

RESPONSE TO CR INVESTIGATION REPORT

No	Recommendation	Accepted / Not accepted	Response	Responsible manager and target date for completion
1	<p>The investigation has identified the following clear breaches of requirements in Prison Service policies:</p> <ul style="list-style-type: none"> • The CSRA should have been authorised by a manager as CR was charged with arson • The warrant, PER and Suicide and Self-Harm Warning Form were not passed to the wing • The Personal Details Form was not completed properly so it was not clear whether CR wished his next of kin to be informed in the event of illness or transfer • The opening of an ACCT document was apparently not notified to healthcare. In any event it was not recorded on the clinical record so healthcare staff responsible for CR's care and treatment were not alerted to it • CR, an unconvicted prisoner, was located with a convicted prisoner, apparently without having given his express consent • No investigation was commissioned into the circumstances of CR's self-harm. <p>We recommend that the Governor of HMP Swansea is asked to establish that robust measures are now in place to ensure that these breaches no longer happen.</p>	Accepted	<p>HMP Swansea's early days in custody policy was reviewed and reissued in October 2020. The review involved an in-depth assessment of the reception procedures and all reception staff were briefed on the updated policy when it was reissued. The policy also includes references to the requirements of the national CSRA policy (PSI 20/2015).</p> <p>The warrant is not a document that would be sent to the wing with the prisoner. However, reception staff review the warrant, PER and, where completed, the self-harm warning form and will ensure that all relevant information is passed to the wing. In circumstances where some risk information may have been received but reception staff decide not to open an ACCT, this decision will be clearly documented on the paperwork.</p> <p>HMP Swansea has revised its first night induction paperwork and the next of kin section now allows staff to note where consent to contact the next of kin in the event of illness is refused or where there is no next of kin given by the prisoner.</p> <p>Medical staff at the prison see new receptions to conduct a comprehensive healthcare screening. Where there are concerns about a prisoner's mental health, the Mental Health Crisis team will see the prisoner. It is expected that healthcare staff are notified that an ACCT has been opened for a prisoner and that they will document it on SystemOne. Healthcare staff have access to the ACCT log (a list of open ACCTs) that is kept on a shared drive and is updated when a new ACCT is opened. The ACCT case manager will also invite healthcare staff to the first case review and the healthcare staff will be able to enter information following the case review on SystemOne.</p> <p>The prison makes every effort to ensure that men are housed appropriately in line with their sentencing status and will seek</p>	Completed

			<p>consent from the unconvicted prisoner to locate them with a convicted prisoner.</p> <p>At HMP Swansea incidents of serious self-harm are now investigated by both the prison and the Group Safety Lead to ensure that lessons are learned. The findings and recommendations from these investigations are shared at the safer custody meetings.</p>	
2	<p>The suicide risk warnings received from the police, the escort service, and the court were not recorded on CR's electronic Case Note History which is the primary source of information for those responsible for his management and care. Just as information about self-harm received at admission is required to be passed to the wing, we recommend that there should also be a brief but informative entry on the electronic record.</p>	Accepted	<p>The early days in custody local policy was reviewed and reissued in October 2020. The review involved an in-depth assessment of the reception procedures and all reception staff were briefed on the updated policy when it was issued. This included instructions to staff to ensure that all risk information from the PER is documented on NOMIS. Staff are expected to record the decision to set an alert for self-harm/suicide, or not.</p>	Completed
3	<p>When a prisoner is sufficiently unwell to be admitted to outside hospital, a risk assessment should be made promptly to establish arrangements for notifying next of kin and facilitating visits. These arrangements should take into account the special rights of unconvicted prisoners to unrestricted visits subject to operational and security requirements.</p> <p>We recommend that the Governor of HMP Swansea is asked to establish that appropriate arrangements are in place.</p>	Accepted	<p>The HMPPS External Escorts policy acknowledges that there are circumstances that require sensitive handling to ensure the needs of security are balanced against the critical needs of the prisoner when they are seriously ill. Decisions that are made regarding the prisoner must be proportionate to the risks posed and supported by fully completed risk assessments. The PSI on External Escorts provides that a risk assessment must be carried out in cases of seriously ill prisoners to determine the circumstances under which close family and relatives may be allowed to visit the prisoner. Each decision will be made on a case by case basis, considering all relevant information and the potential risks.</p> <p>When a prisoner is taken to outside hospital, HMP Swansea undertakes an escort risk assessment. This assessment records the details of the next of kin and a decision will be taken about whether the next of kin should be notified that the prisoner is being transferred to hospital based on all known information, balancing this with any security risks or operational</p>	Completed

