

Action Plan – Ms Julie Armstrong at HMP Bronzefield – Natural Cause on 01/07/2017

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	The regional NHSE Health and Justice Commissioner should ensure that prisoners subject to the Care Programme Approach have a documented therapeutic plan with clear objectives and that their care coordinator in the prison meets them regularly to update the plan and records all contact and concerns.	Accepted	<p>The Secondary Mental Health In Reach Service (MHIR) is commissioned by the NHS Health and Justice Commissioner. This service is provided by Central and North West London NHS Foundation Trust (CNWL). The Care Programme Approach (CPA) is implemented and co-ordinated by the In Reach Team.</p> <p>In November 2017 a CPA Policy was put in place.</p> <p>From January 2019, there is a Zoning board in the MHIR Team office that any staff member who is going off duty for any length of time can raise awareness to the team, the name of any prisoner who require monitoring in the coordinators absence. The Mental Health In Reach Manager will reassign caseloads to the rest of the team if absence is unplanned. All CPA care plans are monitored during monthly clinical supervision.</p> <p>During Mondays-Fridays there is now a daily multidisciplinary meeting which includes Operational prison staff; Clinical staff, Inpatient Manager and the Mental Health In reach Team, introduced in January 2019. Each patient's clinical / operational management plan is discussed in view of their clinical presentation, staff observations and any other available information received. There is an agreed plan in place following this meeting.</p>	<p>Complete</p> <p>Mental Health In reach Team Manager</p>
2	The Director and Head of Healthcare should ensure that unexpected falls, especially if recurrent, are objectively assessed and appropriately investigated to establish a cause.	Accepted	A Falls Risk Assessment Template is accessible on the electronic medical record system, SystmOne, for the Nursing Staff team to complete. A copy of this template has been communicated to the staff team via email on 17/10/17 and again on 19/08/19. The importance of undertaking the falls risk assessment has been discussed at staff briefings providing the opportunity for learning. A clear	<p>Complete</p> <p>Head of Healthcare Sodexo Justice Services</p>

Action Plan – Ms Julie Armstrong at HMP Bronzefield – Natural Cause on 01/07/2017

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
			<p>pathway has been established for clinical staff to undertake when unexpected falls happen on more than one occasion. This pathway includes completing a clinical assessment, neurological observations and referral to the GP. This fall risk assessment template was been embedded into the patients' medical record on SystmOne in November 2017.</p> <p>In January 2018 we introduced a clinical observations tool to ensure patients are observed and monitored during times when they are secured in their cell, thereby enabling staff to record what they have observed. All observations carried out are reflected in the patient's medical record.</p>	
3	<p>The Director and Head of Healthcare should ensure that all staff who believe they have witnessed an act of deliberate self-harm should begin ACCT monitoring in line with national guidance.</p>	Accepted	<p>Training on suicide and self-harm awareness (SASH) is undertaken by staff as part of their induction to work in the prison. This includes identifying residents at risks of self-harm/suicide and how to open an ACCT document.</p> <p>A Local Operating Procedure is in place for staff to access which also provides ongoing guidance. The most recent changes to the policy were communicated to staff via the attached notice to staff issued in June 2017. Further notices to staff are issued at key times to raise staff awareness when there is a potential increase.</p> <p>In January 2017 the prison commenced delivery of the revised national training package set by HMPPS on suicide and self-harm (SASH) for new staff. This is being delivered on a monthly basis. Refresher training for existing staff using the new training package is in progress with 91% of staff to date having received this training. All existing staff would have been refreshed trained by</p>	<p>Complete Director</p> <p>December 2019</p>

Action Plan – Ms Julie Armstrong at HMP Bronzefield – Natural Cause on 01/07/2017

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
			December 2019.	