

Action Plan – Mr Lewis Johnson at HMP Wealstun – Self Inflicted on 12/12/2019

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 and self-harm in line with national guidelines, in particular, staff should:</p> <ul style="list-style-type: none"> • ensure case reviews are multidisciplinary, with healthcare staff in attendance where appropriate; • set caremap actions that are specific, meaningful and tailored to the individual to reduce their risk; • ensure all caremap actions are completed before stopping ACCT procedures; and • reassess risk if a significant event occurs during the post-closure period and restart ACCT procedures if necessary. 	Accepted	<p>The Governor is committed to ensuring that all ACCT Case Managers have received the training required to enable them to effectively manage prisoners at risk of suicide and self-harm, with regular refresher training scheduled.</p> <p>The Governor will write to each ACCT Case Manager to reiterate the requirements and responsibilities of their role in regards to ACCT management. They will be reminded of the need to ensure that reviews are multi-disciplinary, with attendance from healthcare where appropriate and to set caremap actions that are specific, meaningful and tailored to the individual to reduce their risk of suicide and self-harm. The need to ensure all caremap actions have been completed before an ACCT is closed will also be emphasised. Adherence to PSI 64/2011 will be referenced within the employees' appraisal.</p> <p>Healthcare are informed daily of the ACCT reviews planned so that the duty Mental Health worker is able to co-ordinate time to attend. As Healthcare are a fully integrated team, the most relevant clinician can also be made available to be in attendance.</p> <p>The Head of Safety will ensure all incidents reported in the daily briefing are cross referenced against those managed and supported by ACCT, including those who are within the post closure review period. Any identified escalation in risk or risk taking behaviour will result in appropriate action being taken, including ACCT procedures being re-started if deemed appropriate.</p>	Head of Safety July 2020

Action Plan – Mr Lewis Johnson at HMP Wealstun – Self Inflicted on 12/12/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
			<p>Additionally, men subject to ACCT post closure review will be discussed in the weekly Safety Intervention meeting where any actions taken will be recorded.</p> <p>The Head of Safety will ensure that adherence to policy and ACCT procedure is monitored through quality assurance measures. Any failures found in relation to the identification of risk will be escalated through the line management process as appropriate. Housekeeping trends will be reported and discussed at the monthly Safety meeting.</p>	
2	<p>The Governor should ensure that staff identify and manage prisoners at risk of bullying, intimidation or violence in line with the prison's violence reduction policy, in particular staff should:</p> <ul style="list-style-type: none"> • receive training on CSIP and understand the referral process and expectations of their role; • provide effective support and protection for apparent victims with meaningful objectives and long-term solutions, which address their individual situations; and 	Accepted	<p>An Anti-Bullying Campaign took place in February 2020 to raise staff awareness of the traits associated with bullying behaviour, as well as those associated with being the victim of debt and threats of violence, in line with the prison's violence reduction strategy. The campaign was aimed at prisoners, staff and visitors and was delivered in partnership with all agencies and complimented an earlier awareness campaign around the Challenge and Support Intervention Plan (CSIP), conducted in August 2019.</p> <p>The campaign was designed to reinforce staff understanding of their role in relation to CSIP and to ensure they were aware how to make appropriate safeguarding referrals, by underpinning CSIP procedures. Emphasis was given to the provision of effective support for victims by setting meaningful objectives with long term solutions aimed at the individual needs. The importance of ensuring whether apparent victims are at an increased risk of suicide and self-harm was also highlighted.</p>	Head of Safety Completed

Action Plan – Mr Lewis Johnson at HMP Wealstun – Self Inflicted on 12/12/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	<ul style="list-style-type: none"> consider whether apparent victims are at increased risk of suicide and self-harm. 		<p>There was also a heavy focus on the failure of prisoners to attend work or education due to concerns about safety, and staff were reminded of the need to make a referral in these circumstances to ensure that further investigation would take place.</p> <p>The Head of Safety now ensures that a member of the team attends the prisoner labour board where all those identified as not attending due to safety issues are reviewed and cross-referenced with the CSIP referral reports so that follow ups can be made. This ensures men are encouraged back into purposeful activity at the earliest opportunity with consideration of any identified safety issues taken into account.</p> <p>To ensure that the learning has been embedded and CSIP processes are effective, the Governor has implemented a robust assurance process to check the quality of referrals, investigations and CSIP plans. The Head of Safety ensures that a percentage of plans are sanitised and scrutinised at the weekly Safety Intervention meeting. Feedback is provided to the CSIP plan managers and actions identified monitored within the minutes.</p>	
3	<p>The Governor should ensure prisoners on the basic IEP regime:</p> <ul style="list-style-type: none"> are given clear and realistic targets to help them progress to standard, and these are 	Accepted	<p>The Incentives and Earned Privileges (IEP) policy has been reissued to all Band 4 and Band 5 staff, and discussed within performance bilateral meetings to ensure staff are aware of their responsibilities when managing prisoners under the IEP scheme. All unit Custodial Managers have been reminded of the expectation that that objectives set must be procedurally just, rehabilitative</p>	Head of Residence Completed

