

Action Plan – Mr Ian Galtress at HMP Liverpool – Self-Inflicted Death on 14/10/2018

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines. In particular, that they:</p> <ul style="list-style-type: none"> • identify and consider all risk factors when determining the level of risk of self-harm and suicide; and • take appropriate action to address known risk factors, such as making referrals to the mental health team. 	Accepted	<p>Since February 2019, Suicide and Self-Harm (SASH) training, which is a national training package, has been delivered locally to staff on a monthly basis, through scheduled academy days. The training is made up of six modules focusing on areas of specific need and includes a section on the need to consider all known risk factors when determining the risk of suicide and self-harm and actions to be taken.</p> <p>The reception interview process has also been reviewed. A new system was introduced in May 2019, requiring both operational and Healthcare staff to complete the first night care booklet, which includes specific questions to identify risk factors for self-harm and suicide. This is then signed off by a Governor grade, who will review the screening, complete a summary page for risk factors and protective factors and consider whether an ACCT document is appropriate if one has not already been opened, given the risk factors identified. This process will also identify the need for any referral to mental health services.</p> <p>A global email is sent on a daily basis to all staff and mental health workers, to ensure that there is a multi-disciplinary attendance at all scheduled reviews.</p>	Head of Safer Living Completed
2	<p>The Governor should ensure all prisoners have meaningful contact with identifiable wing officers who regularly check their wellbeing and record their contact in line with the</p>	Accepted	<p>All prisoners are allocated a key worker within 48 hours of leaving the induction unit. To ensure the key worker scheme operates effectively, in February 2019 a Custodial Manager (CM) was appointed with oversight of the scheme.</p> <p>To ensure interactions are meaningful and that the prisoner's wellbeing is considered, the CM carries out random quality checks on a number of key</p>	Key Work Custodial Manager Completed

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	prison's key officer scheme.		<p>worker documents from each unit.</p> <p>The number of completed key work sessions are also reported to the Governor's daily meeting, Monday to Friday. Any deviation from planned sessions is considered and discussed.</p>	
3	The Head of Healthcare should ensure that, where prisoners have previously been managed by mental health services, there is early communication with these services to aid risk assessment.		<p>All clinical staff who are involved in the Reception process have access to SystemOne to enable them to check for previous involvement with mental health services. CJLT communicate directly to receiving clinicians when men arrive at HMP Liverpool. Psychiatry can access Rio.</p> <p>All clinicians can also access the SCR. Well man assessments are completed within 7 days unless an indicated risk is identified through screening tools, in which case, men are able to access mental health services sooner.</p>	Head of Healthcare Completed
4	<p>The Head of Healthcare should ensure that relevant staff:</p> <ul style="list-style-type: none"> • are adequately trained on mental health awareness and assessments; and • carry out mental health assessments using all relevant information and 		<p>All Mental Health staff have received Suicide and Self-Harm (SASH) training.</p> <p>Trained mental health nurses attend all ACCTs and duty calls are responded to via the 5Ps model of which all Healthcare staff have been trained in.</p> <p>Reflective practice is now delivered (since March 2019) as a joint initiative between officers and nurses across Inpatient services and some of the wings and is due to rolled out fully through the prison by September 2019.</p>	Head of Healthcare September 2019

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	<p>mental health assessment tools and that they thoroughly explore all factors which could affect a prisoner's mental health.</p>			
5	<p>The Head of Healthcare should ensure that a robust system is in place for flagging non-compliance with medication, and that there are clear guidelines for healthcare staff about the management of medication and dealing with non-compliance.</p>		<p>All prisoners that miss three consecutive doses of medication are flagged up via the pharmacy and placed on the pharmacy technician's ledger for a face to face cell visit to discuss compliance.</p> <p>Where non-compliance becomes evident, patients with long term conditions now carry a flagged icon on SystemOne to ensure nursing staff are aware that a face to face visit is required.</p>	<p>Head of Healthcare Completed</p>