

**Action Plan- Anthony Kemp. HMP Channings Wood. Self -Inflicted. 10/06/2016**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Deputy Director of Custody for the South West should review the operation of the segregation unit at Channings Wood to ensure it operates in line with national policy and guidance. He should seek to assure himself, in particular that this is the case in relation to:</p> <ul style="list-style-type: none"> <li>• The admission of prisoners to the segregation unit and their continuing care and management in the unit;</li> <li>• The management of prisoners at risk of suicide and self-harm;</li> <li>• The use of special accommodation; and</li> <li>• The management of food refusal.</li> </ul>	Accepted	<p>In June 2017 the Regional Safer Custody Lead (RSCL) and Operations Manager attended HMP Channings Wood to undertake a review of the operation of the segregation unit. The review sought to assess the purpose, management, governance and procedural justice of the segregation unit, with due regard to the national policy in place.</p> <p>Following this review, the RSCL developed a checklist for the segregation unit to ensure compliance and progress against the PPO recommendations. The Regional Safer Custody Team will schedule bi-monthly visits to HMP Channings Wood to complete this checklist and provide evidence of sustained completion of necessary processes and progress against the recommendations. The first visit will be scheduled for July.</p> <p>This, alongside the work being undertaken by the establishment to improve processes, including more effective monitoring of the appropriateness of the use of segregation, and the sharing of best practice, will lead to sustained improvement in the management of the segregation unit.</p>	<p>Regional Safer Custody lead</p> <p>Completed</p>
2	<p>The Deputy Director of Custody for the South West should further satisfy himself that the disciplinary investigations currently ongoing are adequate and sufficient to address the issues discovered by this investigation and the parallel police investigation</p>	Accepted	<p>A full and robust investigation was undertaken by a senior member of HMPPS staff, independent from the establishment. This disciplinary investigation was conducted in line with HMPPS policy, and the Prison Group Director (formerly Deputy Director of Custody) has been informed of the outcome.</p> <p>The police investigation concluded in February 2017, with no action taken. .</p>	<p>Prison Group Director</p> <p>Completed</p>
3	<p>NHS England South West should review the actions of all healthcare</p>	Accepted	<p>NHS England will undertake a review using the PPO report to evaluate the crucial themes and trigger points leading up to the death of Mr</p>	<p>Nursing &amp; Quality</p>

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	<p>staff involved in Mr Kemp's care within the segregation unit, in particular:</p> <ul style="list-style-type: none"> <li>• Assessments of fitness for segregation and for continued segregation.</li> <li>• Effective joint-working with other prison staff regarding sharing information on health needs and risks, and the management of food refusal</li> </ul>		<p>Kemp. The initial areas of focus include reviewing assessment and processes that are in place for:</p> <ul style="list-style-type: none"> <li>• fitness for segregation/continued segregation, including what process in place to escalate/share any concerns</li> <li>• management of food refusal – in terms of monitoring intake, assessing mental capacity and clarity regarding escalation points</li> <li>• clarity of roles and communication between different health elements, including mental health and primary care and links with social care</li> <li>• input of health into the ACCT process, training uptake and general awareness</li> </ul> <p>Dependent upon this review findings, recommendations may be made on how processes could be improved to reduce the risk of this event reoccurring. This includes assurance around healthcare staff training (induction and refresher), multi-disciplinary processes and how healthcare staff will promote effective and robust communication within the prison.</p> <p>NHS England will review and monitor the action plans from the healthcare provider following the recommendations that have arisen from the clinical review report alongside the findings and implementation of recommendations from this review.</p> <p>Support of a local Channings Wood Staff development day to promote a partnership model.</p>	<p>Manager &amp; Independent clinical reviewer; Health and Justice Commissioner- NHS England and Health and Wellbeing Co-commissioner - HMPPS</p> <p>August 2017</p> <p>November 2017 and January 2018</p> <p>September 2017</p>

