

Action Plan – Dominic Clayton HMP Lincoln NC 16/01/2017

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Head of Healthcare, working with Nottinghamshire Healthcare NHS Trust, should ensure that:</p> <ul style="list-style-type: none"> • healthcare staff prescribe, dispense and administer medication without delay in line with professional standards of medicine management; • healthcare staff comply fully with the requirements for accurate and contemporaneous record keeping in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council; • staff take follow-up action, give clear verbal handovers and note SystemOne where action needs to be completed; • community GP records are routinely requested for all prisoners to ensure continuity of care; • medication in possession assessment processes are thorough and that staff record the rationale for their decisions; and 	Accepted	<p>All qualified staff are able to administer and dispense prescribed medication. Prescriptions are tasked immediately to the pharmacy to conduct the relevant checks, medication reconciliation. Once clarification confirmed repeat prescriptions can be initiated.</p> <p>Critical medications are now available on site as stock items; inclusive of Insulin should any delays be experienced in obtaining medication.</p> <p>The introduction of FP10s allows prescriptions to be written on site and medication obtained from community based Pharmacies should the need arise.</p> <p>Record keeping has been discussed with staff and evidence based compliance will be carried out in line with Trust and NMC guidelines. Monthly audits on record keeping maintained by clinical matrons, areas of noncompliance will be discussed with the individual concerned.</p> <p>Twice daily handover discussions take place, highlighting prisoners discussed and action plan/treatment pathways initiated. Hand over documentation is available to oncoming duty staff for reference. SystemOne will be updated to reflect actions and discussion.</p> <p>All prisoner medical records are requested with the prisoner's consent on arrival to the prison, and include the GP, hospital and medication notes; this is documented and audited through the medical records system to ensure that treatment pathways are followed and care plans</p>	<p>Complete</p> <p>Head of Healthcare</p>

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	<ul style="list-style-type: none"> the service agreement with the out of hours' prescriptions service is fit for purpose, and put in place contingency plans for emergencies when the service cannot deliver. 		<p>reviewed and maintained through multi-disciplinary team discussions and complex case reviews.</p> <p>IP risk assessment is now a mandatory field on SystmOne, to enable clear documented decision making for the possession of medication.</p> <p>Medication reviews now take place to review a prisoner's status and their medication requirements. All initiated plans are documented on the medical record system with evidence of reasoning for the prisoner's relevant status.</p> <p>Contingences are now in place should the Out Of Hours' service not able to accommodate a prescription. Introduction of FP10 and stock of critical medication is in place along with the resident GP who is able to initiate prescriptions remotely.</p>	
2	<p>The Governor should review control room procedures and ensure that all prison staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies as outlined in the local Medical Emergency Response Code Protocol, so that staff efficiently communicate the nature of a medical emergency, and there is no delay in calling, directing or discharging ambulances.</p>		<p>A review has been completed and an emergency response protocol has been implemented. Code Red and Blue emergency calls are in use in the prison by staff to alert control staff of a medical emergency so that emergency vehicles can be requested at the first opportunity to avoid delay. This has been communicated to all staff, they must follow this procedure where incidents match the criteria for Code Red/Blue calls.</p> <p>A controller's emergency response log is currently in place and all incidents are logged in triplicate with copies for file, security and hot debriefs if needed.</p>	<p>Complete Governor</p>
3	<p>The Governor should ensure that escort staff understand the importance</p>		<p>Escort staff currently accurately document changes in behaviours or wellbeing via the bed watch log. Any change to a prisoner's medical</p>	<p>Complete</p>

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	of informing the prison of a change in a prisoner's medical condition so they can review the restraints status.		circumstances that may have an impact on the application of restraints will be reported immediately to the duty Governor for consideration. The application of restraints is again considered every 24hrs by a prison manager during a management check to ensure the use of any restraints remains proportionate and appropriate. Dynamic risk reviews are carried out as a matter of course and staff involved in risk assessments will ensure that cuffing arrangements meet the risk(s) and where physical ability to escape is reduced due to illness and treatment, the restraint arrangements will be altered accordingly.	Governor
4	The Governor should ensure that a debrief takes place after the death of a prisoner and that staff involved are appropriately supported.		Head of Security/Operations will carry out a review of the Death in Custody Contingency; this will include reviewing the process of mandatory debriefs after all Deaths in Custody and the support provided to staff.	April 2018 Head of Security/Operations