

**Action Plan – Mr Ian Miller at HMP Usk – Self-Inflicted Death on 21/09/2019**

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor should ensure that all staff have a clear understanding of their responsibilities to manage and support prisoners at risk of suicide and self-harm in line with national guidelines, including that:</p> <ul style="list-style-type: none"> <li>• All staff record, share and consider all relevant information about risk and start ACCT procedures when indicated.</li> <li>• All staff in contact with prisoners are trained in ACCT procedures, in line with the requirements of PSI 64/2011.</li> </ul>	Accepted	<p>Suicide and Self-Harm (SASH) training is delivered to all new prison officers as part of the prison officer entry level training (POELT) induction process and refresher training is given to all staff. The SASH training provides guidance on the ACCT process and requirements. The SASH training for existing staff was suspended due to the COVID-19 restrictions in 2020 and will recommence when the restrictions are lifted during 2021.</p> <p>The induction programme was reviewed in January 2020 and the modules covering how to open an ACCT and identifying risks and triggers are now prioritised for staff members that are in prisoner facing roles.</p> <p>A notice to staff was issued in May 2020 reminding staff of the importance of recording decisions, sharing any concerns and considering the opening of an ACCT when delivering sensitive information during a meeting.</p> <p>A notice to staff was also sent in May 2020 reminding staff of the Excellence and Quality in Processes (EQUIP) map which is available to assist staff when considering opening an ACCT document.</p>	Head of Safer Custody August 2021
2	<p>The Head of Healthcare should ensure that there is a rigorous system for booking any follow-up appointments required for patients on the caseload of the Mental Health Inreach Team.</p>	Accepted	<p>The Inreach team introduced a new system for managing appointments in January 2020. This system now records full patient details and monitors the date of referral and the date of discharge. This is reviewed monthly by the head of healthcare to ensure that all follow up appointments are booked when they are required. Patient drop in sessions are also available to ensure that mental health care is accessible at all times.</p>	Completed Head of Healthcare Mental Health Inreach Team

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3	The Governor should ensure that a copy of this report is shared with a prison offender manager and that a senior manager discusses the Ombudsman's findings with him.	Accepted	The report was shared with a prison offender manager in March 2020 and the findings were discussed with him.	Completed Deputy Governor