

Action Plan – Mangui Fu HMP New Hall on 13/10/2017

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should produce clear guidance about procedures for identifying prisoners at risk of suicide and self-harm and for managing and supporting them. First night procedures should recognise the additional vulnerabilities of newly arrived prisoners. In particular, this should ensure that reception, healthcare, first night staff and all others who assess risk:</p> <ul style="list-style-type: none"> • Have a clear understanding of their responsibilities and the need to share all relevant information about risk. • Consider and record all the known risk factors of a newly-arrived prisoner when determining their risk of suicide or self-harm, including information from Person Escort Record forms (PER) and other sources. • Document the information considered and the decision whether or not to open an ACCT. • Open an ACCT whenever a prisoner has significant risk factors, irrespective of their stated intentions 	Accepted	<p>All staff were reminded via a Notice to Staff in December 2017 about the new “First Night Immediate Risks and Need Assessment” document. This document provides clear guidance to staff about procedures for identifying newly arrived prisoners at risk of suicide and self-harm and for managing and supporting them, including opening an ACCT if necessary, and sharing relevant information.</p> <p>The document also requires staff to record all the known risk factors of a newly-arrived prisoner when determining their risk of suicide or self-harm, and to utilise information from Person Escort Record forms (PER) and other sources to make a decision about an ACCT being opened on a prisoner if it is deemed necessary, not relying solely on the presentation or stated intentions of the prisoner.</p> <p>The training department will continue with the delivery of Suicide and Self-Harm (SASH) training in line with our national target to train all staff by the end of March 2019, which includes a module on Identifying Risks and Triggers.</p>	<p>Governor Head of Healthcare Head of Operations: Head of Business Hub: March 2019</p>

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2	<p>The Governor and Head of Healthcare should review the reception process, to ensure all documentation is available to inform assessment of risk.</p>	Accepted	<p>The Governor and Head of Healthcare will complete a review of all reception documentation and the reception process by May 2018 to ensure that appropriate documentation is available to identify and inform an assessment of triggers and risk.</p> <p>All staff will be informed of any changes to practice by local briefings and training by May 2018.</p> <p>Additionally the Head of Healthcare has introduced a New Receptions, Transfers and First Night in Custody local operating procedure in February 2018, which will ensure all documentation is available to inform assessment of risk. All staff were made aware of this via staff briefings and meetings at the time. In April 2018, Care UK also introduced an audit process for the reception screening process.</p>	<p>Governor Head of Operations & Head of Healthcare May 2018</p>
3	<p>The Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> • All new receptions have an initial health screen and those returning from court, or any other outside appointment, are reassessed to identify if their needs or risk has changed. • All abnormal urine analysis results are promptly followed up by a nurse or doctor. • Observations are recorded contemporaneously. • Every effort is made to obtain 	Accepted	<p>The New Receptions, Transfers and First Night in Custody local operating procedure ensures that all new receptions have an initial health screen and those returning from court, or any other outside appointment, are reassessed to identify if their needs or risk has changed. All staff were made aware of this new process at a staff meeting in February 2018.</p> <p>A local operating procedure is currently being developed to address clinical test abnormalities, including urine analysis, and will be completed by the end of April 2018. All staff will be made aware of the new procedure at this time and reminded that all abnormal urine analysis results must be promptly followed up by a nurse or doctor.</p> <p>All staff will receive documentation training in line with Nursing &</p>	<p>Head of Healthcare July 2018</p>

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	community medical records in line with PSO 3050.		Midwifery Council Professional Standards, by July 2018. The Head of Healthcare will review the current process for obtaining community medical records by May 2018 to ensure that records are requested and followed up in a timely manner in line with PSO3050.	
4	The Head of Healthcare should ensure all staff are given training and provided with clarification around CPR: when to stop and when it is appropriate to declare life extinct. A contemporaneous entry should be made on the medical record by all those directly involved.	Accepted	In April 2018, the Head of Healthcare re-published a Staff Notice to healthcare staff on resuscitation, and reminded all relevant staff at a full staff meeting in April 2018 that those who are directly involved in the incident involving the use of CPR are required to make contemporaneous notes on medical records as near to the time of events as possible. All relevant staff will be provided with annual refresher training by Care UK on the appropriate use of CPR, on when to stop and when it is appropriate to declare life extinct. Staff will also be trained in Recognition of Life Extinct (RLE) training by September 2018.	Head of Healthcare Sept 2018
5	The Head of Healthcare should ensure that trained healthcare staff take control of resuscitation as soon as possible and provide a clear handover to attending paramedics	Accepted	The Head of Healthcare will ensure that medical staff are briefed by May 2018 on their responsibility to take control of resuscitation as a medical intervention at the earliest opportunity. Staff will also be reminded at a staff briefing about the need for a clear handover to attending paramedics.	Head of Healthcare: May 2018
6	The Governor, Head of Healthcare and Head of Chaplaincy should ensure that accredited interpreting services are used by all members of staff when interviewing or assessing prisoners who do not understand English well.	Accepted	The Head of Residence and Safety will publish a Notice to Staff by April 2018 to remind them about the use of accredited interpreting services when interviewing or assessing prisoners who do not understand English well.	Governor Head of Residence and Safety Head of Chaplaincy

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7	The Governor should ensure all prisoners are checked on the first night centre when unlock starts.	Accepted	The Governor and Head of Healthcare will review and implement a revised process by April 2018 for ensuring prisoners are checked on the first night centre when unlock starts. All staff will be made aware of the revised process by 28 April 2018.	Governor Head of Residence & Safety and Head of Healthcare Completed
8	The Governor and Head of Chaplaincy should ensure all chaplaincy staff record their own contacts as soon as practicable.	Accepted	The Governor and Head of Chaplaincy reminded all chaplaincy staff at a staff briefing in February 2018 that they must record any contact with they have with a prisoner on NOMIS as soon as possible, so all staff checking prisoner case notes are kept updated on the prisoner's case history, and who they have been seen by. This recommendation will be monitored by the Head of Chaplaincy.	Governor Head of Reducing Re-Offending Head of Chaplaincy Completed
9	The Governor should ensure that the system to record cell bells is fully operational at all times. When there is a fault, this should be reported immediately, via the appropriate reporting system, to ensure there is no delay in fixing faults.	Accepted	<p>The Governor will introduce a new system of checks by April 2018 to ensure that cell bells are fully operational at all times. The data logger system will record when a cell bell is pushed and an officer responds. Wing managers will check this system daily to ensure it is fully operational and custodial managers and the Head of Residence will complete weekly checks on staff response time for monitoring purposes. Any staff member found with a poor response time in answering the cell bell will be challenged on their performance by residential managers.</p> <p>A Notice to Staff will be published in April 2018 reminding staff of the need to immediately report faulty cell bells, and how to do this.</p>	Governor Head of Residence & Services Head of Residence & Safety Completed

