Action Plan – Mr Johanathan Rancijh at HMP Bullingdon - Self-inflicted on 17/04/2018				
No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Governor should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidelines and in particular that they: • open an ACCT whenever a prisoner has recently selfharmed or expressed suicidal intent; • identify risk factors and assess a prisoner's risk based on their risk factors; and • share information to ensure effective communication between healthcare and prison staff when there are potential concerns about a prisoner's mental health.	Accepted	HMP Bullingdon continues to deliver the national Suicide And Self-Harm (SASH) training to all staff. Training is delivered on a weekly basis and by the end of March approximately 98% of all directly employed staff will have received training. As SASH is modular, staff will have the opportunity to re-visit modules should the need be identified. Also by end of March, all relevant staff will have received ACCT Assessor training, and all Senior Officers and Case Managers will receive Case Manager training. The operational policy for inpatients at HMP Bullingdon is currently being redrafted to set out the expectations for staff when involved in a handover and the expected level of information sharing required between healthcare and prison staff, including where there are concerns about a prisoner's mental health. Once this policy is complete, all staff will be updated on the new processes in joint briefings and a system of formal handovers will be introduced.	Head of Residence & Safety Head of Healthcare April 2019

2	The Governor should share this report with the staff involved and arrange for the CM and OSG to	Accepted	The PPO initial report has been shared with both members of staff. The CM attended SASH training following the incident and prior to this report. The OSG is due to attend SASH training by the end of March 2019.	Head of Residence & Safety Completed

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No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	receive refresher training in ACCT as a matter of urgency and let the Ombudsman know when this has been done.			
3	The Governor and Head of Healthcare should have a protocol in place which enables collaborative working and information sharing between discipline and healthcare staff.	Accepted	As referred to above the operational policy for inpatients at HMP Bullingdon is currently being redrafted to set out the expectations for staff when involved in a handover and the expected level of information sharing required between healthcare and prison staff. Once complete all staff will be updated on the new processes in joint briefings and a system of formal handovers will be introduced.	Head of Residence & Safety Head of Healthcare April 2019

4	The Head of Healthcare should ensure that all clinical staff maintain accurate and comprehensive records in accordance with professional guidance.	Accepted	Record Keeping is one of the seven key aspects of the PROTECT initiative which is being highlighted with all teams within healthcare. A self assessment record-keeping audit was completed in February and March 2019 and a Peer review will be out in March 2019. A training session is booked April 2019 with a guest NMC panel speaker to discuss NMC standards including expectations to main accurate and comprehensive record keeping.	Head of Healthcare March 2019
5	The Head of Healthcare should refer a Nurse to the Nursing and Midwifery Council to consider undertaking a professional	Accepted	NHS England Health and Justice Commissioners have requested that Care UK seek advice from the Nursing and Midwifery Council (NMC) regarding a proposed improvement plan for a Nurse or if referral to the NMC and associated action is required.	Head of Healthcare 30/03/2019
Action Plan – Mr Johanathan Rancijh at HMP Bullingdon - Self-inflicted on 17/04/2018				
No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
	standards investigation to ensure competence to continue clinical practice.			

6	The Head of Healthcare should give clear guidance to staff about the circumstances in which resuscitation is inappropriate.	Accepted	Guidance clarifying the circumstances in which resuscitation is inappropriate was issued after the incident and prior to this report. All clinical staff must attend and pass the resuscitation Council Immediate Life support (ILS) mandatory training annually. A section of this training covers a discussion about Making Decisions about CPR Also accompanying the training session is a training book which has a chapter on Making Decisions about CPR. This recommendation was discussed at the March 2019 Quality Assurance meeting and has been added to the agenda for the Integrated Team Meeting in April.	Head of Healthcare Completed
7	The Prison Group Director for the South Central Group should provide the Ombudsman with an account of what he has done to ensure that meaningful action is taken at Bullingdon to address our recommendations.	Accepted	The Prison Group Director has commissioned the South Central Group Safety Team to review the reports and recommendations of the recent deaths to identify areas of concerns and commonality and plan a programme of work to address these. Reviews of previous recommendations have already taken place, on conclusion of this further review a report will be shared with the Ombudsman	South Central Group May 2019