

**Action Plan – Mr Christian Hinkley at HMP Swaleside –Self-Inflicted Death on 29/07/2019**

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including that staff:</p> <ul style="list-style-type: none"> <li>• assess the level of risk based on all available information and known risk factors and not solely on a prisoner's presentation, and record the reasons for the decision;</li> <li>• hold multidisciplinary ACCT reviews, with healthcare staff in attendance at first case reviews;</li> <li>• set effective caremap actions that are specific and meaningful, update them at each case review, and do not close the ACCT until all caremap actions have been completed; and</li> <li>• complete the relevant paperwork, fully and accurately, at all stages of the ACCT process.</li> </ul>	Accepted	<p>Since Mr Hinkley's death ACCT Case Manager training, which is a national programme, has been prioritised for all Band 4 and Band 5 staff carrying out this role. Anyone who has not completed this training is not allowed to chair ACCT Reviews. The prison has also been supported by the Group Safety team who have provided additional training to Custodial Managers around the management of ACCT.</p> <p>Staff briefings have been utilised to raise awareness and develop staff's understanding about how to assess risk and that decisions must be based on all known risk factors and not on presentation alone. Discussions have also been held about the importance of recording all decisions regarding an individual's safety to ensure justification for these decisions is well documented. Staff have also been reminded that any concerns about increased risk should also be escalated for discussion at the weekly Safety Intervention Meeting (SIM). This ensures that the prisoner's risk is considered by a multi-disciplinary team, promoting a collaborative approach from all services.</p> <p>In January 2020 a booking process was introduced for all ACCT reviews, including first case reviews, which allows the Safety team to help case managers organise reviews so that relevant stakeholders are available to attend, ensuring a multi-disciplinary approach.</p> <p>Guidance sessions around the completion of caremaps have also been presented during morning briefings. Staff have been reminded of the importance of setting caremap actions that are specific and meaningful and</p>	Head of Safety July 2020

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			<p>which must be updated at each review. Staff have also been reminded that an ACCT should not be closed until all caremap actions are complete. The Safety team also provide advice and guidance around ACCT and caremaps to individual members of staff where required.</p> <p>A Notice to Staff will be issued to support the briefings and to emphasise staff responsibilities when completing caremaps and ACCT documentation.</p> <p>There is also an assurance process in place whereby ACCT documents are checked by the Safety team and Duty Governors.</p> <p>All the above information is regularly briefed as a reminder to managers and partnership agencies at the weekly SIM meetings.</p>	
2	<p>The Governor and Head of Healthcare should ensure that staff consider starting ACCT procedures whenever they are concerned about a prisoner's risk of suicide or self-harm and that they clearly document their decision-making.</p>	Accepted	<p>Staff have been regularly reminded during morning briefings that they must consider starting ACCT procedures if they have any concerns about a prisoner's risk of suicide and self-harm, including where there are any incidents of starting fires. The need to document these decisions has also been reinforced.</p> <p>This information will also be sent out as a Notice to Staff, with a continuous message to managers and partnership agencies given at the weekly Safety Intervention Meeting.</p> <p>The Head of Healthcare will ensure that all nursing staff receive ACCT training, which forms part of the Suicide and Self-Harm training programme (SASH)</p>	<p>Head of Safety July 2020</p> <p>Head of Healthcare &amp;</p>

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			delivered to all staff, in a timely manner. This includes information about when to start ACCT procedures. In addition a notification has been issued regarding the rollout of the new PER form, which contains risk information. This will also be discussed at staff meetings and kept as a standing agenda item.	Clinical Nurse Manager Completed
3	The Governor should ensure that staff conduct roll checks in accordance with local policy, including that they: <ul style="list-style-type: none"> <li>• complete a visual check of the prisoner to ensure they are safe and well; and</li> <li>• ask prisoners to uncover their observation panels so that they can see them.</li> </ul>	Accepted	A Notice to Staff was issued in April 2020 reminding staff of the importance of completing a physical head count during roll checks, as well as satisfying themselves that there are no obvious signs of distress that require immediate attention. This also included a reminder that these checks must be documented accurately.  Staff have also been regularly reminded during staff briefings of the actions they must take if an observation panel is found to be covered. The need to ensure the observation panel is cleared has also been reinforced. Prisoners who are found to repeatedly cover the observation panel should be placed on report and managed through the IEP system. Staff understanding of these responsibilities are also checked during briefings.	Head of Safety Completed
4	The Governor should arrange for this report to be shared with the OSG and for a senior manager to discuss our findings with him.	Accepted	The OSG will be issued with a copy of this report by a senior manager and the findings discussed with him to ensure he is aware of any areas highlighted.	Head of Safety June 2020
5	The Head of Fire Safety at HMPPS should review PSI 11/2015 and incorporate guidance to staff on considering	Accepted	Following a meeting between the National Lead for Fire Safety and the PPO, PSI 11-2015 Fire Safety in Prison Establishments, has been reviewed and amended to reflect the PPO's recommendation.	Head of Fire Safety at HMPPS Completed

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	the need to call an ambulance in the event of a fire.		In addition, in February 2020 the national cell fire safety training syllabus for prison officers was updated to provide greater instruction regarding the need to summon the ambulance service.in the event of a fire.	
6	The Governor should ensure that the prison defibrillators are regularly maintained so that they are always in good working order.	Accepted	In August 2019 an assurance process managed by the People Hub was introduced to ensure defibrillators are regularly maintained. A monthly physical check of each defibrillator is undertaken to ensure the pads are in date and the batteries are fully charged. A check that spare pads are present is also carried out and these are replenished where necessary. This is then recorded on an electronic register by the designated member of staff responsible for the check. Any machine that has been used must be reported to Operations, so that pads can be replaced and batteries checked at that time.	People Hub Completed
7	The Head of Healthcare should ensure that registered clinical staff are trained in intermediate life support, especially those who may be the only medical responder in the establishment.	Accepted	The Head of Healthcare will ensure that all staff who are required to be the medical responder in the establishment have been provided with ILS training and this will form part of a clinician's mandatory training compliance for this area. All staff are currently trained in basic life support.	Head of Healthcare & Clinical Nurse Manager Completed
8	The Head of Healthcare should ensure that: <ul style="list-style-type: none"> <li>• all relevant staff should have access to SystmOne following a death so that they can document all actions taken during an emergency incident; and</li> </ul>	Accepted	The Head of Healthcare will ensure that all Healthcare staff are provided with access to SystmOne via a Smart Card and Password, immediately they commence work with IC24. This includes both permanent and agency staff.  Regular documentation audits take place using the amended RCGP tool.  Record keeping is also subject to clinical audit and individuals are provided with feedback to ensure quality assurance.	Head of Healthcare & Clinical Nurse Manager Completed

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	<ul style="list-style-type: none"><li>• the record keeping of clinical staff is accurate and precise at all times and in line with their regulatory body guidance.</li></ul>			