

**Action Plan – Ms Annabella Landsberg. HMP Peterborough (F). NC. 06/09/2017**

| No | Recommendation  | Accepted/Not Accepted | Response  | Target date for completion and function responsible  |
|----|---|-----------------------|---|--|
| 1  | <p>The Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> <li>• Nurse x is referred to the Nursing and Midwifery Council to consider their fitness to practise;</li> <li>• staff understand how SystemOne record-sharing restrictions can be removed;</li> </ul> | Accepted              | <p>Nurse x was referred to the NMC on 23rd January 2018.</p> <p>Advice has been sought from the SystemOne support service, North East London Commissioning Support Unit (NELCSU), who have advised that “once this status is denoted, when the patient then moves to another establishment, the care provider at the receiving establishment will not be able to remove the red cross, as they will be unable to alter the sharing status entered by a previous provider/establishment. In order for it to be amended by them, the patient would have to be still under their care, which, once transferred, is not the case.” This leaves the receiving establishment in a difficult position and needs further exploration. It has been raised it with NELCSU and NHS England.</p> <p>Nonetheless, this does not prevent relevant information being viewed on SystemOne as this information would be available. All transfers into the establishment have a mandatory medical history check completed, and recorded, on the SystemOne record; this is completed by the nurse professional during their initial reception screening. Checks on staff understanding of these processes will be incorporated into relevant staff induction by the end of September 2018.</p> | <p>Complete<br/>Head of<br/>Healthcare</p> <p>Complete<br/>Corporate Head<br/>of Healthcare</p> <p>Complete<br/>Head of<br/>Healthcare</p> |
|    | <ul style="list-style-type: none"> <li>• the further learning needs of all the clinical practitioners named in the clinical review are reviewed; and</li> </ul>   | Accepted              | <p>All clinical staff named in the clinical review received a clinical supervision session between May and July 2018 with their clinical supervisor, based on the report and its findings. Using the existing programme of professional development and the relevant sections of the clinical review, the line manager of each nurse named in the clinical</p>  | <p>October 2018<br/>Head of<br/>Healthcare</p>   |

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|    | <ul style="list-style-type: none"> <li>thorough reviews about the healthcare capability at all levels, prescribing practices and diabetic care are conducted</li> </ul> |                       | <p>review will assess further learning needs and document these in a personal development plan.</p> <p>A review of the healthcare capacity was conducted by the Head of Healthcare in July 2018 along with a skills mix review to assess and determine capability at all levels. This includes a new assessment of the numbers of nurses and HCAs required along with supporting profiles, shift patterns and daily delivery routines. It also includes clarity on the grades required for routine work and specialist roles, and an assessment of training and development needs in order to implement the review. The review has been independently scrutinised and updated by an external consultant.</p> <p>A full review of prescribing practices will be commissioned, with the aim of incorporating best practice, and this review will be completed by the end of November.</p> <p>A specialist chronic conditions nurse was recruited in February 2018 and is in post, and a new system has been implemented for the management of long-term conditions, including Diabetes, Epilepsy, Asthma, COPD, Heart Failure, and Hypertension. Early identification of residents requiring chronic disease management commences in reception with referral to the specialist nurse for confirmation and care planning arrangements to be completed. The chronic disease management registers are updated accordingly on the SystemOne clinical record.</p> <p>Residents with confirmed chronic disease management needs are provided with an individualised care plan using the Quality Outcomes Framework (QOF).<br/>A personal Supported Living Plan (SLP) is also provided. The SLP acts not only as a support and guidance document but encourages independence in the management of their health. (For example the Diabetes supported living plan includes treatment plan, blood sugar levels, health check records, planned appointments and health educational information specific to Diabetes.)</p> | <p>Complete<br/>Head of<br/>Healthcare</p> <p>November 2018<br/>Corporate Head<br/>of Healthcare</p> <p>Complete<br/>Head of<br/>Healthcare</p> |

