

**Action Plan- Daniel Tudor. HMP Highpoint. Self- Inflicted .28/11/2015**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Head of Healthcare should ensure that detailed care plans are implemented for prisoners with complex needs to ensure both mental and physical health are appropriately monitored.	Accepted	<p>The Head of Healthcare will ensure that detailed care plans are implemented for all patients with complex needs by 31.12.2016 and that these include contingencies for weekends.</p> <p>A protocol is to be written and published by 31.12.2016 regarding the general management of prisoners located in the segregation unit to ensure that appropriate management plans are put in place in every case.</p>	<p>31.12.2016 Head of Healthcare, Senior Nurses, Head of Safer Prisons</p>
2	The Head of Healthcare should ensure that clinicians appropriately follow up abnormal blood test/monitoring results.	Accepted	<p>The Head of Healthcare will ensure that staff are competent in the areas of identifying abnormal findings from blood tests / monitoring results and that they take appropriate action in response. This will be actioned by Care UK who will devise and develop a training package for all existing and new staff to ensure that all are competent to act on abnormal findings when clinically assessing patients. The expertise of specialist nurses will be used in assessing staff so that practice is up to date. Care UK have employed a nurse to devise the package to roll out.</p>	<p>31.12.2016 Head of Healthcare, Senior Nurses, Clinical IDTS Lead</p>
3	The Governor and Head of Healthcare should ensure there are regular multidisciplinary meetings to discuss and plan the care of complex prisoners, especially those refusing medication, food and fluid.	Accepted	<p>There is a weekly meeting to discuss complex cases and review current care plans. This meeting is multi-disciplinary and specialists are invited depending on the nature of the case being discussed. The meeting is led by the Safer Custody team. Additionally, a Healthcare multi-disciplinary team meeting can be called at any time by any member of the clinical team.</p> <p>Care UK and HMP Highpoint are currently revising the joint pathway for food refusal which will be implemented and communicated to staff through staff briefings and Notices to Staff by 31.12.16</p>	<p>31.12.2016 Head of Safer Prisons, Head of Healthcare, Governor</p>
4	The Head of Healthcare should ensure there is an appropriate care plan in place when a prisoner is refusing food and fluids, which is reviewed daily and includes key indicators of dehydration.	Accepted	<p>The joint pathway for food refusal is being revised, for communication and implementation by the end of December 2016. The pathway will state the requirement for an appropriate care plan, reviewed daily, to be in place for those refusing food and fluids. This will include a template document that will be uploaded on to SystemOne to ensure continuity of care. It will also include the key indicators of dehydration.</p> <p>Department of Health (DoH) guidelines have been sent to all Healthcare staff and are displayed in all clinical rooms for reference. Healthcare staff have been required to sign to confirm that they have read and understood the DoH guidance.</p>	<p>31.12.2016 Head of Safer Prisons, Head of Healthcare, Senior Nurses, Mental Health Team Leader</p>

**Action Plan- Daniel Tudor. HMP Highpoint. Self- Inflicted .28/11/2015**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
5	<p>The Governor and Head of Healthcare should ensure that when a prisoner consistently refuses medication, food or fluids, they are advised of the likely consequences and a mental capacity assessment is carried out and recorded.</p>	Accepted	<p>Healthcare staff will ensure that when a prisoner consistently refuses medication, food or fluids they are made aware of the consequences and a mental capacity assessment is carried out. The DoH document provides guidance on the assessment of mental capacity, and includes a hand out that can be given to prisoners.</p> <p>This guidance will be shared with all staff and copies made available to issue to prisoners in a range of languages. The Mental Health Team Leader will ensure that the process for mental capacity assessment is published and included in Mental Health pathway document by 31.12.16</p>	<p>31.12.2016 HOHC, Governor, Mental Health Team Leader</p>
6	<p>The Governor should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including that:</p> <ul style="list-style-type: none"> <li>• ACCT case reviews are multidisciplinary where possible and include all relevant people involved in the prisoner’s care, including a named case manager, with healthcare staff attending all first case reviews.</li> <li>• Prisoners at risk are not held in the segregation unit unless all other options have been considered and excluded and there are fully documented reasons to explain the exceptional circumstances.</li> <li>• Staff use enhanced case management procedures for prisoners held in unfurnished accommodation and in other more complex cases.</li> </ul>	Accepted	<p>Healthcare staff will participate fully in the ACCT process and staff will be clear on their roles and responsibilities. The ACCT process is fully embedded in the Mental Health (MH) pathway document to provide assurance that both mental and physical needs are considered. All staff will undertake ACCT training and this will be refreshed every two years. As at 30<sup>th</sup> November, all but one member of Healthcare team had undertaken refresher training and over 80% of all employed prison staff, including admin and support services, are in date with a plan to meet 100% by January 2017. These levels will be maintained by a rolling staff training programme.</p> <p>A defensible decision making log is opened when any prisoner on an open ACCT is moved to the segregation unit, or if ACCT documents are opened on a prisoner already being held in the Segregation Unit. This log is attached to the ACCT document, and records all other options considered and rejected, and risk assesses the prisoner’s suitability for the unit. This process is currently embedded in to the ACCT process for prisoners within the segregation unit</p> <p>Any prisoner kept in unfurnished accommodation is subject to enhanced case management procedures and a pro-forma (Form OT013) is completed to support these procedures. This form is completed by the duty Governor and includes an occurrence log and levels of observation, and input from the IMB, Healthcare staff and a doctor. This is completed at the time the prisoner is located and once the decision is made to remove the prisoner from special location. This occurrence log is a record of all actions and observations of the prisoner including conversations, assessments by the designated manager and meals and drinks offered.</p>	<p>31.1.2017 Governor, Head of Safer Prisons, Head of Segregation, Equalities and Violence Reduction, Head of Healthcare</p>

