

Action Plan – James Hunter HMP Forest Bank Self- Inflicted 15/02/2016

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Director should commission an investigation under the terms of PSI 06/2010 & AI 05/2010, Conduct and Discipline, into the decision by the operational manager not to move Mr Hunter to healthcare, not to complete a thorough cell search and the failure to complete an immediate ACCT action plan.	Accepted	Terms of reference for an internal investigation were commissioned by the Director, and the investigation is expected to conclude in January 2018.	Director January 2018
2	The Director and Head of Healthcare should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, in particular: <ul style="list-style-type: none"> • All staff should have adequate ACCT training and refresher training. • All staff should take the possible side effects of medication and other substances into account when assessing risk of suicide and self-harm. • Staff should set actions on the immediate action plan and care 	Accepted	<p>All staff who work in prisoner-facing roles will be required to complete the new Suicide and Self Harm (SASH) training and will be refreshed within three years.</p> <p>A Director's Instruction and guidance will be issued instructing staff of the need to take into account the possible side effects of medication when assessing risk of suicide and self-harm. In the event it is reported that a prisoner may have taken an overdose, consideration for opening an ACCT document will be given and an entry made on NOMIS.</p> <p>The Safer Custody team will complete a weekly 10% compliance check which will be monitored at the Safer Prisons meeting. This check will ensure that the immediate care plan and caremap actions are specific to an individual's need, aimed at reducing risk, and completed by trained case managers in line with national guidelines.</p>	<p>Learning & Development Manager March 2019</p> <p>Director January 2018</p> <p>Residential Managers – February 2018</p>

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	map that are specific, meaningful and tailored to the individual to reduce their risk.			
3	<p>The Director should review the effectiveness of HMP Forest Bank’s violence reduction policy and its delivery, specifically ensuring:</p> <ul style="list-style-type: none"> • The effective identification and management of victims and alleged perpetrators. • Effective support and protection for apparent victims with meaningful objectives and long-term solutions, which address their individual situations. • The risk of suicide or self-harm to victims of bullying and intimidation is considered. 	Accepted	<p>The identification of victims and perpetrators and the risk of suicide and self-harm to victims of bullying will be revisited a part of a review of the Violence Reduction policy.</p> <p>A weekly review will take place to identify victims and perpetrators of bullying, assessing their vulnerability and risk of suicide and self-harm. The forum for this will be the Safety Intervention Meeting. Any actions agreed will be logged on the tracker document.</p> <p>The Safer Custody and Security teams will jointly review all reports of bullying on a weekly basis to identify perpetrators and possible victims of bullying. Victims will be offered support by the prisoner support team and signposted to available support around the prison.</p> <p>Perpetrators of bullying will be challenged and managed using Custodial Violence Management Model (CVMM) processes.</p> <p>A notice to colleagues will be published reminding staff how to report suspected bullying via the IR system.</p>	Head of Safer Custody February 2018
4	The Head of Healthcare should review the recording system for prescriptions to ensure there are no discrepancies between	Accepted	All prescriptions are now held electronically on SystmOne. E-prescribing went live in May 2016, and paper prescriptions are no longer used for dispensing medication. Nurses and other healthcare professionals record medication on SystmOne when dispensed to prisoners	Head of Healthcare Completed

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	electronic and paper records, and ensure healthcare staff accurately update medical records.		Monthly audits of clinical care plans are conducted by Clinical Managers and Nursing teams to ensure that medical records are accurately updated.	
5	The Head of Healthcare should ensure mental health assessments take into account all relevant information, use standard mental health assessment tools, and assessment and treatment are in line with NICE guidelines.	Accepted	A full review of Primary Mental Health provision is being undertaken to develop and implement a comprehensive service in line with relevant expectations and guidelines. A revised service model is due to be implemented from January 2018.	Director/Head of Healthcare January 2018