Death in custody action plan: Magdelena Luczak, at HMP & YOI Foston Hall on 14/07/15

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Governor and Head of Healthcare should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidance, including in particular that: • There is a multi-disciplinary approach for all case reviews, with healthcare staff attending all first case reviews and subsequent reviews where relevant. • ACCT caremap actions are specific and meaningful, address all of the issues identified during the assessment interview and case reviews and that ACCTs are not closed until all caremap actions have been completed. • All staff, including healthcare staff, record relevant information about risk, observations, and interactions with prisoners in ACCT documents, and any action taken. • Case managers have relevant training.	Accepted	A new local Safety strategy, that details how risk to self and risk to others should be managed, was implemented in October 2015. This details how HMP & YOI Foston Hall implements PSI 64/2011 and the measures taken to ensure it is adhered to. The local Safety Strategy is also informed by learning from PPO thematic and Death in Custody reports. The Safety Strategy includes specific guidance on the Assessment, Care in Custody and Teamwork (ACCT) process including stipulations that Case reviews are multi-disciplinary. It requires Healthcare to attend first case reviews and subsequent reviews where relevant. The Safety Strategy stipulates that CAREMAP actions should be specific, meaningful and address the issues identified during assessments and case reviews. It is also a requirement that an ACCT cannot be closed until all CAREMAP actions are complete. In addition it is made clear that all staff, including healthcare, must record relevant information about risk, observations and interactions in ongoing record. HMP & YOI Foston Hall will ensure that all case managers complete the national ACCT Case Manager training. In addition the local Case Manager Refresher training has been updated to reflect the new Safety Strategy. The local ACCT Case Manager Refresher training covers CAREMAP actions requiring actions are meaningful and specific and that the CAREMAP addresses issues identified during the assessment interview and case reviews. All ACCT Case Managers will receive this training by 30.04.16. A Notice to Staff was issued in October 2015 making staff	Governor Head of Healthcare Completed Head of Safer Custody 30/04/2016

			aware of the new Safety Strategy and key changes this introduced. A weekly Support and Intervention meeting was introduced in June 2015. The meeting is attended by all key departments including Healthcare and the In-Reach Team. This meeting ensures that risk information about specific prisoners held by any function is shared. All prisoners who have been placed on an ACCT document in the last week are discussed, as are prisoners who have been on an ACCT for 4 or more weeks. The list of prisoners to be discussed is circulated prior to the meeting and all departments are required to bring any risk information they have to the meeting. Where any risk information is raised for a specific prisoner on an ACCT a follow-up action from the meeting is to ensure this risk information is recorded in that prisoners ACCT document. This includes risk information shared by Healthcare. Weekly Management checks have been implemented to ensure that PSI 64/2011 stipulations regarding ACCT management are adhered to. These management checks monitor whether reviews are multi-disciplinary, CAREMAPs address the underlying causes of a prisoner's distress and whether ACCTs are only closed once all CAREMAP actions are complete. Where non-adherence is identified the manager completing the check raises concerns directly with the ACCT Case Manager requiring the issues are rectified and informs the Safer Custody Team. The Safer Custody Team review and monitor concerns	

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			raised. Where trends or concerns are identified these are discussed at monthly Safer Custody Meetings. Actions are agreed to rectify these concerns and added to HMP & YOI Foston Hall's Safer Custody Action Plan. Completion and progress of actions in the Safer Custody Action Plan are then monitored and reviewed through the Safer Custody Meetings.	
2	The Governor should ensure that staff challenge prisoners in line with the local decency policy if there are justified concerns that their relationship is detrimental to the wellbeing of one of the women.	Accepted	A Decency policy was first published in 2013 and is reviewed annually. This is available to all staff. Managers have briefed all staff on key aspects of the policy A Governor's Order was published in December 2015 requiring specific actions by staff in terms of managing prisoners when it is identified there is a relationship between them. Prisoner Relationships have been added as an agenda item to the Weekly Support & Intervention meetings. Specific actions needed in response to concerns raised about prisoner relationships are agreed, monitored and reviewed at this meeting.	Governor Completed
3	The Governor should ensure that there is an effective supply reduction strategy to reduce the availability of illicit drugs and diverted medication	Accepted	Supply Reduction is reviewed as part of monthly Security Meetings and Weekly Intelligence Meetings. Findings from these meetings are shared at the Drug Strategy Meetings. Monthly Drug Strategy Meetings are scheduled and held. Through these trends in substance misuse are identified, discussed and actions agreed to address any concerns raised. This informs the supply reduction strategy to ensure this is effective. A Local Drug Strategy Action Plan is in place with actions agreed to reduce the availability of illicit drugs and diverted medication. Effectiveness in supply reduction is	Governor Completed

