Action Plan in response to the PPO Report into the death of

Alan Davies on 12/09/2021 at HMP Cardiff

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Governor should ensure that staff manage prisoners at risk of suicide and self harm in line with national instructions, including that: • case reviews consider all relevant information and address issues through specific and meaningful support actions; and • prisoners with challenging needs or significant complexity are referred to the Safety Intervention Meeting.	Accepted	All case co-ordinators have been reminded of the need to set specific and meaningful support actions for prisoners subject to Assessment, Care in Custody, Teamwork (ACCT) procedures during the monthly Safety meeting. In addition to this, the ACCT procedure is now subject to a robust quality assurance process, as directed in both HMP Cardiff's Harm Reduction Strategy and the national ACCT version 6 guidance. This process allows the establishment to identify recurring issues and learning points, which are raised directly with the case co-ordinator and as part of the monthly Safety meeting. This process allows for targeted upskilling and	Head of Safety HMPPS	Complete

			awareness sessions to be delivered to those who may require it. A Governor's Notice to Staff has been issued to remind all staff of the instances in which a referral should be considered and the process of referring an individual to the weekly Safety Intervention Meeting. This notice highlighted that prisoners with challenging needs or significant complexity can be considered for referral, without being subject to the ACCT monitoring process.		
2	The Head of Healthcare should ensure that a range of healthcare staff are involved in discharge planning when a patient is to be transferred from a psychiatric hospital when there are potential issues with physical as well as mental ill health, and that all relevant staff, including prison doctors, receive a formal handover of care.	Accepted	Prisoners who are subject to discussion at S117 meetings (aftercare support for those who have received hospital treatment under the Mental Health Act) will be referred for discussion at the weekly Safety Intervention Meeting (SIM), which is attended by both prison and mental health staff. Healthcare staff will share both past and planned actions for the individual with the appropriate prison manager for distribution. Actions will be discussed and updated at the SIM meeting prior to the individual's arrival at the establishment and during their period of custody at the prison.	Head of Healthcare Cardiff and Vale University NHS Health Board	Complete

3	The Head of Healthcare should ensure that prisoners who are refusing food or fluid are managed in line with national guidelines, including that: • comprehensive care plans are created to identify when further interventions, including hospital admission, are needed; and • food and fluid intake and the start date of food and fluid refusal are clearly recorded.	Accepted	The local Food and Fluids Refusal policy has been reviewed by the Cardiff and Vale University NHS Health Board and the HMP Cardiff Safety Team. This highlights the importance of creating comprehensive care plans when further interventions, including hospital admission, are required. It also enforces the need for clear documentation of dates in which food and fluid refusal began and when an individual intakes food and fluids.	Head of Healthcare Cardiff and Vale University NHS Health Board	Complete
4	The Governor and Head of Healthcare should ensure that staff on the healthcare inpatient unit observe prisoners as directed, and that staff satisfy themselves that the prisoner is alive and well at each observation and provide any assistance required.	Accepted	Communication has been issued to healthcare and operational staff making it clear that staff must satisfy themselves that a prisoner is alive and well at each observation in the healthcare inpatient unit. Staff were also reminded of the actions that must be taken where staff cannot satisfy themselves of the prisoner's wellbeing.	Head of Safety HMPPS & Head of Healthcare Cardiff and Vale University NHS Health Board	Complete
5	The Governor should conduct a disciplinary investigation into Officer A's actions on the night of 11-12 September 2021.	Accepted	A disciplinary investigation was conducted and has now concluded.	Governing Governor HMPPS	Complete
6	The Governor and Head of Healthcare should inform the	Accepted	At the conclusion of the internal investigations, the Governor and Head of	Governing Governor	April 2023

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	Ombudsman of the findings of the internal investigations into the events of 11-12 September 2021, and of any action taken as a result.		Healthcare will write to the Ombudsman with the findings from the internal investigations.	HMPPS & Head of Healthcare Cardiff and Vale University Health Board	
7	The Governor and Head of Healthcare should ensure that all prison and healthcare staff are made aware of and understand their responsibilities during a medical emergency, including that: • staff communicate a medical emergency without delay, using the appropriate medical emergency response code; and • staff go into cells as quickly as possible in a potentially lifethreatening situation.	Accepted	A Governor's Notice to Staff has been reissued as a reminder of the circumstances in which it is appropriate to enter a cell during patrol and night states, including where there is a potentially life-threatening situation, subject to a dynamic risk assessment being conducted. Signs have been displayed in all wing offices which detail information about calling medical emergency response codes and that a code should be called without.	Head of Safety HMPPS	Complete