

Action Plan in response to the PPO Report into the death of Mr Malcolm MacDougal on 30 September 2024 at HMP Full Sutton

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Governor and Head of Healthcare should ensure that there is a robust and auditable process to refer prisoners suspected of using illicit substances to the substance misuse service.	Accepted	Any prisoner found to be under the influence (UTI) is reported immediately upon discovery to the healthcare team and an F213 referral to healthcare form is completed. These cases are discussed at the daily safety huddle within healthcare. In addition, an Intelligence Report (IR) is disseminated via the Healthcare Custodial Manager to the Substance Misuse Service (SMS) team. To reinforce expectations, a Staff Information Notice has been reissued to all staff, providing clear guidance on how to manage incidents where an individual is found, or suspected to be, under the influence of drugs, alcohol, or any unknown substance.	Head of Reducing Reoffending, HMPPS	Completed

		All prisoners reported to be under the influence of illicit substances are seen face-to-face by the Substance Misuse Team on the day following the incident. During this visit, they are offered support and encouraged to engage with the service. If the individual declines this offer, their case is discussed in the weekly Multidisciplinary Care Coordinated Complex Clinic (MPCCC), held onsite. Where appropriate, cases can be escalated to PPG regional level for further discussion and support planning. This process enables the development of a tailored care plan for individuals who initially decline assistance, ensuring that support remains available and responsive to their needs. Self-referral forms are on all wings for patients/staff to refer into the team if any substance misuse participation is suspected and all patients testing positive via MDT are referred to SMS team and discussed in minuted daily safety huddle and individuals are visited within a 24-hr period by SMS team to encourage work with the team. Transfers into the establishment would be screened through the Early days in custody initiative (EDiC) that was launched in September 2025 and this affords nursing staff to meet daily	Head of Healthcare, Practice Plus Group	Completed
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			and discuss any new arrivals into the establishment. This is a minuted meeting with comprehensive file review with members of a multidisciplinary team element to safety net and guard against any individuals who have a history of substance misuse and other ailments to ensure processes are offered and support documented on system.		
2	The Governor and Head of Healthcare should implement further measures to ensure that staff are appropriately skilled to complete and authorise escort risk assessments; decisions are based on a prisoner's medical condition and the actual risk they present at the time; and restraints are not used during serious or invasive treatment, unless there are exceptional reasons for doing so.	Accepted	Risk assessments for escorts are conducted and signed by senior members of the healthcare team, who have received training from the Head of Healthcare on the principles established in the Graham Judgment. These assessments include recommendations regarding the use of restraints where appropriate. While the final decision on restraint application rests with the Security Department, healthcare staff work collaboratively with security colleagues to provide advice on medical considerations relevant to each case. A localised form is completed as part of this process, capturing details of current medical conditions, ongoing treatment, and mobility, which is considered by HMPPS to determine the appropriate handcuffing arrangements under the Graham Judgment. Risk assessments are reviewed by the Security Senior Officer, Custodial Manager and the	Head of Healthcare, Practice Plus Group and Head of Security, HMPPS	Completed

			operational Governor (usually the Head of Security & Intelligence or the most senior member of staff on duty); all of whom have now received localised training in the Graham Judgment. For escort paperwork to be processed, the Security Senior Officer must review healthcare recommendations relating to Graham Judgment compliance. Prior to discharge for escort, the Custodial Manager conducts a final review of the risk assessment and the prisoner's presentation to confirm whether restraints remain appropriate, escalating any concerns to the Head of Security & Intelligence. During bed watches, a daily visit by a Custodial Manager or above is undertaken, including consultation with clinical staff and supervising officers to obtain updated risk information regarding restraint requirements. Any concerns identified are escalated to the Security Senior Officer, who initiates a review involving the Head of Security, Governor or the Category A Team. A log of these requests is maintained by the Security Senior Officer.		
3	The Governor should ensure that staff call a medical emergency code without delay if a prisoner remains unresponsive after attempts to rouse them and that an ambulance		In August 2025, a notice was shared with all control room managers, reinforcing the expectation that an ambulance must be called immediately following the activation of an emergency response code. Staff were reminded	Head of Operations, HMPPS	Completed

	is requested immediately after the code is called.		that the control room must quickly gather key information from the first responder to enable early ambulance activation. This formed part of a wider review and communication of changes to emergency response procedures, including the use of a reference card to support effective questioning and information relay to the ambulance service. To support this, emergency response procedures, including calling an emergency response code without delay, are now embedded in radio awareness training. This training is delivered to all operational staff and any non-operational staff who carry radios. Additionally, quarterly 'Safety Meet and Greet' include information on emergency response codes and required actions, and pocket reference cards are provided to staff to reinforce key messaging and expectations.		
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