

PPO Action Plan – Dorian Robertson at HMP Onley on 04/07/18

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Chief Executive of HMPPS should provide the Ombudsman with a revised date for issuing detailed national guidance on measures to reduce the supply and demand of drugs in prisons, and an assurance that this new date will be met.	Accepted	<p>Tackling the misuse of drugs in prisons is a key priority for HMPPS to ensure that prisons are safe, secure and reduce reoffending. We have formed a Drugs Taskforce, working with law enforcement and health partners across government to restrict supply, reduce demand and build recovery. The Taskforce is in the final stages of drafting and publication of the Prison Drugs Strategy and Guidance. We hope to publish the Strategy shortly, which will provide overarching direction for HMPPS and key partners, while the Guidance will provide practical advice and examples of good practice and will be embedded across the prison estate.</p> <p>We shared the draft documents with the PPO and other stakeholders for feedback in November 2018 and would be very happy to discuss them further.</p>	Chief Executive of HMPPS Shortly
2	<p>The Head of Healthcare should:</p> <ul style="list-style-type: none"> review the reasons why there was a five month delay between Mr Robertson being referred for cognitive behavioural therapy in July 2017 and seeing a therapist in December 2017; why the mental health team did not arrange a face to face mental health assessment when Mr Robertson was referred to them in May 	Accepted	<p>The Head of Healthcare conducted a review in August 2018 to look at the reasons why there was a five month delay between Mr Robertson being referred for Cognitive Behaviour Therapy (CBT) in July 2017 and seeing a therapist in December 2017. The review found that the delay was due to the fact that the CBT therapist was on maternity leave at the time, with no one else allocated to pick up this work, and so Mr Robertson was not identified as a priority for assessment. When the CBT therapist returned in July 2017, the assessment took place, where it was agreed jointly with Mr Robertson that CBT would not be appropriate for him but ongoing mental health support would be. A referral was sent to the mental health team, and Mr Robertson was seen in December 2017. The mental health documented that they would continue to support him, but the nurse assigned to him was not aware Mr Robertson had been allocated to her. As a result, there was no continued support for Mr Robertson up to May 2018.</p>	Head of Healthcare Completed

<p>2018; and why, Mr Robertson received no on-going mental health support after January 2018 despite his history of paranoid personality disorder and his lengthy previous involvement with mental health services; and</p> <ul style="list-style-type: none">• produce an action plan to ensure that similar failings do not occur in future and that all referrals for mental health assessments and support are promptly carried out whenever a referral is received to identify existing health problems and to plan and deliver subsequent care.		<p>In May 2018, the Mental Health Team received a SystmOne task alert, where it was noted by a member of healthcare that Mr Robertson had not received any support to date. This was discussed in the mental health team meeting in May 2018, but decided that as Mr Robertson's issues were related to substance misuse and debt, and not mental health, no further action was required. Mr Robertson therefore received no on-going mental health face to face support despite his history of paranoid personality disorder and his lengthy previous involvement in mental health services.</p> <p>A review of this incident was conducted in December 2018, by the Northamptonshire Health Foundation Trust (NHFT). Following the review an action plan was developed to address the issue of case referrals and caseload pathways. Under the new referral system, all referrals and assessments are logged daily and prisoners are allocated a caseworker once they have been assessed. This is recorded onto SystmOne to ensure the mental health team are aware of their caseload. Following allocation to a named case worker, prisoners will work with the caseworker to collaboratively develop a care plan which will identify their current needs and any interventions required, including frequency of contact and a crisis plan. All staff were made aware of this new referral process through a staff briefing in January 2019.</p> <p>The action plan that has been developed will be monitored by the Head of Healthcare and the Mental Health Team Manager through record keeping audits and team meetings. All actions identified in the action plan will be implemented by January 2019.</p> <p>Following the review, HMP Onley Mental Health team have also adopted the NHFT protocol for mental health provision. The protocol highlights that prisoners with a confirmed mental health diagnosis and those who have had an admission to a mental health hospital in the past 2 years, will be seen automatically for a face to face assessment, and all assessments must be carried out with 48 hours for urgent referrals and 5 days for non-urgent referrals. This is in accordance with the Mental Health Specification Act 2018. All healthcare staff have been made aware of the NHFT protocol for mental health provision through staff briefings.</p>	
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3	<p>The Governor should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including:</p> <ul style="list-style-type: none"> • assessing a prisoner's level of risk on the basis of recognised risk factors and not just on the prisoner's presentation or what he says; • conducting ACCT reviews as specified in the national instructions; and • recording the reasons for decisions. 	Accepted	<p>All staff were reminded through a staff notice and learning bulletins in January 2019 that they must manage prisoners at risk of suicide or self-harm in line with national guidelines, including assessing a prisoner's level of risk on the basis of recognised risk factors and not just on how the prisoner presents. Staff were also reminded about the requirements when conducting ACCT reviews and the need to record the reasons for decisions.</p> <p>The ACCT process is currently monitored by the safer custody team, including weekly checks of documents by the Duty Governor and custodial managers, and the electronic spreadsheet containing all open ACCTS and post closures is monitored at the daily operational managers meetings to ensure all documentation is correctly completed.</p> <p>The number of ACCT Assessors at HMP Onley will be increased to 8 by 31 May 2019 so the establishment has sufficient trainers available to deliver training to staff.</p>	<p>Governor Head of Business Administration Head of Residence and Safety Head of Business Administration May 2019</p>
4	<p>The Governor should ensure that the SO receives further training in conducting ACCT assessments and reviews.</p>	Accepted	<p>The SO is scheduled to receive ACCT case manager refresher training in February 2019. Support and guidance for the SO will be provided by the safer custody manager. Following the training, the SO will assist the safer custody team with some quality assurance assessments of closed ACCT documents to expand her understanding. She will also spend time with ACCT assessors and shadow a number of assessments they undertake to improve her learning.</p>	<p>Governor Head of Operations Head of Residence and Safety April 2019</p>
5	<p>The Governor should ensure that substance misuse strategies provide guidance for staff on the process to follow when prisoners appear to be under the influence of or suspected of using illicit substances, including submission of intelligence reports, referral to substance misuse services or for</p>	Accepted	<p>In December 2018, HMP Onley published a Demand Reduction and Building Recovery strategy in collaboration with the substance misuse service provider, Phoenix Futures, and all staff were made aware of this through staff briefings in January 2019. The strategy focuses on reducing the demand for illicit substances in the prison and in creating an environment to allow prisoners to be supported and to access interventions where required. The strategy is monitored at monthly meetings and has a multidisciplinary attendance. All actions from the meeting are followed up by the Head of Reducing Reoffending, and escalated to the senior management team when necessary, to ensure all actions are successfully completed.</p>	<p>Governor Head of Reducing Reoffending March 2019</p>

