

Action Plan – Self-Inflicted - Keith Abbott - HMP Haverigg - 15 July 2016

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Governor should ensure that violence reduction strategies are implemented effectively to provide support for victims and appropriate challenge or intervention with perpetrators	Accepted	<p>The previous violence reduction strategy was reviewed, and a new strategy introduced in June 2017.</p> <p>A monthly violence reduction committee led by the Head of Safety has also been established to provide governance and assurance that the overall violence reduction strategy is being delivered effectively.</p> <p>A weekly multi-agency stability meeting is held each Monday, the purpose of which is to discuss individual prisoners, both victims and perpetrators of bullying, who may require further monitoring and/or intervention. If further intervention or monitoring is required a manager is appointed to oversee this and to ensure this is carried out within the timescales agreed. This is documented on the meeting action log.</p> <p>As part of the ongoing national safety agenda, a national approach to managing violence was be introduce in December 2017. This will ensure that the Prison Service is consistent in its approach to managing violence.</p>	Head of Safety November 2017
2	The Head of Healthcare should ensure that there is a robust process in place so that appropriate psychiatric referrals are made, actioned and a response received by the primary healthcare team.	Accepted	<p>Delivery of Mental Health and Substance Misuse Services is the responsibility of Greater Manchester Mental Health Trust (GMMH).</p> <p>A system has been in place since May 2017 to ensure that referrals are actioned appropriately as per the stepped care model and in conjunction with the substance misuse service. This is overseen on a day to day basis by the Unit Manager and overall responsibility is via the Operational Manager.</p> <p>Referrals are received via a range of sources, this can be self-referral,</p>	GMMH Service Manager Completed May 2017

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			<p>prison, primary health care or from another establishment. The referral will be triaged by the Mental Health (MH) team at the daily referral meeting, supervised by the Unit Manager. This process will help to decide when the service user should be seen and by whom, according to level of need and risk. Following their assessment care plans will be developed and if appropriate will be discussed at the weekly MDT meeting, for further agreed appropriate input.</p> <p>GMMH are contracted to deliver 7day MH and Substance Misuse services, and where staff feel they require additional support outside core hours a telephone on-call service is in place.</p>	
3	The Head of Healthcare should ensure that the mental health referral system results in the timely review and treatment of prisoners with mental health needs.	Accepted	<p>A new system was implemented in May 2017 to ensure that referrals are actioned appropriately as per the stepped care model and in conjunction with the SMS. This process is overseen on a day to day basis by the Unit Manager and overall responsibility is via the Operational Manager.</p> <p>Governance arrangements take place through the GMMH internal governance structures and the prison Operational and Clinical Governance forum. GMMH undertakes regular audits of casework and cases are reviewed at internal meetings and in supervision.</p>	GMMH Service Manager Completed
4	The Head of Healthcare should ensure that there is effective and clear liaison between the primary care providers and the mental health in-reach teams.	Accepted	<p>Procedures have been reviewed and a number of systems have been put in place to address this issue.</p> <p>A range of meetings take place between the GP, psychiatrist, Mental Health In-reach team, Substance Misuse team and the Custodial Manager from Safer Custody to ensure that information is shared</p>	GMMH Head of Healthcare Completed

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			<p>effectively between agencies relating specifically to challenging and complex individuals within the establishment, to inform the decision making processes in the management of these individual cases. The Governing Governor also holds a monthly Clinical Governance meeting, attended by Primary Care, Mental Health and Substance Misuse providers alongside Cumbria Partnership Foundation Trust (CPFT) Safeguarding team. Concerns regarding particular patients can be discussed in this forum and actions agreed.</p> <p>The Mental–Health In-reach Team review all patient records prior to the psychiatrist assessing those patients and brief the psychiatrist accordingly.</p>	
5	The Governor should ensure that staff are aware of, consider and record all the known risk factors for suicide or self-harm. They should open an ACCT whenever a prisoner has significant risk factors. When, exceptionally, they decide not to begin ACCT procedures for prisoners with significant risk factors, they should clearly record the reasons.	Accepted	<p>The new, nationally introduced Suicide and Self Harm (SASH) training is currently being delivered to all staff, with priority being given to those operational staff in prisoner-facing roles to receive the ‘Risks and Triggers’ and ‘Opening an ACCT’ modules</p> <p>Notices and information posters for staff are displayed in reception, first night and residential units informing them of risk factors and action to be taken when these are identified.</p> <p>A Notice to Staff (NTS) will also be issued, highlighting the risk factors to be considered when determining a prisoner’s risk of suicide or self-harm, and when an ACCT should be opened. The NTS will also remind staff of the need to clearly document on a prisoner’s case notes where the opening of an ACCT document is not deemed necessary or appropriate in cases where significant risk factors are</p>	<p>Head of Safety Ongoing</p> <p>Residential Managers November 2017</p> <p>Head of Safety December 2017</p>

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			present. .	
6	The Governor should ensure that all prison staff are aware of the correct procedures at roll checks and that when a cell door is unlocked, staff satisfy themselves of the wellbeing of the prisoner and that there are no immediate issues that need attention.	Accepted	<p>Learning Bulletin 6 of 2015 (Welfare checks of prisoners) was re-issued to all staff in September 2017 and is also now displayed on all Residential units.</p> <p>An NTS is to be issued reminding staff of their responsibilities and procedures whilst carrying out roll checks. The content of the NTS will be taken from the Learning Bulletin along with information from the Security strategy.</p> <p>This will be reinforced by Heads of Residence during briefings and monthly staff meetings</p>	Head of Safety Head of Security December 2017