Action Plan – Mr Jared Perry at HMP Parc – Self-Inflicted Death on 03/11/2019				
No	**Recommendation**	**Accepted/ Not Accepted**	**Response**	**Target date for completion and function responsible**
1	The Director should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including that staff: • set effective care map actions that are specific and meaningful, aimed at reducing risk, and update them at each review; and • accurately record details of ACCT observations in the ongoing record and physically review prisoners who are not visible on in-cell CCTV.	Accepted	The complete ACCT guidance was shared with all staff in July 2020. This highlighted the importance of setting effective care map actions and accurately recording information during all ACCT reviews. Examples of good quality care maps and case reviews, with clear instructions, were also included. The guidance also provided information on recognising risks and triggers and how risk can be reduced through observation and support. It highlighted the importance of recording observations in the ACCT document and to ensure that staff have a visual check of prisoners during every observation. The Head of Safety held a meeting with case managers in August 2020 to discuss the ACCT process and to ensure that they are confident in the requirements of the case manager role. This meeting was recorded and ongoing actions were noted and will be reviewed to ensure that support will be provided where necessary.	Completed Head of Safety
2	The Director should ensure that staff are extra vigilant about the care of prisoners who are being considered for, or are awaiting transfer to a secure hospital.	Accepted	During August 2020, the In-Reach team, healthcare and operational management worked together to produce a policy document on the care and management of prisoners being considered for, or awaiting a secure hospital placement. This policy was published in August 2020 and staff were informed of its requirements during staff briefings. This includes the importance of staff being aware of any behavioural changes and to be vigilant where there are any triggers which may increase the risk of self-harm.	Completed Head of Safety Head of Healthcare

3	The Director should ensure that prison staff remove items which potentially pose a risk from a prisoner's cell and escalate their concerns.	Accepted	Staff are routinely reminded to be vigilant at all times and to remove any items that could potentially pose a risk in cells and to document and escalate these accordingly. The operational policy for conducting accommodation fabric checks was reviewed and reissued to all staff in June 2020. The revised policy outlined the importance of accommodation fabric checks with an emphasis on the requirement that all cells are checked daily by operational staff and all items that pose a risk are removed. The revised policy also includes an additional management check of every cell once per month and this will be recorded on the body worn camera. Senior management introduced monthly quality assurance (QA) checks to ensure that staff have removed all items that pose any risk and all accommodation checks will be recorded and quality assured by the prison audit team.	Completed Head of Safety
4	• The Director should commission an investigation into PCO A's failure to remove an item of risk from Mr Perry's cell, with a view to considering whether disciplinary action is appropriate.	Accepted	An internal investigation was conducted in December 2019 following which the PCO was subject to disciplinary proceedings. He was subsequently relocated from the safer custody unit.	Completed Head of Safety
5	The Head of Healthcare should ensure, in line with PSO 3050, that healthcare staff: • refer prisoners who report mental health problems to the mental health team; • prescribe medication promptly once a GP has confirmed a prisoner's existing prescription;	Accepted	A staff briefing was sent to all healthcare staff in August 2020 which outlined the requirement that any new prisoners with mental health issues or prescribed antipsychotic medications must be referred to the primary mental health team. The briefing also reminded staff that the GP must be alerted to prescribe antipsychotic medication once this has been confirmed. A system was introduced in August 2020 to ensure that any prisoners who state that they are prescribed medication have a medication review with a pharmacy technician who will then contact the community GP. Once the information is confirmed, the prison GP will then prescribe medication accordingly. This information will be logged onto a spreadsheet that is updated	Completed Head of Healthcare

	• rearrange outstanding hospital appointments if necessary; and • offer all prisoners a full general health assessment within a week of their arrival.		daily and the ongoing compliance of this system is monitored through the audit schedule by the head of healthcare. An additional process was also implemented in August 2020 for managing hospital appointments and referrals for all new arrivals. An administrator is responsible for checking the medical records for all new admissions and transfers into the establishment and any existing hospital appointments will be rearranged. All patients are given an appointment for a secondary health screen within 72 hours of arrival. The waiting times for all clinics are kept under review and are monitored as part of the compliance checks.	
6	The HMPPS Executive Director for Wales should: • satisfy himself that the mental health needs of the prisoner population at Parc have been established; • satisfy himself that there is prompt assessment and timely access to integrated support and a full range of interventions for prisoners with complex mental health needs; and • write to the Ombudsman to confirm that he is so satisfied.	Accepted	The Director of Strategic Support and the Local Health Board for Wales initiated a needs analysis of the healthcare requirements in October 2020 which included an in depth assessment of the mental health needs of the prisoner population. The needs analysis will provide a full picture of the required processes to ensure that there is prompt assessment and timely access to integrated support and a full range of interventions for prisoners with complex mental health needs and these will then be agreed and implemented by April 2021. The Executive Director will write to the Ombudsman to confirm that he is satisfied that the mental health needs have been appropriately established and that the required procedures for prompt assessments and access to integrated support are in place by April 2021.	Director Strategic Support, Administration and Assurance April 2021
7	The Head of Healthcare should ensure that: • local guidance is developed setting out the process for transferring prisoners to a	Accepted	Local guidance for patients transferring to secure hospital under the Mental Health Act was developed and shared with staff in September 2020. This informed staff of the process for transferring prisoners and included the key requirements to ensure this process is understood and maintained at all times.	Completed Head of Healthcare

	secure hospital under section 47 of the Mental Health Act 1983; and • prisoners with complex needs are reviewed weekly as part of a multidisciplinary team and decisions set out in an agreed written plan.		All prisoners with complex needs are now discussed in the weekly high risk meeting, which is attended by multi-disciplinary staff. Minutes of the meeting are recorded and maintained for future reference and any decisions made are also recorded with detailed actions for review at each meeting.	