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| 2  | The Director and Head of Healthcare should ensure that all medical staff who undertake segregation health screen assessments, record incidents of potential self-harm properly and, in light of these, consider carefully the prisoner's suitability for segregation in line with Prison Service Order 1700.   | Accepted              | <p>Clinical staff who undertake segregation health screen assessments will receive bespoke training in November 2018, on the algorithm itself and to ensure that the requirements of PSO 1700 are clearly understood. This training will be delivered to clinical nursing staff, Mental Health In Reach (CPFT) and any GPs undertaking this task and will be recorded.</p> <p>To ensure that any concerns or uncertainties amongst clinical staff are addressed, SCU operational staff will be provided with refreshed guidance necessary to ensure a thorough briefing to clinical staff prior to completing the safety algorithm. This will form part of induction for new SCU staff, will be refreshed annually and will be recorded.</p>  | <p>November 2018<br/>Head of Healthcare</p> <p>November 2018<br/>Head of Resident Safety</p>                               |
| 3  | The Director should review the use of segregation in the context of the interaction of the prison's ASBIP protocol, the Incentives and Earned Privileges scheme and the provisions of PSO 1700, in particular the principle that segregation should only be used as a last resort and that any decision to segregate a prisoner is entirely proportionate to the risk they pose. | Accepted              | <p>The local ASBIP model is no longer in operation as it has been superseded by the national CSIP (Challenge Support and Intervention Process) which is an improved tool to use in the management of prisoners involved in repeated violent incidents.) HMP Peterborough developed a local CSIP operating document in September 2018 which makes clear the circumstances in which segregation might be considered and authorised by an operational manager.</p> <p>We will ensure that the quality assurance of segregation decision making is prioritised through the prison's assurance systems.</p> <p>A resident will not be segregated on the basis of their IEP status and procedures are in place to ensure that residents subject to ACCT procedures are only segregated in exceptional circumstances.</p> <p>A review will be carried out by the end of November 2018 on our prison wide response to poor behaviour amongst female residents, and this review involves discussion around the use of segregation, IEP, and adjudications. This will be wide-ranging and</p> | <p>Complete<br/>Head of Resident Safety</p> <p>November 2018<br/>Head of Performance</p> <p>November 2018<br/>Director</p> |

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|    |  |                       | may involve cultural shifts in approach. A strategic document will be produced setting out plans with clear timescales for delivery.  |  |
| 4  | <p>The Director should ensure that segregation staff understand fully their responsibilities and, in particular, that:</p> <ul style="list-style-type: none"> <li>• staff selected to work in segregation have sufficient experience and training for the role;</li> <li>• they engage with prisoners in a meaningful way and record these interactions in the prisoners' history sheet;</li> <li>• they brief the Duty Manager fully about all significant events in the past 24 hours; and they recognise and understand the circumstances in which they should seek managerial guidance about the prisoners in their care.</li> </ul> | Accepted              | <p>All regular staff working in the Separation and Care Unit are approved via a selection process prior to commencing work in the unit which involves being individually authorised as suitable by the Director. We improved the process so that selection involves a formal check on whether or not the member of staff is up to date on critical operational training such as the HMPPS SASH training from September 2018.</p> <p>The Separation and Care Unit daily history sheets are subject to inspection daily by the Duty Manager and by the Director or Deputy Director during their weekly rounds. This provides an opportunity to quality assure their content. In addition, NOMIS entries are also subject to quality assurance by the Separation and Care Unit manager to ensure they are reflective of the resident's custodial journey. This was already in practice in the Female Separation and Care Unit, and was introduced in May 2018 in the Male Separation and Care Unit.</p> <p>All Duty Managers were further reminded in August 2018 by the Director that they must receive a briefing on each resident in either Separation or Care Unit before carrying out their rounds, including any significant events in the last 24 hours.</p> <p>The summary sheet for each day, on which the Duty Manager signs for their visit, will be amended so that the Duty Manager signs to the effect that they have received a briefing on each resident.</p> <p>A new system was introduced in 2018 which alerts staff in Separation and Care about residents in their care who have pre-existing /emerging serious medical conditions. In order to reinforce this all staff in the Separation and Care Unit received a further</p> | <p>Complete<br/>Head of Resident Safety</p> <p>Complete</p> <p>Complete<br/>Director &amp; Head of Resident Safety</p> <p>October 2018<br/>Head of Resident Safety</p> <p>Complete</p> |

