Action Plan – Mr Thomas Summers at HMP Featherstone – Self Inflicted on 23/05/2019				
No	**Recommendation**	**Accepted/ Not Accepted**	**Response**	**Target date for completion and function responsible**
1	The Governor should ensure that all staff have a clear understanding of their responsibilities to manage prisoners at risk of suicide and self-harm in line with national guidelines and, in particular, the need to consider all relevant information about risk, and start ACCT procedures when indicated.	Accepted	Suicide and Self-Harm (SASH) training is delivered on an ongoing basis to all staff and refresher training is due to recommence, following the Covid-19 recovery period, in October 2020. In the interim, senior managers will liaise directly with the staff that have not received training to provide support. The SASH training provides guidance on identifying risk and the importance of considering all risk information when deciding whether to start ACCT procedures. ACCT refresher training for all senior managers and custodial managers will also commence, following the completion of the Covid-19 recovery period, in October 2020. This will ensure that senior staff have comprehensive ACCT knowledge in order to support their staff. The managers will then provide individual staff training through one to one training sessions where required. Case manager quality assurance (QA) checks of the ACCT documents were introduced in September 2020 which monitor compliance and completeness of the records. Any failings identified during the QA checks are immediately raised with staff and further training and support is offered. The QA checks are also discussed during the weekly safety interventions meeting (SIM) to ensure compliance.	October 2020 Head of Safer Prisons
2	The Governor should review the arrangements for the safer custody peer mentor scheme to ensure that information about a prisoner's risk of suicide or self-harm is shared with staff.	Accepted	The referral process, which was devised between the Samaritans and safer custody and implemented in 2018, was further reviewed prior to recommencing in September 2020. The referral process ensures that peer mentors are aware that any safeguarding issues or risk information should be immediately shared with staff. Following the review, laminated cards were introduced which are used by	September Head of Safer Prisons

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			the mentors, and should be handed to staff if they deem that a risk is present and confidentiality should be broken in order to inform staff of the risk. A notice to all staff was sent in August 2020 to ensure that all staff are aware of the referral process, including an introduction to all new members of staff. The referral process was also reiterated at full staff briefings and house unit meetings each morning by custodial managers.	
3	The Governor should ensure that all staff are made aware of and understand their responsibilities during medical emergencies including that night staff enter cells as quickly as possible in a life-threatening situation, subject to a dynamic risk assessment.	Accepted	The Governor reissued a notice to all staff in July 2020 to remind staff of their responsibilities during medical emergencies and to give clear instructions of the requirements. It was agreed in August 2020 that residential managers will give brief training during the team briefings and will ensure that staff are confident in their understanding of this information on their respective house units.	Completed Head of Safer Prisons
4	The Governor should share this report with the prison chaplain who saw Mr Summers on 23 May 2019 and discuss the Ombudsman's findings with him.	Accepted	The report was shared with the named member of staff and the findings were discussed in July 2020.	Completed Head of Safer Prisons
5	The Governor should share this report with the SO on duty on 23 May 2019 and the OSG	Accepted	The report was shared with the named members of staff in July 2020 and August 2020 respectively and the findings were discussed.	Completed Head of Safer Prisons

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	who found Mr Summers and arrange for a senior manager to discuss the Ombudsman's findings with them.			
6	The Head of Healthcare should ensure that multi-disciplinary team meetings are held to support prisoners with complex health issues and mental health risk factors to ensure a collaborative approach to assessment and care planning.	Accepted	Multi Professional Complex Care Clinic (MPCCC) meetings were reviewed in August 2019 to assess any improvements that could be made to the process and to ensure that a collaborative approach is taken. The review found that the MPCCC meetings are attended by a multi-disciplinary team and each case is discussed, any risk factors are highlighted, and all areas are explored including behaviours, medications and any concerns are raised and discussed accordingly. Following the review, it was agreed in September 2019 that the deputy head of healthcare will oversee the MPCCC meetings to ensure that the meetings remain multi-disciplinary and that all prisoners with complex health issues and mental health risk factors are included and discussed and to ensure that the relevant actions are agreed.	Completed Head of Healthcare
7	The Head of Healthcare should ensure there is a process in place to refer prisoners with a known history of substance misuse to substance misuse services.	Accepted	The referral process in reception was reviewed in September 2019. This was to ensure that all new arrivals are referred on to the substance misuse service if they have a history of substance misuse. Patients are now able to self-refer during the application process and staff and peers are also able to refer patients if they have information to suggest that drug use is present. The psychosocial team routinely see each patient following an episode of drug or suspected drug use. The patient will then have the opportunity again to be referred to the service following this assessment.	Completed Head of Healthcare

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			As a result of the review, the referral service was further amended in September 2019 and it was decided that a patient could no longer be discharged by one clinician. If someone is to be discharged from the substance misuse service, prior to any discharge, they must be taken for a mandatory drug test (MDT) and it will be discussed with multiple clinicians who will make a joint decision.	
8	The Head of Healthcare should ensure that the mental health screening and assessment procedures include a robust and timely process to identify risks and triggers for self-harm and develop care plans to manage those risks.	Accepted	The mental health screening service was initially reviewed in April 2019 and the commissioned times for appointments were increased from twenty eight days to two working days for urgent referrals and five working days for routine. The service was further reviewed in September 2019 to ensure that all patients that are identified to be requiring the mental health service have an individualised care programme approach (CPA). The CPA ensure that care plans are initiated as soon as the referral is made. These are generated with the patient who has an input to the care that they are receiving. The care plan assessments encompass past and present risk factors for self-harm and allow the staff to identify all risks and triggers for self-harm.	Completed Head of Healthcare