

**Action Plan – Mr Anthony Warren at HMP Chelmsford –Self-Inflicted Death on 15/08/2019**

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 manage prisoners at risk of suicide and self-harm in line with national guidelines, including ensuring that they:</p> <ul style="list-style-type: none"> <li>• consider all risk factors, including suicidal statements, current self-harming behaviour and previous suicide attempts, when assessing a prisoner's risk;</li> <li>• appropriately record every act of self-harm;</li> <li>• consider the use of anti-ligature clothing or what items should be removed from prisoners at risk of self-harm during ACCT case reviews;</li> <li>• hold multidisciplinary ACCT case reviews as scheduled;</li> <li>• invite and ensure the attendance of the residential manager at an ACCT case review when a prisoner moves from the segregation unit to a residential wing; and</li> </ul>	Accepted	<p>All staff have received the national Suicide and Self-Harm (SASH) training package and all new staff receive this training during their induction week. SASH training provides in-depth information on all aspects of self-harm and suicide prevention, including the importance of following ACCT procedures correctly. It also provides detailed training on identifying risk factors and the importance of considering where these are present when assessing the overall risk.</p> <p>Quality Assurance (QA) checks of the ACCT documents were introduced in December 2019. The QA checks help to identify any further training needs and one-to-one training and support will be given to staff who are identified through this process as not completing ACCT procedures correctly. This process will reinforce the need to fully record decisions around risk in the ACCT review.</p> <p>A notice to staff was sent out in May 2020 to remind staff of the importance of recording every act of self-harm correctly so appropriate support can be considered. This will also form part of the QA checks to offer assurance.</p> <p>During ACCT case reviews consideration is given to alternative clothing as outlined in PSI 64/2011 when it is necessary to do so. A notice to staff was sent out in May 2020 to instruct staff to raise any concerns to the head of safety or the duty Governor when alternative clothing is required. A multi-disciplinary meeting is held in order to consider the impact with relevant justification for decision making.</p> <p>All case managers were reminded during senior management meetings and senior officer daily briefings in March 2020 that prior to moving a prisoner from one wing to another that an ACCT review must be undertaken involving the unit</p>	Completed Head Of Safety Head Of Healthcare

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	<ul style="list-style-type: none"> <li>adhere to the frequency of observations set out in the ACCT document.</li> </ul>		<p>manager from the receiving unit. Where the case manager is unavailable, it has been agreed that an officer from the receiving wing must also attend.</p> <p>Unit supervising officers identify and allocate an ACCT support officer where staffing allows, to give one-to-one support for individuals on an ACCT. These are allocated during the senior officer's morning briefings with reminders of the importance of noting any risk factors or triggers and offers accountability to staff members regarding adherence to levels of ACCT observations. This also forms part of the QA support process.</p> <p>Guidance for healthcare staff is routinely delivered during staff meetings and centres on ACCT guidelines and recognising risk factors. The healthcare team have taken a joint approach with the safer custody team to ensure all risk factors are considered for patients at risk of suicide and self-harm. Healthcare staff have been reminded to the requirement to attend all ACCT case reviews in March 2020 and any reviews related to mental health will be attended by a registered mental health nurse (RMN), and all ACCT reviews are to be documented on the patient records in the SystemOne records.</p>	
2	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners held in the segregation unit in line with national guidelines, including ensuring that they:</p> <ul style="list-style-type: none"> <li>authorise a prisoner's continued segregation under Prison Rule 45 if an initial</li> </ul>	Accepted	<p>A step by step guide was published in March 2020 to all Governors and custodial managers outlining the required initial healthcare segregation screens and the rules that authorise segregation. An updated defensible decision form was issued in March 2020 by the group safety team. This form now includes a section where the duty Governor signs each day to confirm that segregation is still appropriate under their authority.</p> <p>Following Mr Warren's death, it was agreed that Rule 45 should be continued if an initial disciplinary hearing was inconclusive, in order to ensure that a</p>	Completed Head of Safer Custody Head Of Residence Head of Healthcare

