

Action Plan - Mr Michael Warwick at HMP Hull - Self-Inflicted Death on 05/11/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p><u>For HMP Humber</u> The Governor should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including continuing ACCT monitoring until the risk posed by the prisoner has reduced and all caremap actions have been completed.</p>	Accepted	<p>All newly employed prison staff receive Suicide and Self-Harm (SASH) training which includes awareness of ACCT procedures during the induction process. Staff are provided with an overview of safer prisons and guidance around the opening of an ACCT, including risk identification.</p> <p>A Safer Prisons up-skilling plan was introduced in September 2020, targeting staffing groups across the establishment to include suicide and self-harm awareness, specifically around caremap quality and individualised risk management. An ACCT case management up-skilling session will also be delivered to staff by the Group Safer Custody support team focusing on multi-disciplinary involvement during ACCT reviews, particularly in relation to the Prison/Probation Offender Manager (POM).</p> <p>Monthly key message alerts and guidance notices are developed locally in line with national guidelines and frequently shared with staff. These have included a reminder of the risk factors and triggers that should be considered when assessing the risk of suicide and self-harm and guidance in relation to good quality caremaps.</p> <p>Quality assurance procedures are in place with frequent management checks to dip test ACCT processes. A new Challenge Log has now been developed to appropriately identify and escalate any staff who continue to require further learning and development with regards to ACCT procedures.</p> <p>A guidance email, which includes learning information regarding transfers to</p>	Head of Safety Completed

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			<p>other custodial settings, release from custody and transferring prisoners on an open ACCT was re-circulated to appropriate staff in October 2020. Paper copies have also been shared at morning management briefings. The email also reiterated the requirement for caremap actions to be identified, completed and then signed and dated before the ACCT can be considered as being closed.</p> <p>In addition, the importance of ACCT and transfer processes was communicated to all Band 4 and 5 Case Managers by the Head of Residence in July 2020 via email and was also covered in the Band 4 and 5 Residential meetings in September 2020.</p>	
2	<p><u>For HMP Humber</u> The Governor should ensure that this report is shared with the SO and that a senior manager discusses the Ombudsman's findings with him.</p>	Accepted	The named member of staff has been provided with the Ombudsman's report and the Governing Governor has discussed this with them to review the findings. The Safer Custody Management team have also provided one to one ACCT up-skilling with this member of staff for further learning around ACCT.	Governing Governor Completed
3	<p><u>For HMP Hull</u> The Governor of Hull should ensure that reception, first night staff and all others who assess risk:</p> <ul style="list-style-type: none"> • consider and record all the known risk factors of a newly 	Accepted	All new operational staff receive Suicide and Self-Harm Training (SASH) as part of their initial prison officer training. This is a national prison service package designed to ensure that staff understand the risks factors which must be considered when assessing a prisoner's risk of suicide and self-harm. Non-operational staff also receive SASH Training as part of their induction. An ongoing programme of refresher training for all staff is being delivered as part of the establishment's training plan.	Head of Residence & Safety Completed

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	<p>arrived prisoner when determining their risk of suicide or self-harm;</p> <ul style="list-style-type: none"> • note and consider all information from all available records including person escort records (PERs); and • open an ACCT if a prisoner indicates that he is at risk of attempted suicide and self-harm, irrespective of his demeanour. 		<p>In May 2020, a review of the Early Days in Custody process was undertaken, resulting in revised paperwork being introduced in both reception and the First Night Centre. This provides a prompt for staff to look for, identify and record any risks of self-harm or suicide more effectively and staff are required to confirm what documentation has been checked. This has led to an increase in the number of ACCT plans being opened on reception. A check conducted one month after this new process was introduced confirmed that 90% of these plans were as the result of risk identified on reception and that these had been opened appropriately.</p> <p>Further training on the assessment of risk during the reception process has been delivered to all reception staff by the Group Safety team, to ensure ACCT procedures are started where appropriate. The aim is that staff are able to demonstrate a clear understanding of risk of suicide or self-harm and do not base decisions around ACCT on presentation alone, particularly in relation to newly arrived prisoners. This will ensure that staff are better able to define, identify and manage risk of suicide and self-harm.</p> <p>A process of assurance has also been introduced whereby Custodial Managers carry out a review within 72 hours of an ACCT plan being opened, to check quality and that the appropriate management plan is in place. The Duty Governor also conducts a spot check of a sample of ACCT documents to assure the quality of the process and documentation.</p>	

