

Action Plan – Mr Lance Clark at HMP Chelmsford – Self-Inflicted Death on 28/11/2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines, in particular, that they:</p> <ul style="list-style-type: none"> • consider all risk factors when assessing a prisoner's level of risk and do not just rely on what the prisoner says or how he appears; • ensure caremaps reflect meaningful actions to address an individual's risks and protective factors; • ensure that the ACCT is not closed until the prisoner's concerns have been fully addressed and that post-closure reviews are carried out thoroughly; and • use the enhanced case management process where appropriate. 	Accepted	<p>New guidance was produced and circulated in August 2020 aimed at reminding staff of the importance of considering all risk factors when assessing a prisoner's level of risk. The Safer Custody Custodial Manager has been a visible presence on all wings from April 2020, assisting case managers with ACCT reviews, caremaps, identifying risk and protective factors and helping to up-skill the staff.</p> <p>Since August 2020, three issues of the Chelmsford Safer Prisons Newsletter have been published, providing a new and engaging way to remind staff of the important aspects and considerations needed when dealing with ACCTs and complex cases. All Safety Guidance published from the national Safety team is shared through notices to staff by the Safer Custody Hub Manager.</p> <p>The introduction of the Custody Care Record in August 2020 has helped to highlight any risk factors associated with the individual and this in turn supports conversation regarding these risks and how to mitigate them. The Care Record ensures more effective handovers of important information relating to risk from reception and induction staff to residential staff when transferring a prisoner on to main location. The front page includes a "key factor handover" where staff can circle yes or no to statements related to risk, for example, "concerns regarding mental health" and "previous ACCT history". This ensures staff can quickly see if there are any risk factors related to this individual. These risks are expanded on within the document, guiding staff to action whether they have seen warnings on the PER related to self-harm/suicide and whether there are any</p>	Head of Safety Completed

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			<p>NOMIS alerts. The document ensures that staff ask about current thoughts of self-harm and previous suicide attempts, what the individuals protective factors are if they are diagnosed with any mental health condition. This document remains located in the prisoners wing file and can be used to assist in ACCT assessment/reviews and key worker sessions.</p> <p>New guidance regarding the enhanced case management process has been circulated to all case managers and they have been briefed regarding the importance of considering this when supporting a complex individual. In addition, in December 2020 a request was made to HMPPS Psychological Services for Complex Case training for staff, and they are currently in the process of designing a package for Chelmsford which it is hoped can be delivered in 2021.</p>	
2	The Governor should ensure that a copy of this report is shared with the CM and SOs A-H and that a senior manager discusses the Ombudsman's findings with them.	Accepted	The Deputy Governor held individual meetings with the members of staff in June and July 2021 to discuss the report and its finding.	Deputy Governor Completed
3	The Governor should share a copy of this report with the Head of Safer Custody and personally discuss the Ombudsman's findings with him.	Accepted	The Governor shared and discussed the report with the member of staff in June 2020.	Governor Completed
4	The Prison Group Director for Hertfordshire, Essex and Suffolk should write to the Ombudsman	Accepted	Following a number of deaths in custody at the establishment in 2019 and 2020, the PGD directed reviews of safety systems in November 2020 by the regional safety team. This work has been	Prison Group Director September

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	<p>setting out the steps he is taking to ensure that the lessons of this report are put into practice at Chelmsford.</p>		<p>completed and findings fed back to the PGD, the Governor and the establishment safety team. This work has been converted into a safety action plan which will address delivery issues within the establishment which include issues raised in this and other reports. This work will be reviewed through regional assurance processes and form part of the ongoing bi-lateral processes undertaken with the Governor.</p> <p>Additionally, the PGD has commissioned an enquiry into staff culture at HMPYOI Chelmsford which may enable a more fundamental understanding of the reasons there have been a number of deaths at the establishment. This will look at underpinning issues which may have had an effect on the delivery of custodial services across all functions where delivery may have affected the integrity of safety within the prison. This piece of work will be undertaken with the support of the national safety team who will direct the undertaking of the enquiry from resources external to the HES prison group. The PGD will write to the PPO on the findings of this review and update her on any further support that is given to HMPYOI Chelmsford following the enquiry findings.</p>	<p>2021</p>
<p>5</p>	<p>The Governor should put in place a local key worker policy which ensures that all prisoners have frequent, meaningful contact with an identifiable key worker in line with the national key worker programme, and that this contact is recorded.</p>	<p>Accepted</p>	<p>While a key worker policy has been in place since 2017, this has been in the roll out phase, during which it is recognised that delivery of key worker sessions may not be at the level required once official sign-off at national level has been achieved.</p> <p>The local key worker policy is scheduled to be reviewed and revised, and this updated policy will be re-issued when the current national</p>	<p>Head of OMU July 2021</p>

