



**Action Plan following the report from the
Prison and Probation Ombudsman in relation to the death of Child T
at Aycliffe Secure Children's Home
January 2018 response to draft report**

Recommendation from Report	Actions agreed	Expected completion date
1. The Centre Manager, Kolvin Service lead and Physical Health Care lead should carry out an immediate review of the suicide and self-harm risk assessment and risk management systems. Focus should be on:	Produce a new suicide and self-harm policy.	Final SOP and Policy June 18
	1.1 Developing a multi-agency approach to suicide and self harm risk assessment.	To develop a multi-agency operational group to undertake an immediate review of the current self-harm risk assessment and risk management systems.
1.2. Ensuring information from a range of sources is incorporated into a comprehensive risk assessment.	Interim policy to be complete	16.02.18
	To review the purpose and function of internal meetings in respect of young people.	28.02.18
	The operational group ensure the establishment of a routine and regular multi-agency meeting where risk assessment and management plans will be reviewed.	01.02.18
	As part of the process the above meeting will specify how all 'sources of information' regarding a young person's risk behaviour will be collated.	June 2018
	All risk related information will be assessed and managed via a single Risk Assessment / Management Document used by all agencies that work with Young People at Aycliffe Secure Centre.	June 2018
1.2. Ensuring information from a range of sources is incorporated into a comprehensive risk assessment.	The multi-agency operational group to visit and review other establishments within the Children and Adult's secure Estate (NHS and non-NHS) to ensure that 'best practice' is considered.	March 2018
	Implementation of guidance on how a challenge can be made to an organisations when information is not received from relevant agencies	June 2018

	Establish within MATAC incorporation of data and information about a young person.	March 2018
	Establish a process to review risk assessment in relation to suicide and self-harm.	January 2018
	Develop guidance for staff on how concerns should be escalated and responded to effectively with regard to self-harm behaviours.	20.12.17
1.3. Regular reviews of risk assessments whenever new risk factors are identified or when there is a change in the frequency or type of self-harming behaviour.	Identify how risk data can be analysed and used in risk assessment.	01.05.18

<p>1.4. Encouraging the involvement of the young person in risk assessment meetings.</p>	<p>Develop structures to include young people, the local authority and parents where appropriate in risk management.</p>	<p>December 2017</p>
<p>1.5. Accurate and meaningful recording of risk assessment meetings detailing those present, how the young person's level of risk has been assessed at that time and actions to be taken.</p>	<p>Implement revised processes to ensure accurate and meaningful recording takes place at MATAC meetings.</p>	<p>09.02.18</p>
<p>1.6. Ensuring that, following an assessment of risk, there is consideration by the multi-agency team of measures to support the young person and measures to reduce the ability of the young person to harm themselves, and reflect these in a risk management plan.</p>	<p>Processes to be strengthened to support effective consideration of risk management data, risk reduction and risk management planning at MATAC meetings and Suicide and Self-harm MATAC meetings.</p>	<p>01.06.18</p>
<p>1.7. Formulation and recording of risk management plans in a format that aids readability and understanding of the measures to be applied to keep a young person safe.</p>	<p>To explore and identify the most appropriate risk management tool which can be used in a multi-agency forum.</p>	<p>31.03.18</p>
	<p>Standard Operating Procedure to be developed which will explicitly explain how a young person's risk formulation, risk assessment and risk management will be recorded and shared.</p>	<p>June 2018</p>

1.8. Sharing of the risk management plan with relevant staff.	Implement and embed new risk management tool that can be shared and accessed by all departments and offer relevant training and support.	May 2018
	Develop a SOP on access to shared information.	SOP 01.03.18
1.9. Effective compliance with and no informal relaxation of the measures detailed in the risk management plan.	To further develop quality assurance (QA) processes.	31.05.18
	Effective development and communication of policies.	31.05.18
	Develop an induction training plan for all internal and external agencies within the centre alongside workshops and/or other training opportunities for existing staff.	31.05.18

<p>2. The Centre Manager should review how self-harm information is captured and recorded. Information about the number of self-harm attempts and the severity of each attempt should be recorded and a picture built up over time. This information should be used to assist treatment decisions and in the assessment of suicide and self-harm risk.</p>	<p>Review and revise self-harm form to improve data captured and identify how this can best be fed into meetings.</p>	<p>15.03.2018</p>
<p>3. The Department for Education and the Welsh Government should review current practice and introduce a clear framework for delivering welfare checks on young people to include:</p> <ul style="list-style-type: none"> - clear instruction about the nature and purpose of checks; - details of how to accurately record checks; - details of who decides what checks are necessary and how these are communicated to staff; - consideration of the frequency of checks required on young people including whether it is necessary to check all young people throughout the night regardless of their risk; - consideration of the number of staff needed to undertake checks; - instruction as to when staff should go into a young person's room; - management oversight of checks. 	<p>The Government accepts this recommendation and welcomes the PPO's call for a review of current practice with regards to welfare checks in SCHs. The Department for Education has clear policy, guidance and quality standards that local authorities and providers must adhere to in order to ensure young people are kept safe and their well-being is promoted. Ofsted, as the regulator, also plays an important role in ensuring the necessary local practices are in place to safeguard young people. The DfE will work with Welsh Government, Ofsted and home managers, via the Secure Accommodation Network to develop a robust framework for delivering welfare checks on young people in secure children's homes that will be shared across the sector.</p> <p>A lessons learned conference will take place by May 2018. The framework, which will be endorsed by the Department for Education and Welsh Government, will be disseminated by September 2018. Ofsted and the Welsh Inspectorate will consider local practice and procedures as part of the inspection process.</p>	
<p>4. The Centre Manager should ensure risk management plans address:</p> <ul style="list-style-type: none"> - the frequency of bedroom searches; - the nature of search required, including whether clothing and paperwork are to be searched; - alterations to the fabric of bedrooms; and - staff accountability for searches through the completion and signing of the Safety and Security checksheet. 	<p>Review and revise safety and security format, in relation to checks/searches of rooms and communal areas.</p>	<p>Jan 2018</p>
	<p>Safety and security policy and searching policies are to be reviewed and clear guidance to be given to staff.</p>	<p>June 2018</p>

	Performance management systems will be put in place to monitor compliance to policies.	01.10.17
5. The Centre Manager should:		
5.1 Consider whether a formal disciplinary investigation is warranted into the actions of some of the staff involved in Taylor's emergency response.	Senior managers within Aycliffe Secure Centre and Durham County Council to formally review this recommendation and document outcome.	08.01.18
5.2 Ensure all staff are aware of their responsibilities if they are the first on scene in a life threatening emergency.	Review of Centre 'code red' policies and procedures' with a focus on increasing the value of training and better preparation for staff in dealing with a 'code red' situation.	30.05.18
	Review and develop mandatory training	30.05.18
5.3 Liaise with the North East Ambulance Service and complete a joint review of emergency procedures at Aycliffe.	Meeting to be arranged with the North East Ambulance Service	29.1.18
5.4 Ensure there are appropriate signs along the road network within the site directing arriving vehicles to the main entrance.	Clear signage leading to the centre is to be introduced and referenced within the local crisis and contingency plan	26.1.2018
5.5 Review the policy about issuing anti-ligature knives to staff. Staff should be able to access these knives quickly in emergency situations	Identify the safest possible option of ensuring that ligature knives are immediately accessible in the event of requirement.	31.03.18