

Action Plan – Mr Michael Smith at HMP Durham – SID on 13/07/2020

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should ensure that all reception staff:</p> <ul style="list-style-type: none"> • know the risk factors and triggers for suicide and self-harm as set out in PSI 64/2011; • consider and record all the known risk factors of a newly arrived prisoner when determining the risk of suicide and self-harm; • understand that they must take risk factors into account when assessing risk and not rely solely on what a prisoner says or how he presents; • start ACCT procedures where appropriate; and • record the information considered and the reasons for the decision about whether to start ACCT procedures. 	Accepted	<p>A review of reception processes will be undertaken to ensure the current measures to assess a newly arrived prisoner's risk of suicide and self-harm, including the need to consider and record any risk factors identified from accompanying documentation, are clear and effective. This will also test whether the assurance measures in place are robust and demonstrate clear lines of accountability.</p> <p>The Head of Safer Prisons is also in the process of producing a bespoke risk and trigger identification training package which will be rolled out in August 2021. This will initially be targeted at all staff working in high risk areas including reception. Case managers and those working with foreign national prisoners will also be prioritised before this is rolled out across the establishment. In the interim, a Governor's Notice to Staff (GNTS) has been published reminding staff of the risk factors that need to be considered when determining a prisoner's risk of suicide and self-harm.</p> <p>Hard copies of PSI 64/2011 have also been made easily accessible to all staff working in reception so that they can reference the list of risks and triggers it contains, as required. Excerpts from Chapter 3 - Risks and Triggers, are also displayed in the Reception Senior Officer's (SO) office to assist with the identification of risk of suicide and self-harm during that part of the reception process.</p> <p>The Reception SOs have also been provided with a link that allows them to access the safety bulletins published by the National Safety team which highlights prisoners who are deemed to be at a heightened risk of suicide and self-harm. These include transgender prisoners, licence recalls, foreign</p>	Head of Safer Prisons/Head of Transformation August 2021

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			<p>national prisoners who are, or are about to be held on under Immigration Act powers.</p> <p>The local vulnerabilities assessment is now embedded as part of reception and first night procedures. This assessment is used on reception to prompt staff to consider all available risk information rather than rely on a prisoner's presentation alone and to start ACCT procedures where appropriate. This was introduced to ensure that all risks have been captured and to allow for this information to be easily shared with all those involved in the first night process.</p> <p>A Suicide and Self-harm (SASH) monitoring log has also been introduced to record all those prisoners arriving into custody with a SASH warning form. In these cases the SO must make a defensible decision as to whether they open an ACCT or not, and record the outcome on the log. To strengthen processes further, the Senior Management team undertake a regular check to offer assurance that in each case all of the required documentation has been completed accurately and if no ACCT has been opened, that a defensible decision has been recorded by the SO.</p> <p>A review of reception patients from the previous evening is also undertaken by healthcare each morning, to ensure that any immediate concerns are escalated and discussed at the daily safety huddle.</p> <p>The new version of ACCT, rolled out in July 2021 puts increased emphasis on risk and triggers identification, and all staff have now received awareness training specific to their roles and responsibilities in relation to ACCT which highlights the key changes to the procedures.</p>	

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2	The Governor and Head of Healthcare should ensure that all staff, including healthcare staff, are aware of their responsibility to complete the vulnerabilities assessment fully, including when a prisoner is in the segregation unit.	Accepted	The reception Standard Operating Procedure (SOP) will be reviewed and updated to ensure all staff, including healthcare, are aware of their responsibilities when assessing a newly arrived prisoner's risk of suicide and self-harm, including the need to complete the local vulnerabilities assessment. The SOP will also make clear that should it be necessary to locate a prisoner directly to the Separation and Care Unit (SACU), then the assessment should be completed on the that unit.	Head of Residence/ Head of Healthcare September 2021
3	The Governor and Head of Healthcare should ensure that: <ul style="list-style-type: none"> • a reception health screen takes place on a prisoner's first day in custody and that healthcare staff have access to all relevant information; and • if, exceptionally, the screen does not take place: <ul style="list-style-type: none"> ○ the reason is clearly documented in a prisoner's medical record; and ○ healthcare and prison staff should work together to ensure the screen takes place as soon as possible after the prisoner's arrival. 	Accepted	<p>The revised reception SOP will specify the need for a reception health screen to be undertaken on a prisoner's first day in custody.</p> <p>To ensure healthcare staff have access to all pertinent information when assessing the prisoner's medical needs, a file is now collated by the Reception SO which contains the vulnerability assessment, cell sharing risk assessment (CSRA), ID card, prison escort record (PER) and SASH warning form (if there is one), which is handed directly to a nurse.</p> <p>The reception SOP will also set out the steps that must be taken if a health screen cannot be completed immediately on arrival, including the requirement for decisions to be documented within the medical record.</p> <p>Training and awareness of the updated SOP will be mandatory for all staff working in high risk areas, such as reception, the first night centre, SACU and the vulnerable prisoners unit. This will also ensure that there is a collaborative approach to ensuring screenings can take place as soon as possible after a prisoner's arrival.</p>	Head of Operations/ Head of Healthcare September 2021

