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

Mr Craig Steadman on 27/02/2022 at HMP Winchester

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 have a clear understanding of their responsibilities to identify prisoners at risk of suicide and self-harm in line with national guidelines and, in particular, the need to record, share and consider all relevant information about risk, and start ACCT procedures when indicated.	Accepted	ACCT training, including Suicide and Self-Harm (SASH) awareness sessions, has been added to the monthly training plan and two training shut down days are held each month to deliver all mandated training. ACCT training provides guidance on the effective management of the ACCT process, including the importance of considering and recording all relevant information about risk, and to start ACCT procedures when required. The Regional Safety Team delivered further targeted awareness training to all staff working in reception and the first night centre, including supervising officers, in November 2022. Healthcare staff prioritise attendance at the training sessions to ensure risks are known and how to manage these risks. Healthcare staff have also been reminded to open an ACCT when concerns have been identified with a patient and to attend ACCT reviews. All patients on ACCT are also discussed during the daily handovers and if necessary at the MPCCC for any clinical needs.	Head of Safety HMPPS Head of Healthcare PPG	Completed

			ACCT management is reviewed and monitored by Healthcare Managers through the patient safety model audit of PROTECT. The outcomes of this audit are discussed through the Local Quality Assurance Meetings and any concerns are escalated through to the Local Quality Delivery Boards.		
2	The Governor should ensure that prison staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including that: • ACCT monitoring does not stop until all support actions have been completed and their risk is no longer considered raised; • post-closure reviews consider the support actions and progress made since the ACCT was closed; • observations are carried out as directed; and • all staff in contact with prisoners receive appropriate ACCT training in line with PSI 64/2011.	Accepted	ACCT assurance checks are in place to ensure that the Support Actions Form is completed correctly and these are monitored by the Safety Team Custodial Manager to ensure that the documentation is correct and up to date. The check provides assurance that ACCT monitoring does not stop until all support actions have been completed and the risk is no longer considered raised. It also checks that the post-closure reviews have considered the support actions and progress made since the ACCT was closed. The Safety Custodial Manager follows up on any identified deficiencies from ACCT checks by meeting with individuals for further coaching and mentoring and line managers are included in all correspondence. The Standard Coaching Team were based at the prison for 16 weeks during 2022 and training was concentrated on ACCT, including monitoring, reviews and observations being carried out as required. This is documented in the safety strategy and the safety action plan to drive and monitor improvements. In November 2022 the Safety Team and Regional Safety Lead spent four days over two weeks meeting and greeting all operational and non-operational staff arriving for duty to promote key safety priorities and	Head of Safety HMPPS	Completed

			raising awareness of the importance of correctly managing prisoners at risk of suicide and self-harm.		
3	The Governor should ensure that all prison staff understand their responsibilities during a medical emergency, including that staff use an emergency code promptly to communicate the nature of the emergency.	Accepted	A notice to staff on medical emergency response codes was published in November 2022 and will be re-published every six months. The notice is to remind staff to ensure that the control room is informed immediately using the appropriate medical emergency response code so that they can request an ambulance without delay. Medical Emergency Response Code pocket cards have also been distributed to staff and will be re-distributed every six months. These include guidance on the emergency codes and when they should be used.	Head of Safety HMPPS	Completed
4	The Governor should ensure that staff directly involved in a death in custody complete incident statements as soon as possible after a death.	Accepted	The contingency plan has been updated to ensure that staff directly involved in a death in custody, particularly those who are first on scene, complete incident statements as soon as it is practicable in line with national policy. Duty managers have also been reminded of this during briefings.	Head of Safety HMPPS	Completed
5	The Head of Healthcare should ensure that staff refer newly arrived prisoners who are taking antipsychotic medication to the mental health team for assessment.	Accepted	There is a medication review within the PPG reception template that is completed on arrival, patients are then referred into the mental Health team through a TAG Referral and this is facilitated by the Mental Health Team to triage and priories assessments. The referral process is reviewed and monitored by performance data on a monthly basis through the	Head of Healthcare PPG	Completed

			PPG Dashboard and by the patient safety model audit PROTECT. Healthcare staff have been reminded to follow the guidance for all new receptions when completing the reception screening process, including the importance of staff referring newly arrived prisoners who are taking antipsychotic medication to the mental health team for assessment.		