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			<p>HMP Hull will continue to be supported by the Yorkshire Prison Group Safety team, who will provide regular independent assurance visits and feedback on any areas where performance is not to the required standard.</p> <p>To develop their current training practice further, healthcare will devise a training support guide on how to use the national reception screening template and ensure that this is provided as part of staff training. Copies will be made available in the reception nurse screening rooms for reference.</p> <p>The reception nurse will also check SystmOne patient record prior to meeting the patient for a reception screening to merge any historical patient information if available.</p>	<p>Head of Healthcare March 2021</p>
4	<p>The Governor should ensure that all prison staff are made aware of and understand their responsibilities during medical emergencies, including that:</p> <ul style="list-style-type: none"> • night staff enter cells as quickly as possible in a life-threatening situation; and • night staff use the appropriate medical emergency response code, by radio where possible, to effectively communicate the nature of the emergency. 	Accepted	<p>In January 2020, a new Head of Residence & Safety was appointed in order to re-invigorate the Safety Strategy at HMP Hull, including that all staff understand their responsibilities when dealing with a medical emergency. An additional resource has also been allocated to the Safer Custody team so there is now a dedicated Custodial Manager who focuses on safety and another Custodial Manager who focuses on violence reduction.</p> <p>A review of the staff induction programme has been undertaken to include medical emergency response codes, so that all staff and partners employed within the prison receive instruction on how to respond to medical emergencies.</p> <p>In April 2020, a Notice to Staff was published, reminding staff of the medical</p>	<p>Head of Residence & Safety Completed</p>

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			<p>emergency response codes (code red, code blue) and the circumstances in which they should be used. Posters detailing the medical emergency response codes have also been displayed in staff areas around the prison, providing a visual reminder and prompt as to the actions required.</p> <p>All staff and partners currently working within the prison have also now received one to one training from the Safer Custody team on medical emergency response codes to cover:</p> <ul style="list-style-type: none"> • Understanding responsibilities during medical emergencies. • Importance of prompt use of code red/blue. • Entering cells as quickly as possible after a dynamic risk assessment. • Providing information on the patient, which will include current condition, age, full name, location. • Immediate contact with ambulance service (control room staff). <p>A written record of staff trained is held by the Safer Custody team.</p> <p>All staff and partners have also been issued with a credit card size card on the use of medical emergency code red/code blue. This will be held in their ID card holder so that it can be easily referenced at all times.</p>	
5	The Head of Healthcare should ensure that newly arrived prisoners who are referred to the mental health team receive a face to face assessment.	Accepted	All patients referred to Mental Health receive a primary mental health assessment with 48 hours of referral. However this is currently under review, with a system being developed which allows for all reception prisoners to receive a primary mental health assessment within 48 hours of being received into the prison.	Head of Healthcare March 2021

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6	The Head of Healthcare should ensure that all staff understand their responsibility to start ACCT procedures if a prisoner may be at risk of suicide or self-harm.	Accepted	The use of ACCT within the Offender Healthcare Standard Operating Procedure for Healthcare was amended and ratified in February 2020. All healthcare staff have access via the healthcare internal compliance system. All healthcare staff also complete SASH prison internal training on induction. Patient records on SystemOne now have an alert system in place to identify patients who are on an ACCT when their records are accessed.	Head of Healthcare Completed
7	The Governor should ensure that staff adhere to the national guidelines for the IEP scheme, particularly that prisoners are set appropriate targets and have the opportunity to make representations at an appeal.	Accepted	<p>In January 2020, the IEP Scheme at HMP Hull was reviewed in line with national guidelines and fully re-launched.</p> <p>A copy of the revised scheme was issued to all staff for personal reference. Implementation was overseen by a Band 7 Operations Manager review lead, with the provision of daily floor walking in order to support to all Supervising Officers (SOs) and Custodial Managers (CMs) with the introduction.</p> <p>To ensure compliance and give assurance that the scheme is being managed appropriately, a quality assurance process has been introduced whereby the wing CM carries out a 10% check of each review to check that reviews are being recorded on a wing database. Assurance is then provided to the Head of Residence & Services through the monthly bi-lat process.</p>	Head of Residence & Services Completed
8	The Governor should ensure that staff are aware of their responsibilities under PSO 1700 when items of furniture are removed from a cell.	Accepted	In January 2020, all managers involved with incidents where the use of special accommodation may be needed were reminded via a briefing and during the Middle Managers meeting of the conditions that define special accommodation, including the removal of furniture from cells. The importance of obtaining the correct authorisation and completing paperwork accurately so that the appropriate level of observations can be undertaken was also	Head of Residence & Safety Completed

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			<p>reiterated.</p> <p>All incidents, including those involving the use of special accommodation are reviewed daily by the Duty Governor and reported to the full management team. Any identified anomalies or outstanding actions are addressed immediately.</p> <p>Incidents involving the use of special accommodation are also reviewed at the monthly Safer Custody meeting and the quarterly Adjudications Standards meeting to ensure they are being dealt with in line with PSO 1700.</p>	
9	The Governor should ensure that this report is shared with the named members of staff and that a senior manager discusses the Ombudsman's findings with them.	Accepted	The named members of staff have been issued with a copy of the PPO report and will be seen on a 1:1 basis to discuss the findings of the report and their involvement. A record of the interview will be made.	Head of Residence & Safety March 2021
10	The Head of Healthcare should share this report with the named nurses and discuss the Ombudsman's findings with them.	Accepted	The named members of staff have been issued with a copy of the PPO report, and they will be seen on a 1:1 basis to discuss the findings of the report and their involvement. A record of the interview will be made.	Head of Healthcare March 2021