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	<p>disciplinary hearing is inconclusive;</p> <ul style="list-style-type: none"> <li>• complete Initial Segregation Health Screens accurately and fully; and</li> <li>• formally authorise a Defensible Decision document for any prisoner segregated while on an open ACCT.</li> </ul>		<p>segregation review board was held within 72 hours. Since then, however, segregation policy has been amended to require that the initial segregation board must be held for all prisoners held in segregation, regardless of the rule they are held under.</p> <p>Healthcare now attend the segregation unit every day with the duty Governor, IMB and chaplaincy, and the GP will attend every 72 hours to review the welfare of the patient. ACCT reviews that take place will also be attended by healthcare. All visitors to segregation unit are required to sign the visitor's book (in and out), so there is a clear record of visits from the RMN, duty Governor, IMB and chaplaincy.</p> <p>SystemOne patient records are updated accordingly, and this can be audited. Current practice ensures that the RMN enters notes into SystemOne on a daily basis. The RMN also enters data in to the logs on the segregation which are prisoner/patient specific. For audit purposes both systems can be checked and reviewed.</p>	
3	<p>The Head of Healthcare should discuss Nurse A and Nurse B's inaccurate Segregation Health Screens with them and ensure that they understand the importance of completing these documents accurately.</p>	Accepted	<p>Meetings were held with the Nurses in March and June 2020 where the requirements on Healthcare staff, including the segregation health screens, were discussed in order to increase their knowledge and understanding of the Segregation process.</p> <p>Healthcare screens are part of the morning briefing handover to all staff who may be required to assess a prisoners fitness for segregation and the process for completion of these is explained and covered for all new starters who would be required to complete this task. A programme of further training for all</p>	Completed Head Of Healthcare

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			healthcare staff has also been agreed in order to ensure that the health screens are completed correctly.	
4	The Director General of Prisons of HM Prison and Probation Service should amend Prison Service Order 1700 to ensure that an Initial Segregation Review Board is held within the first 72 hours of a prisoner being placed in segregation, regardless of which Prison Rule applies to the segregation.	Accepted	<p>The National Security Procedures team issued a security briefing note to all prisons in June 2022 to advise them they should carry out a segregation review within 72 hours of a prisoner being placed in segregation, regardless of which prison rule applies to the segregation.</p> <p>A review of PSO 1700 was commissioned in 2022 and this issue is currently being considered as part of this wider development of the policy and practices of segregation. The Segregation Policy Framework is currently under internal consultation and plans are in place for this to be published by October 2023.</p>	Completed Security Procedures Team
5	The Head of Healthcare should ensure that prisoners who self-harm receive one to one interventions separate to any treatment following a self-harm incident.	Accepted	<p>The mental health team will work collaboratively with the safer custody team and as part of this joint working, further interventions will form part of the pathway on the ACCT document.</p> <p>Following the ACCT review the mental health team book the person for a one to one review prior to the next ACCT review to investigate any further interventions that will help the prisoner, this is current practice.</p>	Completed Head of Healthcare
6	The Governor, the Head of Healthcare and the Head of IAPT should ensure that: <ul style="list-style-type: none"> <li>• all staff are aware of the circumstances that prevent</li> </ul>	Accepted	A notice to staff was circulated in March 2020 explaining IAPT and the circumstances that would cause a prisoner to be ineligible for their services. Posters which explain the IAPT requirements were also displayed on all units in April 2020 as a further reference for staff and prisoners.	Completed Head of IAPT Head of Safety Head of Healthcare

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	IAPT from accepting a prisoner's referral; and <ul style="list-style-type: none"> <li>• the Self-Referral Form is amended to ensure that all prisoners are aware of the circumstances that prevent IAPT from accepting a referral.</li> </ul>		The IAPT staff referral and prisoner self-referral forms were both updated in April 2020 to add in the guidance on the requirements for acceptance. It also outlines the reasons that IAPT would not accept a referral.	
7	The Governor should ensure, in line with PSI 64/2011, that: <ul style="list-style-type: none"> <li>• when a prisoner changes their next of kin, staff update the prisoner's NOMIS prison record promptly;</li> <li>• staff understand that restrictions on contact are limited to prisoners and not staff acting as family liaison officers; and</li> <li>• staff check all relevant records, including a prisoner's electronic medical record, for details of any family.</li> </ul>	Accepted	<p>Monthly reviews of the death in custody contingency plans were introduced in February 2020. Following the reviews, feedback was given to staff during briefings in March and April 2020 regarding the next of kin procedures.</p> <p>A full review of every prisoner in the establishment's next of kin details was undertaken in April 2020 and any details were updated where required. These full prison reviews will continue on a quarterly basis. From May 2020, all ACCT documents will also be cross-referenced with NOMIS to ensure that next of kin details provided by the prisoner in the ACCT match the records on NOMIS.</p> <p>An assessment was undertaken, with input from victim liaison and the wider CJS on appropriate actions to be taken if a prisoner is placed on an ACCT and they list their as their next of kin someone who they are court-ordered 'not to contact'. If appropriate, the prison may ask the 'not to contact' person if they are content with acting as the next of kin in the event of an emergency, in order to avoid the potential for distress to be caused to them should this contact be unwelcome. This information would be available in the event of an emergency so contact is clearly appropriate to the individuals making swift decisions.</p>	Completed Head of Safety