RESPONSE TO 'MR IDRIS' INDEPENDENT INVESTIGATION

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
A	HMPPS should seek to ensure that where information about an individual's risk of self-harm or risk of harm to others is held by criminal justice agencies, this is available to prisons on reception to inform the early assessment of the prisoner. This should include: • relevant information held by the police including, but not limited to, recent custody records; • relevant information available to courts and officers from the Prisoner Escort and Custody Services; • information available to the National Probation Service,	Accepted	Action has been taken to implement this recommendation since the incident took place in 2015. Police National Computer data is accessible to designated prison staff at terminals in specific establishments. A process is in place for sharing this information with other establishments to inform risk assessment at prison reception, including the Cell Sharing Risk Assessment (CSRA). The digital Person Escort Record (DPER) is a digital record which must be completed for all prisoners escorted by Prisoner Escort and Custody Services (PECS) Suppliers. The DPER is accessible to prison reception staff via Digital Prison Services (DPS) ahead of a prisoner's arrival at reception to inform early risk assessment of that prisoner. The DPER contains information relating to a prisoner's risk of harm to themselves and others, which is drawn from sources including the police, probation and NOMIS/DPS. PECS Suppliers document concerns in the 'History of Events' section of the DPER where these are raised at court or during transit and prison reception staff are required to review the history of	Safety Group, HMPPS	Completed

	which should be made accessible to prison staff through HMPPS digital case records.		events. PECS are updating the DPER platform (BaSM) to enable indication of self-harm or suicide (statements, intent or actions) to be clearly displayed on the front page of the DPER. Pre-sentence reports completed at court are available to prisons via NDelius. Where probation staff at court identify any concerns about risk of self-harm, this is raised with PECS to ensure it is available to the prison at the earliest opportunity. Safety risk information is shared by probation staff when a prisoner is recalled to prison custody through the 'Consider a Recall" system. This includes a section on vulnerability which is also used to populate the safety risk information recorded on the DPER and Licence Recall Notification document.		
B	Where an incident involving an assault or self-harm is serious enough to be reported immediately by telephone to the National Operations Unit (in line with PSI 11/2012), the procedures set out in PSI 15/2014 should be followed to ensure that learning is promptly identified and disseminated. This should include: • ensuring that all relevant evidence is preserved after the incident	Accepted	The nature of the injuries to the individual informs the decision to commission an Article 2 investigation. In order to assess this, HMPPS requests relevant information from external organisations and is reliant on issues around consent being resolved quickly and this information being provided in a timely fashion. HMPPS has taken action to reduce the time it takes to commission an Article 2 investigation following an incident. This has included using electronic communication, updating and strengthening letters requesting health reports and regularly chasing up where no responses are received. HMPPS will continue to review where changes can be made to improve the speed in which decisions can be made.	Safety Group, HMPPS	Completed

	• determining at the earliest reasonable opportunity whether to commission an Article 2 investigation.		In order to ensure documents are retained in cases where an incident is identified as a potential Article 2 case, the Safety Group shares with the prison a detailed list of documents that investigators are likely to request so that they can be collated and stored securely.		
C	HMPPS should bring the findings and recommendations from this investigation to the attention of other criminal justice and health organisations to inform the development of cross government approaches to tackling drug misuse.	Accepted	HMPPS will share the findings and recommendations from this investigation with appropriate partners through existing governance arrangements to inform our cross-government approach to tackling drugs.	Substance Misuse Group, HMPPS	Completed
D	On reception all prisoners should be able to contact their next of kin/close contact. If the prisoner is subject to restrictions or other public protection procedures, the call should be completed by reception staff. The case management system should record whether the call has taken place.	Accepted	HMP Swansea's Early Days in Custody Policy, which was reviewed in July 2023, sets out that all new receptions are entitled to receive a telephone call to update their next of kin or close contact, and that staff should satisfy themselves of any public protection measures that are applicable prior to placing the call. Induction officers record details of first night telephone calls on the prisoner's NOMIS/DPS record, including where a telephone call was not possible due to the receiver not answering or no telephone numbers being available. Where a first night telephone call does not take place, this will be offered as part of the second day induction. This policy is currently being reviewed and any amendments will be communicated to prison staff.	Governor, HMPPS	May 2026
E	Prison staff should have both the time and the skills	Accepted	All new arrivals are assessed by reception staff as part of their initial screening. This interview takes	Governor, HMPPS	Completed