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			Audit processes will be updated and embedded to ensure compliance to the new reception SOP.	
4	The Governor and Head of Healthcare should ensure that the segregation health screen is completed in the segregation unit within two hours of a prisoner's arrival.	Accepted	<p>A log is in place within the SACU to record whether a prisoner has been seen by a member of the healthcare staff within the mandatory two hours of arrival. Segregation staff have been reminded through staff briefings that where this has not been possible then an additional two welfare checks per hour must be undertaken. There is now an embedded management check in place to ensure compliance with the national guidance.</p> <p>A Notice to Staff will also be circulated to all prison staff to remind them of this requirement.</p> <p>In response to concerns raised in previous PPO reports, the Head of Healthcare has introduced a programme of bite sized training sessions for all healthcare staff. These have targeted areas such as reception and segregation and staff have been reminded of the need to complete a segregation health screen within two hours of a prisoner's arrival in the SACU. Segregation awareness training will continue to be delivered on a quarterly basis to ensure any new healthcare joiners have been captured. The sessions are recorded so that they can be easily accessed should staff wish to revisit the training.</p> <p>Clinical templates have also been updated to make clear what is required and the segregation initial screen will be developed into a SystemOne template to ensure a copy is also readily available to healthcare staff.</p>	Head of Operations/ Head of Healthcare September 2021
5	The Governor and the Head of Healthcare should review Durham's secreted items	Accepted	The secreted items policy will be reviewed and updated to ensure that the necessary safeguards are in place, so that when a prisoner is being managed	Head of Security/

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	<p>policy to ensure that:</p> <ul style="list-style-type: none"> • prisoners' risks and needs are properly assessed on arrival by both prison and healthcare staff; and • staff in the segregation unit understand and comply with the policy's requirements. 		<p>under this policy they are afforded the required level of assessment of risks and needs.</p> <p>The reception SOP will also be updated to ensure it takes account of the revised secreted items policy, so that staff are aware of the actions that must be taken when prisoners are being managed under this policy during reception.</p> <p>Awareness sessions regarding the updated policies will then be delivered to all staff working in those areas to ensure compliance and understanding.</p>	<p>Head of Healthcare September 2021</p>
6	<p>The Governor should initiate investigations into the conduct of CM A, Officer A and Officer B on 11 July 2020 with a view to considering whether disciplinary action is appropriate, and inform the Ombudsman of the outcomes.</p>	Accepted	<p>The Use of Force team have been asked to conduct their own external review and are currently interviewing the staff involved as part of that process. They will then report their findings back to the Governor, so that a decision can be made regarding whether any disciplinary action is appropriate.</p>	<p>Governing Governor October 2021</p>
7	<p>The Governor should ensure that local use of force training emphasises the law on the use of force and de-escalation techniques.</p>	Accepted	<p>Five minute intervention training, which has an emphasis on de-escalation techniques and promotes using force only when proportionate and necessary, has now been delivered to all staff and also forms part of the Prison Officer Entry Level Training (POELT) provided to new prison officers. A Control and Restraint (C & R) refresher course, is also completed by all operational staff on an annual basis.</p> <p>From July 2021, the Use of Force committee has moved from monthly to weekly meetings. The purpose of the meeting is to review incidents where force was used. A triangulation of staff statements, BWVC and CCTV is</p>	<p>Head of Residence Completed</p>

