

**Action Plan – Mr Paul McLean at HMP Parc – Other Non-natural on 09/10/2018**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Head of Healthcare should ensure that routine substance misuse assessments fully explore the prisoner's substance misuse history.	Accepted	<p>Healthcare employed two full time dedicated substance misuse nurses in December 2019 to ensure that all assessments are conducted within 24 hours of reception and that each prisoner's substance misuse history is explored and recorded on the assessment template. The quality of the clinical entries in the medical records are checked as part of the ongoing monthly compliance checks.</p> <p>A revised assessment process was implemented in January 2020 which ensures that healthcare staff check the full medical records prior to any initial assessment in reception. This information is now entered into a collaborative safety plan (CSP) and any further information is then added during the initial assessment. The CSP is used to make a decision as to whether a substance misuse case should be opened, taking into account all relevant information.</p>	<p>Head of Healthcare Complete</p> <p>Completed Substance Misuse Team</p>
2	<p>The Director should ensure that:</p> <ul style="list-style-type: none"> <li>- the prison's supply and demand reduction strategies are properly implemented to help reduce the availability and abuse of drugs, including PS;</li> <li>- staff are vigilant to signs of drug use and take appropriate action; and</li> <li>- Prisoners with relevant substance misuse intelligence are subject to frequent drug-</li> </ul>	Accepted	<p>The revised Drug Strategy was published in October 2019 following a full review of the substance misuse service. As part of the strategy, body scanners were introduced in the admissions area and Rapiscan machines are now used to check all incoming mail. This is monitored by the corruption prevention unit which was set up by the local corruption manager as part of the current drug strategy.</p> <p>Director's briefings were sent out in August and December 2019 to all staff as a reminder of the correct actions to take when drug use is apparent. Staff were reminded in the briefings of the need to be vigilant and to report any intelligence that they have relating to the supply or finding of drugs or drug paraphernalia, and to take appropriate action if they see anyone suspected of being under the influence.</p>	<p>Complete Director</p> <p>Completed Senior Managers</p>

	testing.		<p>As part of the revised drug strategy, senior managers and heads of function routinely remind staff at daily operational morning meetings of the importance of taking appropriate action to safeguard individuals suspected of drugs use.</p> <p>Any individual suspected of drug use is subjected to a suspicion mandatory drug test (MDT) as part of the revised drug strategy. If the individual is already known to the substance misuse team and is already receiving treatment, a decision is made as to whether it is necessary to complete an additional MDT test. Those identified as frequent users are placed on a frequent drug testing programme.</p>	Completed Security and Substance Misuse Team
3	<p>The Director and Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> <li>- staff manage prisoners at risk of suicide or self-harm in line with national instructions, including that case managers complete ACCT caremap actions adequately and record their progress; and</li> <li>- Staff include the substance misuse team to manage risks for prisoners with a history of substance misuse.</li> </ul>	Accepted	<p>Case manager supervision was implemented in August 2019 to give assurance that the correct paperwork and processes are followed, including the effective use of caremaps. The supervision records are monitored and maintained by the senior harm reduction manager.</p> <p>Quality Assurance (QA) of the ACCT documentation was reviewed in January 2020 and there is a new process due to be rolled out by June 2020. This will consist of QA checks being completed by the safer custody support team, senior managers and residential managers. A summary of the QA checks and any trends identified will be added into the monthly QA report which is collated by the safer custody administration team and distributed to senior managers.</p> <p>A Director's briefing was issued to staff in March 2020 reminding them of the need to include the Dyfodol substance misuse team in case reviews where it is appropriate.</p>	<p>Completed Senior Harm Reduction Manager</p> <p>Senior Managers July 2020</p> <p>Completed Director</p>
4	<p>The Director and the Head of Healthcare should:</p> <ul style="list-style-type: none"> <li>- agree a protocol with the Welsh Ambulance Service Trust to ensure they understand the prison context and that staff who request</li> </ul>	Accepted	<p>A protocol will be agreed with the Welsh Ambulance Service by May 2020 in relation to medical emergencies. The Welsh Ambulance Service have confirmed that the calls will be triaged in the same way as they are in the wider community and this communication will allow for an understanding between the prison and the Ambulance service to ensure that communication is as effective as possible.</p>	Senior Operational Manager May 2020

<p>ambulances might not have immediate detailed information about the patient; and  - ensure that all prison and healthcare staff are made aware of and  Understand PSI 03/2013 and their responsibilities during medical emergencies, as outlined in the local Medical Emergency Response Code Protocol, so that there is no delay in calling an ambulance.</p>		<p>Staff were given full training on PSI 03/2013 and a Director's briefing was issued to all staff in September 2019 instructing that the ambulance service must be contacted immediately on an emergency medical code being called. In addition all control room operatives were issued with the same written instruction and signage has been placed in the control room.</p> <p>The overall process of the medical emergency response within the prison was reviewed in December 2019. As a result of this, operational managers were tasked to ensure effective communication is in place from the scene to the control room and to the ambulance service. A written instruction will be sent to all operational managers confirming this requirement by April 2020.</p>	<p>Completed  Director</p> <p>Operational  Managers  April 2020</p>
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