

Action Plan in response to the PPO Report into the death of Shaun Davies on 28 December 2021 at HMP Ranby

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	<p>The Governor and Head of Healthcare at Ranby should ensure that staff manage prisoners at risk of suicide or self-harm in line with national instructions, including that they:</p> <ul style="list-style-type: none"> • assess the level of risk based on all available information and known risk factors and not on a prisoner's presentation, and record the reasons for the decision; • involve relevant staff involved in the prisoner's care, such as the mental health team, in the assessment and management of risk, even if a decision is made that ACCT monitoring may not be necessary; and • ensure agreed actions are recorded on the caremap and the ACCT is not closed until all 	Accepted	<p>In May 2022 HMP Ranby completed an exercise to upskill their ACCT case co-ordinators in risks, triggers and protective factors ensuring all information available is used to manage the risk. This work was completed to improve the quality of case reviews and care plans and also ensure ACCTs are not closed until all care plans are actioned and completed in full.</p> <p>In order to assess a prisoner's level of risk, the mental health service at HMP Ranby provides a suicide and self-harm pathway. The pathway provides specialised self-harm and suicide interviews which enable staff to complete comprehensive risk assessments. This information is saved within the prisoner's health record and shared with the relevant ACCT review team to inform a collaborative safety plan.</p> <p>To ensure the mental health team are involved in a prisoner's care, there is a mental health duty worker who liaises with the safer prisons team daily to plan ACCT review attendance. All initial ACCT reviews are attended by a mental health</p>	<p>Head of Healthcare</p> <p>Nottinghamshire Healthcare NHS Foundation Trust</p> <p>Head of Safer Custody</p> <p>HMPPS</p>	Completed



	caremap actions have been fully completed.		nurse and reviews thereafter are attended by a relevant health professional depending on the prisoner's needs.		
2	The Governor and Head of Healthcare at Ranby should ensure that staff are appropriately trained and supported in the management of suicide and self-harm and are fully aware of when it is appropriate to start ACCT monitoring.	Accepted	<p>Safety Critical Training is currently being rolled-out at HMP Ranby. It is aimed at all directly employed staff and the intention is for 85% of staff to have received Safety Critical Training by the end of the financial year 2022-2023.</p> <p>The training aims to provide an understanding as to the context of self-harm and suicide within prisons, as well as the purpose and correct implementation of ACCT v6. The training also covers the appropriateness of starting ACCT monitoring.</p> <p>The Safety Critical Training includes Safety Support Skills Module 3 Suicide and Self Harm. The Module 3 training sessions are available for healthcare members of staff to attend on their induction and for existing healthcare staff to attend who have not completed this module previously. The rollout of this training will continue throughout 2023.</p>	Head of Business Assurance HMPPS	December 2023
3	The Governor at Ranby should ensure that staff alert healthcare immediately if a prisoner has harmed himself and requires medical assistance, using the	Accepted	Regular communications are sent to staff reminding them of the medical emergency response procedures. This information is reissued every six months on a rolling program to continue to raise awareness. This requirement is also included during staff induction and reminder	Head of Safety HMPPS	Completed



	appropriate emergency code if necessary.		emergency response cards have been distributed to staff.		
4	<p>The Governor at Ranby should ensure that:</p> <ul style="list-style-type: none"> prisoner complaints are responded to in accordance with the Prisoner Complaints Policy Framework; and staff are made aware when a prisoner makes a complaint about them so that they have a chance to respond to any allegations made and it can be evidenced that the complaint was fully investigated. 	Accepted	<p>A monthly assurance process has been put in place to ensure HMP Ranby follows the national Prisoner Complaints Policy Framework when processing complaints, including the timeliness of the responses. Each month a member of the Senior Leadership Team assesses 10% of complaints and if there are any concerns the relevant team or member of staff is advised.</p> <p>A new process has been introduced so that staff are made aware when a prisoner makes a complaint about them. A template letter has been created that will be provided to the staff member subject to the complaint. This will also be sent to the staff member assigned to respond to the complaint as part of the process.</p> <p>A monthly assurance process is in place where 10 percent of complaints are looked at by a member of the Senior Leadership Team to ensure they have been delay within line with policy. If there are any concerns the relevant staff member is advised.</p>	<p>Head of Business Assurance</p> <p>HMPPS</p>	February 2023
5	<p>The Head of Healthcare at Ranby should ensure that:</p> <ul style="list-style-type: none"> staff responding to a medical emergency code blue should, wherever possible, obtain 	Accepted	<p>The Head of Healthcare continues to ensure all staff are aware of and follow the Nottinghamshire Healthcare NHS Foundation Trust Resuscitation, Recognition of Physical Health Deterioration & Emergency Oxygen Use policy. This policy clearly sets out the circumstances when</p>	<p>Head of Healthcare</p> <p>Nottinghamshire Healthcare NHS Foundation Trust</p>	March 2023



	<p>relevant information about the circumstances of the emergency from those already present; and</p> <ul style="list-style-type: none"> staff are familiar with the national clinical guidelines on resuscitation and, in particular, that they do not continue resuscitation attempts when there are clear signs of death, such as rigor mortis. 		<p>resuscitation should not be attempted. This policy is shared on a regular basis to the whole staff group and is raised in team meetings. The policy is also available to staff on the Trust's intranet page.</p> <p>Healthcare staff have also been reminded of the importance of information gathering when attending an emergency. All staff must attend annual hospital life support training so ensure they remain competent in attending emergency situations.</p> <p>Information covering the European Resuscitation Council Guidelines will be distributed to all staff as part of a Safer Custody bulletin in March 2023. Reminder bulletins will be issued monthly, and information rotated every six months on a rolling program to continue to raise awareness as to when to attempt and not attempt resuscitation.</p>	<p>Head of Safer Custody</p> <p>HMPPS</p>	
6	<p>The Head of Healthcare at Sudbury should review the procedures for ensuring a safe and secure transfer of prisoners, especially those who have recently used illicit substances, including but not limited to:</p> <ul style="list-style-type: none"> providing clear and accurate information to the receiving prison about the prisoner's circumstances and details of any illicit substances used; and 	Accepted	<p>All prisoners who have recently been found under the influence of an illicit substance and are due to be transferred to another establishment will be monitored to ensure they are medically fit for transfer. A handover will be provided to the primary care and mental health team at the receiving establishment.</p> <p>At the time of transfer all named controlled drugs will be sent with the prisoner but in the care of the staff escort. The controlled drugs will be placed in an envelope sealed with a 'medical in confidence'</p>	<p>Head of Healthcare Sudbury</p> <p>Practice Plus Group</p>	Completed



	<ul style="list-style-type: none">ensuring that any relevant medication, particularly controlled drugs, are securely transferred, with a means of tracking the medication so that any losses or anomalies can be fully investigated.		<p>sticker. The number of tablets and packets relating to any controlled drugs will be documented within the PER (prisoner escort record) so that it can be tracked between establishments to allow for any inconsistencies to be identified.</p>		
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