	to conduct adequate risk assessments on new arrivals. Historical information about self-harm should be carefully considered, particularly where the individual claims to have no such thoughts at the present time. A private room should be available for interviews with prisoners on reception and induction.		place in a private room in the reception area. All new arrivals also undergo a healthcare screening and those arriving with any active or historical alerts relating to suicide and self-harm are also seen by a mental health nurse from the Crisis Team. Once located on the induction unit, induction staff meet with all individuals in a private office to undertake a further assessment to identify and respond to their needs. A second day induction interview is also completed to ensure that any issues that were potentially missed on the first day are noted and actioned. Additionally, prison staff are required to complete a learning module on suicide and self-harm, which provides staff with the skills to conduct adequate risk assessments. HMP Swansea monitors the number of staff who have completed the learning module and has produced an action plan to increase compliance.	& Head of Healthcare, Swansea Bay University Health Board	
F	The Governor of HMP Swansea should ensure that staff are aware of the action to take if they discover a medical emergency in a locked cell: namely they should notify the control room and, where there is no apparent danger to themselves or others, enter the cell immediately. (Reference PSI *24/2011 Management and security of nights).*	Accepted	HMP Swansea has updated its Night Orders to ensure staff know the correct actions to take if they discover a medical emergency. Additionally, the prison will issue a bi-monthly Notice to Staff as a regular reminder. All officers working at night are given a sealed key pouch for their respective residential units so they can enter a cell should they need to in an emergency. In conjunction with this, a demonstrative video has been created by the national safety team that shows the actions to be taken upon discovery of a medical emergency. This is shown to operational staff during training sessions due to the potentially distressing scenes within the video to ensure staff welfare.	Governor, HMPPS	Completed

G	The Governor of HMP Swansea should continue to ensure that the process for the use of 'Code Blue' and 'Code Red' alerts is updated regularly and to ensure that all relevant staff are clear about the process including healthcare staff, prison officers and administrative staff. In the event of an incident triggering a medical emergency response code, the control room should immediately call for an ambulance and keep a clear record of actions.	Accepted	A Notice to Staff is circulated bi-monthly to ensure staff understand medical emergency protocols. In summary, this explains the process in relation to the use of the 'code blue' and 'code red' medical emergency response codes and the actions to be taken by the control room, including calling an ambulance immediately and logging the call in the control room log. The notice also highlights that the member of staff using the medical emergency response code must provide relevant information about the condition of the prisoner to the control room staff so it can be shared with the ambulance service for use in the triage process. It emphasises that ambulance service staff need information from callers about the condition of the patient to send the most appropriate response. To ensure staff are clear on when medical emergency response codes should be used, information cards have been issued to all HMP Swansea staff. Safer Custody review this process every quarter to ensure staff have information readily available and understand their roles and responsibilities during a medical emergency.	Governor, HMPPS	Ongoing
H	Following an incident of serious self-harm, a Family Liaison Officer should be appointed to ensure timely and sensitive communication with the individual's family.	Accepted	HMP Swansea has put in place arrangements to ensure that an appropriate member of staff engages with a prisoner's next of kin or the nominated person when a prisoner becomes seriously or terminally ill, including in cases of life-threatening harm.	Governor, HMPPS	Completed

