Action Plan in response to the PPO Report into the death of

Mr Richard Collier on 01/08/2020 at HMP Chelmsford

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Governor and Head of Healthcare should ensure that all staff who assess risk: • identify the risks associated with new prisoners' index offences, consider all external sources of information provided to them and update NOMIS and SystmOne accordingly; and • start ACCT procedures whenever a prisoner has significant risk factors, irrespective of their presentation or stated intentions.	Accepted	The reception process was restructured in July 2021 and all staff were reminded to check the PERs during the reception interviews for any warnings or information related to risk of suicide or self-harm. Staff were also reminded of the importance of this during briefings, and to raise any concerns with a manager if they are unsure or need further guidance. All reception Officers have received the updated ACCT version 6 (v6) training by the Operations Custodial Manager. This included guidance on identifying risks, starting ACCT procedures and updating NOMIS following each assessment. Additionally, ACCT guidance sessions covering identifying and considering the risks and triggers of suicide and self-harm have taken place with the majority of Supervising Officers, Custodial Managers and Governors. The national reception training package was delivered to all reception staff in July 2021 and included guidance for staff on identifying risks and making defensible decisions. Staff will also attend the national course as spaces become available. The Standards Coaching Team held a safety week in November 2021 which provided training on considering the risk	Head of Safety, Head of Operations HMPPS	Completed

			factors of suicide and self-harm when deciding whether to open an ACCT. Individual coaching is also provided to operational staff on the residential units during the assurance checks to ensure that all staff are aware of the requirements. Healthcare staff were informed of the revised reception process and all staff have received the updated training package which was signed off by a trained reception nurse. All healthcare staff were required to sign this document to agree that they had received full training and were competent to complete full reception duties. Part of the new process for healthcare staff includes checking all alerts and completing mental health referrals, adding them onto the SystmOne ledger and sending a task so that checks are completed as a safeguarding measure.	Head of Healthcare Castle Rock Group Medical Services (CRG)	
2	The Governor should undertake an internal investigation into the circumstances of Mr Collier's death, looking particularly, but not exclusively, at the actions/inactions of Officer A and Supervising Officer (SO) A, with a view to considering whether disciplinary action is appropriate.	Accepted	An internal investigation was commissioned by the Governor which concluded in November 2021.	Governing Governor HMPPS	Completed
3	The Head of Healthcare should: • undertake an internal investigation into the	Accepted	The named nurses were both reported to the Nursing and Midwifery Council (NMC) for their practice to be investigated. The investigation concluded in January 2022.	Head of Healthcare CRG	Completed

	circumstances of Mr Collier's death, in particular the practice of Nurse A and Nurse B, and take any necessary actions based on the findings of the investigation; • consider whether the two nurses should continue to work in the prison while the investigation is conducted.		Neither nurses worked within the prison during the investigation.		
4	The Governor should ensure that all staff are made aware of and understand PSI 03/2013, as well as local instructions, and their responsibilities during medical emergencies, including: • immediately calling an ambulance when a medical emergency code is called; and • promptly providing information about a prisoner's condition to the control room so that they have this information when requesting an ambulance.	Accepted	Regular guidance is issued to all staff regarding the correct process for emergency responses. During 2021, pocket-sized information cards were provided to all staff depicting what a medical emergency code is and what questions need to be answered when calling an ambulance. The Regional Safety team completed random checks on communications staff in November 2021 to ensure staff understood the process of emergency codes. The contingency plan is clearly displayed in the communications room and explains exactly what to do in emergencies. During the safety week in November 2021, the Standards Coaching Team focused on the emergency response procedures, including the requirement to immediately call a medical emergency code and to provide the relevant information to the control room staff. Individual coaching is also provided to operational staff on the residential units during the assurance checks to ensure that all staff are aware of the requirements.	Head Of Safety, Head of Operations HMPPS	Completed

5	The Governor should ensure that there is a written medical emergency response protocol agreed with the local ambulance service about the procedures for emergency calls, in line with PSI 03/2013.	Accepted	The medical emergency protocol was reviewed by the Regional Safety Lead and East of England Ambulance Service in November 2021. It was then shared with the Governors and the Prison Group Directors for prisons covered by the East of England Ambulance Service in January 2022. Once agreed the protocol will be shared with all staff.	Regional Safety Lead HMPPS	March 2022