			monitored by reviewing the level of intelligence about illicit drugs and diverted medication as well as Mandatory Drug Test (MDT) rates.	
4	The Governor and the Head of Healthcare should ensure that all prison staff are made aware of their responsibilities under PSI 03/2013 and that in particular: • Staff account for every prisoner during roll counts. • All uniformed staff carry an anti-ligature cut-down tool. • Control room staff understand their responsibilities during medical emergencies. • Emergency response bags contain all necessary equipment. • Staff are given guidance about the circumstances in which resuscitation is not appropriate.	Accepted	A Governors Order will be published by 29.02.16 reinforcing the responsibilities of staff under PSI 03/2013. The Governors Order will stipulate that Duty Managers and Night Orderly Officers monitor adherence to PSI 03/2013 and challenge any non-compliance. Integrity checks of roll checks will be introduced by 29.02.16 to ensure staff account for prisoners appropriately when conducting roll checks. Monthly integrity checks will be introduced by 31.03.16 to ensure staff required to carry cut-down tools are compliant with this requirement. Control room duties are carried out by Operational Support Grades (OSGs). Line Managers for OSGs will be required to ensure these staff understand their responsibilities during medical emergencies. For existing staff this will be completed by 31.03.16. There is a training matrix being put into place for any staff who join HMP & YOI Foston Hall as an OSG. This stipulates the training they must complete before undertaking specific OSG tasks such as working in the control room. Responsibilities during medical emergencies will be added to the training matrix by 31.03.16. The content of Emergency response bags will be reviewed to ensure this meets the needs of medical emergencies by 31.03.16.	Head of Security & Operations 29.02.16 Head of Security & Operations 29.02.16 Head of Residence & Safety 31.03.16 Head of Security & Operations 31.03.16 Head of Security & Operations 31.03.16

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			A system requiring Emergency Response bags to have a numbered seal applied will be introduced by 31.03.16. If staff break the seal to access items they will be required to replenish any items used and apply a new seal and record details of the new seal. Recorded daily checks of Emergency response bags have been put into place. To ensure compliance with the new system, the recorded daily checks will be updated to ensure the requirement for seals to be used is adhered to. National policy dictates that any medical staff must commence Cardiopulmonary resuscitation (CPR) until someone certified to pronounce death is in attendance. Currently no local staff are certified in this way. A review of whether any local staff should undertake this certification will take place. Actions will then be agreed and implemented to meet the recommendations of this review.	Head of Healthcare 31.03.16 Head of Healthcare 31.05.16
5	The Governor should ensure that staff are appropriately supported after the death of a prisoner	Accepted	There is a CARE Team in place that provides support to staff for a variety of reasons. One of their key roles is providing support to staff that are affected by the death of a prisoner. Staff can contact the CARE Team direct to request support or a manager can request that the CARE Team contact specific members of staff who may have a support need. HMP & YOI Foston Hall's Death in Custody Contingency Plans have been reviewed to ensure that staff care is addressed appropriately including a requirement that the CARE Team are notified of all staff involved in managing a death. A local support follow-up checklist will be introduced that	Deputy Governor, Head of Security & Operations and Head of Residence & Safety 30.04.16

			requires the Duty Governor at the time of any death in custody ensures a list of all staff involved in managing the death is provided to the CARE Team. The Duty Governor must ensure that Line Managers are notified where members of their staff are involved in managing a death. The Safer Custody Team will monitor the checklist to ensure that all requirements are met.	