

PPO Action Plan – Charles Robert Broom, death at HMP Exeter on 21/06/2016

Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
<p>1 The Chief Executive of the National Offender Management Service should ensure that prisoners charged with domestic homicide are referred for a mental health assessment.</p>	<p>Accepted</p>	<p>A mental health assessment is conducted as part of newly-arrived prisoners' healthcare screening in reception to identify the immediate health needs of the individual and support a holistic early days risk assessment. The National Institute for Health and Care Excellence guidelines on the "Physical Health of People in Prison" (published on 2nd November 2016) includes a template questionnaire for the first stage health assessment at reception into prison which requires the reviewer to confirm whether the prisoner has been charged with murder. A positive response requires the reviewer to refer the person for mental health assessment by the prison mental health team if necessary. All healthcare staff completing the initial health screen will be reminded of this requirement.</p> <p>Reception staff at Exeter will be reminded to ensure that details of the offence are available for the first health screen assessment. Exeter's initial risk and triggers screening tool will be amended to include the charge of domestic homicide, and this evidence will be used alongside any other information collated during the initial screening by clinical staff to decide the course of action to be taken and level of urgency. Where offence related information is not routinely available, clinical staff will seek offence information from operational staff.</p>	<p>NOMS Head of Healthcare 28 February 2017</p> <p>Head of Safer Custody 28 February 2017</p>
<p>2 The Governor should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including:</p> <ul style="list-style-type: none"> • holding multidisciplinary case 	<p>Accepted</p>	<p>All staff have been reminded of the importance of multi-disciplinary attendance at ACCT case reviews by those involved with the prisoner's care, and the need for healthcare attendance at the first case review and subsequent case reviews where appropriate, and that a written contribution should be provided where an attendee cannot be present. The Head of Residence and Safety has provided verbal briefings and electronic</p>	<p>Head of Residence and Safety completed</p>

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<p>reviews which include all relevant people involved in a prisoner's care;</p> <ul style="list-style-type: none"> • ensuring ACCTs are not closed until all care map actions have been completed; and • identifying and recording events associated with increased vulnerability, including court appearances. 		<p>briefings, and reviewed management check feedback.</p> <p>In addition, the Safer Custody database is shared daily by the safer custody team with all staff, which records which prisoners require ACCT case reviews, and this confirms that Healthcare attendance (or failing that, a contribution) is required for all first ACCT case reviews. The monthly Safer Custody Report shared with the Governor analyses ACCT reviews and compliance with this requirement. Any first ACCT case reviews which do not appear to have healthcare contributions or attendance are explored further by the Head of Residence and Safety with the ACCT case manager.</p> <p>The Custodial Manager for Safer Custody has just qualified as a trainer for ACCT case management, with a further 2 managers now trained. Their knowledge and experience will be utilised in future training and awareness sessions. A briefing will be published to remind all case managers of the need to consider and record all known risk factors when determining risk and setting observations, and record known future events which may increase the prisoner's risk. In addition regular supervision sessions with ACCT case managers will remind staff of the need to ensure that ACCT care maps contain actions which are appropriate to reducing that prisoner's risk, and that all actions recorded on the care map are completed before the ACCT can be closed. These requirements will be the focus of the Safer Custody objectives for January 2017</p>	<p>ongoing</p> <p>Head of Residence and Safety 31 March 2017</p>
<p>3 The Governor should ensure that the personal officer policy is effective in providing meaningful support to prisoners, particularly in relation to the identification,</p>	<p>Accepted</p>	<p>Residential managers have been tasked with reviewing the requirements of the local personal officer scheme, and reminding all personal officers of the expected frequency of contact with their allocate prisoners and recording a summary of significant conversations. In March 2017, a number of newly trained staff will begin work at HMP Exeter, increasing the number of</p>	<p>Head of Residence and Services. 31 August</p>

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discussion and recording of significant events, and that contacts take place at a frequency in line with the policy.		personal officers and the capacity for completing personal officer duties.	2017
4 The Governor and Head of Healthcare should give clear guidance to staff about the circumstances in which resuscitation is inappropriate.	Accepted	A notice to staff and an electronic briefing has been issued to all staff at HMP Exeter, to alert them to the recently issued national guidelines to support both prison/IRC and healthcare staff on when not to perform cardiopulmonary resuscitation. The guidance is drawn from the European Resuscitation Council Guidelines for Resuscitation 2015 and details the conditions in which attempting resuscitation would be futile.	Head of Residence and Safety Completed