

Action Plan-Michael Berry at HMP Bedford on 16/03/17

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Governor should ensure that reception officers have access to and consider all relevant documentation when assessing new prisoners, and a manager authorises all high risk CSRA assessments.	Accepted	<p>A revised local Suicide and Self-Harm strategy will be published in November 2017, which introduces a new risk assessment form for completion by reception staff. All staff will be required to annotate this assessment to evidence that they have read and considered all information within the documentation received with a prisoner upon reception. The completed risk assessment forms will be monitored by the Safer Prisons Hub Manager.</p> <p>Procedures to follow in completing and approving cell risk assessments, currently highlighted in the revised local Violence Reduction strategy, will be published in November 2017, and all staff made aware of this at the time. Visual guides for the local Suicide and Self-Harm and local Violence Reduction strategy produced by the Safer Prisons team will be available for all reception staff for use by November 2017.</p>	Governor Head of Safer Prisons November 2017
2	The Governor and Head of Healthcare should ensure that a member of healthcare staff attends all first ACCT case reviews and subsequent reviews where relevant.	Accepted	Visual help guides outlining the procedures to follow within the ACCT process were published to all staff in October 2017. This includes a guide to case managers which highlights the mandatory requirement to have healthcare present at the first review and whenever necessary at subsequent ACCT reviews. A new assurance check process was launched in October 2017 by the Safer Custody Team to ensure this process is followed and is currently being embedded.	Governor Head of Healthcare Head of Safer Prisons November 2017
3	The Head of Healthcare should ensure that information from outside agencies is recorded and considered appropriately	Accepted	The Head of Mental Health will create a spreadsheet by December 2017 to record information from outside agencies. The spreadsheet will enable information received to be followed up if necessary, and for checks to be made that it has been recorded on SystemOne and the Head of Mental Health informed about any important information.	Head of Healthcare December 2017

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			<p>This system will be audited every quarter for 6 months to ensure it has become firmly embedded. Information received from outside agencies will also be made a standing agenda item on the Mental Health team meetings. This recommendation will be closely monitored by the Head of Mental Health.</p>	
4	<p>The Governor and Head of Healthcare should ensure that all staff are aware of how and when to escalate a mental health referral. In particular, they should ensure that there is no delay in prisoners being prescribed antipsychotic medication.</p>	Accepted	<p>A guidance document will be created for prison and healthcare staff by May 2018 to support staff in knowing how and when to escalate an urgent mental health referral, and how to record the patient as high priority on SystmOne. The guidance document will be circulated to all staff at this time and displayed in key areas of the prison.</p> <p>By December 2017, all Healthcare staff will be reminded that there must be no delay in prisoners being prescribed antipsychotic medication following an assessment by the mental health team or GP.</p> <p>An Early Days in Custody Mental Health safe prescribing protocol will be developed by Northamptonshire Healthcare Foundation Trust by May 2018 involving a multi-disciplinary approach, which will provide a standardised agreed prescribing regime for all health professionals in the prison, and staff made aware of this at the time.</p>	<p>Governor Head of Healthcare Mental Health Lead May 2018</p>
5	<p>The Head of Healthcare should ensure prisoners with dual diagnosis receive appropriately integrated treatment</p>	Accepted	<p>All healthcare staff were reminded in November 2017 through team briefings about the dual diagnosis protocol introduced in March 2017. They were reminded that prisoners with dual diagnosis must receive appropriately integrated treatment. The Head of Healthcare will ensure that a member of the mental health team attends the daily Integrated Drug Treatment Systems/Westminster Drug Project meeting, where prisoners with dual</p>	<p>Head of Healthcare Mental Health Team Lead March 2018</p>

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			diagnosis are discussed. The meetings will be minuted and audited quarterly to ensure compliance.	