

**Action Plan – Mr Simon Pickering at HMP Doncaster – Self-Inflicted Death on 09/06/2019**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Director should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, in particular that:</p> <ul style="list-style-type: none"> <li>• all known risk factors are considered when determining the level of risk of suicide and self-harm;</li> <li>• ACCT documents accompany prisoners under ACCT management when they move between different areas of the prison; and</li> <li>• systems are in place to inform staff coming on duty when prisoners in their care are under ACCT management.</li> </ul>	Accepted	<p>In October 2019 an ACCT awareness campaign was launched at HMP Doncaster designed for ACCT case managers, Prison Custody Officers (PCOs), reception staff and key partner agencies. One of the main aims of the programme is to support staff in identifying and recognising static and dynamic risk factors for suicide and self-harm and to assist them in assessing those factors when considering risk levels and setting ACCT observation levels. The awareness campaign was communicated to staff by several means, including via TV screens in the Gatehouse, pocket guides which can be carried by staff for ease of reference, reminders on computer pop ups, a Director's Hour on Deaths in Custody, a comprehensive booklet for Custodial Operations Managers, a new Safer Custody newsletter and Safer Custody boards being installed in all wing bubbles (control centres).</p> <p>In addition, the Safer Custody team have implemented a programme of regular audits of ACCT documents to ensure compliance with PSI 64/2011. In July 2019 a substantive audit of all ACCT processes was conducted. As a result, those case managers who did not meet the required standard were immediately withdrawn from conducting case reviews until they had attended retraining sessions. Following completion of this training, staff were retested to ensure their understanding and compliance. All case managers will be audited on a monthly basis, to ensure that they continue to manage prisoners at risk of suicide and self-harm in line with national guidelines. Staff falling below these expectations will be issued with a warning letter from the Assistant Director for Safer Custody, with consistent failings resulting in a full performance review. Recognition will also be given to staff whose actions evidence areas of good practice, which will be shared with other staff.</p>	Head of Safer Custody Completed

			<p>A Notice to Staff was issued in December 2019, to remind staff that ACCT documents must accompany prisoners when they move between different areas of the prison. This notice also reiterated the importance of following the correct handover procedures to ensure staff coming on duty are made aware of all prisoners who are subject to an open ACCT. Those prisoner's details are also recorded on a notice board within the bubble. A designated member of staff, known as the Movements Officer, has also been allocated responsibility for completing the required ACCT observations for prisoners who reside on their wing. They must familiarise themselves with the contents of the ACCT document for each prisoner in their location, so that meaningful interactions can take place.</p>	
2	<p>The Director should ensure that ACCT checks are made in line with national guidelines, in particular that they:</p> <ul style="list-style-type: none"> <li>• adhere to the frequency of observations set out in the ACCT document</li> <li>• are not made at predictable times;</li> <li>• are noted with meaningful entries on the ongoing record; and</li> <li>• are subject to proper management checks.</li> </ul>	Accepted	<p>The pocket guides and posters issued as part of the ACCT awareness campaign include reminders to staff that they must adhere to the frequency of observations as set out in an individual prisoner's ACCT document and that observations must also be made at unpredictable intervals. Staff are also reminded that they must have meaningful interactions with prisoners who are subject to an ACCT, with detailed entries made in the ACCT ongoing record.</p> <p>The ACCT awareness campaign also included guidance on what a good quality, meaningful and defensible entry looks like. A clear set of examples were provided for guidance. Managers have been tasked with briefing and retraining staff in order to drive up standards. Future initial training courses delivered to new PCOs and other staff and managers who will supervise prisoners subject to an ACCT, will include a briefing about ACCT entries.</p> <p>Night Orderly Officers (NOOs) are responsible for carrying out checks on ACCT documents during night shifts. In an effort to improve the quality of the checks and the feedback provided, with effect from September 2019 NOOs have been required to carry out checks on all ACCTs on prisoners in the Segregation Unit and the Early Days Centre and on 10% of ACCT documents in other locations. A Quality Assurance (QA) check sheet is then completed in relation to each check, which are passed to the Safer Custody Team as part of the QA process.</p> <p>In addition since September 2019, members of the Senior Management Team</p>	Head of Safer Custody Completed

			<p>(SMT) have also conducted ACCT assurance checks on a randomly selected Houseblock each week and the outcomes fed back to the Safer Custody Team.</p> <p>Staff identified as not being compliant will receive warning letters from the Assistant Director for Safer Custody. Consistent failure will result in full performance reviews.</p>	
3	<p>The Director should ensure that ACCT reviews are held in line with national guidelines, in particular that:</p> <ul style="list-style-type: none"> <li>• ACCT assessment interviews are held within the correct timescales and clearly consider all information pertinent to risk;</li> <li>• ACCT assessments and case reviews are held separately;</li> <li>• case managers and healthcare staff familiarise themselves with a prisoner's background before attending reviews;</li> <li>• ACCT reviews are held in private; and</li> <li>• care map objectives are specific and meaningful, aimed at reducing a prisoner's risk and identify who is responsible for them.</li> </ul>	Accepted	<p>The ACCT awareness campaign rolled out to all case managers in October 2019 specifically included reminders that ACCT assessments and first case reviews must be conducted separately, in private, and within the timescales required in PSI 64/2011.</p> <p>A clearly defined daily ACCT assessor rota was launched by the Safer Custody Team in November 2019 in order to assist in the timely completion of the initial assessment within 24 hours of any ACCT being opened.</p> <p>A dedicated administration support post is now in place within the Safer Custody Team, with responsibility for co-ordinating the ACCT case reviews. They ensure that all relevant stakeholders are aware in advance and attend reviews, or if unable to do so, have completed a submission form which contains detailed information relating to the prisoner. This process ensures that the case manager has access to all pertinent risk information to allow them to make a well-rounded and safe decision based on all available supporting evidence.</p> <p>A dedicated space has been created on each Houseblock, so that ACCT reviews/assessments can be completed in a private, quieter and more relaxed atmosphere. These are called the PIT STOP (Patience, Integrity, Time, Support, Teamwork, Ownership, Patience).</p> <p>The ACCT awareness campaign also included information on the appropriate completion of caremaps and included numerous worked examples of good practice.</p> <p>The Safer Custody Team's regular audits of ACCTs includes an audit of</p>	<p>Head of Safer Custody January 2020</p>

