

Action Plan in response to the PPO Report into the death of Mr Raycey McDonald on 05/11/2020 at HMP High Down

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	<p>The Governor and the Head of Healthcare should ensure that staff manage prisoners at risk of suicide and self-harm in line with PSI 64/2011, including that prison and healthcare staff:</p> <ul style="list-style-type: none"> • share all information that affects risk; • start ACCT monitoring procedures when a prisoner has significant risk factors, or record their reasons for not doing so; and • open an ACCT if a prisoner indicates that he is at risk of attempted suicide and self-harm and do not rely solely on what a prisoner says or how he presents. 	Accepted	<p>An updated version of ACCT (v6) was rolled out in July 2021. In line with this all staff including healthcare and non-directly employed staff received briefing sessions on ACCT in general as well as on the updated document.</p> <p>All staff including non-directly employed staff receive SASH training, which will be re-commenced as part of the establishment training review when possible following the Covid pandemic.</p> <p>All new staff receive a briefing about ACCT during their induction period from a member of the Safety Team and a booklet outlining the basic principles of when an ACCT should be opened, and how this is done.</p> <p>Risks and triggers awareness sessions relating to ACCT are being facilitated by the Group Safety</p>	<p>Head of Safety</p> <p>Head of Safety Head of Business Assurance</p> <p>Head of Safety</p>	<p>March 2022</p> <p>January 2022 Completed</p>



			<p>Team and certain groups of operational staff in high-risk areas will be prioritised.</p> <p>The Head of Healthcare and Head of Safety will carry out an ACCT briefing session for CNWL staff incorporating the importance of sharing information with discipline staff.</p>	<p>Regional Safety Team Lead and Head of Safety</p> <p>Head of Healthcare</p> <p>Head of Safety</p>	<p>February 2022</p>
2	The Governor should ensure that staff conduct meaningful welfare checks during a restricted regime, in line with the Exceptional Delivery Model.	Accepted	<p>In line with the Exceptional Delivery Model (EDM) wellbeing checks are being monitored weekly by Safety and Residential Managers. A newly established Residential/ Safety Assurance meeting will include data and QA on wellbeing checks and this is also addressed in the weekly Residential Assurance Meeting.</p> <p>Monthly briefings delivered by the Head of Residential and Head of Safety to Supervising Officers cover the requirements for conducting welfare checks.</p> <p>The importance of welfare checks and expectations of how these are conducted was reinforced through staff briefings for relevant staff conducted by the Safety Team in December 2021, and a Governor Information Notice was also re-published covering this.</p>	<p>Head of Safety</p> <p>Head of Residential</p> <p>Head of Residential</p> <p>Head of Safety</p>	<p>February 2022</p> <p>February 2022</p>



3	<p>The Governor should ensure that:</p> <ul style="list-style-type: none"> • all prison staff are made aware of and understand their responsibilities during medical emergencies, including that night staff enter cells as quickly as possible in a life-threatening situation; and • the night patrol officer's form is amended to include specific instructions on entering a cell at night. 	Accepted	<p>Following a full review of the management of nights, new guidelines and instructions were issued in August 2021.</p> <p>The new guidelines include safety information regarding ACCTs and procedures, and the need for a full briefing from the Night Orderly Officer. The Night Patrol Officer's Sheet also now reinforces the importance of entering a cell in a life-threatening situation.</p> <p>In addition, a reminder Governors Information Notice will be sent out reminding staff of the importance of entering cells in life threatening situations.</p>	Head of Security	February 2022
4	<p>The Head of Healthcare should ensure that healthcare staff request full GP records for newly arrived prisoners.</p>	Accepted	<p>A notice has gone out to all staff reminding them of the requirement for all patients arriving in HMP High Down to be asked to consent for the healthcare team to obtain their GP records.</p> <p>The Head of Healthcare will conduct an audit of new receptions who have consented to their records being obtained to monitor compliance</p>	Head of Healthcare	March 2022
5	<p>The Governor should share this report with Officer B and the OSG and arrange for a senior manager to discuss the Ombudsman's findings with them.</p>	Accepted	<p>The report will be shared with the named Officer by the Head of Safety who will discuss the findings with them.</p> <p>The named OSG now works at a different establishment, and the report will be sent to that prison's Head of Safety so that it can be shared with the member of staff.</p>	Head of Safety	February 2022



6	The Governor should share this report with the offender supervisor to ensure she is aware of the Ombudsman's comments about her good practice.	Accepted	The Head of Safety will share the report with the named individual and share the comments regarding her good practice.	Head of Safety	December 2021
7	The Head of Healthcare should share this report with Psychiatrist A and discuss the Ombudsman's findings with him.	Accepted	This individual no longer works for CNWL but this report will be passed on to him by the Health and Justice Clinical director	Head of Healthcare	February 2022

