

Action Plan- Krysha Bailey at HMP Eastwood Park on 08/08/16

Recs	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor should ensure that staff fully consider all risk factors when assessing prisoners at risk of suicide and self-harm. Constant supervision should be considered when indicated, in line with guidance in PSI 64/2011.</p>	Accepted	<p>All staff will be reminded in May 2017 by a Governor's notice that they must fully consider all risk factors when assessing prisoners at risk of suicide and self-harm, and that in line with PSI/64/2011, constant supervision should be considered when indicated.</p> <p>Refresher ACCT Case Manager training was delivered in May 2017 to all identified ACCT Case Managers. The training incorporated the factors to consider when assessing prisoners at risk of suicide or self-harm and consideration for placing someone on constant supervision in line with PSI 64/2011, Safer Custody.</p>	Governor Head of Safer Custody. May 2017
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 guidelines, including:</p> <ul style="list-style-type: none"> • Holding multi-disciplinary ACCT reviews with continuity of case management and involving all staff who can contribute to the care of a prisoner at risk. • Assessing prisoners' risk of self-harm in line with national instructions. • Using the enhanced case review process, when appropriate. • Setting effective care map objectives which reflect decisions from reviews, are specific and meaningful, and which identify who is responsible 	Accepted	<p>All ACCT case managers were reminded by email during March 2017 by the Head of Safer Custody of the requirement to assess prisoners' risk of self-harm and suicide in line with PSI64/2011 Safer Custody. Every case manager has been given an electronic copy of the ACCT guidance document to familiarise themselves with.</p> <p>All ACCT case managers were also reminded by the Head of Safer Custody in December 2016 by email of the requirement for ACCT case reviews to be multi-disciplinary, and that they must involve all staff who can contribute to the care of a prisoner at risk. Relevant staff were also reminded that they must advise the safer custody department via the functional mailbox if they cannot attend, and to let the Head of Safer Custody know all instances where planned case reviews did not take place, or where planned attendees had not attended the case review.</p> <p>The Head of Safer Custody will review the current ACCT case management model to develop a system that maximises the</p>	Governor Head of Safer Custody Head of Healthcare May 2017.

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	for them and when they have been completed.		<p>opportunity for case reviews to be chaired by the allocated case manager. The safer custody department will monitor the continuity of case management through their quality assurance monitoring checks.</p> <p>Revised guidance in relation to use of the enhanced case review process was issued to case managers by the Head of Safer Custody via email in March 2017, so all managers are reminded of the importance of using the enhanced case review process, when appropriate.</p> <p>ACCT case managers were also reminded at this time of the requirement to set effective care map objectives which reflect decisions from reviews, to check that all care maps are specific and meaningful, and to identify who is responsible for them and when they have been completed. They were reminded that responsibility for each objective must be regularly reviewed and progress noted, and no ACCT care maps can be closed until all actions have been completed. The Head of Safer Custody will monitor the quality of care maps received through quality assurance monitoring checks.</p>	
3	The Governor and Head of Healthcare should ensure that prison staff, healthcare and mental health teams share all relevant information to enable accurate ACCT assessments and subsequent risk management of prisoners at risk of suicide and self-harm to take place, including consideration of the prisoner's location and availability of appropriate	Accepted	<p>All staff were reminded in December 2016 via a staff notice that they must share all relevant information with multi-disciplinary staff to enable accurate ACCT assessments and appropriate risk management of prisoners at risk of suicide and self-harm, including consideration of the prisoner's location and availability of appropriate interventions.</p> <p>Every incident of self-harm will be reported to the primary health team as it occurs. A report about all incidents of self-harm for the preceding 24 hour period is now compiled by the Night Orderly</p>	Governor Head of Healthcare Mental Health Team Leader May 2017.

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	interventions.		<p>Officer. This report is shared with the primary health and mental health teams for discussion at their morning handover meetings and operational briefing meetings, and then shared electronically with all relevant staff.</p> <p>The Head of Safer Custody, Head of Healthcare, and Mental Health Team Leader will review current information sharing protocols to ensure that there is effective information sharing with regard to self-harm and suicide risk. Revised protocols will be communicated by email and via a staff briefing by the end of May 2017.</p> <p>In May 2017, all staff will also be reminded via a notice to staff of the admissions criteria and application process for prisoners who may need to be referred the complex prisoners unit.</p>	
4	The Deputy Director of the Women's Estate should provide the Ombudsman with an update on progress about the review of Kinnon Unit within one month of this initial report.	Accepted	<p>A review of the Kinnon Unit has taken place and the outcomes were made available to the Deputy Director of Custody, who considered the recommendations of that report and the implications, not just for the Kinnon Unit but for the wider women's estate.</p> <p>These findings were discussed at the Women's Estate Governing Governor's meeting in February, as it will feed into the programme of work for the prison over the coming year. The DDC provided the PPO with a written update on the progress of the review in March 2017.</p>	Deputy Director of Custody, Women's Estate Completed
5	The Governor should ensure that all prison staff are made aware of and understand PSI 03/2013 and their	Accepted	All staff were reminded in March 2017 via a full staff briefing and a notice to staff, about PSI 03/2013 Medical Emergencies, and of their responsibilities, including calling an emergency medical code	Governor Head of Safer Custody.

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	responsibilities during medical emergencies, including calling an appropriate emergency medical code immediately when indicated		immediately when required.	Completed