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			undertaken to check for consistency and to ensure all use of force principles have been observed including de-escalation technics. Any inappropriate use of force is identified so that feedback can be provided and action taken as appropriate. Examples of good practice are also identified and shared with staff for learning purposes.	
8	<p>The Governor and Head of Healthcare should ensure that after a use of force:</p> <ul style="list-style-type: none"> • a member of healthcare staff is always asked to examine a prisoner; and • Form F213 is completed accurately by prison and healthcare staff and is stored safely. 	Accepted	<p>A Governor's Notice to Staff (NTS) will be issued to make clear that it is the responsibility of the Orderly Officer at the time of the use of force to ensure that a member of healthcare is notified of the incident and that the prisoner is checked for any injuries. The use of force log also has a section to record which member of healthcare staff has assessed the prisoner.</p> <p>The Safer Custody team are now responsible for collating the F213s and ensuring that these have been fully completed by both operational and healthcare staff and are retained for monitoring purposes.</p> <p>In addition, the Use of Force committee is now scheduled to take place on a weekly basis to ensure any issues regarding use of force can be promptly addressed. All F213s are monitored as part of the meeting for consistency and to ensure that they have been completed accurately. Any identified issues will then be escalated through the line management process. A review of any injuries sustained as result of a use of force incident is also carried out. The quality and consistency of F213s will also now form part of the agenda for discussion at the monthly Safer Prisons meeting.</p>	Head of Residence/ Head of Healthcare/ Head of Safer Prisons September 2021
9	<p>The Governor and Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> • segregated prisoners are managed appropriately in line with PSO 1700; 	Accepted	Staff working in the SACU are required to complete a full induction regarding the processes that they must follow, including the completion of the cell sharing risk assessment and the vulnerabilities assessment.	Head of Residence/ Head of Healthcare/

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	<ul style="list-style-type: none"> • segregation paperwork is appropriately completed and records made of any significant interactions; and • staff are reminded to be particularly alert to signs of drug taking in prisoners who have been segregated under the secreted items policy. 		<p>Segregation awareness training is also being delivered to healthcare staff on a quarterly basis to ensure that they are aware of their role and responsibilities within this area.</p> <p>In addition, healthcare staff at HMP Durham are currently part of a segregation pilot commissioned by NHS England, which is aimed at ensuring staff understand their responsibilities when a prisoner is placed in segregation. Feedback will be used to strengthen current practices. In order to provide additional insight into operational processes within the SACU and give context to the procedures that need to be followed when managing segregated prisoners, the Head of Healthcare is also looking to engage senior prison staff in arranging briefing sessions for healthcare staff.</p> <p>A new segregation weekly booklet has now been introduced which amalgamates all previous segregation recording sheets together in one place. Each prisoner has their own booklet, which means an individual's records are more readily accessible to staff. The booklet also contains a section to record any comments regarding significant interactions, as well as a prompt regarding the number of required checks needing to be undertaken, including for those prisoner's subject to the secreted items policy.</p> <p>The Head of Healthcare will feed into the review of the secreted items policy to ensure staff are aware of what they should look for when prisoners are suspected of concealing items internally or are under the influence of drugs.</p>	<p>Head of Safer Prisons October 2021</p>
10	<p>The Head of Healthcare should ensure that prisoners at risk in the segregation unit receive appropriate DART monitoring and that healthcare</p>	Accepted	<p>The NHS segregation pilot will also consider the escalation process when healthcare staff have been unable to see a prisoner in person in order to evaluate their medical needs. Once the results have been evaluated, guidance will be updated to make clear how issues should be raised and</p>	<p>Head of Healthcare October 2021</p>

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	staff complete regular rounds in the segregation unit.		recorded, so that further consideration can then be given to ensuring required mandatory testing and recommended monitoring, such as DART can be undertaken.	
11	The Governor should ensure that: <ul style="list-style-type: none"> • officers understand the importance of communicating the details of a medical emergency as quickly as possible; and • control room staff call an ambulance as soon as they receive a medical emergency code. 	Accepted	Staff are frequently reminded of their responsibilities and the actions that must be taken during a medical emergency as part of regular staff briefings. A Governor's NTS will continue to be issued twice a year to reinforce the importance of ensuring that details of a medical emergency are communicated to the control room as quickly as possible and that control room staff must request an ambulance as soon as a medical code is called.	Head of Safer Prisons Completed
12	The Governor and Head of Healthcare should ensure that a copy of this report is shared with all staff named in this report and that a senior manager discusses the Ombudsman's findings with them.	Accepted	<p>The Head of Safer Prisons has provided all named HMPPS staff with a copy of the draft report. This has been followed up with a conversation about their involvement. For those involved with the use of force, the documentation and body worn camera footage has also been discussed.</p> <p>A copy of the Ombudsman's report has also been sent to the named healthcare staff and the Head of Healthcare will arrange for a discussion to take place regarding the findings.</p>	<p>Head of Safer Prisons Completed</p> <p>Head of Healthcare August 2021</p>