Action Plan – Mr Garry Beadle at HMP Durham –Self-Inflicted Death on 11/02/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Governor should ensure that reception staff: • have a clear understanding of their responsibilities and the need to share all relevant information about risk; • consider and record all the known risk-factors of a newly arrived prisoner when determining the risk of suicide and self-harm; and • open ACCT procedures when indicated.	Accepted	Reception staff now complete a vulnerabilities assessment for all prisoners on reception. This document has been introduced to ensure that all risks have been captured for prisoners arriving at HMP Durham and to allow for this information to be easily shared with all those involved in the first night procedures. Once completed, the document is then passed to Healthcare staff, meaning they have immediate access to risks that have been identified for the individual by reception staff. Reception staff have been briefed regarding this new process. All reception staff have been provided with Suicide and Self Harm (SASH) training, which includes a module focused on improving staff understanding of the risk factors which must be considered when assessing a prisoner's risk of suicide and self-harm. Staff have now also been issued with further guidance relating to the identification of risks and triggers, to reinforce the knowledge gained during SASH training and to remind them that decisions should not be based on presentation alone. All reception staff have been reminded that where a risk of suicide/self-harm has been identified, that an ACCT document must be opened at that point.	Head of Reception Completed
2	The Governor and Head of Healthcare should ensure that staff consider and record all known risk-factors of a newly arrived prisoner when determining his risk of suicide and self-harm.	Accepted	All new prisoners arriving at HMP Durham must undergo nationally recognised reception screening, introduced to ensure that previous medical history, including mental health and acts of self-harm are identified. An assessment by Healthcare is also undertaken and clinicians will make decisions regarding actions to be taken based on the information collated during the reception screening. The new vulnerabilities assessment, which has been introduced on reception, will assist in the recording and identification of the relevant risk	Head of Reception /Head of Healthcare Completed

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			factors that need to be considered when making decisions such as to refer to mental health or open an ACCT document. This recommendation has been shared with senior managers within NHS England so that they can adapt the current reception screening template within SystmOne.	
3	The Governor should ensure that staff manage prisoners identified as at risk of suicide or self-harm in line with national guidelines, including: • prisoners subject to ACCT procedures are reviewed when information is received that they are at risk of suicide or self-harm; • the level of observations should be set to reflect the level of risk; and • the caremap must address the issues identified in the ACCT assessment interview.	Accepted	A Governor's Notice to Staff has been issued in the form of a PowerPoint presentation, along with instructions and guidance, to remind staff of their responsibilities when managing prisoners at risk of suicide and self-harm. A training presentation titled Understanding Suicide Risk, focusing on external and internal triggers and risk awareness, will also be given to all staff as part of a Governor's training day. This training will promote and reinforce the knowledge already gained about ACCT procedures, including the need to review ACCTs when new information about risk is received and that appropriate levels of observations are set according to the level of risk. A training programme is in place to ensure that all staff receive the two day mandatory SASH training and to ensure they are retrained every 3 years. Regular safety updates received from national teams are circulated to all staff. . Case managers have also been provided with one-to-one coaching from the Group Safer Custody team and the Head of Safeguarding focussing on the identification and mitigation of risk, based on all available information and known risk factors, including how to document such on caremaps to ensure they reflect the issues identified in the ACCT assessment. This coaching responds to issues identified during regular quality assurance checks which are carried out by Supervisors and Custodial Managers and stipulates the	Head of Safer Custody January 2020

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			importance of ensuring that all risks are mitigated and caremap actions completed prior to an ACCT document being closed.	
4	The Area Business Manager for GEOamey should ensure that that court escort staff complete the risk indicator page of the PER in line with national guidance.	Accepted	Amendments will be made to two SOPs, detailing that the Risk Indicator section of the PER form must be updated when a new risk is identified or a risk changes (for example SASH form opened) and the forms enclosed section updated to reflect the addition of a SASH form. The updated SOP will be published around the end of September. A verbal briefing of the SOP changes (using the SOP Bulletin) will be given by managers at all GEOamey court and depot locations. This will be evidenced by a signature sheet. Two months will be allowed for completion, to ensure officers on annual leave and those who are short term sick are captured (staff on long term sick will be captured upon their return). The Head of Training will ensure the SOP updates are incorporated into the ITC training. An entry will be made in our weekly communication (WOU), sent to all officers, detailing the update and importance of ensuring the risk indicator section and forms enclosed sections are updated as required. The SOP audit guidance will be updated to ensure any failure to comply with the updated SOP is identified during audit and an action raised to rectify. Auditors will be briefed on the update.	Head of Compliance September 2019 Area Business Managers November 2019 Head of Training September 2019 Ops Director October 2019 Head of HSQE October 2019

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			The PER Depot audit guidance will also be updated to ensure any failure to comply with the updated SOP is identified during audit and the Area Business Manager informed to raise action and rectify. Auditors (trainers) will be briefed of the update.	Head of Training September 2019