

**Action Plan- John Duffey HMP Liverpool
Self- Inflicted 16/07/2016**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor 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"> ▪ Assessing the level of risk and recording the reasons for decisions; ▪ Setting and recording appropriate levels of observations which are adjusted as the perceived level of risk changes; ▪ Conducting ACCT reviews as specified in the national instructions; ▪ Conducting ACCT post-closure interviews as specified in the national instructions. 	Accepted	<p>The delivery of ACCT Case Manager training has now been increased to bi-monthly to improve case manager's understanding of their responsibilities in managing prisoners at risk of suicide and self-harm.</p> <p>The Introduction to ACCT training is designed to raise awareness levels of all staff. New staff receive this training at the earliest opportunity after their induction. Existing staff are allocated to the training as and when they are due for a refresher. This training considers the known risk factors, and how current circumstances may impact on those risk factors and potentially increase the risk. It also outlines the decision-making process for assessing the level of risk, setting observation levels and recording decisions, and advises staff on how to correctly complete a caremap ensuring that actions are meaningful and specific to the circumstances.</p> <p>All staff are made aware of risks and triggers through regular notices to staff and information displayed in relevant areas such as reception and wing offices.</p> <p>A revised ACCT review process was introduced in August 2016 which encourages multi-disciplinary attendance at case reviews consisting of at least mental health and chaplaincy staff, the residential Supervising Officer and often a member of the Safer Custody team. Multi-disciplinary attendance is provided each day Monday to Friday by the managers of Mental Health and Chaplaincy compiling a rota with a duty</p>	Completed. Head of Safer Prisons and Heads of Residence.

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			<p>member of their staff to attend the reviews that day.</p> <p>If an ACCT has been open for more than 21 days, the wing Custodial Manager (CM) will attend the next review to ensure that the appropriate action to address risk is being taken. If unavailable, the Safer Custody CM or a residential governor will attend.</p> <p>ACCTs due for post-closure are now listed on the morning briefing sheet. The ACCT documents are taken to the Governor's morning meeting for issue to the residential managers the day prior to the scheduled interview date. This is always within 7 days of the ACCT being closed.</p>	
2	<p>The Governor should ensure there are effective supply and demand reduction strategies to help eradicate the availability of new psychoactive substances and that staff are vigilant to signs of their use and know how to respond when a prisoner appears to be under the influence of such substances.</p>	Accepted	<p>A drug strategy is in place which includes a comprehensive supply reduction strategy co-ordinated by the Heads of Residence and Security. The strategy sets out a framework for supply reduction, which mirrors the Government's National Recovery Agenda.</p> <p>The strategy covers mandatory drug testing (MDT), effective searching of prisoners, property, mail, and cell locations; searching by North West Area Drugs Dogs Team; gathering and dissemination of drug related intelligence; screening visitors to the prison; offering amnesty bins for visitors; management and selection of prescribed medication; staff training; joint working with the police, and corruption prevention.</p>	<p>Head of Safer Prisons</p> <p>Completed</p>

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			<p>The above work is supported by the rigorous demand reduction protocol which includes Lifeline assessments and support, effective screening of new receptions, timely adjudications, and engagement in a full regime with activities. All of the above is monitored through an action plan at the monthly Drug Strategy meetings, chaired by the lead Residential Governor. This invites a multi-disciplinary attendance and all meetings are minuted.</p> <p>In May 2016 a Notice to Staff (118-2016) was issued regarding the dangers of NPS, its effects on prisoners and the protocol to follow when a prisoner is suspected of being under the influence. This has been re-issued including clear instructions on what staff should do when a prisoner declares he uses NPS. Actions to take include a referral to Lifeline, an update to their NOMIS case notes, an entry in the wing observation book and the submission of an Information Report to the Security Department. The support package put in place may include the opening of an ACCT document where deemed appropriate.</p> <p>Learning bulletins and literature from a range of sources including NOMS headquarters and the PPO are cascaded to all staff. The Drug Strategy Lead has attended a recent lessons learned day which focussed on managing prisoners under the influence of NPS.</p>	<p>February 2017</p>

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			We are in the process of compiling a clearly defined pathway in partnership with our healthcare colleagues to ensure continuity of treatment and care when presented with prisoners suspected to be under the influence of NPS.	Head of Residence (Drug Strategy Lead) and Head of Healthcare