I	The Governor of HMP Swansea and the healthcare provider should ensure that there are regular checks by prison and healthcare staff on the well-being of all new prisoners, regardless of the level of risk identified.	Accepted	All newly arrived prisoners are now monitored hourly by prison staff until midnight on their first night in custody. After midnight, they are checked three times by prison officers and three times by healthcare staff. Healthcare will continue to carry out three checks per night for the first three nights after a prisoner's arrival.	Governor, HMPPS & Head of Healthcare, Swansea Bay University Health Board	Completed
J	Prison and healthcare staff should be made aware of prisoners who have refused medication for relief of withdrawal symptoms. There should be a clear recording system to ensure that all welfare checks are carried out as necessary. Each check should be recorded separately and in a timely fashion.		Refusal of medication to help with withdrawal symptoms is unusual and would be brought to the attention of prescribers to review. Overnight welfare checks are documented each night. Post incident in 2015 as part of the IR3 investigation actions were in place for healthcare to work with induction staff to alert when men had not received medication. In 2018, Swansea healthcare lead a scoping exercise to develop an early days pathway for those withdrawing from opiates. Wales did not receive funding for integrated drug treatment teams and so the pathway was developed using existing health resources. Public Health helped with the evaluation of the project and most Welsh prisons have followed the pathway. The pathway allows for opiate methadone or espranor prescribing first morning it has been well received by the men as the use of lofexidine was found to be ineffective. The pathway development is welcomed by the men, and it is exceptional for men to decline the medication. Medication administration and prescribing function went live on SystmOne in Spring 2015, although full functionality for all medication including detox occurred post incident. This electronic function quickly	Head of Healthcare, Swansea Bay University Health Board	Completed

			alerts the registered nurse to those who have not attended for medication and then an appropriate follow up can be arranged dependent on clinical presentation. For those who decline detox medication (or opiate substitution medication) appointments can be made with the substance misuse nurse for follow up or the doctor if deemed urgent. Where rescue medication could be prescribed, there has been expansion to the healthcare team. Healthcare assistants are now in post allowing staff to plan regular wellbeing checks for those experiencing withdrawal. This clinical activity is planned and documented within the System one ledger.		
K	The Governor of HMP Swansea and the healthcare provider should review the provision of first responders within the prison officer cohort to improve the availability of suitably trained staff to deal with incidents requiring emergency interventions. Furthermore, the necessary emergency equipment should be readily available.	Accepted	Since this incident, a large percentage of prison staff at HMP Swansea have completed the Emergency First Aid at Work course, which includes how to provide first aid to an unresponsive casualty. Emergency equipment, including emergency response bags, is available at both medication hatches and accessible to staff.	Governor, HMPPS & Head of Healthcare, Swansea Bay University Health Board	Completed
L	The Governor of HMP Swansea and the healthcare provider should continue to implement recommendations (for example those in the		In 2018 Swansea healthcare lead a scoping exercise to develop an early days pathway for those withdrawing from opiates. Wales did not receive funding for integrated drug treatment teams and so the pathway was developed using existing Health Resources. Public Health helped with the Evaluation	Head of Healthcare, Swansea Bay University Health Board	Completed

	thematic inspection report '*Changing patterns of substance misuse in adult prisons and service responses*', HMI Prisons, 2015a) that prisoners in England and Wales should have consistent access to equivalent substance misuse treatment.		of the project and most prisons have followed the pathway. The pathway allows for opiate methadone or espranor prescribing first morning it has been well received by the men as the use of lofexidine (as was in 2015 was found to be ineffective). The pathway development is welcomed by the men and it is exceptional for men to decline the medication. Additionally, Swansea healthcare have volunteered to take part in an audit for mental health and substance misuse service review in 2024. Welsh Government have developed draft policies for mental health and substance misuse following consultation it has been suggested the policies are aligned.		
M	The Governor and Head of Healthcare in HMP Swansea should ensure that all staff have appropriate support following exposure to distressing incidents. Specifically: • all staff involved should be debriefed as soon as possible; • the wellbeing of all staff involved should be considered and they should be offered both immediate and longer-term support;	Accepted	As per the Post-Incident Care User guide, a post-incident (Hot) debrief is conducted after any potentially traumatic event, and must be conducted on the same day, with both operational and healthcare staff. The purpose of a post-incident debrief is to acknowledge the events that occurred, recognise the roles and actions of the staff involved, and help normalise the experience. It ensures that immediate staff needs are addressed and provides an opportunity to understand and process any chaotic or distressing thoughts and emotions to help prevent psychological damage. Trauma Risk Management (TRiM) is now available in all establishments and is offered to any staff who have witnessed a potentially traumatic experience. All	Governor, HMPPS	Ongoing

