

Action Plan – Mr Royden Pritchard at HMP Cardiff – Self-Inflicted Death on 23/04/2020

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should ensure that reception and induction staff:</p> <ul style="list-style-type: none"> • are aware of all known risk factors for suicide and self-harm; • identify prisoners' risk factors from the information and documents available to them; • record the risk factors they have considered and the reasons for decisions; • sign and date relevant documentation where required to do so. 	Accepted	<p>Suicide and Self-Harm (SASH) training is delivered to all staff and provides guidance on the ACCT process and gives staff the correct models to follow when assessing risk and the importance of recording risk factors appropriately.</p> <p>SASH training was suspended during 2020 due to the COVID-19 restrictions and pending its reintroduction, local training on risk management is being provided by the safety team. During December 2020 the safety team attended healthcare briefings to provide healthcare staff with further information on the risk management modules taken from the SASH training package. This allowed the guidance to be explained in further detail and for any questions to be answered.</p> <p>The healthcare database, SystemOne, was updated in June 2020 to include a question of whether an ACCT should be considered to remind staff of the need to identify risk factors during the reception screening. A section was also added in October 2020 to record information on the COVID-19 assessments, including for patients that are required to shield.</p>	Completed Safer Custody Team Head of Safer Custody
2	<p>The Head of Healthcare should ensure that reception staff carry out comprehensive health assessments and use screening tools to assess mental health and substance misuse.</p>	Accepted	<p>The update to SystemOne in June 2020 also included additional instructions on the use of health assessments and screening tools. A further addition was added in October 2020 which related to the COVID-19 restrictions.</p> <p>Staff were reminded in June 2020 to ensure that screening is completed using comprehensive health assessments and the screening tools are used to assess any mental health issues or substance misuse. Staff were also reminded to log and evidence both assessments on SystemOne.</p>	Completed Head of Healthcare

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3	The Head of Healthcare should ensure that staff always record all risk information in a prisoner's medical record fully and accurately, regardless of the type of assessment being carried out.	Accepted	<p>A new record keeping audit was introduced in January 2020, with the second audit taking place in June 2020 and third in December 2020. This audit will continue to be held at six month intervals and provides an analysis of all nursing records within the SystemOne database and is used to locate any gaps in recorded information within the medical records. The findings are then fed back to staff to promote continuous learning and to ensure compliance.</p> <p>Administrative record keeping training was arranged for all staff by the University Health Board in December 2020. This training will continue on an annual rolling programme to ensure new staff receive the training.</p>	Completed Head of Healthcare
4	The Governor should ensure that, in line with national guidance, all staff are fully aware of the COVID-19 management policy, including how to monitor prisoners who are shielding and the appropriate use of PPE.	Accepted	<p>The standard operating procedures for Covid-19 are in place with sufficient PPE available at all times, including for when staff are required to respond to a medical emergency.</p> <p>In April 2020, the management guidance for the updated regime was shared with all staff through regular general notices to staff and these instructions were also displayed in all wing offices and discussed during daily staff briefings.</p> <p>Staff were also reminded in regular staff briefings of the correct use of PPE and how to monitor prisoners who are shielding, to ensure ongoing compliance and understanding of the management policy.</p>	Completed Head of Safety
5	The Governor and Head of Healthcare should ensure that staff are aware of the	Accepted.	A Governor's Notice was issued in August 2020 reminding all staff about the Royal College of Nursing and Royal College of General Practitioner's guidance, and when it is appropriate and not appropriate to perform cardiopulmonary resuscitation (CPR). All registered nurses attend immediate life support (ILS)	Completed Head of Safety

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	circumstances in which resuscitation is inappropriate.		<p>training and receive yearly updates to ensure ongoing compliance with the requirements.</p> <p>Further training on the requirements of performing CPR will be delivered when the staff support afternoons recommence, following the end of the Covid-19 recovery period, and these sessions will continue to be delivered throughout 2021. In the interim, wing briefings will be given to staff by custodial managers to ensure that all staff understand the CPR procedures and if any issues are raised, further individual training will be given.</p>	Head of Healthcare
6	The Governor should share a copy of this report with Officers A and B and arrange for a manager to discuss the Ombudsman's findings with them.	Accepted	Officer B has left the prison service. The report will be shared with Officer A and the findings discussed with him in March 2021.	March 2021 Head of Safer Custody
7	The Head of Healthcare should share a copy of this report with the reception HCA and Nurse A and discuss the Ombudsman's findings with them.	Accepted	The report will be shared with the members of staff and the findings discussed with them in March 2021.	March 2021 Head of Healthcare