

Action Plan - HMP Liverpool – Anthony Paine – Self-inflicted – 19/02/2018

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should ensure that prison staff manage prisoners at risk of suicide and self-harm in line with PSI 64/2011, in particular that they:</p> <ul style="list-style-type: none"> • remove ligatures from prisoners at the earliest opportunity; • hold multidisciplinary case reviews with relevant healthcare staff and other keyworkers providing detailed input if they are unable to attend; • set a frequency of observations that is appropriate to the level of risk; and • review the level of risk and frequency of observations immediately if the prisoner's circumstances and/or presentation change, rather than waiting for the next ACCT review. 	Accepted	<p>The national Suicide and Self-Harm (SASH) training is now being delivered to staff on a monthly basis through scheduled academy days, with the aim of all staff at HMP Liverpool being trained by April 2019. The training is made up of six components focusing on areas of specific need and includes a section on the consideration of known risk factors.</p> <p>During March 2018 ACCT case management training was provided to all relevant grades (Supervising Officer and above). The need to set an appropriate frequency of observations and hold multi-disciplinary case reviews with Healthcare and other keyworkers was reinforced as part of this training. There is also a schedule of ongoing training for newly promoted staff and staff do not carry out case reviews unless they are case manager trained.</p> <p>Consideration of access to means of self-harm and suicide is part of the risk assessment process. A Governor's Notice to Staff (NTS) has been issued in November 2018 which includes advice and guidance regarding the actions to be taken when an individual is identified as preparing for self-harm. This includes removal of ligatures and escalation to a minimum of Band 4 for consideration of an ACCT review and re-assessment of risk.</p> <p>Governors NTS 151-18 was issued in July 2018 reminding staff of the need to escalate concerns immediately if a prisoner's circumstances and/or presentation changes, so that a review of</p>	<p>Head of Safer Living</p> <p>April 2019</p>

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			<p>the level of risk and frequency of observations can be considered and carried out without delay by the appropriate member of staff. Staff are also reminded that they are able to increase the level of observations without waiting for the next ACCT review or in the absence of the Senior Officer, Custodial Manager or Night Orderly Officer if the need arises. All decisions must be documented in the appropriate section within the ACCT and full handover given to staff coming on duty.</p> <p>ACCT quality assurance checks are carried out on a daily basis by a Supervising Officer to ensure guidance is being followed and to check the quality of entries. This requirement has been reinforced in the residential briefings on a number of occasions over the past few months by the Head of Safer Living, who attends at least one residential briefing per week. A Band 7 is also being assigned a specific short term role regards ACCT quality assurance and mentoring of case managers to improve the quality of ACCT documents. This project will be completed by the end of January 2019.</p>	
2	<p>The Governor should ensure that:</p> <ul style="list-style-type: none"> cell conditions are properly checked and documented, especially in circumstances where prisoners have alerted staff to faults that may require repair; 	Accepted	<p>A 'Room Ready' process was introduced approximately 6 months ago, to ensure that each cell is fit for occupation prior to anyone being assigned that cell. This process has now been formalised within the Cell Ready Service Policy, which will be implemented with immediate effect. The policy will be introduced and discussed at residential morning meetings, on all units within the</p>	<p>Head of Decency & Rehabilitation Completed</p>

