

Action Plan – John William Smith. HMP Liverpool. NC. 09/05/2018

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Head of Healthcare should ensure that staff appropriately manage prisoners with chronic health complaints and that staff use clinical tools to monitor prisoners experiencing a deterioration in their condition	Accepted	There has been training delivered to all healthcare staff – delivered on 17 th and 31 st August 18 and 22 nd October around the use of NEWS- National Early Warning Scale. Healthcare staff are aware that they must now use the NEWS when assessing the patient’s physical health, ensuring all sections are complete and act on the results by providing appropriate medical intervention or sending to hospital.	Completed Better Health Liverpool
2	The Governor and Head of Healthcare should ensure that prisoners addicted to drugs are appropriately monitored and managed according to the relevant tools and guidelines.	Accepted	<p>Integrated substance misuse care provisions exist between Spectrum and CGL with evidence based clinical care guidelines. Substance misuse care commences at reception with the provision of prescribed and non-prescribed interventions to at risk men in line with national guidelines. Wing reviews of men identified to be experiencing substance misuse problems in the wider prisoner population are triggered by self-referrals or third party referrals to CGL and also third party intelligence. Integration of clinical and prison partnership working is embedded through the local Drug Strategy Meeting. Therapeutic interventions are governed by drug of abuse and are considered on a case by case basis. Appropriate interventions may include opioid substitution therapy, harm minimisation support, psychosocial support, mutual aid, and other recovery interventions. Monitoring of men with drug addiction problems is overseen by the clinical substance misuse team who work in close partnership with CGL, mental health, and primary care teams. This is an established process.</p> <p>As part of lessons learned from Better Health and the above substance misuse policy were re-iterated to staff on 25th October 2018 and 1st February 2019.</p> <p>This policy has been ratified via the Quality and Risk Group initially on 4th September 2018 then again after changes re Buprenorphine on 4th December 2018 which in turn has been validated for governance via the Integrated Clinical Governance Board.</p>	Completed Better Health Liverpool

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3	The Governor should ensure that staff proactively manage incidents of suspected drug use and log intelligence reports for any suspicious incidents.	Accepted	This action was reported in the governor’s morning meeting and staff present were asked to cascade to their staff the need to open an Intelligence Report to security in all instances where psychoactive substances are suspected of being used. A Governors Notice to Staff has been issued October 2018 GNTS 232-18. This includes a flow chart which clearly instructs staff to complete an Intelligence Report in all instances where suspected use of Psychoactive Substances occurs. It also outlines how to manage any incidents of Psychoactive Substances use. The weekly Know Our Prisoners (KOP) meeting has an agenda item whereby individual prisoners who have been identified as being potentially vulnerable through substance misuse can be discussed, so that appropriate action can be taken and the correct support provided.	Completed Head of Safer Living
4	The Governor should ensure that a family liaison officer is appointed promptly when a prisoner dies so that he or she can inform the prisoner’s family or next of kin of his death in person as soon as possible, in line with national guidance.	Accepted	An email has been sent by Head of Safer Living to all Governors in November 2018 to instruct them to appoint a family liaison officer at the very earliest opportunity to enable the family to be informed in person and in line with national guidance.	Completed Head of Safer Living