

**Action Plan – Mr Mark Avery at HMP Garth – AFI on 11/08/2020**

<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 Head of Healthcare should ensure that all healthcare staff are aware of the circumstances in which a mental health referral is appropriate and make a referral when indicated.	Accepted	A more integrated way of working with improved collaboration has now been introduced, with Primary Care and Mental Health, including Clinical Substance Misuse attending the daily clinical hand over to discuss patients of concern. It has also meant that all healthcare staff now have a better understanding of the Mental Health team and a more developed awareness of the circumstances in which a referral should be made and the correct process to follow.	Head of Healthcare Complete
2	The Head of Healthcare should develop joint care pathways to support prisoners with substance misuse and mental health conditions and use joint approaches to maximise prisoners' engagement.	Accepted	To ensure a coordinated approach is being taken for those men with substance misuse and mental health issues, a representative from the Psychosocial Substance Misuse team (Delphi Medical) now attends the Integrated Mental Health & Clinical Substance Misuse weekly Single Point of Access meeting (SPOA). This enables both services to discuss new referrals and ongoing patients of concern and develop joint plans of care where appropriate. Managers from both services also attend the fortnightly Complex Case meeting, Monthly Drug Strategy meeting and weekly Population Management meeting to ensure these are multi-disciplinary.	Integrated Mental Health & Substance Misuse Manger and Service Manger (Delphi) Completed
3	The Governor and Head of Healthcare should ensure that staff follow the prison's Substance Misuse Strategy by submitting intelligence reports when a prisoner is suspected of using illicit drugs.	Accepted	A Governors Order (GO) was re-published in December 2020 to reiterate the mandatory actions that staff must follow when a prisoner is suspected of being under the influence, including the need to submit an intelligence report (IR) in line with the Substance Misuse Strategy. All GOs are published on the global email system and are also available in hard copy on every residential unit so that Supervising Officers (SOs) are able to brief their teams. New GOs are also discussed at the weekly Population Management meeting, which is multi-disciplinary and attended by Safer Custody, Security, Healthcare and Drug Services partners. Any intelligence gathered on men who use illicit substances	Head of Healthcare/ Drug Strategy Lead Completed

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			<p>is also discussed to allow for a cross-referencing of information to give assurance that all incidents have been captured.</p> <p>In addition, the Substance Misuse Protocol which is derived from the Drug Strategy and includes the procedure staff should follow if it is believed a prisoner has been using substances or has received a positive Mandatory Drug Test (MDT) has also been re-published. This reiterates the need to submit an IR and make a referral to the Substance Misuse team.</p>	
4	The Governor should identify and address the key weaknesses in reducing the supply of drugs at Garth and revise the drug strategy in light of the findings.	Accepted	<p>The identification of key routes of entry for drugs into the prison are under constant review at both the monthly Tactical Threat Assessment and Security meetings. This ensures that when intelligence indicates a weakness in systems, remedial action can be swiftly taken to address this. The photocopying of all mail in an identified area, for a set period of time, has recently been introduced. Partnership working with the local Police Commander in order to identify the perpetrators of throw-overs into the prison is ongoing. The prison has also acquired a body scanner which is used when men are believed to be in possession of illicit items and this has been invaluable in identifying those who secrete articles that normal searching procedures cannot easily locate.</p> <p>In addition, enhanced gate security is currently being implemented and will be fully operational by June 2021. All staff and items that they carry will be searched and X-rayed on arrival at HMP Garth. A new property system has also been implemented which allows only items which have come from an approved supplier to be accepted into reception, and visitors are no longer</p>	Head of Drug Strategy/Head of Security June 2021

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			able to hand in items on visits. The Long Term High Security Estate team have undertaken a drug diagnostic review of the current local Drug Strategy and their recommendations will inform the direction of any future revisions.	
5	The Head of Healthcare should ensure that healthcare staff are aware of their responsibility to start ACCT procedures whenever they are concerned about a prisoner's risk of suicide or self-harm and that they clearly document their decision making.	Accepted	<p>The Mental Health team leader is delivering refresher training to all healthcare staff regarding their roles and responsibilities in relation to ACCT. The training covers a variety of topics including raising concerns, dynamic risk assessments and the process of opening an ACCT, as well as what template to document decision-making on. We are also liaising with the Safer Custody team in preparation for the roll out of the new ACCT case management system and a Mental Health Practitioner has volunteered as one of the prison's ACCT champions to assist in the implementation of this new process.</p> <p>The Trust are also currently arranging a date for all healthcare staff to receive refresher training on record-keeping, which will be facilitated through Microsoft teams.</p>	<p>Head of Healthcare July 2021</p> <p>Head of Healthcare/ Trust Governance team</p>
6	<p>The Governor should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including ensuring that they:</p> <ul style="list-style-type: none"> <li>• accurately record all information disclosed in an ACCT case review; and</li> <li>• set meaningful caremap actions, aimed at reducing the prisoner's risk to themselves.</li> </ul>	Accepted	<p>Work is currently being undertaken in preparation for the introduction of the revised version of the ACCT case management programme, which has a go live date in July 2021. We are currently planning the training and up skilling of all staff in the new procedures which includes modules on self-harm and suicide, and risks and triggers among other topics. Some of the improvements made to the ACCT documents are designed to lead to a better standard of record keeping during ACCT reviews. In addition, the ongoing record form has been re-designed to separate out conversations and observations to encourage more meaningful interactions with persons at risk. Summary sections have been included which prompt staff to also consider and document</p>	<p>Head of Safer Prisons July 2021</p>

