

Action Plan – Raymond Mulligan . HMP Durham . Self- Inflicted . 29/03/2018

| No | Recommendation | Accepted/Not Accepted | Response | Target date for completion and function responsible |
|-----------|--|------------------------------|---|---|
| 1 | <p>The Governor and Head of Healthcare should ensure that prison staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including that staff:</p> <ul style="list-style-type: none"> • staff consider and record all the known risk factors of newly arrived prisoners when determining their risk of suicide or self-harm; • set effective care map actions that are specific and meaningful, aimed at reducing risk, and update them at each case review; • and record all significant conversations or events in ACCT documents. | 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>A new screening tool has now been introduced as part of the Reception process. This focuses on identifying an individual's risk of harm to themselves and lists the major risk factors to be considered. The tool also prompts the officer completing it to make a NOMIS case note justifying why they have/have not opened an ACCT document, including noting any protective factors.</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 CAREMAPs. 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>Staff will also be reminded via the morning operational briefing and a Staff Information Notice of the mandatory requirement to record all significant</p> | <p>Head of Operations Completed</p> <p>Head of Safeguarding Completed</p> <p>Head of Safeguarding</p> |

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| | | | conversations and events in the ACCT ongoing record. Specific examples will be used to emphasise this learning. | January 2019 |
| 2 | The Governor should remind staff of the importance of using the correct codes in an emergency, and the potential consequences of not doing so. | 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 December 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 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 also been briefed that if they hear a member of staff call for assistance for a particular medical problem (e.g. chest pains,</p> | Head of Safeguarding Completed |

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| | | | ligature, blood loss) but without calling code red/blue, they must activate the relevant code red/blue procedure, including calling an ambulance immediately. | |