

Action Plan – Mr Rocky Stenning at HMP Chelmsford - Self-inflicted on 19/07/18

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should produce clear guidance about procedures for identifying prisoners at risk of suicide and self-harm and for managing and supporting them. First night procedures should recognise the additional vulnerabilities of newly arrived prisoners. In particular, this should ensure that reception, healthcare, first night staff and all others who assess risk:</p> <ul style="list-style-type: none"> • have a clear understanding of their responsibilities and the need to share all relevant information about risk; • consider and record all known risk factors of a newly-arrived prisoner when determining their risk of suicide and self-harm, including information from their Person Escort Record (PER) and other sources; • document the information considered and the reasons for the decisions taken; and • start ACCT procedures whenever a prisoner has significant risk factors, irrespective of their stated intentions. 	Accepted	<p>Chelmsford continues to deliver the agreed national training plan for Suicide And Self-Harm training to all staff including partner agencies. This training is delivered on a weekly basis to ensure that all staff receive the full national package.</p> <p>A local Safer Custody policy is currently being developed in order to simplify, and provide clear guidance on, the process and procedures for supporting prisoners and the actions required of effectively manage risk of suicide and self-harm.</p> <p>As part of this policy, there will be guidance to all staff on assessing risk and when it is appropriate to open ACCTs in line with Prison Service Instruction 64/2011, including:</p> <ul style="list-style-type: none"> • Drawing on all relevant information available • Considering all risk factors • Documenting decision-making and the information that was considered to inform that decision. • Vulnerabilities that the first few days in custody presents and the risk factors that reception and First Night in Prison (FNIP) staff should be aware of <p>This guidance will be produced as a one-page guidance sheet which will be provided to all staff, with a record kept to provide assurance that all staff have received the guidance.</p>	<p>Head of Safer Custody</p> <p>March 2019</p>

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2	<p>The Prison Group Director for Hertfordshire, Essex and Suffolk should, by 31 March 2019, provide the Ombudsman with a report on the action he is taking to ensure that Chelmsford addresses deficiencies in the identification of prisoners at risk of suicide and self-harm.</p>	Accepted	<p>The Group Safety Lead will, on behalf of the Prison Group Director, undertake a review of the current processes and their effectiveness to develop a current position statement of delivery and to develop relevant actions and assurance measures where deficiencies still exist.</p>	<p>Group Safety Lead March 2019</p>
3	<p>The Head of Healthcare should review the mental health screening and assessment procedures at Chelmsford so that:</p> <ul style="list-style-type: none"> • there is a robust and timely process to identify risks and triggers for self-harm and suicide, and that all staff are familiar with national guidance contained in PSIs; • consideration is given to placing at-risk prisoners on an ACCT in their early days in custody until a full mental health assessment has been completed and record the reasons for their decisions; and • the Care Programme Approach is implemented where appropriate. 	Accepted	<p>Essex Partnership University Trust (EPUT) is the healthcare provider at Chelmsford Prison.</p> <p>Under the mental health procedures all patients due for an assessment are placed on a monitored waiting list. This is informed by the completion of a Threshold Assessment Grid (TAG) score which highlights the risks and the urgency associated with the referral and identifies the maximum time a patient should wait for an assessment. New prisoners are now assessed through this method in reception by the mental health team which is reflected in the reviewed Mental Health Operational Protocol.</p> <p>EPUT has ensured that Prison Service Instructions' 64/11 (Prevention of Suicide and Self-harm) and 7/2015 (first days in custody) were shared with all healthcare staff in January 2019 by electronic sharing and these will be discussed again in the next staff monthly meeting and reflected in the minutes.</p>	<p>Head of Healthcare Complete</p>

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			<p>EPUT is working closely with the prison to ensure that all Healthcare staff including agency staff attend and complete the mandatory SASH training provided by the prison service. In addition to this healthcare staff always consider the use of the ACCT where there is a known risk and staff will be reminded of this recommendation in the next staff meeting.</p> <p>The Care Programme Approach was fully implemented in the prison by EPUT in October 2018 and there is clear protocol and procedure in place which has been shared with the staff.</p>	
4	<p>The Head of Healthcare should:</p> <ul style="list-style-type: none"> • review the mandatory training given to agency staff; • ensure agency staff are given appropriate training so they are competent to deal with emergency incidents and have sufficient Basic Life Support skills; and • ensure healthcare staff make an accurate and contemporaneous entry in a prisoner's medical record if they are involved in an emergency incident. 	Accepted	<p>Essex Partnership University Trust will offer healthcare agency staff who work in the prison access to the mandatory training provided by the Trust. Agency staff will also be allocated to attend the Trust's training on Emergency Enhanced Skills Training. Staff will be reminded in the monthly meeting of the need for accurate entries on the prisoner's medical record when staff are involved in emergency incidents. Managers will also carry out monthly audit checks on patient's notes as part of the mandatory staff supervision.</p>	<p>Head of Healthcare</p> <p>Complete</p>
5	<p>The Governor should ensure that all prisoners who are subject to PSO 4400 arrangements when they first arrive are reviewed within 48 hours and PIN phone</p>	Accepted	<p>The system for PIN access for new prisoners under PSO 4400 has been recently reviewed. The induction wing supervising officers now notifies Public Protection of any prisoners whose PINs have been withheld on their first night, through the already</p>	<p>Head of OMU</p> <p>Complete</p>

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	access is granted at the earliest opportunity.		<p>established operational meeting.</p> <p>These PINs are reviewed within one working day of notification by Public Protection. The outcome of the reviews will then be fed back into the operational meeting the following day.</p>	
6	The Governor should review the local security strategy and ensure that everything possible is being done to prevent mobile phones entering the prison.	Accepted	The establishment's local security strategy is currently under a full review. All actions that are currently listed are taken to prevent and disrupt the possession of illicit items within the establishment. This includes stopping the supply and distribution of mobile phones. All possible and reasonable methods of detection, searching and targeted intelligence are currently being employed and any changes or new tactics are discussed at the monthly security meeting	<p>Head of Security</p> <p>Complete</p>