

Action Plan – Mr William Ansley at HMP Lewes –Self-Inflicted Death on 07/02/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should ensure that staff identify and manage prisoners at risk of suicide and self-harm in line with PSI 64/2011 and PSI 07/2015. In particular, reception staff, healthcare staff, first night staff and all others who assess risk should:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognise the additional vulnerabilities of newly arrived prisoners and have a clear understanding of their responsibilities and the need to share and record relevant information about risk; <input type="checkbox"/> Start ACCT procedures whenever a prisoner has significant risk factors, regardless of the prisoner's stated intentions; and <input type="checkbox"/> Document the information considered when deciding whether or not to start ACCT monitoring. 	Accepted	<p>A new Local Operating Procedure (LOP) First Night Safety Protocols was written and published in March 2019 following Mr Ansley's death. The protocol gives guidance on care and support for new arrivals at Lewes and there is now a designated Custodial Manager for reception and another for the First Night Centre to ensure compliance with the LOP. Assurance of this is fed back to the Head of Safety.</p> <p>All new arrivals are screened in reception by both Prison and Healthcare staff within the first two hours of arriving at Lewes. This allows for sharing of risk information to be conveyed at the earliest opportunity. If a decision is made not to open an ACCT for a new arrival who has risk factors for self-harm this decision is documented on NOMIS, in line with the LOP and is shared with the Healthcare screener.</p> <p>Staff working in reception have all received Suicide and Self Harm (SASH) training and reminders for staff are displayed in the reception and first night areas.</p> <p>The local prison safety team are providing refresher training on ACCT documentation for all Healthcare staff to improve understanding. Attendance at this training will be registered.</p> <p>Hard copies of PSI 64/2011 and PSI 07/2015 have been made available to all Healthcare staff and by December 2019 all staff will have signed that they have read and understood both PSIs.</p> <p>Policy on a page is being produced and made available to all healthcare staff</p>	Head of Healthcare and Head of Safety December 2019

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			<p>and they will document relevant information on SystmOne in regards to the ACCT process and decisions made. The Head of Healthcare will provide assurance that all staff are briefed on this to the Head of Safety.</p> <p>An ACCT audit will be completed for the Inpatient Unit by the Healthcare Management team on a weekly basis. Feedback will be shared with the prison at the weekly Safety Intervention Meeting.</p>	
2	The Prison Group Director of Kent, Surrey and Sussex Group should write personally to the Ombudsman setting out what she is doing to satisfy herself that meaningful action is being taken to improve the assessment and management of the risk of suicide at Lewes.	Accepted	The PGD will respond personally to the Ombudsman by December 2019 setting out the meaningful actions which are being taken to improve the assessment and management of risk at HMP Lewes.	PGD for Kent, Surrey and Sussex
3	The Head of Healthcare should ensure that all healthcare staff are: <input type="checkbox"/> Aware of the PCLDS's local policy for sharing concerns about suicide and self-harm; and <input type="checkbox"/> Able to access the electronic medical record used by PCLDS staff.	Accepted	Healthcare are liaising with the local PCLDS to obtain a copy of the policy for sharing information. This policy will be made available to all Healthcare staff. It has been confirmed that the Healthcare department at Lewes can access the electronic medical records used by PCLDS staff.	Head of Healthcare Sussex Partnership Foundation Trust November 2019

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4	The Governor should remind staff of the procedure for conducting overnight checks on newly arrived prisoners in the first night centre.	Accepted	<p>The process for carrying out overnight checks on new receptions is covered in the newly published Local Operating Procedure entitled First Night Safety Protocols. This states that during the night, between the hours of 2200 and 0600 hours, three irregular observations will be made to check the welfare of the residents on their first night.</p> <p>The Custodial Manager who oversees the First Night Centre will provide assurance of this through CCTV footage to ensure that the process has been properly embedded.</p>	Head of Safety December 2019
5	The Governor should ensure that all prison staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies, including that staff promptly use an emergency code to communicate the nature of an emergency.	Accepted	<p>We continue to brief staff regarding the use of Code Red and Code Blue and the importance of using them to ensure the emergency services are called immediately. A further Notice To Staff was published in October 2019, and was shared on the intranet and circulated via an all-staff email.</p> <p>Monthly 'bite size' training events have been introduced. These take place on two days each month and each function within the prison holds a ten minute session with a small group of operational and non-operational staff. The first event took place in August 2019 where the Head of Safer Custody briefed 59 staff members on the importance of using emergency codes appropriately.</p> <p>Everyone who attends this training is issued a small 'business card' with an explanation of the emergency codes as a reminder to keep on them.</p>	Head of Safety Completed