

Action Plan – Mr Justin Still at HMP Bullingdon – Self-Inflicted Death on 06/04/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	The Governor and Head of Healthcare should ensure that reception staff examine all available documentation about a prisoner and consider and record all the known risk factors of newly arrived prisoners when determining their risk of suicide or self-harm.	Accepted	<p>The early days in custody booklet was reviewed in January 2020. As a result of this review, further checkboxes and signature points have been added as prompts to staff completing the booklet to ensure that staff explore all available sources of information. Staff must also now sign to show that they have assessed all of the risk factors in order to determine the risk of suicide and self-harm.</p> <p>Quality Assurance (QA) checks of the reception screening documents were introduced in January 2020. The first night senior officers and the first night manager carry out the quality assurance checks of 20% of the early days in custody booklet to ensure compliance. This is monitored by the safer custody team in reception.</p> <p>The healthcare providers, Care UK, have ensured that staff have received training on the need to review all documents and contribute to the early days in custody booklet. The training gave instructions on following the '3Ps Initiative' which refers to ensuring each staff member has the Patient, the Prisoner Escort Record (PER) and the Passport (early days in custody booklet) when commencing each initial health screen. The NHS England screening tool on SystmOne captures each patient's full details which allows the reception clinician to document if they have seen all of the available documentation on the system as a reminder.</p> <p>Healthcare staff received refresher training sessions in June 2019 on the expectations when reviewing all the information in the PER when assessing a new reception. A short film has been commissioned by NHS England showing the importance of effective communication through the use of the PER in reception which will be shown during a staff training session in April 2020.</p>	<p>Completed Head of Safer Custody</p> <p>Completed First night staff</p> <p>Completed Healthcare Manager</p> <p>Healthcare Manager April 2020</p>

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2	The Governor and Head of Healthcare should ensure that when staff decide not to begin ACCT procedures for prisoners with significant risk factors, or who arrive with suicide and self-harm warning forms, they should clearly record the reasons.	Accepted	<p>Following the review of the early days in custody booklet, a section was added for the officer conducting the checks to record what factors have been considered and whether an ACCT has been opened and the reasons for each decision. This is also monitored under the quality assurance checks to ensure that the correct data has been entered.</p> <p>The Regional Safety team delivered awareness sessions to all first night and reception staff on risks and triggers in June 2019. Ongoing support and mentoring has also been given to reception staff to ensure that all staff are fully trained and confident in assessing the risk posed by all newly arrived prisoners and in documenting all decisions made in particular, when any risk factors are present and an ACCT has not been opened.</p> <p>ACCT guidance was sent out to all staff in June 2019 which provided clear step by step instructions of the complete ACCT process including the correct recording requirements. Further awareness notices around ACCT will be produced and distributed to custodial managers to cascade to staff by April as a reminder of the requirement to document the reasons as to why an ACCT has not been opened, especially in any cases where risk factors may be present.</p> <p>Healthcare staff have also received training on the importance of documenting all decisions made around the opening of an ACCT in June 2019. This ensures that staff understand the importance of clear record keeping and logging the reasons in any cases where an ACCT has not been opened. During the training, healthcare staff have been reminded that when considering that an ACCT is not warranted, to ensure this is clearly documented within the documents and on SystemOne.</p>	<p>Completed Reception and First Night Managers</p> <p>Completed Regional Safety Team</p> <p>Head of Safer Custody April 2020</p> <p>Completed Healthcare Manager</p>

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3	The Governor should ensure that prisoners are held in reception for the minimum length of time possible.	Accepted	<p>A time and motion study will be conducted in April for a month within reception to ascertain the average time prisoners spend in reception before moving to their cell accommodation. This will involve a tracking sheet being attached to every PER at the initial entry into reception. At each step of the reception process the time will be entered by the member of staff who will also sign the log. At the end of the study the data will be analysed by the safer custody team to identify any particular delays during in the process and recommend remedial actions.</p> <p>A review of the first night staffing requirements took place in January with a view to increasing the staffing group. This will allow for new receptions to progress through quicker and will allow for a minimum amount of time to be spent in reception. The new profile which includes the additional staff is currently pending final approval which is due to be decided by April.</p>	<p>Head of Operations May 2020</p> <p>Head of Safer Custody April 2020</p>
4	The Governor and Head of Healthcare should ensure that information from court L&D teams is made available to staff in reception.	Accepted	<p>A new process flow for information sharing was developed in partnership with the Liaison and Diversion (L&D) team which specifies how key risk information should be shared between external agencies and the prison. Guidance on the process flow was shared with all external contacts by the Offender Management Unit (OMU) in January 2020. This new process ensures that all information is received correctly and that communication pathways with external partners are correct and up to date, including the relevant contact number and functional mailbox email address.</p> <p>Healthcare managers also contributed to implementing the new process flow so that any risk or special care needs of patients is disseminated to the healthcare staff in reception from the external agencies. In agreement with the L&D team, a secure NHS email account was set up in April 2019. The new</p>	<p>Completed OMU Safer Custody</p> <p>Completed Healthcare Managers</p>

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			<p>process provided assurance to the L&D services that their information has been effectively communicated and received by Reception staff.</p> <p>Care UK is currently working with NHS England to implement a quarterly telephone conference with the healthcare providers in police custody suites and the L&D services that feed directly into the prison. This will be an opportunity to highlight good practice and to identify any emerging concerns or issues that may impact on partnership working. Care UK has also offered the L&D service staff an opportunity to visit the healthcare department to further develop an understanding of the respective work environments and develop working relationships. These are expected to be in place by May.</p>	<p>Healthcare Managers May 2020</p>
5	<p>The Governor and Head of Healthcare should ensure that all staff responsible for assessing the risk posed by newly arrived prisoners are properly trained.</p>	Accepted	<p>Suicide and Self-Harm (SASH) training is now delivered monthly and has been delivered to 98% of staff. Additional training was provided to staff by the Regional Safety team in June 2019, giving staff further information on identifying risks and triggers and the correct procedures to follow. Following this, ongoing support in the form of mentoring has also been given to staff to ensure that all staff are fully trained and confident in assessing the risk posed by all newly arrived prisoners.</p> <p>Healthcare staff attended the risks and triggers training in June 2019 and attend the monthly SASH training. Any individual staff that have not yet received SASH training are scheduled to attend a session by June 2020.</p> <p>The healthcare management have reviewed the existing competency training documents and created a hybrid framework. The framework recognises the specific standards and requirements needed and provides a foundation for staff training. This document is used in supporting new staff being trained in</p>	<p>Completed Regional Safety Team</p> <p>Healthcare Managers June 2020</p>

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			the reception processes. To further enhance and support the reception process and support the early days in custody model, Care UK have appointed a new reception manager who takes up post in March 2020.	Completed Healthcare Manager
6	The Governor should initiate an investigation into the actions of the officer who carried out Mr Still's first night interview on 5 April and the officer who was responsible for the first night checks on the night of 5/6 April 2019, and consider whether disciplinary action is required.	Accepted	The Governor commissioned an investigation in January 2020 under s.38 Performance of Duties which has now been completed.	Completed Governor