

Action Plan – Ryan Harvey. Self – Inflicted .HMP Woodhill. 08/05/2015

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Head of Healthcare should:</p> <ul style="list-style-type: none"> • ensure that critical information about a prisoner is properly recorded and shared with other prison staff; and • review the referral process to the mental health team to ensure prisoners are assessed promptly and that management audits all referrals undertaken 	Accepted	<p>Recruitment has taken place within the Healthcare administration function and a robust process introduced where all incoming information is screened, processed for immediate action and scanned onto SystemOne. All emails pertaining to clinical information are also scanned or copied onto SystemOne.</p> <p>The reception screening template on SystemOne has been amended to include a question and space for documenting details found within any accompanying collateral. This has been superseded by a standardised NHS England template.</p> <p>Since February 2016 all prisoners entering HMP Woodhill are seen by a Registered Mental Health Nurse for an Early Days in Custody Mental Health screen (EDiC MH screen) in addition to the mandated reception and secondary health screen. In May 2016, this provision was increased to 6 days a week to ensure that men arriving in the prison on a Friday or a Saturday were not disadvantaged by waiting until Monday to be seen. This has allowed timely request and recording of collateral information.</p> <p>A prison wide Early Days in Custody (EDiC) strategy has been developed to improve the identification and sharing of risk information and triggers. This includes the completion and reading of entries in the EDiC booklet. After the initial days in custody the booklet follows the prisoner around the prison and is located on each wing where he resides. It is accessible to all staff and can be updated with any key information, immediately that staff become aware. The EDiC process also includes a</p>	Head of Healthcare Completed.

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			<p>daily multi-disciplinary review of all new prisoners within the previous 48 hours to ensure that all risk information, such as being a vulnerable adult, history of self-harm has been shared and an action plan for any outstanding actions agreed.</p> <p>The referral process into the MH has been reviewed and a staff information notices published. The MH service delivery policy has also been reviewed to reflect the updated referral process. A daily MH referral meeting takes place to review all referrals received within the previous 24 hours and allocate appointments for assessments.</p>	
2	<p>The Governor should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including:</p> <ul style="list-style-type: none"> • understanding their responsibilities and the need to share all relevant information about risk; • considering and recording all the known risk factors of a prisoner when determining their risk of suicide or self-harm; • 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; 	Accepted	<p><u>Training</u></p> <p>All frontline staff undergo Suicide and Self Harm (SASH) training as part of their initial POELT training. Staff are taught how to open an ACCT document and identify risk factors. The training also outlines staff responsibilities regarding the ACCT process, including the need to share relevant information about risk. An ongoing programme of refresher training is also being delivered.</p> <p>All ACCT case managers have national case manager training to enable them to chair case reviews. This package includes case studies and skills practice, focusing on identification of risk factors and risk assessment. This package covers the suicide risks and triggers as identified in PSI 64/2011. This training will continue to be delivered to all new case managers. As of the 18th of June 2018, there were only 5 managers out of</p>	Head of Safer Custody Completed

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	<ul style="list-style-type: none"> • setting care map actions which are specific and meaningful and reviewing progress against the care map at each review; and • conducting ACCT reviews as specified in the national instructions 		<p>82 that required this training and these were newly promoted members of staff.</p> <p>The regional safer custody team have assisted HMP Woodhill with delivery of Defensible Decision Training to staff that manage ACCT's. This took place in April 2018 and was attended by 41 case managers. The regional safer custody team has requested to facilitate this training again and this will be actioned by October 2018.</p> <p><u>Communication to staff</u> The following Issues of the Safer Custody Learning Bulletins have been disseminated to staff.</p> <ul style="list-style-type: none"> • Issue 23 of the Safer Custody Learning Bulletin. Case reviews, CAREMAPs and levels of conversations and observations was sent to all operational managers in November 2017. • Issue 28 of the Safer Custody Learning Bulletin Supporting prisoners at risk of harm from others was sent to operational managers in March 2018. • Staff Information Notice (138/17) in relation to case reviews and care maps was issued during August 2017. <p><u>Quality Assurance</u> Duty governors each weekend will complete a quality check of case reviews, care maps and the ongoing records. Any concerns raised will be communicated back to the case</p>	

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			managers for any actions. The quality of ACCT's is also monitored through the monthly Safer Custody meeting.	
3	<p>The Governor should ensure that all prison staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies which:</p> <ul style="list-style-type: none"> • ensures staff efficiently and effectively communicate the nature of a medical emergency; and • ensures staff call for an ambulance immediately after an emergency code message is radioed 	Accepted	<p><u>Communication to staff</u> All staff had medical response codes cards provided to them via their pay slips in the latter part of 2017. These are small/discrete cards that will fit into their ID card holders. These are also provided to new POELT's by POELT mentors during their induction into the prison.</p> <p>This information has also been communicated to staff through the weekly staff newsletter on the 2 March 2018. A new Staff Information Notice will be issued in June 2018.</p> <p>In May 2017 posters reminding staff of their responsibilities during medical emergencies, including emergency code red/blue procedures were disseminated across the prison. The posters reiterated the need for staff to communicate the nature of a medical emergency using the correct codes and the circumstances under which each code should be used. It also gave reference to PSI 03/2013.</p>	Head of Safer Custody Completed