

**Action Plan – Mr Viktor Grebenkin at HMP Chelmsford – Natural Cause on 27/07/2019**

<b>No</b>	<b>Recommendation</b>	<b>Accepted/ Not Accepted</b>	<b>Response</b>	<b>Target date for completion and function responsible</b>
1	The Governor and Head of Healthcare should ensure that foreign national prisoners are informed of the availability of the telephone interpreting service and accredited interpreting services are used for prisoners who do not understand English well.	Accepted	The Prison Estate contracts interpreting services through the Big Word. The interpreting services available are for staff to utilise to communicate with foreign national men in custody. This service is available and utilised at HMP Chelmsford. All staff will be reminded through a variety of communication forms including verbal and written of the availability of this system and the importance of utilising it for foreign national men.	31 January 2020  Head of Equalities
2	The Head of Healthcare should ensure that all newly arrived prisoners have an appropriate health screen that reviews their medical history and identifies any relevant conditions.	Accepted	All prisoners are subject to a full initial health screen (by a qualified nurse /GP) on the day of reception and a secondary screening (by a Health Care Assistant) within 7 days to gain more accurate and detailed information. Prisoners who cannot have a 1st reception screen for whatever reason must be visually monitored by healthcare staff within 2 hours (of reception) including physical observations if this is possible. This will mean visiting the prisoner on his allocated wing or indeed segregation. Healthcare staff must escalate to both senior nurse managers and operational managers if a screen has not taken place including the reasons why, and, at the first available opportunity (minimum 24 hrs) have this completed. If due to behavioural or communication issues the screen still cannot take place it must be recognised that this may take several days to resolve. Secondary health reception screen must also be conducted at the earliest opportunity even if this is out with the 7 day allocation. All interventions (or lack of) will be recorded in clinical notes. The Primary care Lead now has a daily report on receptions (1 <sup>st</sup> & 2 <sup>nd</sup> ) and will allocate staff each day to this task (started in December 2019). This is also reported to NHSE at local contract meetings via our Health and Justice Performance reporting on a monthly basis and started at the beginning of our contract in April 2019.	Complete  Head of Healthcare

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3	The Head of Healthcare should ensure that there is a clearly defined procedure for transferring prisoners to healthcare.	Accepted	The Admissions policy is currently in draft and is awaiting agreement and comments from the Governor. It will set out a clear process for transferring prisoners to healthcare and is due to be finalised by February 2020.	February 2020  Head of Healthcare
4	The Head of Healthcare should ensure that when prisoners are admitted to healthcare staff create condition-specific management plans in place in line with NICE guidelines and recommendations.	Accepted	The Admissions policy is currently in draft and is awaiting agreement and comments from the Governor; it is due to be finalised by February 2020.	February 2020  Head of Healthcare
5	<p>The Head of Healthcare should ensure that clinical staff assess and manage prisoners effectively to enable good standards of care, including that:</p> <ul style="list-style-type: none"> <li>• all treatment and care is fully documented in prisoners' medical records to allow effective continuity of care; and</li> <li>• clinical staff are aware of the triggers for escalation and when to organise further investigations.</li> </ul>	Accepted	<p>The Head of Healthcare will ensure that the staff management and documentation of care plans is effective and following all policies and Standard Operating Procedures through a combination of regular staff supervision, training and audit.</p> <p>Appraisals and supervision of staff will be monitored to ensure that it is above 80% at any one time and exceptions reported to NHSE via contract meetings on a monthly basis</p> <p>All staff will have completed mandatory training within agreed timeframes for each training requirement as dictated by our clinical reporting system Radar. All lessons learned to be published via a News bulletin on a monthly basis in conjunction with the Clinical Governance Newsfeed, started in December 2019.</p> <p>The Head of Healthcare will ensure all clinical incidents are on Radar (Clinical Info System) and events are investigated within an appropriate timescale. The audit</p>	Complete  Head of Healthcare

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			<p>schedule has been agreed and audit actions to be put onto Radar inc record keeping audits (from September 2019).</p> <p>NEWS2 is being used with all prisoners requiring observations for deteriorating health (from September 2019).</p> <p>The Senior management structure was revamped in June and December 2019 and now includes 2 interim senior managers to support contract transition. Primary care lead and governance team will ensure time is given for all mandatory training and results are on Radar.</p>	