2019