

Action Plan – Mr Milan Feri at HMP Wandsworth – Natural Cause on 27/08/2018

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Head of Healthcare should ensure that there is a coordinated multidisciplinary approach to meeting the needs of prisoners with complex health needs, including clear personalised care plans; prompt action on referrals; and appropriate standards of care.	Accepted	<p>A pathway for referral of prisoners with complex health needs was introduced in March 2019 for consideration by a multidisciplinary team comprising of a nominated lead GP, nursing and pharmacy. Mental health and social services are invited when their clinical input is required.</p> <p>The team meet weekly and patient care is coordinated by the nominated lead GP. Care plans are updated following the meeting and actions on referrals are tracked.</p>	Complete Head of Healthcare
2	The Head of Healthcare should ensure that prisoners are appropriately notified of GP or clinic appointments; missed appointments are followed up and the reasons recorded; and appointments are rebooked, if necessary.	Accepted	<p>Patients are now provided with appointment slips 24 hours in advance of their appointments.</p> <p>A Did Not Attend policy has been introduced setting out clear procedures to follow when patients do not attend appointments. The procedure includes clinical review, escalation routes and rebooking of appointments where appropriate.</p> <p>All healthcare staff have been made aware of the policy, which is reviewed annually.</p> <p>The above changes were implemented in March 2019.</p> <p>Clinic attendance is circulated weekly to the Senior Management Team and is monitored and reviewed in Consortium Operations and Performance and Local Delivery Board meetings.</p>	Complete Head of Healthcare
3	The Governor and Head of Healthcare should ensure that all prisoners with disabilities	Accepted	An Equalities Questionnaire (translated into top 10 languages at Wandsworth) has been introduced (April 2019) and is completed with the prisoner by the First Night In Custody officer during the initial reception process. All responses are collated by the	Complete Head of

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	<p>are referred to the equalities officer and reasonable adjustments are made, if necessary, in line with PSI 2011/32.</p>		<p>Equalities Officer and follow up checks are conducted for any prisoner identified as having a disability or social care needs. Any immediate reasonable adjustments are made to support a prisoner with disabilities whilst a full assessment takes place.</p> <p>Patients who are identified with Social Services needs are referred and added to an internal spread sheet for tracking. This is shared weekly with Social Services, The Equalities Manager and The Lead Nurse in charge of the Virtual Ward.</p> <p>Information regarding social care will be added into all Offender Management In Custody Key Workers packs to alert staff to prisoners who may have social care needs and guide them through the referral process.</p>	<p>Healthcare</p> <p>May 2019</p> <p>Head of Healthcare</p>
4	<p>The Governor and Head of Healthcare should ensure that prisoners' social care needs are promptly assessed; that they receive appropriate and structured support, where necessary; and that there is a process in place to review their needs if their condition changes.</p>	Accepted	<p>A clear pathway for assessing and referring patients with social care needs is in place.</p> <p>Social services are responsible for promptly assessing and providing the structured support. A pathway is in place to follow up on patients who have been referred and are awaiting Keep Independent Through Enablement (KITE) assessment. This is used to mitigate the risk as a safety net until KITE or Social Services are in a position to support the patient.</p> <p>A monthly multidisciplinary team meeting to discuss patients in Social services takes place to review their needs and any changes in condition. In attendance are Social Services, The Equalities Manager and The Lead Nurse, GP, Healthcare Governor and Matron.</p> <p>Wandsworth Social Services team have increased their resources (April 2019) to include 4 Healthcare Assistants, 1 Occupational Therapist and 2 Social Workers. 2 x</p>	<p>Complete</p> <p>Head of Healthcare</p>