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|    |  |                       | <p>documented individual briefing on this system and this briefing included the circumstances in which they might need to seek managerial guidance. This took place in August 2018.</p> <p>A further measure that was implemented in 2018 is improved day to day handover arrangements so that a summary of each resident's behaviour and presentation the previous day is noted at the beginning of each daily observation log.</p>   |   |
| 5  | <p>The Director should ensure that where it is not possible for a healthcare practitioner to examine the prisoner safely immediately after a use of force incident, the prison should arrange for healthcare staff to visit again later when the prisoner has had a chance to calm down.</p> | Accepted              | <p>The Director published a Director's Order in September 2018 which instructed staff on medical examination of a resident after a use of force. This includes situations in which a resident refuses to participate in the healthcare examination, or the risk is too great to conduct an examination and clearly sets out escalation procedures.</p> <p>The order also includes a requirement for the Duty Manager to report at morning and evening operational meetings on any cases where there has been a Use of Force and there was not an immediate healthcare assessment and confirm actions taken.</p> <p>The completion of F213 forms after a use of force is recorded on the establishment's daily briefing sheet in order to provide assurance that a medical examination took place, and further quality assurance checks on F213 forms are prioritised through the prison's assurance systems.</p> | <p>Complete<br/>Director</p> <p>Complete<br/>Head of Resident Safety, Head of PDU</p> |
| 6  | <p>The Director should review the prison's protocol on body-worn video cameras to ensure that officers do not remove their body-worn cameras until they have ended their shift.</p>  | Accepted              | <p>HMP Peterborough has a local protocol for staff which gives clear instruction on how to operate body-worn cameras. A review was conducted of this document in September 2018 and a local operating procedure was produced which covers when and where they should be used in addition to how. This document meets all mandatory actions in PSI 04/2017.</p>   | <p>Complete<br/>Head of Security</p>  |
| 7  | <p>The Director should review the local protocol on the use of body-worn video cameras to ensure that it accords with the instruction in PSI 04/2017.</p>  | Accepted              | <p>Whilst PSI 04/2017 is not applicable to contracted prisons, as explained in the above response to point 6, HMP Peterborough will comply with all mandatory actions therein.</p>   | <p>Complete<br/>Head of Security</p>  |

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| 8  | The Director should commission a disciplinary investigation into the actions and inaction of the segregation officers who were responsible for Ms Landsberg's care on 2 and 3 September 2017. | Accepted              | <p>A disciplinary investigation has been commissioned into the action and inaction of three of the officers responsible for Ms Landsberg's care on the 2 and 3 of September 2017 who still work at the prison. This investigation is being carried out by a manager from another prison. Pending the result of the investigation the officers have been removed from prisoner-facing duties.</p> <p>A disciplinary investigation could not be commissioned into the conduct of one of the officers, who now works for a different employer in Her Majesty's Prisons and Probation Service (HMPPS). The PPO investigation report has therefore been shared with appropriate managers in HMPPS for them to decide what actions to take in respect of their employee. HMP Peterborough will provide all appropriate support and access as required.</p> | Complete<br>Director                                |
| 9  | The Director should ensure that hospital escort staff take advice from an appropriate manager before applying handcuffs to a prisoner.  | Accepted              | Local escort risk assessment documentation was updated in August 2018 to add advice on the circumstances in which cuffs might need to be applied immediately.  | Complete<br>Head of Security                        |