

Action Plan – Mr Mark Culverhouse at HMP Woodhill – Self-Inflicted Death on 24/04/2019

| No | Recommendation | Accepted/ Not Accepted | Response | Target date for completion and function responsible |
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| 1 | HMPPS's Director General of Prisons should consider whether sentence calculations for prisoners who may be eligible for immediate release could be completed within one working day of their arrival into prison. | Accepted | Where there is a possibility that an offender who has been recalled from licence may be an immediate release, the calculation and check of the re-release date must be carried out as a priority. In order to assist staff identify such cases in the future, work will be carried out to develop an alert on NOMIS (the electronic record) for those offenders with enough unused remand time to give effect to an immediate release in the event that a standard recall is issued on that sentence. This would flag the need for the relevant staff to look at the calculation urgently (i.e. on the very first working day opportunity) and give effect to that release in the shortest possible time. | Head of Sentence Calculation Policy Complete |
| 2 | The Governor should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including that staff: <ul style="list-style-type: none"> •Hold multidisciplinary ACCT reviews, with healthcare staff in attendance at first case reviews; and •complete the relevant paperwork fully and accurately at all stages of the ACCT process, including the names and roles of those attending or providing input to case reviews. | Accepted | <p>All ACCT case managers have received or are due to receive refresher training to ensure that the quality of ACCT documentation meets the standard required by national guidelines, this will include recording the names and roles of those contributing to case reviews. The national safety team has facilitated workshops on ACCT case management and further workshops have been planned for the future.</p> <p>To ensure that quality assurance issues are identified and resolved effectively the senior management team and middle managers carried out a review of current quality assurance measures to improve the focus of discussions at the monthly Safer Custody meetings. Work will continue to identify and address any further quality assurance issues.</p> <p>An updated Governor's Order was issued in August 2019 to remind all staff of the requirement that healthcare colleagues must attend first case reviews and that subsequent reviews should have multi-disciplinary input. Healthcare colleagues are notified each day as to when ACCT reviews are taking place</p> | Head of Safer Custody Complete |

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| | | | and each unit has a healthcare member of staff allocated who liaises with the case managers to arrange attendance. If the nurse on the unit is unable to attend then the healthcare supervisor is contacted to attend in their absence. | |
| 3 | <p>The Head of Healthcare should:</p> <ul style="list-style-type: none"> •Review the incident when clinical staff did not complete the algorithm for Mr Culverhouse on 23 April; •Ensure that all staff are aware of their responsibilities for completing an algorithm for prisoners in the segregation unit; •Complete these actions within one month of receiving this report. | Accepted | <p>The Head of Healthcare has reviewed the incident and is satisfied that both nurses made a clinical judgment that they did not have sufficient information at the time they were requested to complete the Initial Segregation Health Screen /algorithm and therefore referred the task to a colleague who they considered was in a better position to complete the Initial Segregation Health Screen/algorithm. PSO 1700 <i>Segregation, Special Accommodation and Body Belts</i> confirms a 2-hour period to complete the Initial Segregation Health Screen. The Head of Healthcare is satisfied that there is rationale for the decision making of both nurses and that they referred the task in a timely fashion. When a nurse attended Mr Culverhouse to carry out an assessment for the purpose of the algorithm this was well within the 2-hour period. Both nurses have received further training and guidance on the process of completing the segregation algorithm. The Central and North West London NHS Foundation Trust has carried out its own review and investigation including into the incident.</p> <p>The Mental Health Lead delivered training to all registered staff on completing the segregation algorithm. The Head of Healthcare and Mental Health Lead developed a Local Operating Procedure (LOP) 'Segregation Unit Algorithm for Healthcare Staff' which was sent to all healthcare staff in July 2020. A copy of the LOP is also available in the treatment room of the segregation unit for staff to refer to as required. The LOP is in line with the prison policy PSO 1700 on segregation.</p> | Head of Healthcare Complete |

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| | | | <p>All staff have been and continue to be informed and reminded of their responsibilities in respect of completing the segregation algorithm during the daily briefings which take place for staff at the Prison.</p> <p>The new Segregation LOP will ensure that options for next steps can be considered by Healthcare staff and in particular providing guidance when the member of staff considers that there are or are not concerns relating to the prisoner's mental health. The LOP will clearly signpost the staff member to either: (a) complete the Care and Separation Unit (CSU) paperwork including the safety screen and thereafter follow the arrangements for daily review by the Primary Care Nurse and GP and Mental Health Team or (b) pass to the Mental Health Team for further assessment and thereafter to consider completion of the CSU paperwork. The LOP will also provide for further discussion with CSU officers and the Duty Governor and involvement in discussions for alternative locations within the prison.</p> | |
| 4 | <p>The Head of Healthcare should:</p> <ul style="list-style-type: none"> •Review the process for staff dealing with potential head injuries suffered by prisoners; and •Develop a clear pathway for reporting and actioning those injuries in line with NHS guidelines for head injury and | Accepted | <p>In July 2020 the Primary Care Clinical Lead delivered training on head Injuries and management to healthcare staff. In addition to this, the National Institute for Health and Care Excellence (NICE) <i>Pre-hospital management for patients with head injury</i> was shared with healthcare staff via email and booklets are now available in all clinical areas and house unit treatment rooms for staff to refer to as required.</p> | Head of Healthcare Complete |

