

**Action Plan – Mr Matthew Ware at HMP & YOI Parc – Self-Inflicted Death on 22/11/2018**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Director and Head of Healthcare should ensure that staff manage prisoners at risk of suicide or self-harm in line with national instructions, including that:</p> <ul style="list-style-type: none"> <li>· staff have a clear understanding of their responsibilities and roles when assessing a prisoner's risk;</li> <li>· staff hold multidisciplinary ACCT reviews which involve staff who contribute to a prisoner's care;</li> <li>· case managers complete ACCT caremap actions and chart the progress of each action and when it is completed; and</li> <li>· all staff undertake ACCT observations as directed, actively engage with prisoners being monitored and promptly record their contact.</li> </ul>	Accepted	<p>Additional training will be provided to all ACCT Case Managers (in July) via a written briefing pack which will include detailed examples of triggers, known risks and examples of Care Maps.</p> <p>Attendance at Case Reviews is under review by the Senior Management to ensure Multi-disciplinary attendance at reviews. This will be completed by July 2019.</p> <p>A Duty Substance Misuse Caseworker will be allocated with effect from September 2019 who will be available to attend ACCT Case reviews where applicable at short notice.</p> <p>ACCT Case Manager supervision, implemented from January 2019, gives feedback and supervision in ensuring all elements of risk are covering when Case managing those on open ACCTs.</p> <p>ACCT guidelines were issued to all staff in the form of a written guidance booklet in February 2019 which sets out clear roles and responsibilities in assessing risk and conducting and recording ACCT observations</p> <p>Quality Assurance of ACCT documents have been reviewed. A full audit of all ACCT documents was conducted in May 2019 and findings shared with Senior Management and ACCT Case Managers via written communication. ACCT quality assurance procedures will be increased with effect from July 2019 with the Safer Custody department quality assuring an additional 5% of</p>	<p>July 2019 Head of Safety</p> <p>September 2019 Head of Offender Management</p> <p>Complete Head of Safety</p> <p>Complete Head of Safety</p> <p>July 2019 Head of Safety</p>

			open ACCTs.	
2	The Director should ensure that staff report and record all instances of drug debt, including submitting information to the security team, and take action, where appropriate.	Accepted	Staff were reminded of this requirement at a full staff briefing that occurred in the Prison on 13 June 2019.  In addition written communication will be issued to staff via a Director's Order July 2019 reminding all staff that they must report all information in relation to drug related debt via an Mercury Information Report to security	Complete Head of Safety
3	The Director should ensure that the key drug issues at Parc are identified and that the prison's local drugs strategy is revised by September 2019 to address these issues.	Accepted	The HMPPS 'Drug Diagnostic Self-assessment Tool' has been completed to identify actions and priorities for us to take across drug strategy services. We have also fully reviewed our substance misuse recovery provision including our Psychoactive Substances (PS) approach, and subsequently implemented a 'Psychoactive Substance Rapid Response Service (PSRRS) in March 2019. Both feedback from the self-assessment and our review of recovery services will be incorporate into our revised drug strategy policy, which will be in place by September 2019.	September 2019 Head Of Offender Management
4	The Director should ensure that all staff carry an anti-ligature knife at all times when on duty	Accepted	The current system for issue of Anti Ligature Knives has been reviewed and with effect from July 2019 staff will draw the knives from the Gatehouse area with their Keys and radios via a biometric system. This system provides an audit trail to ensure staff are carrying the Anti ligature knives on duty.	July 2019 Head of Security
5	The Director and the Head of Healthcare should ensure that prisoners' mobility needs are assessed promptly, risks identified and a plan formalised to address any needs.	Accepted	Where a prisoner has been assessed as having mobility needs by healthcare a referral will be made to the Physiotherapist and this will be recorded in System1 notes.  If mobility issues have been identified an Assisted Living Plan will be opened, a specific care plan will be contained within the Assisted Living Plan which will record all additional needs and the management plan of this.	July 2019  Head of Healthcare
6	The Head of Healthcare should ensure that healthcare staff provide a clear and accurate record of reasons for a prisoner's non-attendance at healthcare appointments in their medical records, and that non-attendance is followed up.	Accepted	All clinicians will be responsible for contacting the residential unit where the prisoner resides in the event of non-attendance at clinics to establish the reason. This will then be recorded in the electronic System1 medical records and will be reviewed twice per day by the Lead Nurse on Duty. Follow up appointments will be rearranged accordingly.	September 2019 Head of Healthcare

7	The Head of Healthcare should ensure that when primary healthcare staff attend a PS incident, they promptly notify the SMOS team.	Accepted	<p>Guidance on our Substance Misuse Observation Record (SMOR) – the tool used to safeguard individuals considered to be under the influence of a substance, has been reviewed and reissued to staff via written communication.</p> <p>This record will be opened by a member of staff on anyone considered to be under the influence of a substance, and healthcare staff called upon to support the assessment process, and conduct observations. The opening and subsequent reporting of the SMOR will trigger a notification to the Substance Misuse team, who will then visit each individual the following day as part of the PS Rapid Response Service (PSRRS). This will ensure swift safeguarding, harm reduction advice, support and onward referral is provided by the substance misuse team. We do not expect healthcare staff to be the source of reporting an onward referral to the substance misuse team, as this is now ensured as part of the revised SMOR recording process. A Director’s Briefing to all staff and a Director’s order has been disseminated to clarify this reviewed and revised approach in June 2019.</p>	Complete Head of Offender Management
8	The Head of Healthcare should ensure that healthcare staff record their interactions with prisoners identified as having a substance misuse problem on the SystmOne medical record, even when prisoners decline clinical intervention.	Accepted	All Healthcare staff will be issued with written communication to remind them that they must record all interactions within the System1 medical records. This will also be an agenda item on the weekly staff healthcare briefings.	July 2019 Head Of Healthcare
9	The Director should ensure that when a prisoner dies in custody, a trained deputy family liaison officer is promptly appointed to provide continuity of contact and support in the absence of the family liaison officer.	Accepted	<p>Two additional staff members were trained as Family Liaison Officers in December 2018.</p> <p>A deputy Family liaison Officer will be appointed in every case and the Family liaison Officer log has been amended to reflect this.</p>	Complete Head of Safety