

Action Plan : Mr Hargrave at HMP Winchester

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible	Progress (to be updated after 6 months)
1	<p>The Governor should introduce clear and effective reception operating procedures so that all staff understand and follow the procedures for identifying prisoners at risk of suicide and self-harm. In particular, staff should:</p> <ul style="list-style-type: none"> • Have a clear understanding of responsibilities and the need to share all relevant information about risk. • Consider and record all the known risk factors of a newly arrived prisoner when determining their risk of suicide or self-harm, including information from suicide and self-harm warning forms, PERs and other records. • Open an ACCT whenever a prisoner has recently self-harmed or expressed suicidal intent. 	Accepted	<p>Communications have improved between court and probation staff, police and the prison, and risk information is communicated directly to reception, or to the safer prisons hotline in advance of the prisoner arriving at Winchester. This information is then shared with reception staff, the Orderly Officer and the Duty Governor.</p> <p>The reception manager, healthcare and induction staff now discuss any concerns raised about the risk presented by newly-received prisoners.</p> <p>The Person Escort Record (PER) and Suicide and Self-Harm warning form (SASH) are now integrated and are checked and signed by reception managers on receiving the prisoner. A red flag page alerts reception staff to any risks or concerns, which are communicated on the handover from escort to prison.</p> <p>All reception staff have been reminded of the need to consider all available risk-related information, including the Suicide and Self-Harm warning form, the Person Escort Record, NOMIS, the Police National Computer (PNC), before interviewing the prisoner, and to open an ACCT where risks have been identified.</p> <p>All reception staff will receive additional training concerning ACCT procedures, including identifying risks and triggers, reviewing available at-risk information, and the significance</p>	<p>1 June 2016</p> <p>Head Of Security</p> <p>Head Of Safer Prisons</p> <p>Head of Healthcare</p>	

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			of current mental health concerns when considering risk.		
2	<p>The Governor and Head of Healthcare should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidance, including in particular:</p> <ul style="list-style-type: none"> • All case reviews should be multidisciplinary where possible and a member of healthcare staff should attend all first case reviews, • Care map actions should be set, which address all identified issues and ACCT monitoring should continue until all care map actions have been completed. • Setting levels of observations which reflect the prisoner's actual risk. • All staff, including healthcare staff, recording every interaction with a prisoner in the correct ACCT document. • Conducting checks at irregular intervals within the specified frequency. • Holding a case review 	Accepted	<p>Introduction to Safer Custody and ACCT case manager training have been provided for staff, and this will continue throughout 2016.</p> <p>The case manager training addresses the requirement for all reviews to be multidisciplinary and for a member of healthcare staff to attend first reviews. It covers the setting of care map actions and observations levels that reflect the prisoner's risk, and the need to maintain the ACCT until all care map actions have been completed. It informs case managers of the need for a review whenever there is an increase in perceived risk or when a prisoner is moved to a new location and for the reasons for this to be recorded in the ACCT.</p> <p>Care map actions are checked by the Safer Custody Supervising Officer and Custodial Manager who ensure that appropriate actions have been identified and taken forward.</p> <p>All staff, including healthcare staff, will be reminded of the need to record significant interactions with a prisoner in the correct ACCT document and to conduct checks at irregular intervals within the specified frequency.</p> <p>In addition to the multidisciplinary ACCT case reviews, there is a weekly safer custody meeting, attended by various</p>	<p>1 April 2016</p> <p>Head Of Safer Prisons</p> <p>Head Of Healthcare</p>	

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	<p>whenever an event occurs which indicates an increase in risk.</p> <ul style="list-style-type: none"> • Documenting any decision to relocate a prisoner. • Providing the prisoner with sufficient distractions such as a radio, television and books. 		<p>disciplines including the Head Of Safer Prisons, the Community Mental Health Team (CMHT) and the Offender Management Unit, to discuss all prisoners subject to an open ACCT. This is a way of ensuring that the ACCT process is operating effectively in each case, that the prisoner is receiving the support required from each department, and that all relevant staff are aware of the dates of future ACCT reviews.</p> <p>Distraction packs have now been supplied to the healthcare centre and Care and Separation Unit. The use of televisions, radios and other distractions will be discussed at ACCT reviews, with mental health staff in attendance, to ensure that it is appropriate and safe.</p>		
3	<p>The Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> • Reception nurses identify and record mental health concerns and make necessary referrals; • There is adequate primary care GP provision; • There is adequate primary mental health provision; • Patient Group Directions are updated to allow healthcare staff to issue patients with nicotine replacement therapy; 	Accepted	<p>Mental Health Awareness training is delivered quarterly to all staff.</p> <p>Reception nurses have been reminded of the need to record relevant information and to identify mental health concerns and make prompt referrals.</p> <p>All prisoners on an ACCT are assessed within 24 hours by the CMHT. An additional full time mental health nurse has been employed.</p> <p>A GP is available every day, apart from Wednesdays and Sundays. A nurse practitioner who is able to write prescriptions is on duty every day. Nicotine replacement</p>	<p>1 June 2016</p> <p>Head Of Healthcare</p>	

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	<ul style="list-style-type: none"> Prescriptions are started and continued without interruption. 		<p>therapy can be issued by the GP or prescribing nurse.</p> <p>On reception prescription information is collated by healthcare staff and where medication is required, confirmation is requested by fax from the community surgery either that day or the next. Where medication is required for high risk medical conditions, healthcare staff use the out of hours system to gather this information and ensure that the medication is supplied as soon as possible.</p>		
4	The Governor should ensure that in the event of a death in custody, the prisoner's next of kin are informed in line with Prison Service Instruction 64/2011.	Accepted	A notice to staff have been issued to remind staff of the need to ensure that the next of kin are contacted immediately in the event of a death in custody. The Family Liaison Officer (FLO) will go to the next of kin's address, unless the distance would cause a delay, when a different prison will be contacted for assistance. Additional FLOs have been identified to complete training in 2016.	Completed Head Of Safer Prisons	