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4	<p>The Governor should ensure that:</p> <ul style="list-style-type: none"> <li>• Staff manage prisoners at risk of suicide and self-harm in line with national guidelines, in particular:</li> <li>• All staff should have a clear understanding of their responsibility to share information about a prisoner's risk of suicide and self-harm and start ACCT procedures when appropriate.</li> <li>• Staff should set caremap actions that are aimed at reducing a prisoner's risk, which are reviewed and updated as necessary.</li> <li>• Case reviews should be multi-disciplinary and take into account all known risk factors and triggers.</li> <li>• A multi-disciplinary case review should be held within 24 hours of an ACCT plan being opened and when there is evidence of a significant change in risk.</li> <li>• ACCT documents should be kept securely and should not be accessible to prisoners.</li> </ul>	Accepted	<p>Processes are in place to ensure that every member of staff across the establishment has the appropriate information on any offenders on an open ACCT plan, encouraging input into the support and care of that individual.</p> <p>From July 2017, the quality of ACCT plans will be checked weekly by the safer custody team, and also discussed once a week at the morning meeting. Any issues raised will be addressed directly by the accountable staff, with the Duty Governor ensuring that appropriate action is taken and that this is signed off in the duty log.</p> <p>The new, national Suicide and Self-Harm (SASH) training is being rolled out, with two trainers currently delivering this training and an additional two to be trained. The training is modular, focusing on specific areas such recognising risks and triggers, caremaps, and how to open an ACCT.</p> <p>All offenders subject to the ACCT process will have a bespoke care map created, which is reviewed at each case review for relevance, clarity, levels of risk and to ensure that the action plan addresses specific needs. These will be subject to weekly checks carried out by the safer custody department to ensure staff are identifying appropriate actions and following these up effectively. The case reviews will have mental health involvement, and a member of the chaplaincy team will be invited to all reviews.</p> <p>Refresher training was delivered to the operational Senior Management Team regarding the correct process of ACCT and segregation processes and food refusal protocol. Additionally, a Senior</p>	<p>August 2017</p> <p>Head of Safer Custody</p>

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			<p>Management Team and Custodial Manager away day will take place in August at which the acting Head of Residence and Safety will deliver a briefing, offering examples of best practice and guidance on how to complete ACCT documentation, segregation paperwork and food refusal protocols.</p> <p>All staff are required to undertake mandatory information assurance training, and a Governor's notice to staff was issued to all residential officers in June 2017, reiterating the importance of keeping sensitive documentation safe.</p>	
5	Staff adhere to the local policy on IEP reviews.	Accepted	The Incentives and Earned Privileges (IEP) policy is available to all staff. For assurance that staff are adhering to the policy, all residential managers will undertake refresher training on the IEP policy, delivered by the two Residential Functional Heads, in July 2017. This will ensure that all IEP reviews are undertaken in a cohesive and consistent manner in line with national policy.	Head of Residence & Services  September 2017
6	Staff fully understand and adhere to Channings Wood's 'The appropriate reporting / referral of crimes in HMP Channings Wood Protocol between: HMP Channings Wood, Devon and Cornwall Police, Crown Prosecution Service'.	Accepted	<p>Referral of crimes to the police is now undertaken by the Duty Custodial Manager and is referred by email straight to the police on a dedicated form.</p> <p>This information has been disseminated to all managers to ensure consistency of reporting.</p>	Head of Security & Operations  Completed
7	All staff, irrespective of status, position or experience, are provided with formal support from the prison, following a death in custody	Accepted	<p>Following any traumatic incident, the Staff Care Team, managed by the Head of Residence and Safety, will contact each person involved in the incident and offer support.</p> <p>Immediately following a serious incident, hot debriefs will be held with</p>	Head of Residence and Safety  August 2017

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			<p>staff by the incident silver commander, and a cold debrief will be held within 14 days to look at learning points. A notice to staff will be written advising them of the processes and timeframes around cold and hot debriefs.</p> <p>All staff involved in any incident will also receive a written letter informing them of how to access the care team, and that access is not time bound. Any staff for whom there are concerns, either immediate or post incident will also receive managerial support and access to counselling via Shared Service Centre. These staff will also be monitored closely by their managers and adjustments to their working practices and routines will be considered where appropriate. This information will also be promulgated to staff in a notice and via Safer Custody briefings.</p>	