**Action Plan- Daniel Tudor. HMP Highpoint. Self- Inflicted .28/11/2015**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	<ul style="list-style-type: none"> <li>• ACCT monitoring does not stop until all care map actions have been completed and all identified issues that might increase risk have been addressed.</li> </ul>		<p>Special accommodation is used as a last resort only where a prisoner is refractory and disrupting the unit and has become a danger to himself and others. Prisoners are observed every 10 minutes and a designated manager above Senior Officer level remains in the unit whilst a prisoner is in special accommodation.</p> <p>ACCT monitoring continues until care maps have been completed. Management checks have been put in place to monitor the quality of ACCT processes, including the care map actions and additional notices to staff have been issued. Governors Order 13/2016 and NTS 222/2016 re-launched the Suicide and Self-Harm Strategy, and full staff briefings were held during September and October.</p> <p>The establishment's training schedule has been amended to target those staff who last attended Introduction to Safer Custody / ACCT training more than two years ago. This has now been delivered and 80% of staff have now completed this as well as over 60 non-employed staff. All the staff in priority groups i.e. Healthcare, Reception and Induction Unit have received this training or are scheduled to be refreshed. Staff have been formally challenged where process has not been followed precisely and line managers are informed where poor quality entries have been recorded.</p>	
7	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners held in the segregation unit in line with national guidelines, including that:</p> <ul style="list-style-type: none"> <li>• Prisoners are held in unfurnished cells for the shortest time possible and that all the provisions and safeguards of PSO 1700 apply.</li> <li>• Segregation review boards are held more frequently than the minimum requirement for prisoners on open ACCT documents, include the</li> </ul>	Accepted	<p>As described above, prisoners held in unfurnished or special accommodation are reviewed every ten minutes and moved out of such accommodation as soon as it is deemed safe for this to happen. Assurance of compliance with PSO 1700 is provided by the completion of the pro-forma documentation relating to the enhanced case management procedures on form OT013 as noted above. This is signed off by senior staff and healthcare professionals and witnessed by the IMB in all cases. This document also gives assurance the care plan has been checked and reviewed. This also covers the healthcare segregation screening tests which are checked and signed off.</p> <p>Twice-weekly segregation review boards are conducted, chaired by the Duty Governor. Every prisoner is reviewed at least every 14 days. This is written into the Segregation Policy and the Segregation Review Forms, used by the multi-disciplinary team at the point of the review. A new process, in which reviews will instead be held on a weekly</p>	31.12.2016 Governor, Head of Safer Prisons, Head of Segregation, Equalities and Violence Reduction

**Action Plan- Daniel Tudor. HMP Highpoint. Self- Inflicted .28/11/2015**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	<p>ACCT case manager, and consider and record whether there are exceptional reasons to authorise continuing segregation.</p> <ul style="list-style-type: none"> <li>• ACCT case reviews are held at the same time as segregation review boards.</li> <li>• Segregation health screens consider all relevant information about a prisoner, including any recent changes to their mental and physical health or their behaviour.</li> </ul>		<p>basis where prisoners in the segregation unit are on open ACCT documents, will be in place by 31st December 2016.</p> <p>ACCT case reviews will be held at the same time as segregation review boards, and a multi-disciplinary team is involved in the review. This is written into our Segregation Policy and the Segregation Review Forms, used by the multi-disciplinary team at the point of the review.</p> <p>Healthcare ensure that prisoners located in the segregation are screened and all relevant factors considered. In November 2016 Care UK delivered a training session for staff to reinforce learning around health screens. Care UK issues a compact to all new staff that requires them to confirm that they have had the segregation screening training and that they understand and agree to comply with the requirement.</p> <p>An algorithm is used to assess a prisoner's suitability to be located in the segregation unit, based on a range of factors including the prisoner's mental health. The algorithm is signed off by Healthcare and is checked by the authorising Governor who will record if the prisoner is on an ACCT document and counter sign the document.</p>	<p>Head of Healthcare, Mental Health Team Leader Senior Nurses</p> <p>Head of Segregation, Equalities and Violence Reduction</p>
8	<p>The Governor should ensure that an appropriate member of staff is appointed promptly to engage with and support the families of seriously ill prisoners.</p>	Accepted	<p>A log is opened by the Duty Governor whenever a prisoner becomes seriously ill, ensuring this information is appropriately shared and that a Family Liaison Officer is appointed promptly.</p> <p>Additionally, in some cases a senior manager and a member of the Healthcare team are also deployed to support and inform family when necessary. This is written into the Safer Custody Policy and the policy for Suicide and Self Harm.</p>	<p>31.12.2016</p> <p>Governor, Head of Safer Prisons</p>