			<p>considerations. The risk assessment will be reviewed on a daily basis and consideration will be given to the visiting arrangements for the next of kin as part of this process, as well as the status of the prisoner. Visiting arrangements will be in line with the hospital's visiting policy.</p>	
4	<p>We recommend that Swansea Prison considers the selection, appointment and training of a Family Liaison Officer as a member of the Safer Custody Team, to promote engagement with families as part of the ACCT scheme, to monitor the operation of this in practice, and to report periodically to the safer custody meeting.</p> <p>Maintenance of family ties is a factor in reducing reoffending and in resettlement of prisoners. The Family Liaison Officer in the Safer Custody Team might work in conjunction with appropriate staff in the Offender Management Unit to develop opportunities for prisoners to have constructive involvement with their families during their imprisonment.</p>	Accepted	<p>HMP Swansea currently has three trained family liaison officers (FLO). The most experienced FLO works as part of the Safer Custody team and reports to the Head of Safety. The prison is increasing the number of FLOs and has secured a place on the January FLO course for one person. Three additional FLOs have been selected and are awaiting places on the FLO training course.</p> <p>HMPSS recognises that access to family and loved ones can act as a protective factor for many people. A person's family or significant other may well also be in a good position to know when something is wrong, and to spot signs of improvement. They can also offer insight into past behaviour, what is 'normal' for that individual and what support has helped in the past. At HMP Swansea, the Safer Custody team works with the Offender Management Unit and Pact (the family services provider) to help prisoners develop and maintain family ties.</p> <p>Additionally, HMP Swansea piloted and has successfully rolled out ACCT version 6, which emphasises the importance of family support by encouraging family members and loved ones to be seen as valuable partners within the ACCT process who can help to inform the support put in place for residents (where consent is given).</p>	Completed
5	<p>We recommend that particular consideration is given to ensuring that CAREMAPs include reference to specific arrangements for engaging with families unless a reason is given elsewhere in the document why this is inappropriate.</p>	Accepted	<p>HMPSS has emphasised the importance of family support as part of ACCT version 6, and has clearly set out expectations for when family engagement would be appropriate (noting that this will not be the case for all those in our care) and offered practical guidance on how this can be achieved. This is reflected in policy, staff guidance and staff training. HMPSS has also improved the ACCT documentation itself so that this information can be easily and consistently recorded, alongside consent for family involvement, for use throughout the ACCT process.</p>	Completed

			<p>The CAREMAP has been renamed as support actions to reflect the aims of the form more clearly and this makes up part of the care plan section which has been moved to the front of the document in recognition of its importance in binding all sections of the ACCT document and steering positive outcomes for the individual. The care plan section also includes a form for prisoners to provide written contribution to case reviews and allows an alternative method for them to express their views.</p> <p>Where a prisoner at HMP Swansea has given consent for information to be shared with a family member as part of the ACCT process, there will be a discussion at the case review to identify what information can be shared and by whom. The risk reduction plan is then updated accordingly.</p>	
6	<p>Prison Service Instruction PSI 64/2011 says that the first case review should include a member of staff who knows the prisoner. In the case of a new prisoner this may not be possible but, in our view, case review panels should always include an officer from the prisoner's wing who has, wherever possible had some prior contact with him, and preferably will be able to provide continuity between reviews.</p> <p>We recommend that this should be a stipulation in the membership of all case review panels and that the Governor should establish that this is now observed at HMP Swansea.</p>	Accepted	<p>Effective multi-disciplinary support is crucial to the ACCT process. This means that regular case reviews must take place, with case review teams made up of staff members who are relevant to the care and support of the individual at risk. This includes staff members who know the individual particularly well or who are in regular contact with them, such as wing staff, as well as those who can help to address specific needs.</p> <p>This remains the case with ACCT version 6. Whilst HMPPS has not specifically mandated the attendance of wing staff, it has clearly set out guidance as to who should be considered to be involved in case review teams, with case managers then considering this in each individual circumstance. HMPPS will also be strengthening its guidance on how multi-disciplinary partners can be engaged in the process in order to improve consistency of attendance and support.</p> <p>HMP Swansea ensures that there is a continuity of case managers during the ACCT process and the prisoner's key worker is noted on the ACCT log. Case managers should discuss with, or seek contributions from, the prisoner's key worker before holding the case review. Where possible, the key worker, or someone else who knows the prisoner will attend the</p>	Completed

