

Action Plan – Ashley Dawe at HMP & YOI Parc - Other Non Natural - 04/11/2017

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Director and Head of Healthcare should ensure that staff inform the substance misuse team when prisoners fail drug tests so that it can provide prompt substance misuse support.	Accepted	<p>All offender supervisor and substance misuse offender supervisors were informed in writing in November 2018 that, when a prisoner fails a drug test, this must be recorded via the Mercury Information Report and the daily mandatory drug test electronic summary report so that prompt support can be provided to them.</p> <p>By April 2019, the establishment will review the current staff structure for its substance misuse team, including its processes for responding to failed drug tests and follow up support for prisoners. The revised system will be implemented by September 2019, and all staff made aware at this time via a staff notice.</p>	Director Head of Healthcare Head of Offender Management September 2019
2	The Director and Head of Healthcare should take steps to develop a more integrated and bespoke substance misuse treatment service for prisoners who use psychoactive substances.	Accepted	The establishment will review its current psychoactive substance strategy by April 2019 with a view to developing a far more comprehensive approach to dealing with treatment services for prisoners who use psychoactive substances. The review will consider more widely accessible education and awareness training programmes for prisoners, the use of mentors for prisoners using drugs, and a more focused clinical service. The review will be completed by April 2019 and the updated strategy issued by September 2019. All staff will be made aware of the updated strategy via a staff notice.	Director Head of Healthcare Head of Offender Management September 2019
3	The Director and Head of Healthcare should ensure that prisoners arriving with identified mental health problems are referred to the mental health team for	Accepted	All staff were provided with a written notice in October 2018 reminding them that any prisoners arriving with identified mental health problems must be referred to the mental health team for assessment and treatment, and that any follow-up mental health	Director Head of Healthcare Completed

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	assessment and treatment and that follow up mental health reviews are carried out as planned.		<p>reviews must be carried out promptly as planned.</p> <p>In October 2018, the mental health team were also reminded via written communication that they must gather all available and relevant historic information relating to a prisoner's mental health and signpost them to primary or secondary care. A written checklist to support staff with this was introduced in October 2018 and is completed on all new admissions within 24 hours. The completed checklist is also held within the SystemOne medical notes so all healthcare staff can access it.</p>	
4	<p>The Director should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including that staff:</p> <ul style="list-style-type: none"> • fully complete the Concern and Keep Safe Form; • hold a multidisciplinary case review within 24 hours of an ACCT plan being opened; • record ACCT caremap actions as complete only when they have been fully completed; and • adhere to the frequency of observations set out in the ACCT document and undertake observations at unpredictable times. 	Accepted	<p>All staff were reminded via a Director's Order in August 2018 that they must manage prisoners at risk of suicide and self-harm in line with national guidelines. Staff were also reminded that they must fully complete the concern and keep safe form, hold a multidisciplinary case review within 24 hours of an ACCT plan being opened, record all ACCT care map actions as complete once fully completed and adhere to the frequency of observations set out in the ACCT document. This includes undertaking ACCT observations at unpredictable times.</p> <p>In order to ensure compliance, in November 2018 the senior management team revised and strengthened the existing quality assurance process by conducting a full audit of all ACCT documentation. Following this audit, a bespoke training package for ACCT case managers was created in December 2018 which will be delivered by February 2019.</p>	Head of Safer Custody February 2019

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			<p>As from January 2019, the safer custody outreach team will monitor all ACCT documentation on a weekly basis and conduct a self-harm and open ACCT debrief process to ensure that care maps are detailed, adequately address relevant need and support for the prisoner, and are completed within the required time frames .</p> <p>ACCT case manager supervision is held on a quarterly basis to ensure ACCT case managers are adhering to national guidelines and any additional training or learning identified at these supervision sessions.</p>	
5	The Director and Head of Healthcare should ensure that prisoners understand that they should quickly seek help from prison or healthcare staff when other prisoners collapse after using illicit substances.	Accepted	A Notice to Prisoners was issued in November 2018 via the prisoner electronic management system, to inform prisoners that they must seek help from prison or healthcare staff as soon as possible when other prisoners collapse for any reason.	Director Head of Healthcare Head of Offender Management Completed
6	The Director should ensure that all control room staff call an ambulance as soon as an emergency code is called.	Accepted	A Director's Order was re-issued to staff in November 2018 reminding them that all control room staff must call an ambulance as soon as an emergency code is called, and clearly explain to the ambulance service what the emergency code is. Staff were also reminded at this time of the correct procedures for emergency codes.	Director Head of Security Completed

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7	The Director should ensure that when a prisoner changes their next of kin, staff update the prisoner's NOMIS prison record promptly.	Accepted	A Director's Order was issued to staff in December 2018 reminding them that when a prisoner changes their next of kin they must promptly update the prisoner's NOMIS prison records. Information is provided to prisoners during the induction process about keeping their next of kin details updated.	Director Head of Safer Custody Completed