

Action Plan – Mr Karar Ali Karar at HMP Leeds – Self Inflicted on 05/09/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor should ensure that staff manage newly arrived prisoners in line with national guidelines, including ensuring that they:</p> <ul style="list-style-type: none"> • assess all prisoners arriving in reception and check all accompanying documents to identify any immediate needs and risks; • base their assessment of a prisoner's risk of suicide and self-harm on the prisoner's known risk factors rather than their presentation or statements. 	Accepted	<p>HMP Leeds will undertake a Continuous Improvement exercise around reception processes and Early Days in Custody and the findings used to strengthen current practices and ensure any immediate needs and risks presented by the prisoner are identified on arrival. First night interviews will be streamlined to allow for extra attention to be paid to safety, focussing on identifying known risk factors as opposed to the prisoner's presentation and responses to safety questions.</p> <p>In October 2020, a Governor's Order (GO) was issued to all staff outlining effective risk management, including the need to consider all available information when making decisions about whether an ACCT should be opened, and that risk should not be based on presentation alone, particularly for those arriving into custody.</p> <p>Staff have also been reminded during staff briefings that prisoners arriving with any documentation which indicates a risk of suicide and self-harm are required to undergo a full assessment of risk factors and that where an ACCT is not opened, a defensible decision must be completed.</p>	Head of Safety April 2021
2	<p>The Governor and Head of Healthcare should ensure that staff have a clear understanding of their responsibilities and the need to record and share relevant information about a prisoner's risk.</p>	Accepted	<p>Information sharing and communication processes will be discussed and reviewed as part of a monthly Senior Manager Team (SMT) meeting, to ensure all staff are being provided with the information that they need to allow them a clear understanding of their responsibilities and what is expected of them when they receive information that may be relevant to a prisoner's risk.</p>	Governing Governor /Head of Healthcare December 2020

Action Plan – Mr Karar Ali Karar at HMP Leeds – Self Inflicted on 05/09/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
			<p>All SMT and Healthcare managers will engage in regular reviews to discuss improved communication, information sharing and to identify a clear escalation process where concerns have been identified.</p> <p>This will be added to the SMT minutes and any identified actions will be documented and reviewed to ensure effective processes are put in place.</p>	
3	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners held in the segregation unit in line with national guidelines, including ensuring that they:</p> <ul style="list-style-type: none"> • create a mental health care plan for all prisoners segregated for more than 30 days; • staff complete Initial Segregation Health Screens accurately and fully; • hold a Medical Recommendations Against Segregation or Special Accommodation – Initial Case Review if there are any healthcare reasons not to segregate a prisoner; and 	Accepted	<p>To ensure prisoners held in segregation are being managed in line with national guidelines, compliance with segregation policy is monitored and reviewed through the monthly Segregation Monitoring and Review Group (SMARG). This includes the requirement for daily attendance on the unit by Healthcare and Mental Health attendance at Good Order or Discipline (GOOD) reviews. The prison also benefit from a number of regular segregation staff who are familiar with the specific policy requirements associated with working within the segregation unit.</p> <p>Prisoners segregated for 30 days or more are now discussed at the Safety Interventions Meeting (SIM) and captured within the SIM minutes. This enables monitoring to take place to ensure that a mental health care plan has been completed and shared with prison staff.</p> <p>The Segregation Functional Head and Custodial Manager have responsibility for ensuring that Mental Health attend all GOOD reviews and are involved in Challenge Support, and Intervention Plans (CSIP) reviews for segregated prisoners. They are also responsible for ensuring that an algorithm has been fully completed by Healthcare staff within appropriate timescales. GOOD</p>	Head of Segregation/ Head of Healthcare December 2020

