

**Action Plan –Paul Parker HMP Leeds
Self- Inflicted 14/06/2016**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The Governor must ensure that staff always manage prisoners at risk of suicide or self-harm in line with national instructions, including ensuring that:</p> <ul style="list-style-type: none"> ▪ Prisoners on open ACCTs are not held in the segregation unit unless all other options have been considered and excluded and there are fully documented reasons to explain the exceptional circumstances within the ACCT document. ▪ Case reviews are multidisciplinary and include all relevant people involved in a prisoner's care, including mental health staff where appropriate, and healthcare staff attend all first case reviews. ▪ Staff review the risk of suicide and self-harm whenever an event occurs which indicates an increase in risk, such as further self-harm. ▪ All staff receive adequate ACCT training to ensure that they are both confident and competent to carry out the role expected of them. ▪ Staff set ACCT care map actions, which aim to reduce prisoner's risks to themselves, and review at each subsequent case review. 	Accepted	<p>Authority to segregate on an ACCT must be given by the Duty Governor and recorded on a locally produced form which prompts consideration of each alternative location throughout the establishment instructing explanation on why each of the separate options have been discounted. The form has a box for every different location ie: FNC, HCC, Residence and has a comment box which must be filled in to show decisions. This authority is reviewed by either the Head of Safety or the Head of Residence and Safety with any concern discussed with the relevant authorising manager. This is monitored monthly and fed back to the Governing Governor via an assurance document.</p> <p>For all new ACCT's, healthcare will attend the first review and update SystemOne. The ACCT review sheet includes a prompt to set a date for the next review. If anyone else is identified as required during the review ie: drugs workers, they are contacted and informed that they are required for the next review. An ACCT quality assurance system will be introduced to support effective practice, including ensuring case reviews are multidisciplinary or flagged to senior management for intervention. A process will be put in place to ensure that any staff who demonstrate repeated non-compliance to national ACCT procedures, will be managed under performance measures. This will be monitored monthly and fed back via an assurance document to the Governing Governor.</p> <p>A rolling training programme for case manager training will be put in place for all healthcare staff and operational grades authorised to complete case management. The training will take the form of development workshops, led by the regional safer custody team and will ensure staff have an understanding of the case manager's</p>	<p>Head of Safety & Head of Residence and Safety December 2017</p> <p>Head of Safety & Head of Residence and Safety December 2017</p> <p>Head of Safety March 2017</p>

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			<p>responsibilities including scheduling reviews for all departments to attend (including that healthcare must attend the first review), consideration of when ACCT management is appropriate, setting appropriate actions in caremaps, improving awareness of factors which may heighten risk to an individual and, indicating where unscheduled reviews should take place, such as an incident of self-harm.</p> <p>Defensible decision training is scheduled for March 2017 and ACCT awareness workshops will be rolled out in June, these will be attended by all officers and healthcare staff within the establishment via a co-ordinated training plan.</p> <p>Posters highlighting risks and triggers have been displayed on wings, in reception, on the first night centre and in the Segregation Unit</p>	<p>March and June 2017</p> <p>Completed Head of Safety</p>
2	The Governor and Head of Healthcare should ensure that prisoners are assessed for potential health problems and risk of suicide and self-harm after all court appearances, police questioning and other events that might increase their risk.	Accepted	<p>A system has been put in place in which reception staff will contact a specified healthcare staff member by radio call sign on the return of any prisoner who has been out of the establishment. This member of staff will assess the individual for potential health problems and risk to self.</p> <p>Posters highlighting changes in circumstances which may increase a prisoner's risk are now displayed in reception, the segregation and residential units, and the first night centre. This, alongside ACCT and defensible decision making training, will aid operational staff in recognising instances of heightened risk and how to manage them.</p>	<p>Head of Healthcare Completed</p> <p>March 2017 Head of Safety and Head of Healthcare</p>

