

Action Plan – John Wright HMP Bullingdon Self-Inflicted 15/12/2017

No	Recommendation	Accepted/Not Accepted	Response	
1	<p>The Governor and Head of Healthcare should ensure that staff identify and manage prisoners at risk of suicide and self-harm in line with PSI 64/2011 and PSI 07/2015. First night procedures should recognise the additional vulnerabilities of newly arrived prisoners. In particular, reception, healthcare, first night staff and all others who assess risk should:</p> <ul style="list-style-type: none"> • have a clear understanding of their responsibilities and the need to share and record relevant information about risk; • consider and record all the known risk factors of a newly-arrived prisoner when determining their risk of suicide or self-harm, including information from Person Escort Record forms (PER) and other sources; • document the information considered when deciding whether or not to open an ACCT, and the level of observations, and who contributed to the decision; • carry out ACCT observations at unpredictable intervals. 	Accepted	<p>Officers and Healthcare staff continue to attend the national SASH (Suicide and Self Harm) training which will be delivered to all staff by March 2019. This training covers consideration of risk factors, decision making, appropriate sharing of concerns and documenting relevant information.</p> <p>The prison, in conjunction with healthcare, are trialling an 'early days in custody passport' which will ensure that risk information, key decisions and early days plans are easily accessible to the whole team and that all assessments of new prisoners and their risk are completed before they move from the induction wing.</p> <p>The Governor has appointed a new role of Head of Early Days with dedicated responsibility for first night and reception and a primary focus on improving risk management at the start of prisoners' time in custody. The Head of Early Days in Custody will review the passport process over the coming six months to ensure it is effective, being used properly and is adapted if required by the changes under reconfiguration</p> <p>NHS England is leading a dedicated project locally to look at how the Prisoner Escort Record (PER) can be better used and information can be better shared and responded to in a timely way. Staff at HMP Bullingdon are committed to supporting this piece of work and are part of the project team.</p> <p>The importance of considering information contained on the PER document has been discussed in staff briefings with the healthcare staff and forms a key part of Care UK's national</p>	Completed

Action Plan – John Wright HMP Bullingdon Self-Inflicted 15/12/2017

No	Recommendation	Accepted/Not Accepted	Response	
			<p>learning and audit package to prevent harm in prisons.</p> <p>When prisoners arrive from court often the only source of documentation staff have to refer to is the PER and warrant. HMP Bullingdon have introduced a process that those men deemed at high risk given their known risks and triggers are reviewed by the Orderly Officer and Duty Governor who will then along with healthcare decide on the best location and level of observations to keep the person safe before leaving reception area.</p> <p>Staff have been reminded of the requirement to carry out ACCT observations at unpredictable intervals and will continue to be reminded via the Governor's newsletter. Where management checks of the ACCT document identify that observations and conversation levels are not adhered to or lack evidence of engagement with the person at risk, feedback is provided to staff and senior grade managers.</p>	
2	The Head of Healthcare should ensure there is provision for completing immediate mental health assessments.	Accepted	<p>The Head of Healthcare has worked with the NHS England Commissioner to develop a National Reconfiguration Resourcing Business Case. The Business Case has been ratified and agreed by NHS England, to address the future health needs of the population as the prison prepares to reconfigure to a Reception establishment.</p> <p>Particular emphasis has been placed on resourcing health care services around the early days in custody; including greater access to Mental Health provision.</p>	March 2019 Head of Healthcare & NHS England

Action Plan – John Wright HMP Bullingdon Self-Inflicted 15/12/2017

No	Recommendation	Accepted/Not Accepted	Response	
			<p>NHS England is commissioning full Health Needs Assessments (HNAs) for all Thames Valley Prison establishments in 2018/19. The HNA will identify the health needs of the changing populations and will reflect the impacts of reconfiguration. The HNA will have a specific Mental Health focus.</p> <p>NHS England has released a new National Mental Health and Substance Misuse Service Specification to inform the review of all commissioned Mental Health Services. A gap analysis will be undertaken to review existing provision and consider contractual adjustments and additional resourcing to achieve the new requirements</p>	
3	The Governor and Head of Healthcare should ensure there is a clearly defined process for cell allocation within healthcare, including identifying responsibility for risk assessment.	Accepted	An admissions policy will be designed for Healthcare admission. This will include a section on risk assessment for cells in healthcare and will contain clear guidance that cells designed for prisoners with medical conditions cannot be used for those with suicide and self-harm concerns.	31/7/2018 Governor & Head of Healthcare
4	The Governor should ensure that prompt emergency vehicle access to the prison is included in contingency planning and that contingency plans are regularly tested.	Accepted	Emergency vehicle access is now included in the establishment's contingency plans and will be regularly tested.	Completed Head of Security