Action Plan – Mr Karar Ali Karar at HMP Leeds – Self Inflicted on 05/09/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
	<ul style="list-style-type: none"> • set behavioural targets 		<p>reviews are scheduled for specific days of the week which means that both the segregation and Mental Health team are able to prioritise attendance. Attendance is captured on GOOD paperwork which is issued to prisoners and attendance at CSIP reviews is captured on CNomis. Should Healthcare not agree with the decision to place a prisoner in segregation or special accommodation, then the Functional Head will ensure that a multi-disciplinary meeting takes place and an ACCT opened to manage risk and record the considerations given to a move to an alternative location, as part of the defensible decision making process. Any decision to open an ACCT in segregation must always be approved and then case managed by a member of the SMT.</p> <p>To ensure consistency around the setting of individualised behavioural targets and the required expectations of prisoners in response to those targets, the Head of Segregation will chair all GOOD reviews wherever possible. In the absence of the Head of Segregation, the reviews will be chaired by another member of the SMT and a handover provided.</p> <p>Reintegration plans are managed and monitored through CSIP with regular reviews chaired by the Segregation Custodial Manager. Records of these are held on NOMIS, which includes a list of identified needs to align with behavioural targets.</p>	

Action Plan – Mr Karar Ali Karar at HMP Leeds – Self Inflicted on 05/09/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
4	The Director General of Prisons should ensure that the wording of the Initial Segregation Health Screen is amended to remove any uncertainty about whether a prisoner's compliance with medication affects the answer to the question "2. Has the person self-harmed in this period of custody / are they on an open ACCT Plan OR is the person currently taking any anti-psychotic medication?"	Accepted	Consultation will take place with Healthcare colleagues to issue a guidance note, clarifying this issue, and this will be incorporated into a full policy when this is commissioned as part of the ongoing review of policies.	Director General of Prisons
5	The Prison Group Director for Yorkshire should ensure that reviewing and authorising continued segregation is managed in line with national guidelines, including ensuring that: <ul style="list-style-type: none"> • all appropriate documents are obtained from the prison and correctly referred to; 	Accepted	The process for reviewing and authorising continued segregation is managed and overseen by the Prison Group Director's (PGD's) office, in line with national guidance. Following receipt of the PPO report into Mr Karar's death a new system has been introduced, whereby all requests received from establishments to extend segregation are discussed by a multi-disciplinary board, comprising of the Group Operations Manager, Group Security Lead Group Safety Lead, establishment Segregation Unit Manager and Functional Head, to ensure that suitability for continued segregation and any alternative options can be fully considered. A dedicated member of the Group Safety team collates all information that has been submitted and compiles a pack for discussion at the meeting. Discussions will include the establishment's	Prison Group Director Completed

Action Plan – Mr Karar Ali Karar at HMP Leeds – Self Inflicted on 05/09/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
	<ul style="list-style-type: none"> • any decisions to authorise a prisoner's segregation for more than 84 days are not routinely delegated; and • the DDC Review Form is completed fully. 		<p>submission, custodial behaviour issues, any Healthcare reports, current and historic security/intelligence information and all safety information to enable an informed decision to be made. The decision is then recorded on the DDC review form and submitted to the PGD for approval, along with all relevant paperwork. Decisions to continue segregation will only be approved by the PGD. Early indications are that this new process has led to an improvement in quality of the paperwork submitted and allowed better informed decisions to be made.</p>	
6	<p>The Governor and Head of Healthcare should ensure that staff use appropriate interpretation services when managing prisoners with limited English language skills, particularly in health assessments and when deciding when to authorise a prisoner's segregation.</p>	Accepted	<p>The initial segregation paperwork will be adapted to include reference to the use of the language line. This will provide a prompt to all staff to consider utilising this service where appropriate and ensure a record is maintained of those who require such assistance. This information will then be carried forward to all further segregation reviews, so that a consistent approach to the use of interpretation services can be applied. This will also ensure those in attendance, including Mental Health, are aware they must consider using this service when carrying out any further assessments.</p>	<p>Head of Segregation January 2021</p>
7	<p>The Governor and the Head of Healthcare should ensure that all managers follow the national guidelines for dealing with a death in custody or serious incident, including that</p>	Accepted	<p>The Death in Custody contingency plans have been updated to include reference to Chapter 12 of PSI 64/2011 which sets out the actions that must be taken following a death in custody. A reminder of the need for the Silver Commander, who has overall responsibility for identifying all staff directly involved, to ensure incident report forms are completed has also been</p>	<p>Head of Safety Completed</p>

Action Plan – Mr Karar Ali Karar at HMP Leeds – Self Inflicted on 05/09/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
	all staff directly involved in an incident complete Incident Report Forms as soon as possible.		included. Support will also be provided by the Safety Function in the collation of these incident reports.	