

**Action Plan – Jerome Dangar. HMP Dartmoor, Unclassified. 15 April 2018**

<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 revise the policy on stockpiling medication to ensure that the weaknesses highlighted in the clinical review are addressed and that actions to be taken are specific and timebound	Accepted	<p>The existing Local Operating Policy (LOP) for non-concordance has been reviewed by the Governor and Head of Healthcare and a detailed process for stockpiling medication has been added to the policy. This includes processes for when prisoners do not collect medication or are found to be hoarding.</p> <p>The Head of Healthcare and the Governor have reviewed the findings of the clinical review and the early learning report and Healthcare have made further updates and revisions to the LOP for non-concordance to ensure it includes how incidents of stockpiling medication should be communicated between discipline and healthcare staff. This includes a direction that the relevant Custodial Manager or the Orderly Officer must be informed if a patient is found to be hoarding so that any changes to risk can be highlighted and considered. The updated LOP also states that If a patient is on an open ACCT, this information must be clearly documented in the ACCT document.</p>	Head of Healthcare Completed
2	The Governor and Head of Healthcare should ensure that: <ul style="list-style-type: none"> <li>•All operational and clinical staff are aware of their roles and responsibilities when prisoners stockpile medication;</li> <li>•Staff consider whether the prisoner is at increased risk of suicide or self-harm.</li> </ul>	Accepted	<p>Additions made to the LOP provide clear direction on the actions to be taken by clinical staff, including consideration of suicide and self-harm and sharing relevant information between healthcare and discipline staff.</p> <p>The LOP will be reviewed and signed off through the local quality and delivery board, a meeting between prison and healthcare, and also at the regional medicines management group. This process will be audited after three months to ensure that it is embedded at Dartmoor.</p>	Clinical Lead, Head of Healthcare and Governing Governor August 2020

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			A new LOP is also being created for medication compliance checks with engagement and support of this process by the prison. This new LOP consolidates all information and processes relating to medication compliance in one document so that staff can access all information in one place.	
3	The Governor should ensure that staff record and act on all information that suggests a prisoner might be at risk of self-harm or suicide.	Accepted	<p>Establishment 'shut down training days' are scheduled to take place throughout 2020 and Suicide and Self Harm (SASH) training will be facilitated within training days. Suicide awareness sessions will also be delivered. Staff will also be reminded at sessions to record all relevant information relating to a prisoner's risk of suicide and self-harm on NOMIS, including when a decision has been made not to open an ACCT.</p> <p>Lessons learned bulletins and good practice within the establishment is shared at the monthly Safer Custody meetings and the weekly Safety Intervention meeting provides a forum for staff to raise any concerns regarding an individual. This multi-disciplinary approach assists with ensuring the correct level of intervention is received.</p>	Head of Residence and Safety Ongoing