

Action Plan – Robert McLoughlin. HMP Leeds. Self- Inflicted. 25/02/2016

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines. In particular:</p> <ul style="list-style-type: none"> • Holding multidisciplinary case reviews, attended by all relevant people involved in a prisoner's care, with healthcare staff attending all first case reviews. • Discussing the impact of potential bullying on the risk of suicide at ACCT reviews, and taking action. • Recording all significant events which might indicate a raised risk of suicide or self-harm in the ACCT document. • Reviewing risk whenever an event occurs which indicates an increase in risk and holding a case review if required. • Setting clear responsibilities for undertaking ACCT observations as directed, which managers check to ensure they happen. • Setting care-map observations which are specific and meaningful, aimed at reducing prisoners' risks and reviewed and updated as necessary. 	Accepted	<p>A system has been developed by the Head of Safety and Head of Healthcare to ensure that a healthcare professional is identified to attend the first review of all ACCTs.</p> <p>Training will be delivered to ensure case managers understand the requirements of case reviews and mandatory multi-disciplinary attendance. The training will also ensure that case managers are aware that a further, unscheduled case review may be required following a sudden change in presentation, act or statement of self-harm, trigger breach or other increase in risk. The training will also remind staff that the impact of potential bullying must be considered during ACCT reviews and the appropriate action taken.</p> <p>Any evidence of bullying will be referred to the Safer Custody staff who are trained in the violence reduction protocol and work jointly with the Security department to ensure all instances of violence are effectively managed. As the single point of contact for safety related matters, the Safer Custody department will be aware if such instances of bullying involve those who are already subject to ACCT procedures. If this is the case, staff will prompt an ACCT review, ensuring any bullying issues are taken into consideration in the assessment of risk.</p> <p>One-to-one training will be arranged with all Senior</p>	<p>Head of Safety & Head of Healthcare Completed</p> <p>Head of Safety March 2017 but currently ongoing</p>

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			<p>Officer grades and above to ensure a full understanding of the setting of quality caremaps. This will include the need to address all issues identified in the review and for these to form meaningful and specific care map actions to be actioned and completed prior to the closing of the ACCT</p> <p>Wing supervisors are responsible for allocating staff to monitor the ACCTs on their unit each day and it is their responsibility to ensure compliance at the end of each session. Compliance checks are also undertaken by managers and Safer Custody, monitored as documented below</p> <p>All processes, including reviews of multidisciplinary attendance and the quality of both the document and case reviews are assessed via an ACCT check procedure. Findings are logged with action taken in instances where the policy has not been followed.</p>	<p>Head of Safety Completed</p>
2	<p>The Head of Healthcare should ensure that detoxification assessments are clear, structured and encompass both physical and mental health issues.</p>		<p>All patients including those with substance misuse issues are assessed by healthcare staff on their first night in custody. This includes a physical and mental health assessment. All patients identified for detoxification are monitored and reviewed on a daily basis for the first five days, then at twenty eight days, three months and one year. This on-going monitoring includes physical symptoms and mental health wellbeing.</p>	<p>Head of Healthcare November 2016</p>

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			<p>If the patient is undertaking a self-detoxification programme they are assessed by a substance misuse RCGP trained assistant and care planned to identify needs. As part of this care planned approach a referral to mental health is completed. All IDTS patients are also referred to the Drug and Alcohol Recovery Team who fully assess their needs including physical and mental health issues.</p> <p>From November 2016, the IDTS manager will be completing scheduled audit checks of care plans, referrals to mental health and recovery service to ensure a consistent approach. This will give the Head of Healthcare assurance that detoxification assessments have identified appropriate needs that have included physical and mental health issues.</p>	
3	<p>The Governor should ensure that all managers follow the national guidelines for dealing with a death or serious incident, including:</p> <ul style="list-style-type: none"> ▪ Offering staff involved appropriate support, and ▪ Ensuring that a debrief is held promptly after the death of a prisoner and that all staff involved are invited. 	Accepted	<p>Contingency plans will be reviewed to ensure managers are aware of the requirement for a debrief following a death in custody, that all staff involved should be invited, and that contact with the staff care team is made to ensure that staff are offered the necessary support.</p> <p>The Head of Safety, or deputy in their absence, will review all death in custody contingency plans as soon as practical following any death to ensure compliance with these requirements.</p>	<p>Head of Operations November 2016</p> <p>Head of Safety December 16</p>