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	<ul style="list-style-type: none"> • repairs are promptly reported and fully documented and that there is a clear audit trail showing when the fault has been reported and when it has been resolved; and • prisoners are not placed in cells that do not meet the minimum requirements, in accordance with PSI 17/2012 and the Governor's Notice to Staff 34-18: Cell Minimum Standards. 		<p>establishment. The wing cleaner, who will be responsible for completing this task, will be provided with guidance which includes a list of actions to be taken and the minimum standards required. They will also complete a checklist to ensure that cells are clean and fit for purpose. The checklist also has a section to record any issues identified and must be signed off by an officer before occupancy occurs. The policy also includes an itinerary of items that must be included within each cell.</p> <p>To support this process Accommodation Fabric Checks (AFCs) are carried out on a daily basis and signed for by wing officers and then checked by the wing Supervising Officers. Any faults are recorded and reported immediately via Planet FM which is an electronic reporting system. A reporting number is allocated and recorded for monitoring purposes. Amey who are the (FM provider) attend the daily morning meeting to provide a regular update to the Governing Governor, Deputy Governor, SMT and a number of managers to ensure actions have been followed up.</p> <p>In addition to this, a weekly RAG (Red/Amber/Green) rating check containing 13 checks is carried out for each cell. The information is entered on a database and if any one of these checks is highlighted as being faulty, it will render the cell unfit for occupation. This is highlighted to the wing Supervising Officer for action. Further to this an additional 13 checks highlight</p>	

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			deficiencies around decency. If there is an accumulation of 5 of these minor faults, this will highlight that a Custodial Manager (CM) needs to complete a cell inspection with a view of resolving issues immediately. The officer inputting the faults is responsible for escalating this to CM level.	
3	<p>The Head of Healthcare should ensure that mental health services meet the needs of prisoners by:</p> <ul style="list-style-type: none"> • implementing a referral system that results in a timely, face-to-face assessment using all relevant information for appropriate continuity of care and follow-up; • ensuring that care plans are adhered to and adequate resources are available so that prisoners can have regular face-to-face contact with their keyworkers; and • ensuring prisoners have access to services equivalent to those in the community. 	Accepted	<p>Mental health staff are able to refer prisoners from the Reception initial health screening via a single point referral. A referral can also be made from the secondary health screening ('wellman' screening) which takes place by mental health within the first 7 days in custody. There is an RMN assigned daily for all duty calls and emergency calls from residential staff with concerns over individuals. Prisoners are made aware in Reception and again on the secondary screening how to access mental health support.</p> <p>The process for referring prisoners to mental health was reinforced in September 2018 at a residential briefing and by global email which detailed the process and the referral form.</p> <p>All prisoners identified as requiring mental health support have a care plan in place and are informed of how to access support. The frequency of contact with their care coordinator is specified in the care plan and based on the needs of the individual. Care coordinators are responsible for their own scheduling of contacts and must submit a datix report including the reason, if any</p>	Head of Healthcare Completed

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			<p>contacts do not take place, and in order to highlight a potential risk.</p> <p>There is a service model in place which is overseen by the Head of Healthcare to ensure that prisoners have access equivalent to those in the community.</p>	
4	The Governor should ensure that staff adhere to the requirements of Governor's Notice 107-17 when prisoners are suspected of using PS.	Accepted	<p>In October 2018, Governors NTS 107-17 was re-issued, which included a copy of the flowchart outlining actions to be taken following suspected PS use. This flowchart is also displayed in each residential area. All cases of PS use must be reported in the Orderly Officers log. In addition, Healthcare keep a log of all call outs where PS use is suspected. This is used to refer individuals for support through the substance misuse team.</p> <p>The weekly Know Our Prisoners (KOP) meeting has an agenda item whereby individual prisoners who have been identified as being potentially vulnerable through substance misuse can be discussed, so that appropriate action can be taken and the correct support provided.</p>	Head of Safer Living Completed
5	The Governor should ensure that, in accordance with PSI 64/2011, a manager holds a hot debrief promptly after a death in custody and that all staff involved in the incident, including healthcare staff, are invited to attend.	Accepted	<p>The need to ensure that a hot debrief is held as soon as possible following a death in custody is included within the prisons contingency plans for deaths in custody.</p> <p>During July and October 2018 the majority of the Senior Management Team and Custodial Managers received training in the delivery of hot debriefs and were reminded that all staff</p>	Head of Safer Living March 2019

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			involved in the incident, including Healthcare staff, should be invited to attend. Further training sessions will be scheduled by the Regional Safer Custody Team to ensure all managers are trained in hot debriefs by 31st March 2019.	