

Action Plan- Stephen Connell. HMP/YOI Hindley. Self-Inflicted. 20/02/2016.

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor should ensure that reception staff examine all available documentation about a prisoner and consider and record all the known risk factors of newly arrived prisoners when determining their risk of suicide or self-harm. When they decide not to begin ACCT procedures for prisoners with significant risk factors, or who arrive with suicide and self-harm warning forms, PER information they should clearly record the reasons</p>	Accepted	<p>Reception staff are drawn from a small pool of staff to ensure that we have continuity within the function. All documentation is scrutinised when a prisoner arrives into the establishment and warning signs acted upon. Each prisoner receives an initial screen from the healthcare team and any concerns are raised at that point. Previous ACCT history is taken into account during the initial documentation check.</p> <p>The safer custody team would expect to receive prior warning from their counterparts in the sending establishment of any recent history of self-harm or recently closed ACCT documents.</p> <p>Specific training for reception staff in identifying risk factors will be delivered by the safer custody team in November 2016. This will remind staff of the need to ensure that, where a decision is taken not to open an ACCT form on a prisoner with previous self-harm risk factors or who arrive with warning forms, the reason and decision making process must be recorded on the prisoner's PNOMIS case notes. This will provide a permanent record, which can easily be shared across the service.</p> <p>Existing ACCT documents for prisoners who have transferred from another establishment are</p>	<p>Head of Safer Custody November 2016</p>

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			reviewed by a trained case manager on arrival.	
2	<p>The Governor should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidance, including:</p> <ul style="list-style-type: none"> ▪ A multidisciplinary approach for all case reviews with continuity of case management and healthcare staff attending first case reviews. ▪ Setting effective care-map objectives, which are specific and meaningful, aimed at reducing risk; ensuring that staff update care-maps during reviews; and that ACCTs are not closed before all care-map actions have been completed. 	Accepted	<p>Healthcare staff will attend all first reviews, and this attendance is checked by the safer custody team as part of the initial quality assurance (QA) of each document opened. Healthcare staff are contacted directly by the case manager on the day of the initial review and a time agreed for attendance.</p> <p>The safer custody team produce a daily reminder of all ACCT reviews due that day, which is sent via global email to all staff who work in the establishment including the healthcare team.</p> <p>Staff who chair ACCT reviews have been provided with written guidance and further training on ACCT management including the importance of taking a multidisciplinary approach, and the effective setting and management of care maps.</p> <p>The initial Quality Assurance check is conducted by the safer custody team within the first 72 hours of the document being opened. All aspects of the initial opening sequence are scrutinised to ensure</p>	<p>Head of health care Head of safer Custody Completed</p>

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			<p>the quality of the document including the caremap is acceptable, and that healthcare attended the first review. The findings of the check are recorded on NOMIS and sent to the respective case managers for both information and action.</p> <p>Case managers are given case manager training which includes a period of shadowing more experienced case managers, and in house refresher training available via the safer custody team.</p>	