

Action Plan – Aleksandras Zuravliovas. HMP Swaleside. Self- Inflicted. 03/06/2017

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Executive Director for Long Term and High Security Prisons should assure himself that effective action is taken to implement recommendations from this and previous investigations into deaths at HMP Swaleside.</p>	Accepted	<p>The Regional Safer Custody team will work with the Safer Custody team via bi-monthly assurance and support visits. From February 2018 these visits will work to ensure that the death in custody action plan is implemented. Dip tests of archived actions will also be carried out to gain assurances around these being embedded and to ensure ongoing learning, which will form part of the Band 5 visit logs, which will feed into RSCL quarterly visit reports.</p>	Regional Safer Custody Lead On-going
2	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including that:</p> <ul style="list-style-type: none"> • Staff review a prisoner’s risk of suicide and self-harm whenever an event occurs which indicates an increase in risk and consider opening an ACCT. • A multidisciplinary case review is held within 24 hours of an ACCT plan being opened and when there is evidence of significant change in risk. • A member of healthcare staff should attend all first case reviews and subsequent reviews, where relevant. • Case managers complete care maps at the first ACCT case review, set specific and meaningful care map actions, identify who is responsible for them and review progress at each review. • ACCT documents accompany 	Accepted	<p>In June 2017 we commenced a two year programme of training on the new Suicide Awareness & Self Harm (SASH) for all operational and non-operational staff with priority being given to staff with prisoner contact. In order to ensure all staff are aware of the need to review the risk of suicide and self-harm in response to notable events, this will be discussed at the daily morning full staff briefing delivered by the Safer Custody Governor during February 2018. Residential Senior Officers will disseminate to any staff unable to attend</p> <p>In relation to ACCT reviews, these reviews are chaired and completed by custodial managers – the only exception to this are the constant watch reviews which are chaired by a senior manager.</p> <p>ACCT reviews are carried out by a multi-disciplinary team (In-reach attend as healthcare representative) within 24hrs of an ACCT being opened. Furthermore, with respect to prisoners at risk of self-harm and with mental health issues, monthly complex case reviews are held and attended by In-reach team, Healthcare, RAPT and Safer Custody staff. These complex case reviews may also be organised on an ad-hoc basis at times of heightened concerns.</p> <p>A notice to staff was issued in December 2017 to remind staff about the importance of completing meaningful care maps, timely observations and ACCT documents accompanying prisoners who move location.</p> <p>Random CCTV checks would be too resource intensive to be practical. Quality</p>	<p>Head of Safer Custody March 2019</p> <p>Head of Safer Custody Completed December 2017</p>

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	<p>prisoners when they move around the prison.</p> <ul style="list-style-type: none"> • All staff in contact with prisoners receive training in suicide and self-harm prevention procedures, with appropriate refresher training. • All staff undertake ACCT observations as directed and actively engage with prisoners being monitored. Managers should carry out random checks of CCTV footage to ensure this happens. 		<p>assurance checks are carried out on a daily basis by senior managers and documented in the ACCT document. Any discrepancies will be challenged via appropriate processes which may include disciplinary procedures.</p>	
3	<p>The Governor should ensure that Swaleside’s local IEP policy is amended to include instructions that staff should consider the needs of vulnerable prisoners and those at risk of suicide or self-harm when making and reviewing decisions about IEP sanctions, and take into account the likely impact on the health and welfare</p>	Accepted	<p>The Head of Residence has amended the IEP policy to say “the manager should consider the needs of vulnerable prisoners when making a decision regarding their IEP status” and has disseminated a notice to staff in January 2018 to highlight the changes.</p>	<p>Head of Residence January 2018</p>

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	of the prisoner.			
4	The Governor and Head of Healthcare should ensure that the prisoners identified as being at risk of suicide and self-harm are urgently referred for a mental health assessment.	Accepted	<p>A notice to staff will be issued before the end of January 2017 reminding all staff of the circumstances in which it is appropriate to make a referral to the Mental Health in-reach team.</p> <p>The referral process has been reviewed and referrals can be made by prisoners themselves, paper referrals by non-clinical staff and via SystmOne for healthcare staff. In order to ensure that referrals are processed, a daily referral meeting take place in addition to the weekly meeting. This meeting allows for timely consideration of all referrals, with a risk assessment based on current and historic risk factors to determine whether a priority triage needs to take place or whether a routine triage is appropriate.</p>	Head of In-reach January 2018
5	The Governor and Head of Healthcare should ensure that there is a clear pathway for the substance misuse service and that all intervention is recorded in prison and medical records to ensure the quick and effective assessment and management of prisoners' needs	Accepted	<p>Referral pathway has been reviewed and there are several routes for referrals</p> <ul style="list-style-type: none"> • Patient self-referrals by application • Healthcare staff via SystmOne templates • Non clinicians via paper referrals and emails <p>Information on intervention engagement will be shared via SystmOne for clinical clients and NOMIS as appropriate. The information will be put onto system one and NOMIS by a member of the forward trust team.</p>	Head of Healthcare and Forward Trust January 2018