

**Action Plan – Mr Michael McDonagh at HMP Forest Bank – Awaiting Further Information on 19/02/2019**

<b>No</b>	<b>Recommendation</b>	<b>Accepted/Not Accepted</b>	<b>Response</b>	<b>Target date for completion and function responsible</b>
1	<p>The Head of Healthcare must ensure that, when prescribing methadone, all prescribers:</p> <ul style="list-style-type: none"> <li>• assess the prisoner in person;</li> <li>• consider the interaction with other prescribed medication and with any drugs the prisoner is believed to be taking illicitly; and</li> <li>• liaise with the mental health team where appropriate and hold a multidisciplinary meeting where necessary.</li> </ul>	Accepted	<p>The Head of Healthcare is content that there is a process in place to ensure that all residents undertake a face to face consultation with a prescriber, prior to being prescribed methadone. Any residents requiring a methadone prescription are referred by Integrated Substance Misuse Service (ISMS) staff to the General Practitioner with Specialist Interest (GPSI).</p> <p>All prescribers work within the Framework of Drug Misuse and Dependence UK Clinical Guidelines on Clinical Management which considers the interactions of medications inclusive of illicit substances.</p> <p>The Single Point of Referral meeting is held weekly, and includes multi-disciplinary personnel from ISMS, Primary Mental Health Care and In-Reach. The purpose of this is to discuss case-loaded, new or referred residents with complex care needs in a multidisciplinary team (MDT) meeting, so that care pathways can be agreed. This meeting has been introduced to ensure that any non-clinicians that do not have access to medical records can receive input and make new referrals through the MDT.</p>	Head of Healthcare Completed
2	<p>The Head of Healthcare must ensure that all staff are aware of, and follow, clinical guidelines relating to opiate substitute therapy, including the need to monitor prisoners after they have been prescribed methadone and provide a care plan.</p>	Accepted	<p>All Integrated Substance Misuse Service (ISMS) staff have been made aware, through additional training, of the need for observations following an initial prescribing regime of Methadone and to follow the Framework of Drug Misuse and Dependence UK Clinical Guidelines on Clinical Management.</p> <p>All residents that have been prescribed methadone are located on the ISMS induction wing and monitored for the duration required.</p> <p>A care plan is initiated alongside an NDTMS form at the point of prescribing.</p>	Head of Healthcare/ ISMS Service Manager Completed

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			These processes are quality assured by regular audits and reviewed at Clinical Governance monitoring meetings to ensure compliance.	
3	The Head of Healthcare must ensure that mental health staff appropriately assess and review prisoners according to their risk.	Accepted	To ensure residents risk has been appropriately assessed and reviewed, the Integrated Mental Health Team are aware that they must formulate a Standard Tool for the Assessment of Risk (STAR) for all residents who are case loaded for continued mental health team input. This assessment is completed within 2 days of initial assessment and is reviewed and updated every 12 weeks as routine or when there is a change to risk identified. The individual case managers take responsibility for the reviews, however there are monthly audits of all STAR Risk Assessments, with audit findings shared and highlighted within the team.	Head of Healthcare/ Mental Health Manager Completed
4	The Director should ensure that all prisoners are allocated keyworkers who are given sufficient time to engage with prisoners.	Accepted	Since September 2019, keyworkers have been allocated to all residents as part of the induction process and meet with them for the allocated timeframe of 45 minutes per week. Dedicated time has been built into the staffing detail to ensure this happens. Monitoring is undertaken daily by the Senior Officers to ensure that all residents have been allocated a keyworker. The scheme is overseen by the Head of Residence and the Senior Leadership Team review the figures weekly.	Head of Residence Completed
5	The Director and Head of Healthcare should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including in particular that:	Accepted	HMP Forest Bank have four Suicide and Self Harm (SASH) Train the Trainers who have been trained by HMPPS National Trainers. Our Train the Trainers deliver the national SASH foundation training package locally to all staff. Delivery of this training is monitored by the training department. The training is made up of six components focusing on areas of specific need and includes attendance at ACCT case reviews and importance of considering all know risk factors when assessing the risk of suicide and self-harm. HMPPS National	Head of Safer Custody/ Head of Healthcare/ Mental Health Manager Completed

