Action Plan – Ricky Coombs. HMP Lewes, Unclassified. 18/06/2018				
No	**Recommendation**	**Accepted/Not Accepted**	**Response**	**Target date for completion and function responsible**
1	The Governor should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including that: • Staff identify, consider and record all known risk factors for a prisoner when determining their risk of suicide or self-harm. • Where there are risk factors but a decision is made not to begin ACCT monitoring, the reasons are clearly recorded • Staff set caremap actions designed to reduce the prisoner's risk of suicide and self-harm, and reflect the current risks and review them at each case review to ensure actions are completed. • Staff should complete all ACCT documentation accurately and legibly. • Frequency of conversations and observations must be clearly recorded on the front cover and in line with agreed policy. • ACCT reviews must be multidisciplinary and no review should take place with a single member of staff.	Accepted	The Group safety team will continue to support Lewes to embed new practices until they become business as usual. The Group safety team completed an ACCT Quality Assurance visit in December 2018 as well as a 'Bus to Bed Review' in January 2019.From this, a number of recommendations were made and the Group safety team are working with Lewes to implement changes. This includes changes to the induction process, checking on all prisoners in the first night centre, training on Cell Sharing Risk Association (CSRA) and improving the condition of first night cells. Suicide and Self Harm (SASH) Training is currently being rolled out, with 96% of staff trained and further training sessions booked for April 2019. A notice to staff was published in March 2019 encompassing the issues raised in the PPO report in relation to the ACCT process including varying the times of ACCT checks, setting appropriate caremap actions and targets, completing ACCT documentation clearly and making ACCT reviews multi-disciplinary as a mandatory action. This has also been circulated as an email to all staff along with a copy of 'ACCT – Good Practice guide'.	Head of Safer Custody, Head of Operations and Head of Early Days May 2019

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			A Senior Manager completes a Quality Assurance (QA) check on a percentage of open ACCTs between Monday and Friday, with all open ACCTs having been checked by Friday. Feedback from QA sheets is collated by the Safer Custody admin staff and appropriate updates are fed back to the specific case manager for action. A new two-tier QA process has been implemented with QA1 covering the initial opening of the ACCT document and QA2 covering the management of the ACCT. This allows for the capturing of feedback and data on how often multi-disciplinary reviews are held, whether caremaps are up to the required standard and ensuring that the frequency of contact made is appropriate. Feedback is sent directly to the ACCT case manager and where ongoing issues are identified these are managed at performance management level. Individuals working in reception and first night areas will receive specific feedback and guidance from the Safer Custody department to ensure that when determining an individual's risk of suicide or self-harm they are considering all known risk factors and triggers and these are recorded.	
2	The Prison Group Director for Kent, Surrey and Sussex should:	Accepted	A review of ACCT management was carried out on 25th June 2018 and a report drafted and disseminated to all interested parties. The report	Group Safer Custody Team

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	• review the poor management of ACCT in respect of Mr Coombs; and • report back to the PPO, within three months of the issue of this report, on what he has found, including why Mr Coombs was not placed on an ACCT when he arrived at Lewes, and what actions he is taking to ensure that the ACCT procedures set out in PSI 64/2011 will be properly followed at Lewes in future.		contained findings and recommendations for improvements to be made in ACCT case management. As part of the review guidance has been provided to the establishment to remind staff that any relevant information received about a prisoner relating to risk should be shared with all relevant parties who have responsibility for their welfare.	Complete
3	The Head of Healthcare should establish why healthcare staff were not present for the first ACCT review and provide a report to the commissioners that provides assurance that healthcare staff will be involved in ACCT reviews in future.	Accepted	The Safer Custody team, Mental Health team, Nurse Consultant and the Head of Healthcare will work together to enable maximum attendance or contribution, including where ACCT reviews are scheduled outside of the core working hours of the Mental Health team.	Head of Healthcare Complete
4	The Head of Healthcare should put a process in place to ensure mental health assessments are prioritised for any prisoner placed on an ACCT and take place within one week of the ACCT being opened.	Accepted	As part of the previous point discussions and planning, the Mental Health team will prioritise assessments to take place within seven days from when an ACCT has been opened.	Head of Healthcare Complete