			<p>caremaps to ensure compliance with PSI 64/2011 and Section 3 of the ACCT booklet (version 5). Those case managers who fall below the required standard will be immediately withdrawn from conducting case reviews until they attended retraining sessions specifically in relation completing caremaps. They will then be retested to ensure compliance with the required standard. All case managers will also continue to be retested on a monthly basis to ensure they maintain the required standard. Consistent failure will result in full performance reviews.</p> <p>A quality audit of ACCT assessments has also been conducted by the HMPPS National Safety Team, who have agreed to schedule dates for further training courses to be provided for ACCT assessors. Three members of staff have received training in 'train the trainer' for ACCT assessors and a training programme will be rolled out in January 2020 to increase the number of trained assessors in order to meet current needs.</p>	
4	The Director should provide the COM and the PCO with additional ACCT training, and the COM should not chair ACCT reviews until this has been completed.	Accepted	<p>The PCO will undergo retraining in ACCT assessments as soon as course dates become available.</p> <p>Immediately following Mr Pickering's death the Acting COM was withdrawn from conducting case reviews and was required to attend a retraining session specifically in relation to identifying and assessing risk factors. However, the COM has since relocated to work in another role within the prison for operational reasons and no longer conducts case reviews.</p>	Head of Safer Custody January 2020
5	The Director should ensure that all staff named in this report receive a copy so that they are aware of the Ombudsman's findings.	Accepted	The identified staff will be issued with a copy of this report by hand and have been spoken to individually by the Safer Custody Team to explain the process and to ensure they are aware of any areas highlighted.	Head of Safer Custody January 2020
6	The Head of Custodial Contracts in HMPPS should ensure that the issues identified in this report regarding assessing and managing prisoners who are a	Accepted	In August 2019 an Authority driven action plan was initiated as a result of the Contract Management Team's identified concerns in relation to the management and support of prisoners who were a risk of suicide and self-harm. The plan contains 22 actions, the last of which is due for completion by 31 January 2020. The Authority have arranged for independent assurance of progress throughout February 2020 and future action will be managed	Head of Custodial Contracts March 2020

	risk to themselves have been addressed at Doncaster.		according to findings.	
7	The Head of Healthcare should review the waiting times for urgent mental health assessments and ensure that these take place within an appropriate timeframe.	Accepted	<p>A review of the Mental Health waiting times has been undertaken and an action plan implemented and completed to ensure that these can be reduced. As a result Mental Health Clinicians from other establishments have provided additional clinics to ensure all patients who were on the waiting list have received an assessment and dynamic risk assessment.</p> <p>To maintain current reduced wait times of 5 days, the Stepped Model Guiding Principles have been robustly implemented at HMP&amp;YOI Doncaster as follows:</p> <p>Integrated Mental Health Team structure which provides primary care, secondary care, crisis resolution provision and shared care with substance misuse and primary care pathways.</p> <p>The 'Well-Being Approach' is central to the care delivery with consistent targeted compliance.</p> <p>Single Point of Access for all mental health referrals.</p> <p>Role of a Duty Worker to manage day to day crisis work and carry out initial assessments within the prison is well established.</p> <p>Mental Health assessments are completed for each initial assessment and are easily accessible electronically.</p> <p>Single discharge assessment and care plans are implemented.</p> <p>Early crisis and management planning established and shared between both prison and healthcare at weekly Safeguarding Meetings.</p> <p>Stepped Model Training is provided to all new Clinicians to ensure initial buy in to the integrated mental health service ethos.</p> <p>The Mental Health (MH) Specification has a clear directive of service delivery expectations. The regional analysis report demonstrates substantial progress against the MH Specification. The regional analysis is reviewed by Senior</p>	Head of Healthcare Completed

			<p>Regional MH Clinicians on a monthly basis to ensure consistent compliance.</p> <p>A MH Group Work commences January 2020. This will provide 6 sessions on various common issues such as sleep hygiene, emotional regulation and trauma. The patients will be referred in either at triage or following a mental health assessment. This will allow the staff to provide structured interventions to a wider cohort and will in turn free up the rest of the staff to provide more intensive work if required to the patients who are the most vulnerable whether this is through Severe and Enduring Mental Illness or crisis management of suicidal thoughts and serious self-harm.</p> <p>MH &amp; Substance Misuse Strategy management and integrated working is now established to identify risk and provide targeted additional support for patients identified with dual diagnosis who are experiencing a crisis period.</p>	
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