

**Action Plan – Mr Carl Newman– Self-Inflicted – HMP Liverpool. 06/10/17**

<b>No</b>	<b>Recommendation</b>	<b>Accepted /Not Accepted</b>	<b>Response</b>	<b>Target date for completion and function responsible</b>
1	<p>The Governor and Head of Healthcare should produce clear local guidance about procedures for identifying prisoners at risk of suicide and self-harm and for managing and supporting them. In particular, this should ensure that all staff who have contact with prisoners:</p> <ul style="list-style-type: none"> <li>• receive adequate training on suicide and self-harm prevention procedures; Identify all the known risk factors of a prisoner during the initial health screening, including reviewing available sources of information such as SystemOne records;</li> <li>• arrange general health assessments without delay for prisoners with a history of self-harm and mental health issues;</li> <li>• and properly record in the prisoner’s NOMIS case notes their</li> </ul>	Accepted	<p>The national Suicide and Self-Harm (SASH) training is being delivered to all staff, including primary care and mental health staff, on a monthly basis through scheduled academy days, with the aim that all staff receive the training by April 2019. The training is made up of six modules focusing on areas of specific need and one module focuses on recognising risk and trigger factors.</p> <p>Reception initial health screening now incorporates specific risk identification questions to ensure that all available sources of information are reviewed. Criminal Justice Liaison have agreed a joint process with mental health reception staff to ensure all alerts are received via direct process and acted upon accordingly. This is a two staged approach currently via a dedicated fax and a follow up telephone call. Moving forward it will be done via NHS email accounts which are currently being requested for all staff. This process was agreed in May 2018 and further refined in December 2018. All Reception interview rooms now have risk factor information on display for staff reference.</p> <p>Mental health staff in Reception have access to EMIS and RIO (community systems and GP notes) for cross referencing of risk. A system has also been put in place whereby all prisoners identified as being at risk are tasked via SystmOne to the appropriate team and seen within five days and are triaged at Single Point Of Contact Meetings. All prisoners identified in reception are provided with a second screening well man’s assessment</p>	Head of Healthcare/ Head of Safer Living April 2019

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	<p>contact with prisoners, particularly during their first days in custody.</p>		<p>within 72 hours.</p> <p>All healthcare staff in Reception have been made aware of their responsibilities in regard to the ACCT process though training sessions and attendance at lessons learned forums driven by previous PPO recommendations. A Mental Health duty nurse remains on shift every day until 9pm.</p> <p>In December 2018 a morning daily meeting was established at which all healthcare emergency calls and complex risks are discussed. These prisoners are allocated accordingly and referred into the weekly Enhanced Case Review meeting where appropriate. In addition, a weekly multi-disciplinary team meeting for inpatients is held, in which risk is identified and managed.</p> <p>The importance of recording contact with prisoners in their NOMIS case notes, including during early days is frequently discussed as part of the residential briefings. NOMIS case notes are monitored in a number of ways to ensure that contact with prisoners is fully recorded; including through Safety Intervention meetings and Enhanced Case Review meetings, which look specifically at incidents of violence and self-harm. The weekly Performance meeting also looks at Incentive and Earned Privileges review boards to ensure notes have been recorded correctly. Case notes for key work sessions are also reported on daily. Case notes for self-isolating</p>	

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			prisoners are also monitored on a weekly basis.	
2	<p>The Governor should ensure that, in line with PSI 20/2015:</p> <ul style="list-style-type: none"> <li>• Cell Sharing Risk Assessments are based on evidence which is checked for accuracy, and</li> <li>• Security staff provide PNC records to reception staff without delay.</li> </ul>	Accepted	<p>In line with PSI 20/2015, the national Cell Share Risk Assessment form is completed in Reception for every new arrival to HMP Liverpool. The form prompts staff to consider all elements of information when making decisions on risk, including demeanour. Other sources of information that are flagged for consideration are NOMIS, PER form, warrant, Healthcare assessment and the PNC. Healthcare must document their assessment on the CSRA form and this is included in the overall assessment. Reception staff are then responsible for updating NOMIS. Staff have been reminded of this process during team briefings and one to one appraisals.</p> <p>A more thorough quality assurance process was introduced in June 2018, whereby all CSRAs go through a Day 2 check process in Safer Custody and are signed off by a Band 5 (for Standard Risk) or Head of Safer Living or Duty Governor (for High Risk). This check is to ensure accurate completion of the CSRA form and for consideration of the decision made with regard to risk. If there are further risk concerns at this point and additional information is required, these are forwarded to the weekly Safety Intervention Meeting (SIM) for multi-disciplinary input. Similarly, if during a period in custody, concerns are raised regards an individual's CSRA this is forwarded to Safer Custody for review at the SIM.</p> <p>The police national computer terminal within the Security Department is available until 16.00hrs each day and the Reception Supervising Officer is</p>	Head of Safer Living Completed

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			responsible for requesting a copy of the PNC on a prisoners' arrival. PNC reports for prisoners arriving after 16.00hrs will be printed off the following day and collected from Reception by Safer Custody for the Day 2 check. This ensures that for any late arrivals, the PNC will be taken into account at the Day 2 assurance check.	
3	The Governor should ensure that there is an agreed and published regime for the induction unit and that particular attention is paid to the welfare of prisoners in single cells.	Accepted	<p>An updated regime for the induction unit was introduced and published in January 2019 and includes a full and comprehensive breakdown of all activities within the A wing unit to ensure that prisoners have sufficient time out of their cells. This updated regime is laminated and posted in clear view on A wing's notice board on the landing.</p> <p>In line with the establishment's first night policy, new receptions are checked six times during the night state. This check is for all prisoners irrespective of single cell or ACCT procedures in place. In addition, prisoners that are high risk or in a single cell are clearly displayed as such on the prison roll board, enabling all staff to be aware of those who are sole occupants and to ensure that meaningful interaction takes place with those prisoners.</p>	Residential Governor Completed
4	<p>The Governor should:</p> <ul style="list-style-type: none"> <li>ensure that all prison staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies, so that there is no</li> </ul>	Accepted	In October 2018, Governor's notice to staff, GNTS 04-18 Medical Emergency Protocol was re-issued outlining the key points from PSI 03/2013. This was re issued again in February 2019 and is diarised to be issued at three monthly periods thereafter. This includes details of the appropriate use of code red/code blue and a reminder that an ambulance must be called immediately in the event of an emergency.	Head of Safer Living May 2019

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	<p>delay in calling a medical emergency code or calling an ambulance, and</p> <ul style="list-style-type: none"> <li>• review arrangements for paramedics' access to a prisoner to reduce avoidable delays.</li> </ul>		<p>The Head of Safer Living has also implemented a 12 month plan for training in Emergency Response in Custody (ERIC). The aim is for all staff at HMP Liverpool to be trained by May 2019, through full staff briefings and individual training sessions.</p> <p>Paramedic access protocols were reviewed in January 2019 and a laminated guidance sheet for gate staff is displayed in a prominent position in the gate lodge to ensure that emergency vehicles are escorted to required locations without any unnecessary delays.</p>	
5	<p>The Prison Group Director for the North West should provide the Ombudsman, by 31 March, with a report on the Group Safety Team's findings on the progress made at Liverpool in implementing the PPO's recommendations.</p>	Accepted	<p>A report outlining progress made against previous PPO recommendations implemented at HMP Liverpool will be provided to the Ombudsman by the specified date. The report will provide details of the measures that have been put in place as a result of those recommendations and will provide assurance that lessons learnt are being effectively taken forward and monitored.</p>	<p>Prison Group Director March 2019</p>