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| | concussion. | | | |
| 5 | The Head of Healthcare should remind all clinical staff of their responsibilities to lead and direct resuscitation attempts. | Accepted | <p>All Central North West London offender care staff are required to complete mandatory emergency response training (e-learning annually and face to face bi-annually) at a level appropriate to their role:</p> <ul style="list-style-type: none"> • Basic Life Support (BLS) - administrative staff • Emergency Life Support (ELS) – non-qualified clinical staff (e.g. Healthcare Assistants) • Immediate Life Support (ILS) – qualified clinical staff (e.g. Nurses, Paramedics) <p>Monthly refresher sessions within HMP Woodhill are held for familiarisation and training on the use of the AED (defibrillator) and emergency equipment. Attendance by clinical staff to a refresher session quarterly is a minimum requirement. Records of attendance at refresher sessions are monitored for healthcare staff. There is also a requirement for staff to complete a signed statement of competence following refresher sessions.</p> <p>In addition ‘Know your AED’ posters have been created and are displayed throughout the prison to maintain familiarisation with it. A ‘How to use the AED’ guide has also been sent to all healthcare staff and is used as part of the refresher training sessions.</p> <p>Clinical staff have been reminded of their responsibilities to lead and direct resuscitation events.</p> <p>Within training sessions there are resuscitation simulations carried out by the resuscitation officers.</p> | Head of Healthcare Complete |

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| | | | <p>All training is monitored through the CNWL Learning and Development Zone (LDZ). Reminders of when training requires updating are sent to staff and managers from the LDZ team. Courses are then booked according to availability. Any staff members whose training has expired will be automatically offered a training course. An external trainer has been arranged to attend the Prison to deliver all outstanding BLS/ILS training.</p> <p>Refresher training with AEDs has also been offered to Prison Officers and operational staff of all grades on a monthly basis in the Healthcare Department.</p> <p>An external independent review has been commissioned to review the practice of emergency response within Offender Care and make recommendations for policy, practice and training. The findings will form the basis of a detailed Action Plan to ensure staff are equipped by the training provided and equipment available to respond to a medical emergency according to their role and expertise. These actions are expected to improve patient safety and outcomes.</p> <p>All new CNWL staff at the prison complete a detailed local induction which includes location of emergency equipment and its use.</p> <p>In December 2018 the Offender Care Directorate established a Resuscitation Review Group with the purpose of sharing best practice, standardising emergency equipment and response and reviewing the training needs of staff. The Review Group is led by the Lead Nurse for Offender Care and include</p> | |

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| | | | <p>senior clinicians from services and the Trust Resuscitation Lead.</p> <p>A resuscitation medical emergency audit form has been introduced to enable a review of care delivered during a medical emergency. These audit forms are reviewed at the Offender Care Resuscitation Review Group and any learning shared across services in their local Care Quality Meetings. Any concerns are reported and monitored by the monthly Business and Performance Meeting by the Offender Care Senior Management Team. Any learning is shared through Learning Lessons Circulars which are disseminated to staff and discussed in local quality and team meetings.</p> | |
| 6 | <p>The Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> •Staff enter all interactions with prisoners in the clinical notes in an accurately and timely manner; •Staff make an entry in the clinical notes when they have attended or provided input into an ACCT review; and •Regular checks are made of clinical notes to maintain standards. | Accepted | <p>Six monthly notes audits are carried out and annual records are sent to divisional headquarters. The audit objectives are to identify any gaps in record keeping practice and to identify training needs. In addition all staff have clinical supervision on a four to six weekly basis. During this supervision SystemOne note entries are reviewed and discussed.</p> <p>Emails were sent to all staff in July 2020 on the importance of record keeping in line with the Nursing and Midwifery Code (NMC) <i>Professional standards of practice and behaviour for nurses, midwives and nursing associates</i>. In addition, the NMC <i>Record Keeping: Guidance for nurses and midwives</i> was also disseminated to staff.</p> <p>An email has been sent to all healthcare staff with the Offender Care Supervision Briefing Guidelines to emphasise the importance of looking at the SystemOne notes during supervision, to guide supervisees on documentation and to enable the monitoring of supervision of auditing of note writing.</p> | Head of Healthcare Complete |

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| | | | <p>Group Clinical Supervision has also been held with the topic of 'The Importance of Record Keeping'. This discussion lasted approximately one hour and was attended by all clinical staff.</p> <p>Healthcare carry out six monthly notes audits in order to check the standards of note keeping and annual records are sent to CNWL's Divisional Headquarters. The audit objectives are to identify any gaps in record keeping practice and to identify training needs.</p> <p>All Healthcare staff have clinical supervision on a 4 to 6 weekly basis. During these supervisions sessions the SystmOne note entries will be reviewed and discussed between Supervisor and Supervisees. Discrepancies, omissions, and deviation from appropriate record keeping practice in line with the NMC code (referred to below) will be fully discussed and where appropriate further scrutiny will be applied to individual supervisees for such period of time as is deemed appropriate.</p> <p>All Healthcare staff have been reminded of their record keeping obligations. Emails have been sent to all staff on the importance of record keeping and in line with the Nursing and Midwifery Code 'Professional standards of practice and behaviour for nurses, midwives and nursing associates'.</p> <p>The NMC 'Record keeping guidance' for nurses and midwives and nursing associates has also been disseminated to all staff groups with a reminder of the importance of complying with the guidance.</p> | |

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| | | | <p>A specific ACCT template is completed on SystmOne within the patient's clinical record following an ACCT review.</p> <p>All staff undertake mandatory CNWL SASH E learning and complete the ACCT training held by HMP Woodhill.</p> | |