

Action Plan-Marius Lupu at HMP Bedford on 18/04/2016

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should ensure that accredited interpreting services are used for prisoners who do not understand English well, whenever matters of accuracy or confidentiality are a factor, including during first night and induction procedures to ensure that they receive information about prison processes in a language they understand</p>	Accepted	<p>All staff will be reminded through a Governor's notice in December 2016 that they must use an accredited interpreting services for prisoners who do not understand English well, especially during first night and induction procedures, to ensure prisoners receive information about prison processes in a language they can understand. This will also be re-iterated to staff at the December staff meeting.</p> <p>The Reception and First Night Induction Officer will update PNomis to identify the first language of all foreign national prisoners who come into custody, and all staff will be trained or refreshed in this aspect of the system by the PNomis Mentor within the establishment.</p> <p>Management checks are in place to ensure staff are recording information correctly and the needs of foreign national prisoners are being met. This will be monitored by the Head of Residence and Safety and at monthly Safer Custody meetings, where the needs of foreign national prisoners will be discussed.</p> <p>The establishment introduced the national Induction Package, in November 2016, which is available in 20 languages to support foreign national prisoners.</p>	<p>Governor Head of Healthcare Head of Operations 31/12/2016</p> <p>31/01/2017</p> <p>Head of Residential & Safety 30/12/2016</p> <p>Completed</p>
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 ensuring:</p> <ul style="list-style-type: none"> • A multi-disciplinary case review is held within 24 hours of ACCT procedures starting. 	Accepted	<p>All staff will be reminded through a Governor's notice in December 2016 that they must manage prisoners at risk of suicide or self-harm in line with PSI 64/2011, Safer Custody.</p> <p>All staff, including Healthcare, will be reminded of the need to share key information and to update the ACCT documentation and the PNomis system where necessary to ensure relevant information about risk, observations and interactions with prisoners on an ACCT are shared and appropriate action taken. The notice will be issued by the end of December 2016.</p>	<p>Governor Head of Safer Prisons 31/12/2016</p>

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	<ul style="list-style-type: none"> • A multi-disciplinary approach for all case reviews with continuity of case management. • Care-map actions are set, which are specific, meaningful, aimed at reducing prisoners' risks and reviewed and updated, as necessary. • Risk is reviewed whenever an event occurs which indicates an increase in risk and a case review is held if required, even in the absence of the prisoner. • All staff, including healthcare staff, record relevant information about risk, observations and interactions with prisoners in ACCT documents and taking appropriate action. 		<p>The notice will highlight that a multi-disciplinary approach is mandatory in ACCT Case Management and that the first review, held within 24 hours, must be attended by multiple functions of which the healthcare must be one.</p> <p>The weekly complex needs meeting incorporates a section on Risk Management to allow all functions to share information on individual prisoners. The minutes of the meeting are disseminated to a multi-disciplinary membership. Any specific care plans which are decided at the complex needs meeting will be added to the ACCT management plan and reviewed at the complex needs meeting.</p> <p>Initial ACCT awareness training is available for all new staff employed at the establishment. Annual refresher training will be provided to ensure they have a full understanding of the triggers and risks for prisoners who are at risk of suicide or self-harm. Case managers will receive additional training which reiterates the need for a multi-disciplinary approach to case management and the need for case reviews to have multi-disciplinary membership.</p> <p>The case manager training outlines best practice to achieve meaningful actions on a care map and how this reduces the risk of harm. The training reminds staff that any incident that increases the risk of harm to a prisoner should result in an immediate case review being conducted, including where the prisoner refuses to engage. The reason for a prisoner's absence will be clearly annotated in the written report.</p> <p>The Safer Custody team will introduce a robust quality assurance system to evidence that a multi-disciplinary approach is being achieved and maintained, and that the care plan actions are adequate to reduce risk of harm. This new quality assurance will be introduced in December 2016 by the newly appointed Hub Manager</p>	<p>People Hub Manager and Head of Safer Prisons</p> <p>31/12/16</p>
3	The Governor and Head of Healthcare should ensure that:	Accepted	All staff will be reminded in December 2016 through a Governor's notice that, in line with PSI 07/2015-Early Days in Custody, they must examine and record all relevant	Governor Head of

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	<ul style="list-style-type: none"> • Reception staff examine and record all relevant information about newly arrived prisoners in line with PSI 07/2015. • All relevant staff consider person escort records and suicide and self-harm warning forms and ensure there is a clear audit trail. • Prisoners identified as at risk of suicide and self-harm have a full mental health assessment. • Staff conduct detailed assessments and prioritise prisoners who have not completed their reception screen and induction 		<p>information about newly arrived prisoners, including person escort records and suicide and self-harm warning forms, to ensure that risks are identified. This information, and any action taken, is recorded to provide a clear audit trail, and assurance checks will be completed daily by the Reception Manager.</p> <p>Training will be provided to all staff working with new receptions to ensure that they understand how to identify risks, what these risks are and what action to take to reduce risk of harm.</p> <p>Staff will also be reminded in December 2016 through a Governor's notice, of the need to prioritise and conduct detailed assessments of all prisoners who have not completed their reception screen and induction. This will be recorded on PNOMIS. All prisoners identified as at risk of self-harm or suicide will have an automatic referral made to the Mental Health team and an assessment will be completed and fed back at the monthly safer custody meeting. Prisoners identified as having specific medical or mental health needs will be referred to the appropriate agency by reception staff.</p>	Residential Safety & Head of Healthcare 30/12/16
4	The Governor should ensure that prisoners' next of kin details are recorded when they arrive at the prison, so that current information is available in an emergency. Where no next of kin is identified, this should be clearly recorded.	Accepted	All staff were reminded in November 2016 through line manager communication that prisoners' next of kin details must be recorded when they arrive at the prison, so that up to date information is available in an emergency. If no next of kin information is available this will be clearly recorded on PNOMIS. This recommendation will be closely monitored by the Head of Offender Management.	Governor Head of Offender Management Completed