	• appropriate records should be kept to monitor that all staff have been offered access to support.		establishments have peer support teams such as Care Teams and TRiM teams and if staff agree to participate in a TRiM assessment, trained TRiM practitioners will signpost to any relevant services required to ensure the individuals receive appropriate care and support. The Care Team also now hold a record of all those staff offered support following traumatic incidents. Wherever possible, a member of the Care Team and the TRiM team attend the post-incident debrief. If attendance is not possible, details of the staff involved are shared with these teams at the earliest opportunity to ensure support is provided.		
N	The Governor and Head of Healthcare in HMP Swansea should ensure that records are kept of all post incident debrief sessions and interviews conducted. The prisoner's records should be collated and retained for an appropriate time period pending any investigation. This must include bed watch records.	Accepted	Post-incident debriefs are not recorded as the purpose is to offer immediate support and identify those in need of additional help, rather than considering any potential learning. However, critical incident debriefs are conducted at a later stage and will be fully documented, with reports and any recommendations being highlighted to the Governor. In order to ensure documents are retained in cases where an incident is identified as a potential Article 2 case, the Safety Group shares with the prison a detailed list of documents that investigators are likely to request so that they can be collated and stored securely. This list has been updated to include bed watch records.	Governor, HMPPS & Head of Healthcare, Swansea Bay University Health Board	Ongoing
O	The healthcare provider should seek to ensure that where relevant information about an individual is held by community health	Accepted	The prisoner escort record is now electronic and has enabled ease of viewing risk for healthcare staff. Prescribers are able to access the Welsh Clinical Portal and this has helped allowing access to the GP record and hospital letters.	Head of Healthcare, Swansea Bay University Health Board	Completed

	organisations, this is available to the prison on reception to inform the early assessment of the prisoner.		Further work is needed to enable access to records for those outside of Wales. Staff are able to access the Community mental health system WICCAS more work is needed to enable access to the wider mental health record. Healthcare admin staff directly contact patients own GP and for patent summaries.		
P	All prisoners withdrawing from drugs and alcohol should receive comprehensive monitoring and prescribing according to the updated guidance – *Drug Misuse and Dependence UK Guidelines on Clinical Management (*Department of Health, 2017*)*. Prisoners continuing opiate substitution from the community should receive regular prescribing reviews.	Accepted	In 2018 Swansea healthcare lead a scoping exercise to develop an early days Pathway for those withdrawing from opiates. Wales did not receive funding for Integrated drug treatment teams and so the Pathway was developed using existing Health Resources. Public Health helped with the Evaluation of the project and most prisons have followed the pathway. The pathway allows for opiate methadone or espranor prescribing first morning it has been well received by the men as the use of lofexidine (as was in 2015 was found to be ineffective). The pathway development is welcomed by the men and it is exceptional for men to decline the medication. Additionally, Swansea Healthcare have volunteered to take part in an Audit for mental health and substance misuse service review in 2024. Welsh Government have developed draft policies for mental health and substance misuse following consultation it has been suggested the policies are aligned. The health board are undertaking an internal healthcare service review focusing on treatment gaps. The health board are mindful that there is no	Head of Healthcare, Swansea Bay University Health Board	Ongoing

			dedicated Substance Misuse team within HMP Swansea and substance misuse work is largely in corporate into the clinicians daily healthcare works.		
Q	NHS Wales should ensure that when an individual is admitted to hospital following a serious non-fatal incident, appropriate toxicology tests are conducted.	Accepted	Testing individuals who have experienced a non-fatal overdose would be a matter for the Local Health Board. In Wales we have been working in partnership with the Police and other partners on the development of an All Wales information sharing protocol (ISP) to allow the review of non-fatal overdoses in real time. This will allow substance misuse practitioners to engage with people and ensure they have the appropriate harm reduction advice. The national ISP has now been approved by one of the WASPI QA Boards, and we will be communicating this to partners to ensure relevant organisations sign the declaration of acceptance, in order for the implementation of the ISP to begin across areas.	Head of Substance Misuse & Offender Health Policy, Welsh Government	Ongoing