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			guidance in place around delivery of key work during the current pandemic is lifted.	
6	The Governor should put in place a system for the effective management of razor blades and sharp items, particularly for prisoners at risk of suicide or self-harm, in line with HMPPS's safety briefing of April 2019.	Accepted	<p>A razor risk assessment was produced January 2021. All existing ACCTs were assessed using the new assessment and all new ACCTs now have an assessment completed when they are opened. The assessment encourages consideration of the individual's previous and current self-harm and allows the case manager to decide what level of restriction, if any, there will be with regards to the use of razors. These assessments are quality assured during the ACCT QA process.</p> <p>A copy of this risk assessment is kept with the ACCT so staff are aware of any restrictions to access and a second copy is stored by Safer Custody who can review this as and when it is needed.</p> <p>A one page guidance was produced and circulated to all staff via a notice to staff and posters were displayed in all offices so all staff are aware of the new process.</p>	Head of Safety Completed
7	The Head of Healthcare should put a system in place to facilitate a patient referral for a review by a psychiatrist, including when a re-referral for an individual would be appropriate.	Accepted	Creation and operationalising of clear mental health referrals based on patient risk so that, among other things, urgent patients are seen within 4 hours. The necessary pathways for this have been embedded: the Reception pathway includes Mental Health referrals; the Secondary health pathways includes Mental Health referrals where patient scores the appropriate level of risk.	Head of Healthcare Completed

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8	The Head of Healthcare should work with IAPT to revise the procedures for the completion of self-assessment forms following an IAPT referral. This should include a system of healthcare prompting and/or supporting individuals who have been referred to the service in order to ensure that they are given the opportunity to complete the required self-assessment, before being discharged from the service without intervention.	Accepted	PIM to discuss to with the IAPT service the self-assessment process. The IAPT service will no longer be sending out self-assessment forms; instead they will conduct assessments face to face when they receive a referral and patient discharge will be face to face if the prisoner does not want to engage with IAPT or are unsuitable.	Head of Healthcare Completed
9	The Head of Healthcare should provide training to all staff, including agency RMNs, to equip them with tools that can be used to provide support for individuals who have a long history of self-harming.	Accepted	All staff attend two day training course SASH (Suicide and self-harm); the training modules includes identifying triggers and explains the process of how to open and complete an ACCT document All permanent staff attend two day training course SASH (Suicide and self-harm) as part pf their induction. Any staff sourced through Medteam are prison cleared clinicians. If they have not had ACCT training in a previous establishment then the Governor has agreed that they can attend the ACCT training part of the induction as the earliest opportunity. Internal training/awareness is also given by the Clinical Lead. Mental Health policies have been reviewed and updated and published on Radar.	Head of Healthcare Completed
10	The Head of Healthcare should ensure that healthcare staff are aware of the requirement to	Accepted	All staff attend two day training course SASH (Suicide and self-harm); the training modules includes identifying triggers and explains the process of how to open and complete an ACCT	Head of Healthcare Completed

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	complete the caremap, and have the knowledge and ability to complete it, as part of the ACCT process.		document. All permanent staff attend two day training course SASH (Suicide and self-harm) as part pf their induction. Any staff sourced through Medteam are prison cleared clinicians. If they have not had ACCT training in a previous establishment then the Governor has agreed that they can attend the ACCT training part of the induction as the earliest opportunity. Internal training/awareness is also given by the Clinical Lead. Mental Health policies have been reviewed and updated and published on Radar.	
11	The Head of Healthcare should share this report with Nurses A-I and discuss the Ombudsman’s findings with them.	Accepted	The report has been shared with the relevant team members; additionally, lessons learned are discussed at weekly MH team meeting.	Head of Healthcare Completed