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HM Senior Coroner Dr Elizabeth A Earland  
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Room 226  
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10 May 2018

Dear Madam

**Regulation 28: Prevention of Future Deaths report, Stephen Mark Shaylor**

I write further to your letter dated 29 March 2018 in order to address the additional points you have raised.

Night welfare checks are carried out by Health Care Assistants (HCAs). At the start of the night shift, the nurse and HCA will print off the relevant welfare check list which will show all new additions made that day, as well as those prisoners who are already on the list. HCAs will then use that list and the printed template to assist them in conducting checks overnight. A copy of the template used was provided under cover of my first letter.

You have raised 3 specific points and I address each in turn below:-

1. As above, the night welfare checks are carried out by HCAs. A nurse is also on duty overnight, but will not carry out the checks. However, they are based in the B2 health centre, which is in a central location in the prison, and are available should the HCA require assistance. The following day, the duty nurse from the Integrated Substance Misuse Service ("ISMS") will review the list of welfare checks conducted during the preceding night. As previously noted, the night welfare check does not replace the Assessment, Care in Custody & Teamwork ("ACCT") documentation which is intended for the purpose of monitoring risk of self-harm or suicide. That responsibility lies with the prison staff.

2. The acronym "MPCCC" stands for Multi Professional Complex Case Clinic. This weekly clinic is chaired by the Clinical lead GP or Clinical Lead Nurse and is attended by ISMS, a social care assessor (when needed), Mental Health and any other relevant contributors who are on site that day. If there was a need for a clinical observation of a prisoner overnight, then a care plan will be written, detailing the requirements. This will be reviewed daily and the prisoner will be referred for discussion at the MPCCC.
  
3. The ACCT process is a prison process and is operated and owned by HMPPS using prison documentation. To that extent, the overview and monitoring of the ACCT process does not sit with the healthcare team. However, any member of staff working at the prison can open an ACCT if they identify risks. Healthcare staff from the SMS, primary health or mental health team will attend ACCT reviews and record this on SystemOne. Therefore, these health care staff are responsible for contributing their knowledge regarding any risk factors which may include issues pertaining to substance misuse or detox. In my previous letter I had intended to underline that the use of the night welfare check has never been intended to replace ACCT documentation. This is simply because there are many prisoners suffering from substance withdrawal who would not require an ACCT; i.e. are not at risk of self-harm or suicide. Equally, there are many prisoners who may require an ACCT, but who have no issues requiring input from ISMS.

I do hope the above clarification addresses the queries you raised.

Yours faithfully



  
Head of Healthcare  
HMP Exeter

On behalf of Care UK