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	<ul style="list-style-type: none"> <li>• a member of healthcare staff should attend all first case reviews and subsequent reviews where relevant; and</li> <li>• all known risk factors are considered when determining the level of risk of suicide and self-harm.</li> </ul>		<p>Trainers also provide training in other specialist areas, such as for Case Managers and ACCT Assessors.</p> <p>The Director and Head of Healthcare are satisfied that a process is in place to ensure that the Integrated Mental Health Team attend all initial ACCT reviews. The team cross reference all newly opened ACCT documents with the operational daily briefing sheet each morning and make arrangements with the case manager to attend the review. This allows the mental health team to contribute to the identification and management of risk for each resident. The attending mental health nurse attends subsequent reviews, if there is an ongoing need for clinical input or if mental health nurse attendance is required as part of the ACCT care plan.</p> <p>A Notice to Staff has been issued which reminds staff of the requirement to ensure all known risk factors are considered when determining the level of risk of suicide and self-harm.</p> <p>To ensure quality of ACCT is maintained and required standards are being met, there are two standard processes included within the ACCT document. The first quality assurance check is conducted by the Senior Officer within 72 hours. This check ensures all initial documentation has been completed. Secondly, Residential Unit managers complete a weekly 10% check on open ACCTs, within their area. In addition, the Safer Custody team also complete a further 10% monthly check on both open and closed ACCT documents.</p>	
6	The Director and Head of Healthcare should ensure that	Accepted	The Sodexo Justice Safer Prescribing Strategy is in place for the identification and reduction of prescribed tradeable medication and includes an action plan	Director/Head of Healthcare

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	there is an effective strategy to identify and reduce trading of prescribed medication.		<p>which is submitted quarterly as part of the National Quality Schedule to NHS England. It is reviewed within the monthly Clinical Governance Medications Management meetings.</p> <p>The recently published National Drug Strategy has also been used to feed directly into the Integrated Substance Misuse Strategy at HMP Forest Bank, with the local strategy being revised in September 2019. The Security Department also work closely with the ISMS service, to coordinate the illicit substance supply reduction activities in the prison.</p>	Completed
7	The Director should ensure that when a cell door is unlocked, staff satisfy themselves of the wellbeing of the prisoner and that there are no immediate issues that need attention.	Accepted	<p>Staff continue to be reminded regularly of the need for staff satisfy themselves of the wellbeing of the prisoner at unlock, ensuring that there are no obvious causes for concern. A further Director's Instruction was issued to staff in July 2019.</p> <p>In an effort to drive up standards, weekly compliance checks are carried out by each Unit Manager to confirm that welfare checks are being conducted in line with the required expectations. Copies of compliance checks are logged and sent to the Performance Unit and other key managers on a weekly basis, for further monitoring as required. Any deficiencies are addressed with individual staff and further guidance provided.</p>	Head of Residence Completed
8	The Director should ensure that procedures are in place to escort paramedics through the prison as quickly as possible in a medical emergency.	Accepted	A Notice to Staff has been issued advising staff that with immediate effect, emergency ambulances must be prioritised and taken into the sterile area as soon as possible. The Orderly Officer will ensure that a member of staff is detailed to escort the ambulance to the scene and back out of the prison	Head of Security and Operations Completed

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			<p>without delay. A member of the gate staff will also immediately escort one of the ambulance crew on foot, to the location of the medical emergency.</p> <p>During night state, the Night Orderly Officer will be responsible for ensuring that there are sufficient staff at the gate so that that a member of the ambulance team is escorted on foot and that the ambulance can be escorted separately.</p>	