

Action Plan in response to the PPO Report into the death of Mr Thomas Ruggiero on 16 November 2024 at HMP Swaleside

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	<p>The Executive Director for the Long Term and High Security Estate and the Governor should formulate a robust plan, with sufficient oversight and auditable measures to ensure that prison staff manage prisoners at risk of suicide and self-harm in line with the Prison Safety Policy Framework, and in particular, they should:</p> <ul style="list-style-type: none"> hold and accurately record multidisciplinary reviews, with healthcare staff and other relevant staff providing detailed input if they are unable to attend; set a frequency of observations appropriate to the level of risk; and 	Accepted	<p>Multi-disciplinary Assessment, Care in Custody and Teamwork (ACCT) reviews are arranged through the review booking tool that is administered by the Safer Prisons team. A review of the administration of this tool has been completed and, 48 hrs in advance of the case review, the Safer Prisons team will now ensure that the booking tool has been utilised and that relevant partners, including healthcare staff, have been invited to the next case review. Where partners are not available, the safety administrator will ensure written feedback is provided to assist the case manager in assessing risk and setting the frequency of observations.</p> <p>HMP Swaleside regularly delivers suicide and self-harm upskilling sessions given by the Psychology team on lock down training days to ensure that case managers are aware of how to identify risk and set appropriate frequency of observations. To further improve this, the National Safety Support Team (NSST) and</p>	Head of Safety, HMPPS	September 2025

<ul style="list-style-type: none"> ensure care plans are fully completed, person-centred and responsive to risk. 	<p>Regional Safety Team (RST) will deliver additional risk, trigger and protective factors upskilling sessions.</p> <p>HMP Swaleside will ensure that care plans have been fully completed as part of the quality assurance process. Where issues are identified the local Safer Prisons team will offer targeted upskilling for the case managers responsible. HMP Swaleside is also liaising with NSST and RST to complete a safety training needs analysis to identify which staff would benefit from case review refresher training.</p> <p>Separately, a partnership meeting between HMP Swaleside and our relevant partners, including healthcare and the mental health team, is being established to identify a directory of services to assist case managers in completing meaningful care plans that are responsive to the risk present.</p> <p>HMP Swaleside has in place dedicated wing psychology representatives. This is to ensure consistency of support through the ACCT process. The Safer Prisons team will establish whether other partners can also provide dedicated wing representatives.</p> <p>The Safer Prisons team, in partnership with the Psychology team, is exploring mentoring for case managers whereby case managers will meet</p>		
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			<p>regularly to share good practice and feedback on their experiences.</p> <p>Quality assurance checks are in place as per the national policy. These are carried out by different grades of staff up to and including functional heads. These are allocated and monitored by a dedicated Band 5 manager.</p> <p>The Safer Prisons team is reviewing how feedback from the quality assurance process is delivered in order to ensure that urgent issues are rectified and opportunities for learning and upskilling are actioned at the earliest opportunity. Any issues arising will be discussed with senior managers at the monthly safety meeting.</p> <p>The Safer Prisons team will shortly implement the revised quality assurance tool designed by the National Safety Team. The RST will also carry out random testing of the quality assurance tool during quarterly assurance visits. Any issues arising will be shared with the Head of Safety, Governor and, if necessary, the Prison Group Director.</p>		
2	<p>The Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> healthcare staff are involved in all ACCT reviews while a prisoner is in the IPD; and 	Accepted	<p>The ACCT list is circulated every morning by the HMPPS team. Those due for review that day are transferred to the huddle (A daily management meeting) and allocated to either of the following:</p> <ul style="list-style-type: none"> SMS team if under clinical pathway 	Head of Healthcare, Oxleas	September 2025

<ul style="list-style-type: none"> an audit of treatment plans is undertaken to ensure that they are clearly documented in the clinical records and reviewed. 	<ul style="list-style-type: none"> IMHT if under caseload IPD and CSU ACCTs completed by IPD unless they are under caseload of the above All other ACCTS to be completed by the houseblock nurse <p>The agreed times to complete ACCT reviews is between 1030-1130 and 1430-1530 this is to maximise the attendance. This does not include IPD or CSU these can be done locally in agreement between officers and healthcare staff. Once a member of staff or service has been identified the staff or service are tasked to inform the of the need to attend an ACCT review. This also leaves an audit trail on the patients record. Once the staff have been allocated the list is sent to the safe custody functional mailbox.</p> <p>Documentation:</p> <p>All staff are to document a standardised template on SystemOne.</p> <p>There is an ACCT audit not in circulation which monitors attendance and quality of ACCT documentation</p> <p>Care plan:</p> <p>A review is currently being conducted by the Offender Healthcare Clinical Effectiveness Group</p>		
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			<p>to implement a standardised approach to care planning across all services using SystemOne. This initiative aims to ensure consistency, quality, and continuity of care throughout the patient journey—from reception to release or transfer. This standardisation will apply to all healthcare services, including satellite provisions such as SOS and CGL. The review will align with the “My Care Plan Journey” model, ensuring that care plans are holistic, patient-inclusive, and tailored to the complexity of needs within the secure estate.</p>		
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