

Action Plan – James Turnbull. HMP Durham. Self- Inflicted. 23/12/2017

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 and self-harm in line with national guidelines. In particular, staff should:</p> <ul style="list-style-type: none"> • assess the level of a prisoner’s risk of suicide and self-harm based on all available information and known risk factors and not on a prisoner’s own presentation; • set caremap actions designed to reduce a prisoner’s risk of suicide and self-harm, review them at each case review and complete them all before closing an ACCT; • vary the times of ACCT checks, while remaining within set observation periods, to avoid prisoners being able to predict when they will be checked. 	Accepted	<p>A new ACCT Case Manager course was introduced in April 2018 and all staff at HMP Durham who have responsibility for conducting case reviews and making decisions regarding at risk prisoners have now undertaken this training.</p> <p>Case managers have also been provided with one-to-one coaching from the Group Safer Custody team and the Head of Safeguarding focussing on the identification and mitigation of risk, based on all available information and known risk factors, including how to document such on care maps. This coaching responds to issues identified during regular quality assurance checks which are carried out by Supervisors and Custodial Managers and stipulates the importance of ensuring that all risks are mitigated and actions completed prior to an ACCT document being closed.</p> <p>A reminder that observations must be conducted at irregular intervals have been sent out to all case managers via email. This is being embedded via regular quality assurance checks of open ACCT documents and through residential briefings.</p>	Completed Head of Safeguarding
2	<p>The Prison Group Director for Tees and Wear Group should satisfy himself that staff at Durham are assessing risk appropriately and properly applying ACCT procedures</p>		<p>The Prison Group Director (PGD) has a Group Assurance Advisor and Group Safety Lead in place, who are currently working with HMP Durham (and the wider Tees and Wear Group) to develop the qualitative QA processes which checks the quality of ACCT documents and care maps. The aim is to provide assurance to the</p>	Completed Prison Group Director

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	to prisoners at risk of suicide and self-harm.		<p>PGD that staff at Durham have the necessary processes in place to support appropriate risk assessment and application of ACCT procedures to prisoners at risk of suicide and self-harm.</p> <p>The Group’s Assurance Advisor monitors PPO report recommendations and action plans. If repeat recommendations are being made, the PGD office will work with the prison to ensure they are addressed and that the mitigating actions put in place are robust, so that the risk of them occurring in the future is minimised.</p> <p>The PGD recognises the steps that HMP Durham has taken to increase staff knowledge and understanding in assessing risk appropriately and properly applying ACCT procedures to prisoners at risk of suicide and self-harm. The single Case Manager model is used to ensure that men have continuity of assessment and review and the one to one coaching for ACCT case managers from the Group Safer Custody team has focused on identification and mitigation of risk and the transfer to individualised care maps. In order to develop this knowledge and understanding, the PGD office has supported HMP Durham by providing further one to one coaching reviewing current ACCT documents and case reviews. This will ensure that all staff have been provided with the necessary support and training.</p>	
3	The Governor should ensure that decisions to remove items from prisoners at risk of suicide and self-	Accepted	It has been reiterated to all case managers in their one-to-one coaching sessions and during team briefings that any decision to remove items from a prisoner’s possession due to their risk of	Completed Head of Safeguarding

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	harm are properly recorded, as are the reasons for their return.		suicide and/or self-harm must be fully justified and documented. This includes documenting when and why such items were returned.	
4	The Head of Healthcare should ensure there is a system for urgent and routine mental health referrals, that staff know how to make these referrals and that referrals are followed up.	Accepted	<p>There is a full and standardised referral process in place for both urgent and routine mental health referrals. A referral form, complete with guidance, is available and accessible to all healthcare staff, as well as a number of community services staff, working within HMP Durham.</p> <p>In support of this process, there is a dedicated duty nurse allocated to respond to urgent referrals and requests for patients to be assessed, as well as an out of hours on call manager and Psychiatrists.</p> <p>Staff have been reminded of the referral process through Mental Health Awareness training. This has been provided to all partnership agencies during staff training events. Individual training can also be requested. 1:1 supervision regarding urgent referrals has also been provided where the need arises.</p>	Completed Mental Health Team
5	The Governor should ensure that all prison staff are made aware of and understand their responsibilities during medical emergencies, including that they use their radio to communicate the nature of a medical emergency quickly and effectively	Accepted	<p>A staff information notice reminding staff of their responsibilities during a medical emergency, including the need to use code red or code blue to communicate the nature of the emergency was re-issued in February 2018. Posters are also displayed in staff areas to highlight the correct emergency response process.</p> <p>Additional measures introduced include a training course developed by the Safer Custody Officer, which covers what to do in the event of</p>	Completed Head of Safeguarding

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			<p>a medical emergency, emergency response codes and how to recognise overdose. This training package has been added to the end of all SASH training sessions (which are mandatory for all those who have contact with prisoners). All new entry prison officers are now given a briefing regarding Emergency Response codes to ensure they understand their responsibilities in the event of medical emergencies. A practical test of what they have learned is carried out before any new member of staff 'goes live'. Guidance cards have been issued to radio holders which include details of when to call a code red/blue and what information to gather for the Ambulance Service.</p> <p>All control room staff have now been briefed that if they hear a member of staff shout for assistance for a particular medical problem (e.g. chest pains, ligature, blood loss) but without calling code red/blue, they must activate the relevant code red/blue procedure immediately, including calling an ambulance.</p>	