

Action Plan – Mr Mitchell Thomas Rudge at HMP Ashfield – Natural causes on 05/09/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	The Head of Healthcare should ensure that the provision of chronic disease management is in line with NICE guidelines. This should include prompt referrals for prisoners with chronic diseases and appropriate reviews of their condition.	Accepted	<p>The primary care provider, Hanham Secure Health’s long term condition management project proposal has been approved and is progressing. The Long Term Conditions Year of Care Commissioning Programme Implementation Handbook (NHSE, 2017) is being used to inform and structure the project to ensure excellent long term condition management becomes effective and embedded within the business, with the following aims:</p> <ul style="list-style-type: none"> • To ensure accurate medical records • To streamline and automate process of long term condition review appointment management • To optimise patient self-care • To enable reliable care planning for people with long term conditions • To develop a training pathway for staff in long term condition management 	Head of Nursing March 2021
2	The Head of Healthcare should ensure that: <ul style="list-style-type: none"> •any medical records for a prisoner are accessible to all healthcare staff; and •there is multidisciplinary communication and planning to provide effective care for prisoners. 	Accepted	<p>The Head of Healthcare has reviewed and re-launched a locally developed Standard Operating Procedure (SOP) on ‘New Patient Transfers’ to support comprehensive screening, history taking and onward referral to appropriate services as identified in the screening.</p> <p>Learning has been shared with nurses to review patients’ medical records before reception screens to look for and identify any active problems and current medications in order to be better equipped and so not to rely on self-reporting and potential missed opportunities of information and signposting to services.</p> <p>Healthcare are now invited to attend inter-departmental risk management team</p>	Head of Healthcare Completed

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			<p>meetings, sentence planning and safety intervention meetings where all aspects of a prisoner's care and risk are considered to ensure a multi-disciplinary approach to care.</p> <p>It has been made part of the community Forensic Learning Disability team's SOP that they must contact the prison healthcare department whenever they are contacted about a referral for any serving prisoner or any patient who becomes a prisoner.</p> <p>A written protocol has been developed to ensure that Avon and Wiltshire Partnership (AWP) community teams communicate to all teams when they receive a referral for any serving prisoner or a patient that becomes a prisoner so that information can be shared with the healthcare team at the prison to ensure effective continuity of care.</p>	
3	<p>The Director and Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> •prisoners with learning difficulties are identified; and •multidisciplinary care plans and reasonable adjustments are put in place for prisoners with learning difficulties where necessary to comply with the Equality Act 2010. 	Accepted	<p>Healthcare staff complete first and secondary screenings of all new receptions to identify prisoners with learning difficulties using a comprehensive health questionnaire. Part of this template asks about disabilities both physical and non-physical. If a prisoner shares information a referral is made to the mental health team for further investigation. The mental health team can then decide on future support.</p> <p>Reception staff screen during the first night interview using NOMIS and information provided by the prisoner to identify learning difficulties. Those with learning difficulties are initially offered Personal Intervention Plan (PIP) support to assist with their needs. If a prisoner requires adjustments the equalities</p>	Head of Safer Custody and Head of Healthcare Completed

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			<p>officer completes an individual care plan to support the prisoner and share information until the mental health team provide a reasonable adjustments plan. This information is recorded on a list available to other departments.</p> <p>The introduction of the safety intervention meeting (SIM) has provided a further opportunity to identify and discuss any additional support options for prisoners with identified learning difficulties. The meeting is attended by prison and healthcare staff and multidisciplinary discussions take place about whether individual prisoners require a care plan and any other reasonable adjustments. Discussions and decisions are documented and this process has enabled a more robust approach to referring prisoners for additional support where required. Prisoners are offered support regardless of a formal diagnosis and the SIM enables appropriate information sharing and care planning to be facilitated.</p> <p>Neurodevelopmental practitioners form part of the wellbeing team and can be referred to by all disciplines where an individual is identified as having a learning disability. Neurodevelopmental practitioners ensure annual health checks, comprehensive assessment and delivery of evidence based therapeutic interventions and care and support plans, where reasonable adjustments are considered and shared with the multidisciplinary team to ensure the appropriate access to all services within the establishment. A referral can be made to the wellbeing team at any time should a learning disability not be identified during initial screenings or self-reported by prisoners.</p>	
4	The Director should discuss	Accepted	The Head of Residence has discussed the Ombudsman's concerns with all	Head of

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	the Ombudsman's concerns with the managers responsible for B Wing.		residential Custodial Operations Managers (COMs), including B wing managers.	Residence October 2020
5	The Director should ensure that the key drug issues at Ashfield are identified, that the prison's local drugs strategy addresses these key issues and that staff remain vigilant to signs that a prisoner is involved in drug use or supply.	Accepted	<p>A new substance misuse policy was implemented in July 2020, in line with HMPPS' Drug Strategy, and incorporating a partnership approach to restricting supply, reducing demand and building recovery.</p> <p>A multi-disciplinary substance misuse meeting chaired by the Director or Deputy Director now takes place quarterly to provide governance around delivery of the drugs strategy and to ensure that any local issues are quickly identified and actioned through the joint action plan.</p> <p>The multi-disciplinary monthly security meeting identifies those involved in drug supply and use, and communicates and sets intelligence objectives to the staff group. Actions inform the substance misuse joint action plan. Security bulletins are also communicated regularly to keep staff informed.</p>	Head of Drug Strategy Completed
6	The Director should ensure that key workers provide an accurate account of their interactions with prisoners and do not simply cut and paste previous entries.	Accepted	<p>The Offender Management in Custody (OMiC) COM completes a monthly quality assurance check on key worker entries to identify and challenge duplicated entries. Education sessions have taken place to help staff to structure quality case notes and staff are regularly reminded at briefings of the importance of recording good quality notes and records of key worker sessions. This reminder is a standing item on the agenda for the monthly safer custody meeting.</p> <p>The OMiC COM publishes regular information to staff to inform the quality of</p>	Head of OMiC Completed

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			entries and the Home Office Controller also conducts a similar quality assurance exercise.	
7	The Director should share a copy of this report with Mr Rudge's key worker and ensure that a senior manager discusses the Ombudsman's findings with him.	Accepted	The Head of Residence has shared a copy of the report with the member of staff and discussed the Ombudsman's findings with them.	Head of Residence Completed