

Action Plan – Mr Joseph Carr at HMP Doncaster – Self-Inflicted death on 20/02/2020

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	The Director should ensure that prison staff promptly radio the healthcare team to examine a prisoner after an unplanned use of force.	Accepted	<p>In November 2020, an instruction was issued to all Custodial Operations Managers (COMs) that supervise any unplanned use of force, to remind them of the requirement to ensure that a member of healthcare staff attends promptly to examine the prisoner following any use of force.</p> <p>The Director will also allocate a dedicated COM to oversee the use of force throughout an incident. This COM will be an accredited Use of Force instructor to act as a Subject Matter Expert in assistance to all COMs on duty. The Use of Force COM will also be responsible for ensuring all prisoners involved in any use of force are seen by members of healthcare.</p>	Head of Safer Custody Completed
2	The Director should ensure that staff respond to all cell bells within five minutes, other than in exceptional circumstances.	Accepted	All staff will be briefed on the expectation of responding to cell bells within five minutes, apart from in exceptional circumstances. A Cell Bell Strategy will be developed and implemented to ensure that a full and thorough process is in place for the monitoring and answering of cell bells. Cell bell data will be analysed in monthly Safer Custody meetings, and by Heads of Residence.	Head of Residence December 2020
3	The Director should commission an investigation into the delay in answering Mr Carr's cell bell, with a view to considering whether disciplinary proceedings should be initiated for any managers or officers.	Accepted	An investigation has been commissioned into the events leading up to the death of Mr Carr. A decision on whether disciplinary proceedings are appropriate is under consideration.	Director December 2020
4	The Head of Healthcare should ensure that when newly arrived prisoners are prescribed	Accepted	Where medication indicates mental health issues, patients are referred to the mental health pathway via an electronic task to the service administrator. This referral is time bound and monitored by NHS England Commissioners.	Head of Healthcare Completed

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	medication to support their mental health, reception healthcare staff refer them to the mental health team.		<p>Patients then receive a full mental health assessment to establish actual clinical need by utilising clinical tools such as the TAG risk assessment tool.</p> <p>Following reception screening, patients with a history of low level mental health needs such as anxiety, receive a face to face triage on all referrals from reception. This consultation is a further screen for all significant mental health issues, inducing anxiety and mood. They will then be directed to appropriate level of the stepped care model.</p> <p>There is an established process to audit the quality of reception screening and referrals into the health pathways. This audit is completed on a monthly basis by the clinical leads for each pathway.</p> <p>There is now access to the patients Summery Care Record (SCR) which is an electronic record of the patients prescribing requirements in community. The SCR is viewed by the prescribers at point of reception to enable continued prescribing of community treatments depending on safety and risk and so that referral to mental health pathways can be made as appropriate.</p>	
5	The Head of Healthcare should ensure that the process for confirming community methadone dosages for newly arrived prisoners is effective, prompt and implemented.	Accepted	<p>Confirmation of Prescribed Opiate Substitute Treatment (OST) Local Operating Procedure (LOP) has been developed to support the ongoing prescribing of OST.</p> <p>All community prescribed medication by DIP services are confirmed by the substance misuse pharmacy team, this includes opiate substitute prescribing.</p> <p>A proforma with pre fixed safety questions is completed when contacting community prescribing agencies. This proforma is completed on the patient</p>	Head of Healthcare Completed

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			<p>medical records for the Prescribers to view prior to continuing OST.</p> <p>This procedure is completed within 24hrs of arrival to ensure no break in treatment is experienced by the patient.</p> <p>The Clinical Lead audits this process on a monthly basis and reports to the Head of Healthcare any delays in treatment.</p>	
6	The Head of Healthcare should ensure that healthcare staff are aware of and implement the Royal College of General Practitioners' guidelines on safer prescribing in custody when discontinuing gabapentinoids.	Accepted	<p>Prescribing Clinicians are aware of this publication and it is well embedded into practice. The publication is widely used to support, guide and formulate all prescribing decisions.</p> <p>Safer Prescribing Clinics are scheduled to explore medication concordance with our patients, the clinical need and risk associated with continued prescribing of any community prescription which often includes Gabapentinoids.</p> <p>The prescribing clinic is a multi-disciplinary approach of GP with specialist interest in substance misuse and Advanced Nurse Prescribers who are trained to Royal College of Practitioners Level 2.</p> <p>Informed and knowledgeable prescribing decisions are reached as a group of specialists to ensure our patients are prescribed for safely.</p>	Head of Healthcare Completed
7	The Head of Healthcare should ensure that healthcare staff refer patients to pain	Accepted	The pain management clinic scheduled weekly aims to help patients manage the challenges of living with chronic pain. The clinicians treat pain and coordinate other care, including physical therapy, rehabilitation, and	Head of Healthcare Completed

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	management clinics for effective treatment when necessary.		<p>counselling. Progress is monitored and medication reviews are provided. Pain management within the prison setting is very difficult and challenging particularly as the client group often have additional addiction needs.</p> <p>The patients are provided with additional opportunities to discuss their treatment and progress in the day 1-4 daily reviews and in the 5th day clinical prescribing review.</p> <p>Safer prescribing decisions around discontinuing medication are followed with a pain management review and alternative pain management is considered.</p>	