	<p>mandatory drug testing, and how to access clinical support and advice.</p>		<p>Updated guidance will be issued to staff by March 2019 on the process to follow when prisoners appear to be under the influence or suspected to be under the influence of illicit substances This includes steps to take following the reporting of any incidents, how to make intelligence reports, access clinical support and advice and how to refer the incident to the appropriate agencies.</p> <p>An improved mandatory drug testing scheme, which will enable more regular drug testing will be implemented within the establishment by March 2019. In addition, more frequent drug testing targeted at prisoners identified as being persistently under the influence of drugs, or those suspected of using drugs will be introduced at this time. Suspicion testing will be informed by security intelligence, and all staff will be made aware of the new drug testing scheme by March 2019 through staff briefings.</p>	
6	<p>The Governor should ensure that all information about bullying, intimidation, debt and the use of drugs is fully coordinated and investigated and victims are effectively supported</p>	<p>Accepted</p>	<p>In November 2018, HMP Onley implemented the Challenge Support Intervention Plan (CSIP), which is the national case management model for those who are violent or pose a risk of harming others through violent behaviours. It also introduced Safety Intervention meetings (SIM), as part of the CSIP framework. The meetings are attended by a multi-disciplinary team to discuss prisoners who are a risk to themselves and others, and ensures that those identified as having the most acute need receive appropriate care and support. These meetings support the monthly safer custody and violence reduction meetings, which look at the reasons for self-harm incidents and assaults, and if these are linked to the use of drugs, bullying, and intimidation. Any trends identified are analysed by a security analyst at these meetings.</p> <p>HMP Onley have also introduced vulnerability forms as part of CSIP to gather information from staff regarding concerns with prisoners who may be subject to violence, bullying or intimidation. Staff can submit these forms to the safer custody team, and the prisoner will be assessed for any support that needs to be offered. From April 2019, HMP Onley will introduce victim support plans to improve this process, and quality assurance processes will be introduced to the CSIP system by March 2019.</p>	<p>Governor Head of Residence and Safety March 2019</p>

			<p>To support the work of managing the illicit use of drugs within the establishment, monthly Demand Reduction and Supply Reduction meetings are also held. These provide the senior management team with an analysis of the effectiveness of the drug strategy, and provides the opportunity for proactive information sharing between all relevant departments and external and partner agencies to prevent the ingress of illicit substances and the misuse of prescribed drugs.</p> <p>The drug treatment service at HMP Onley provides one-to-one and group support for prisoners affected by the use of drugs. Prisoners are reminded about the service during the induction process, and given an induction booklet which contains a contact number. They are reminded about the service following their meeting with a drug misuse team representative, and during any adjudications.</p> <p>HMP Onley also has a self-referral internal phone number for drug support that all prisoners are able to access, and there are posters around the establishment advertising the service. All prisoners will be reminded about the various support services available to them through a prisoner information notice in February 2019.</p>	
7	The Governor should ensure that all prison staff are made aware of and understand their responsibilities during medical emergencies, including that: <ul style="list-style-type: none"> • staff enter cells as quickly as possible in a life-threatening situation; and • control room staff call an ambulance as soon as an emergency code is broadcast 	Accepted	<p>All staff were reminded by a staff information notice and learning bulletins from November 2018 to January 2019 of their responsibilities during medical emergencies, including that they must enter cells as quickly as possible in a life-threatening situation; and that control room staff must call an ambulance as soon as an emergency code is broadcast.</p> <p>From March 2019, a management check system will be put in place to ensure an ambulance is called immediately following the calling of a medical emergency code. This will be checked by the Duty Custodial manager and timings recorded on the daily operational briefing sheet. This will also be recorded weekly by the Duty Custodial manager on an auditable recording sheet, which will then be counter-signed by the Head of Operations.</p>	Governor Head of Residence and Safety Head of Operations March 2019