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			Healthcare Assistants now attend the prison on a daily basis to attend to the men with social care needs.	
5	The Governor and Head of Healthcare should ensure that staff use interpreting services for interviewing and assessing prisoners who do not understand English well.	Accepted	<p>Staff were reminded in March 2019 of the First Night In Custody policy which states that an interpreter is used for any prisoner for whom English is a second language.</p> <p>If a patients' first language is not English, this is recorded on arrival and a visual marker is set in the medical records that prompts the clinician to consider using interpreting services. Specially adapted telephones are in all clinic rooms, and allow three way telephone conversation.</p> <p>All new prison officers are briefed and given literature regarding using the Big Word and how to access this service as part of their Induction at Wandsworth. A Notice To Staff containing this information is also published on a quarterly basis.</p> <p>A voluntary staff database identifying those who speak additional languages has been published and is updated annually, to provide immediate assistance where Big Word is not appropriate or accessible.</p> <p>Big Word posters will be published in all Offender Management In Custody Key Worker interview rooms and dual handsets made available.</p> <p>Assurance is gained through the monitoring of Big Word usage and foreign national support, which occurs in the monthly Safety meeting and the bi-monthly Equalities meeting. Areas with low usage are challenged accordingly and reminded of the importance of evidencing when interpreting services have been utilised. Quarterly meetings are also held with Big Word to improve quality of service.</p>	<p>Complete</p> <p>Governor & Head of Healthcare</p> <p>May 2019</p> <p>June 2019</p>

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6	The Head of Healthcare should investigate the reason for the inaccuracies in Mr Feri's record on 17 April 2018 and consider whether disciplinary proceedings are appropriate.	Accepted	<p>The Matron has investigated the reason for the inaccuracies in February 2019 and this was identified as an error for which disciplinary proceedings may have been appropriate. However, as the temporary Healthcare Assistant has not worked for the Trust since this incident it has not been possible to establish how this error occurred.</p> <p>This has been recorded with the temporary staffing office at St Georges as per trust procedures.</p>	<p>Complete</p> <p>Head of Healthcare</p>
7	The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.	Accepted	<p>Governor grades, Custodial Managers and Security Staff were emailed in October 2018, to remind them that when risk assessing prisoners for escort, they must balance the risk posed at the time by the prisoner with their medical condition.</p> <p>Risk assessment documentation was amended in November 2018 to add a line, to be completed by the authorising Governor stating "In deciding the level of restraints required I have considered the medical condition of the prisoner balanced against any known risk."</p> <p>When a prisoner is sent on an emergency escort the cuffing arrangements are challenged in the morning briefing to gain assurance that this is being considered appropriately, and develop continuous learning.</p>	<p>Complete</p> <p>Governor & Head of Healthcare</p>
8	The Governor should ensure that all relevant sections of the risk assessment are completed, including medical information on how the prisoner's current state of health has an impact on his mobility; and confirmation that prison staff	Accepted	<p>An additional section under medical information will be added into the escort risk assessment in May 2019 to ensure Healthcare comment on whether the prisoner's current state of health has an impact on his mobility.</p> <p>Where managers must determine final cuffing arrangements, an additional section reminding them to consider mobility issues will be added to the escort risk assessment.</p>	<p>May 2019</p> <p>Security</p>

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	have taken this information into account in assessing the prisoner's current level of risk.			
9	The Governor should ensure that, in line with national policy, prison staff, healthcare staff and prisoners are offered appropriate and timely support after a death in custody.	Accepted	<p>All managers have been informed that a debrief should be conducted after a death in custody, offering appropriate support to those staff involved. A template has been produced and made available to all managers to support carrying out the debrief. This was completed in November 2018.</p> <p>A Death In Custody Staff Support log was created in December 2018 by Safer Custody to monitor completion of all welfare checks and any follow up support required as a result of a death in custody.</p> <p>Safer Custody conduct immediate welfare checks on prisoners affected by a death in custody and now offer structured support groups for prisoners in the aftermath, which was recently held up as good practice by the PPO.</p> <p>Final assurance is gained in the morning briefing to identify what actions have been taken, and to ensure that appropriate support is in place for both staff and prisoners. Wandsworth prison have rebranded our Care Team as 'Your Care Team' and are active in support for staff.</p>	Complete Governor