			case review. Where this is not possible, a written report will be provided.	
7	<p>The staff who attended CR when his self-harm was discovered gave timely and appropriate care.</p> <p>We recommend that Prison Officers E and F, Nurse 3 and the Night Orderly Officer, Mr M, should be commended for their diligence in seeking to save CR.</p>	Accepted	The Governor of HMP Swansea has written to Prison Officers E and F, Nurse 3 and the Night Orderly Officer, Mr M, to formally commend them for their efforts in seeking to save CR.	Completed
H1	A range of information including that from assessment during custody and from court proceedings should be considered along with the presenting risk factors when undertaking an initial assessment of an individual's risk of suicide/self-harm and the opening of a potential ACCT.	Accepted	<p>This recommendation was highlighted at a healthcare staff meeting at HMP Swansea in January 2020. Risk and opening of ACCT documentation was also discussed with the team.</p> <p>Additionally, an email has been circulated to all healthcare staff ensuring all paperwork is obtained from reception officers.</p> <p>Healthcare centres in Wales were encouraged by the Welsh Government to submit a bid for additional services for primary mental health and substance misuse. HMP Swansea successfully bid for a mental health crisis team and, as a result, an on call mental health crisis worker is available during the daytime each day. Part of their role is to liaise with reception officers and the reception nurse to check all paper work received for warnings and to spend additional time with the person to assess self-harm risk ACCT.</p> <p>HMP Swansea has implemented ACCT version 6, which places an emphasis on up-skilling staff in relation to risk identification. All healthcare staff received ACCT version 6 training when it was rolled out at the prison, and new staff will be allocated training as places become available.</p>	Completed
H2	A triaging process should be in place for individuals requiring referral to Primary Care Mental Health Services to ensure that those with significant needs are prioritised for early review, intervention	Accepted	HMP Swansea secured funding for additional staffing to address mental health need at the prison. The new team started work in April 2020 and consists of four Band 6 mental health practitioner crisis care workers and four Band 3 nursing assistants.	Completed

	and referral to secondary care mental health services when indicated.		<p>The team liaises with the healthcare core team, the secondary mental health team and the prison's safer custody team to ensure that the individual is referred to the appropriate person or service. They will also work with those at risk or in crisis until their mental health has improved.</p> <p>Mental health policies have been reviewed and updated following the introduction of the mental health crisis team.</p> <p>In October 2020 a full needs assessment of health was purchased. The Health Needs Assessment (HNA) was completed in January 2021 and the Swansea Bay University Health Board Prison care delivery plan has been updated in response to the HNA.</p>	
H3	The opening of an ACCT and a summary of key issues and actions from ACCT reviews should be documented in the clinical record to ensure that this information is easily accessible to members of the healthcare team. In addition, the ACCT flag function should be used to ensure that all staff who access the record are aware that an ACCT is in place.	Accepted	<p>An email has been sent to all healthcare staff reminding them that anyone on an ACCT should have the read code to activate the ACCT warning flag on SystemOne. All healthcare staff have been reminded that all ACCT reviews must be noted in the SystemOne record.</p> <p>The SystemOne computer system has been amended so that on reception all those who have been in prison before and on an ACCT automatically have the flag opened for staff to review.</p> <p>The new Mental Health Practitioner Intervention and Crisis team will work closely with the Safer Custody team at the prison. This will improve practice and care for those at risk of self-harm and suicide and will in turn improve documentation.</p>	Completed
H4	The date and time of an individual's transfer to secondary care and discharge back to prison should be documented in the clinical record. This should include any required actions which are identified on discharge from secondary care.	Accepted	<p>An email has been sent to all healthcare staff reminding them to document a patient's return to prison in SystemOne.</p> <p>Additionally, all doctors and healthcare staff can now access the Welsh clinical portal, which allows them to view GP and secondary care records.</p>	Completed
H5	Paper documentation which is generated and subsequently scanned to the electronic patient record should clearly	Accepted	An email has been sent to all healthcare staff to note that any documentation scanned onto SystemOne as an attachment should include the location, date, time and author.	Completed

	identify the location, date, time and author along with their designation.			
H6	Individual staff log in details should not be shared or used by other members of the Healthcare team to make entries to the electronic patient record.	Accepted	All healthcare staff have administration rights to enable them to set up new healthcare staff onto SystemOne to ensure there is no need to share log in details. An email has been sent to remind all staff not to share log in details.	Completed
H7	An auditable system should be implemented to monitor completion of annual resuscitation training updates for staff within the healthcare team.	Accepted	The healthcare charge nurse will hold records for resuscitation training dates for all healthcare staff to ensure compliance on a rolling 12 month basis.	Completed