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			<p>things such as individual’s engagement with others, activity participation, food consumption and sleep patterns as well as overall risk factors</p> <p>Another significant change that has been made is to the caremap. The revised document contains a care plan section which highlights the most important information about the support being provided to the person and consists of four forms:</p> <ul style="list-style-type: none"> <li>• Resident contribution form - allows the resident to provide their views in an alternative format if they feel more comfortable doing so. This does not replace in-person attendance at case reviews, but takes account of the fact that some residents may be unable or unwilling to contribute verbally in a group setting.</li> <li>• Sources of Support form - used to document the support networks a resident has that help to keep them safe and which can help to improve the resident’s perceptions of support and encourage them to think about all the people who are there for them during difficult periods.</li> <li>• Risk, triggers and protective factors form – provides an improved focus on recording risks, triggers and protective factors, with a dedicated form updated throughout the process that allows any member of staff to quickly identify someone’s risks, triggers and protective factors, enabling tailored support to be established.</li> <li>• Support actions form - previously known as the caremap, this has been revised and is now divided into different sections for key areas known to improve general well-being, containing prompts for Case-Co-ordinators to consider.</li> </ul>	

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7	The Governor should ensure that all staff are aware of the importance of starting cardiopulmonary resuscitation at the earliest opportunity when a prisoner is unresponsive.	Accepted	<p>All prison officers receive first aid training as part of their Prison Officer Entry Level training (POELT), which highlights the need for resuscitation to be started if staff are unsure whether the prisoner is deceased.</p> <p>Staff will be reminded via a Staff Information Notice (SIN) of the importance of starting resuscitation procedures and that staff are expected to use the defibrillators, which are available on every unit, when a prisoner is unresponsive in these circumstances. .</p> <p>All SINS are published on the global email systems and are also available in hard copy on every unit for SOs to brief their individual teams. All new SINS are also discussed weekly at the multi-disciplinary Population Management meetings.</p>	Head Of Safer Prisons April 2021
8	The Head of Healthcare should ensure that healthcare staff are given guidance about the circumstances in which resuscitation is inappropriate, in accordance with European Resuscitation Council Guidelines.	Accepted	Healthcare staff have been provided with electronic and paper copies of the Resuscitation Guidance. This information is also displayed on a notice board within the healthcare department staff room. Reflective practice sessions alongside learning events have taken place to ensure all staff have received and understand the guidance. In addition, the respective Clinical Supervisors of healthcare staff will incorporate the Resuscitation Guidance within supervision sessions.	Head of Healthcare Completed
9	The Governor should ensure that all staff are made aware of and understand PSI 03/2013, as well as local	Accepted	HMP Garth has a local policy in place for emergency and non-emergency medical responses in line with PSI 03/2013. Emergency Response in Custody (ERIC) information is frequently re-published to staff on a rolling programme and gives clear instructions about the actions that must be taken in the event of a medical emergency. This includes what constitutes a code red/code blue	Head of Safer Custody Completed

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	<p>instructions, and their responsibilities during medical emergencies, including</p> <ul style="list-style-type: none"> <li>• immediately calling an ambulance when a medical emergency code is called; and</li> <li>• promptly providing information about a prisoner's condition to the control room so that they have this information when requesting an ambulance</li> </ul>		<p>and the importance of providing relevant information to the control room from the scene so that this can be promptly passed to the ambulance service to prevent any delay in an ambulance being despatched.</p> <p>The information published also acts as a continual reminder to control room staff that as soon as they hear an emergency code they must immediately call an ambulance and obtain information from the scene. ERIC cards which can be carried on the person are routinely given to staff following awareness sessions. These cards also outline the information that is required to be passed to the control room from the scene of an emergency. All this information will continue to be re-published in order to reinforce and raise awareness of these issues.</p>	