Action Plan – Mr Saul Thomas at HMP Hewell – Self Inflicted on 19/05/2019				
No	**Recommendation**	**Accepted/Not Accepted**	**Response**	**Target date for completion and function responsible**
1	The Head of Healthcare at Birmingham should ensure that staff conducting the reception health screen always examine and consider the Person Escort Record that arrives with the prisoner, to assess whether the prisoner has any risk factors for suicide and self-harm.	Accepted	In November 2019 a new form was revised to include a mandatory requirement that staff review a prisoner's risk factors for suicide and self-harm at the reception health screening immediately upon their arrival at the prison. This requirement ensures that any information regarding a prisoner is reviewed, examined and recorded appropriately from the Person Escort Record (PER). A Notice to all Staff was issued in July 2019 to ensure that the mandatory requirement was understood by all.	Head of Healthcare Completed
2	The Head of Healthcare at Birmingham should ensure that all healthcare staff: • receive full SASH awareness training; • have a clear understanding of their responsibilities to identify prisoners at risk of suicide and self-harm and share relevant information about risk; and • document the risk information considered and the reasons for a decision not to start ACCT procedures.	Accepted	The prison has commenced Suicide and Self Harm (SASH) training for healthcare staff. Service Managers are overseeing this process to ensure that training is undertaken for all staff required. Once training is completed, training returns are sent to the West Midlands Regional Office to notify them of completion. Knowledge and understanding of training materials covered is being reviewed during staff supervision sessions. An information sharing agreement between prisons and healthcare providers will be considered which will document a prisoner's risk and reasons if ACCT procedures are not started.	Head of Healthcare March 2020

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3	The Head of Healthcare at Hewell should ensure that medical records are always accessed, along with any other evidence that arrives with a prisoner, during the reception process and that healthcare staff follow the agreed contingency plans if the electronic medical record system is not available.	Accepted	The Head of Healthcare will ensure that all Healthcare reception staff are reminded of their responsibility to access all available information relating to a prisoner including the Cell Share Risk Assessment (CSRA), Prisoner Escort Record (PER) and Custody Self-Harm Warning Form when a prisoner arrives at reception. The Head of Healthcare is to review the First Night Screening Local Operating Procedure (LOP) to ensure that the contingency plan in place is revised so that clinical staff are directed to access support from the Care UK Regional back office in accessing key information from the prisoner's medical records when the electronic medical record system is not available on site.. The Head of Healthcare will ensure that all Healthcare reception staff are reminded that if they are required to access the contingency plan due to SystmOne failure, they must update SystmOne at the earliest opportunity to reflect information recorded on paper copy.	Head of Healthcare February 2020
4	The Governor and Head of Healthcare at Hewell should produce clear guidance to prison and healthcare staff completing reception assessments to ensure all available information is considered and decisions are evidenced and recorded on the CSRA.	Accepted	The prison and healthcare will carry out joint training sessions for reception staff in cell sharing risk assessment (CSRA). This will be added to the training schedule. Staff attendance will be monitored and documented. Training sessions will run over a three-month period to capture induction, reception and safer custody staffing groups. The Head of Healthcare will meet with the Governor and devise a Notice to Staff informing staff what information must be shared and considered in completing first night screening and subsequently recorded on the cell Share Risk Assessment (CSRA)	Safety & Head of Healthcare/ March 2020 Governor/ Head of Healthcare Completed

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5	The Governor at Hewell should ensure that every prisoner receives a full induction.	Accepted	HMP Hewell has developed a business objective document that covers the necessary improvements along with the Early Days in Custody action plan which will improve the access for prisoners. The introduction of the Early Days in Custody passport system is to ensure all aspects of induction are completed and evidenced accordingly. This will be implemented January 2020 by the First Night and Induction Manager. The group safety team will carry out dip testing to provide assurance.	First Night & Induction Manager January 2020
6	The Head of Healthcare at Birmingham should ensure that there is a formal handover of care when a prisoner is moved from the mental health inpatient unit.	Accepted	All patients leaving Ward 1 or 2 require a formal handover. A review of lessons learnt and actions have been sent to all Healthcare staff. Including: • All admissions (Ward 1 and 2) need the inpatient referral form to be completed. This creates an audit trail and rationale. • All discharges must have a documented hand over. This includes internal or community mental health discharges. • Contact must be made with the receiving team for all external discharges and this must be prioritised and repeated until documented that this has taken place. If an unplanned discharge to another prison has taken place then the Prison contact database should be used. If unsuccessful this should be escalated to the receiving prison or Duty Governor.	Head of Healthcare. Completed
7	The Head of Healthcare at Birmingham should ensure that all prisoners who are identified as having issues with substance misuse are	Accepted	This process is now embedded within HMP Birmingham. All receptions are screened which includes identifying any substance misuse issues within a patient and making the appropriate referral if deemed necessary. This process requires staff to check the Prisoner Escort Record (PER) of any substance misuse issues.	Head of Healthcare Completed

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	referred for further assessment and support.		For patients with previous prison admissions the new reception screen has improved views for historic information to allow staff to fully assess whether further assessment is required. Disclosure of substance misuse at any stage of sentence will be considered and assessed.	
8	The Governor and Head of Healthcare at Birmingham should ensure prisoners who self-isolate are managed in accordance with the prison's strategy and that staff update their prison record.	Accepted	In November 2019, the strategy was re-issued and promoted to staff via notice to staff and briefings. The Safer Custody team monitor compliance with the strategy, ensuring that case notes are made to evidence access to regime and appropriate management. The Safer Custody team see all self-isolating prisoners on a weekly basis to provide additional support. The regional team will dip test during support and assurance visits to provide further assurance. The strategy was re-issued and promoted to all Healthcare staff including communications protocol for raising issues or concerns such as lack of access to a patient.	Governor/ Head of Healthcare Completed
9	The Governor and Head of Healthcare at Hewell should ensure that staff are given clear guidance and check their understanding about the circumstances in which resuscitation is inappropriate in accordance with European	Accepted	The European Resuscitation Council Guidelines 2015 has been re issued to all staff and will form part of an annual cycle of safety-themed notices to address repeat recommendations. The Head of Safer Custody issued these Guidelines to staff in December 2019 alongside a number of Safety notices. The Head of Healthcare has ensured staff are aware of the NICE Guidelines for resuscitation. The level of understanding of Clinical staff has been reviewed and discussed through clinical supervision.	Head of Safety/ Clinical Services Manager Completed

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	Resuscitation Council Guidelines.			
10	The Governor at Hewell should ensure operational managers are familiar with local contingency plans after a death in custody and that they ensure the immediate area is cleared of all but essential staff and the integrity of the scene is preserved.	Accepted	A schedule of the local contingency plans will be written and reviewed as part of the contingency desk top exercises. The Head of Safety will liaise with the Head of Security to ensure that the death in custody (DIC) contingency plan is completed. This will be reported to the regional performance assurance manager once completed. Guidance will be circulated to the Operational Managers highlighting the expectation required of them and will ensure that they have a clear understanding of incident management after a DIC.	Head of Safety & Head of Operations January 2020