Action Plan – Mr Lewis Johnson at HMP Wealstun – Self Inflicted on 12/12/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	<p>recorded on the prisoner's prison record; and</p> <ul style="list-style-type: none"> • are given appropriate support to help them progress where they have been identified as being at risk of suicide and self-harm. 		<p>and utilise positive reinforcement and all targets listed on the prisoner's Nomis record.</p> <p>Those prisoners identified as being risk of suicide and self-harm and managed by ACCT processes are now reviewed on a more frequent basis.</p> <p>The Head of Residence oversees the IEP quality assurance process to ensure that targets aimed to progress the prisoner to standard address the individual's behaviour, utilising non generic support and interventions. The assurance process also provides accountability that IEP reviews are prisoner centred, with achievable targets, set with reasonable timeframes and that reviews of progression are completed to offer further guidance or support. The outcome of assurance is used to inform the Custodial Managers bilateral. Any non-compliance with the local IEP policy framework will be managed through performance management.</p>	
4	<p>The Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> • reception staff make mental health referrals where appropriate; • prison GPs work more proactively with the mental health service to ensure that other treatment options are considered if they feel a 	Accepted	<p>The Reception process has recently undergone a full review due to Covid-19. Mental Health (MH) practitioners now carry out the second screening processes, meaning that all new receptions have a MH review and input within 7 days of arrival to the establishment. Those at higher risk continue to be identified on day one.</p> <p>Team Buzz session around a MH referral remain ongoing.</p> <p>A review of sleep pathway is being undertaken to ensure NICE and RCGP guidance is followed to include non- prescribing options.</p>	Head of Healthcare July 2020

Action Plan – Mr Lewis Johnson at HMP Wealstun – Self Inflicted on 12/12/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	<p>suggested medication is not appropriate;</p> <ul style="list-style-type: none"> • when prisoners have multiple services involved, such as DARS and mental health, they consider using a care co-ordinator or lead professional to coordinate care plans and interventions; and • all users of the electronic medical record (SystemOne) are provided with training on how to check on the completion of tasks, to reduce the likelihood of missed tasks. 		<p>Joint care plans are in place within the clinical record and integrated SMS/MH team. To support the integration and caseload management, from April 2020 a system was implemented whereby one manager has oversight of the two services. The weekly MDT is also attended by MH/SMS to discuss complex patients on caseload.</p> <p>The Local Operating Procedure for the management of tasks within the clinical record has been re-distributed to the team.</p>	
5	<p>The Governor should ensure that all staff understand PSI 03/2013 and their responsibilities during medical emergencies, including that:</p> <ul style="list-style-type: none"> • staff carry out basic life support without delay until healthcare or ambulance staff arrive; and 	Accepted	<p>The Governor will ensure all new staff to HMP Wealstun are informed of their responsibilities associated with PSI 03/2013 during the induction process.</p> <p>The Head of Safety will publish a Notice to Staff (NTS) twice a year reinforcing medical emergency procedures, including that staff carry out basic life support without delay until healthcare or ambulance staff arrive.</p>	<p>Head of Business and Assurance July 2020</p> <p>Head of Safety Completed</p>

Action Plan – Mr Lewis Johnson at HMP Wealstun – Self Inflicted on 12/12/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	<ul style="list-style-type: none"> all staff know where defibrillators are located. 		<p>The Head of Safety has also chaired a full staff meeting in partnership with CareUK, the establishment's healthcare provider, to discuss the Emergency Response In Custody procedures.</p> <p>The Health and Safety team will issue a NTS to make staff aware of the location of all defibrillators. They will also ensure that appropriate signage is displayed in areas where defibrillators are kept.</p>	<p>Health & Safety July 2020</p>
6	The Governor should share this report with a CM and personally discuss the Ombudsman's findings with him.	Accepted	The Governor will share and discuss the PPO report and findings with the CM.	Governor July 2020
7	The Governor should share this report with a SO and an Officer and arrange for a senior manager to discuss the Ombudsman's findings with them.	Accepted	<p>The Governor will share and discuss the PPO report and findings with the SO and Officer.</p> <p>Additional training and guidance will be provided where appropriate and further discussions held with line managers.</p>	Governor July 2020