

Action Plan – Mr Robert Mulvey at HMP Wealstun Death After Release on 12/02/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including that:</p> <ul style="list-style-type: none"> • Case managers are appointed promptly after ACCT procedures are initiated, and first case reviews are held within 24 hours of the start of ACCT monitoring. • ACCT caremap actions are initiated at the first case review, are specific and meaningful, and identify all the issues identified at assessment interviews and case reviews. • Case reviews consider all relevant information that affects risk, and only reduce the level of risk when indicated. • Case managers lead the final case review before release from prison, 	Accepted	<p>The Safety team at HMP Wealstun has recently been restructured and the case management of non-enhanced ACCTs is now being managed by four Band 4's from the Safety function. This means that the allocation of case management is now much more co-ordinated and less reliant on telephone calls and email. A review of current practices will be undertaken to ensure the time frames for reviews are adhered to and first case reviews are held within 24 hours.</p> <p>A Governor's Instruction and information guides are to be issued reminding all ACCT case managers of their responsibilities when managing prisoners at risk of suicide and self-harm and that all ACCT reviews should be completed in line with the single case management model. This instruction will include a reminder of the necessity to complete a caremap at all first case reviews, regardless of whether the prisoner is in attendance. All risks and triggers from the triggers section, concern and keep safe form, and assessment, should be considered when setting the caremap actions. This will ensure that actions are specific, meaningful and address identified risks.</p> <p>The need for reviews to be multi-disciplinary will be re-iterated, to ensure that all relevant risk information is considered prior to any decision in regards to a reduction in the level of risk. Any new issues must also be logged within the caremap and evident at the review, so that they can also be taken into account.</p> <p>Case managers will be reminded that if they are unable to attend the final case review prior to release, they must inform the Safety team to ensure an appropriate handover. Discharge plans should be completed in the lead up to</p>	Head of Safety October 2019

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	<p>whenever possible.</p> <ul style="list-style-type: none"> • Consideration is given to informing and involving the family of the prisoner in the ACCT process, particularly when release from prison is upcoming. 		<p>the discharge date evidencing the communication with supporting agencies. Copies must be sent to the Safety team to ensure a consistent approach in the event of the absence of the case manager on discharge or transfer.</p> <p>The instruction will also set out the need for case managers to consider the involvement of family in the ACCT process and that this should be evidenced within the ACCT document as good practice. If the prisoner agrees that information regarding their ACCT can be shared with their next of kin/family, this should be managed sensitively and transparently with the prisoner's consent. In cases of no consent, if risk is identified or presenting immediately prior to discharge or at discharge, local safeguarding processes should be implemented and evident within the discharge plan.</p> <p>This instruction will be sent on an annual basis and is currently forms part of the quality assurance process.</p> <p>On a national level, a review of ACCT has been undertaken and during the summer of 2018, a consultation took place on proposed changes to ACCT documentation. The changes made promoted a greater focus on individual risk assessments and multi-disciplinary working, including emphasising the need for family involvement in the ACCT process and during the development of the care plan, if appropriate. There are prompts throughout reminding staff to consider and document family engagement, including within a specific annex for case reviews prior to release from custody. The revised documentation was piloted from February to June 2019, in conjunction with other improvements to the system. The pilot is currently being evaluated and will inform the finalised case management system which will be rolled out in 2020.</p>	

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2	The Heads of Healthcare at HMP Leeds and HMP Wealstun should ensure that all healthcare staff are aware of the circumstances in which a mental health referral is appropriate, and make a referral when indicated.	Accepted	<p>HMP Wealstun</p> <p>HMP Wealstun run an integrated Healthcare service and the teams meet daily to discuss any patients of concern. Mental Health based information has been displayed on wings and within healthcare to ensure staff are aware of the referral process and the circumstances in which a referral should be made.</p> <p>Healthcare run regular teaching/awareness sessions for healthcare colleagues to discuss key topics and health promotion. Lessons learnt are now a standing agenda item on the daily handover for Healthcare.</p> <p>HMP Leeds</p> <p>All staff have been reminded that they must make a referral to mental health if a condition that requires support is identified on Reception.</p>	Head of Healthcare Completed
3	The Head of Healthcare at HMP Wealstun should review the release arrangements for dual diagnosis prisoners to ensure that appropriate release arrangements and referrals are in place before a prisoner is released.	Accepted	<p>The Head of Healthcare is satisfied that Healthcare and the prison have a robust integrated safeguarding process which patients can be referred into upon release.</p> <p>Healthcare and Mental Health attend the weekly Safety Intervention Meeting (SIM) where patients of concern, including those with dual diagnosis are discussed and appropriate plans can be commenced. This includes those prisoners due for release. Healthcare also attend the daily prison meeting, where they are made aware of any prisoners due for early release.</p> <p>Mental Health and Healthcare both have access to NOMIS and the Offender</p>	Head of Healthcare Completed

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			<p>Management Unit (OMU) communicates any change in circumstance.</p> <p>Mental Health also run weekly Multi-Disciplinary Team (MDT) meetings where patients of concern are discussed and a care plan is put in place and communicated to all agencies. The Drug and Alcohol Recovery Service (DARS) attend and OMU are also invited to this meeting. Prior to release Mental Health contact external Mental Health providers to ensure patients being released can be referred into their service.</p>	