

**Action Plan- David Dunnings. HMP Coldingley. Self – Inflicted. 08/07/2017**

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 or self-harm in line with national guidelines. In particular that:</p> <ul style="list-style-type: none"> <li>• Prisoners assessed as at risk of suicide or self-harm are not held in the segregation unit unless all other options have been considered and excluded. A senior manager of governor grade should record the exceptional circumstances for segregation.</li> <li>• 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.</li> <li>• Staff read the ACCT document and familiarise themselves with all relevant issues and known risk factors before holding reviews, and ACCT case reviews should assess and record the level of risk, considering all risk factors.</li> <li>• Care map actions, are specific, meaningful and time-bound, aimed at reducing prisoners' risks and review them at each case review.</li> </ul>	Accepted	<p>A defensible decision log is completed by the Duty Governor on daily rounds for every prisoner located in the segregation unit subject to ACCT procedures. This records the actions taken and the options which have been considered. The introduction of two photo reprographic cell doors on E wing provide an additional option when considering appropriate locations for those assessed as at risk of suicide or self-harm.</p> <p>Any prisoner in the segregation unit on an open ACCT is added to the complex case meeting list which is held fortnightly. Observations are set at a minimum of two per hour for those on an ACCT in the segregation unit and are adjusted according to individual's risk.</p> <p>The lead nurse for the segregation unit now attends all first case reviews, and at the daily healthcare briefing it is decided whether the mental health team should also attend individual ACCT reviews.</p> <p>A case manager is being allocated to each prisoner in the segregation unit on an ACCT, ensuring that those holding case reviews are familiar with the relevant issues and risk factors relating to prisoners and providing increased continuity of care. By October 2018 staff will have completed case manager training.</p> <p>Additional ACCT training has been sourced for case managers to specifically improve understanding of the care map process, including how to set appropriate actions. Daily management checks focus on the</p>	<p>October 2018 Head of Safety</p>

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	<ul style="list-style-type: none"> <li>• The frequency of observations should reflect the prisoner’s risk and be adjusted when that risk changes. Staff should check on prisoners, who are subject to ACCT procedures, at unpredictable intervals and record their observations.</li> <li>• The Governor should ensure that ACCT case managers consider involving the prisoner’s family in the ACCT process and understand the procedures to do so.</li> <li>• The Governor should ensure that there are procedures in place to check the quality of ACCT procedures, identify bad practice, learn lessons, and where appropriate, provide staff refresher training on ACCT procedures.</li> </ul>		<p>care map and ensure actions are relayed to staff at daily briefings. Daily briefings are also used to reinforce the importance of carrying out ACCT check at unpredictable intervals, and when there is a change in risk or frequency of observations that this must be logged in the ACCT document.</p> <p>Family involvement in the ACCT process is encouraged where it is appropriate and safe to do so, reflected in the ‘Family and Significant Others Strategy’. Prisoners are encouraged to inform staff if there are changes to their next of kin contact details so that Nomis can be kept updated. A family involvement form is now in every ACCT and seeks permission to contact family whilst setting out the rationale for family involvement.</p> <p>ACCT documents are quality checked weekly by management and any issues identified are raised and discussed at the management briefing. Safer custody team meetings also provide an opportunity for ACCT quality checks to be carried out by a multi-disciplinary team to ensure good practice.</p>	

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2	<p>The Governor should ensure that staff understand and follow the procedures for the re-categorisation of prisoners, inform them of decisions and reasons for re-categorisation and provide them with information about the appeal process</p>	Accepted	<p>Boards held for re-categorisation from C to B are chaired by the Head of OMU, Senior Probation Officer and Offender Supervisor with contributions from security and wing staff. The outcome and the reasons for the decision of the board is shared verbally and in writing and the appeal process explained. This is authorised by the Governing Governor or Deputy Governor.</p> <p>The PSI guidance on re-categorisation procedures has been sent to all managers and one to one awareness sessions will take place with the head of Offender Management Unit (OMU) to ensure understanding and compliance.</p>	Head of OMU Complete
3	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners held in segregation in line with national guidelines, including that:</p> <ul style="list-style-type: none"> <li>• A mental health assessment is carried out within 24 hours whenever ACCT procedures are started for a prisoner in the segregation unit.</li> <li>• Segregation algorithms are completed when prisoners in segregation become subject to ACCT procedures.</li> <li>• Segregation review boards include the ACCT case manager when a prisoner is identified as at risk of suicide and self-harm. The review chair should consider</li> </ul>	Accepted	<p>A mental health assessment is carried out within 24 hours on all prisoners accommodated in the segregation unit who become subject to ACCT procedures. As, at present, Central and North West London NHS Trust (CNWL) are not commissioned to provide mental health services at weekends, when an ACCT is opened for someone in the segregation unit out-of-hours an escalation process is automatically activated so that a mental health assessment can be arranged. The Governing Governor has also approached NHS England commissioners to request additional funding to cover weekends.</p> <p>Segregation algorithms are completed by the Duty Governor and if an ACCT is opened a new one is completed. This is recorded for assurance in the Duty Governor journal. The named nurse for the segregation unit is informed by segregation staff if an algorithm needs to be revised when a prisoner is placed on an ACCT. All healthcare staff</p>	Governor Head of Healthcare Complete

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	<p>and record whether there are exceptional reasons to authorise continuing segregation.</p> <ul style="list-style-type: none"> <li>• All attendees at segregation reviews understand the purpose of the review and be confident about challenging continued segregation when they have concerns about a prisoner's vulnerability.</li> <li>• Healthcare representatives at segregation reviews are fully briefed about relevant aspects of the prisoner's health needs and where possible, should be the person responsible for the individual's care.</li> <li>• Segregation review boards are held more frequently than the minimum requirement for prisoners subject to ACCT procedures.</li> <li>• Authorisation for segregation is completed promptly and accurately, and set out in full the reasons for the decision.</li> </ul>		<p>are completing training with the Head of Safety to ensure they have a full understanding of the algorithm process.</p> <p>From September 2018 a Band 7 Case Manager will be allocated to each prisoner in the segregation unit who is on an ACCT and they will be familiar with any issues and have knowledge of the risk factors relevant to an individual. A defensible decision log will be completed during the review to record the reasons for continuing segregation.</p> <p>All prisoners on an ACCT in the segregation unit are reviewed at the complex case meeting, chaired by the Governing Governor or Deputy Governor. Special meetings are convened if the need falls out of this timeframe.</p> <p>Training is being provided to refresh healthcare staff on their responsibility and the purpose of segregation reviews. There is a named member of the primary healthcare team allocated to the segregation unit each shift, who will access SystemOne and discuss any mental health concerns with the mental health team prior to taking part in any review. The Head of Healthcare is undertaking quality assurance of this process. Any concerns can be discussed at the lunchtime briefing which is attended by all staff and the Head of Healthcare.</p> <p>A segregation review board will be held at each ACCT review, which are held weekly as a minimum to ensure that all risks are considered and alternative accommodation considered.</p>	

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			<p>Segregation reviews are completed promptly and management checks are completed by either the Safer Custody Functional Head or the Deputy Governor to ensure compliance. A sample of these are also quality checked at the Segregation Monitoring and Review Group (SMARG) for assurance purposes.</p>	
4	<p>The Head of Healthcare and the Mental Health Team should ensure that all patients with mental health problems are assessed promptly in line with National Institute for Health and Care Excellence (NICE) guidance and a written care management plan is developed and actioned</p>	Accepted	<p>On arrival at HMP Coldingley, all prisoners who meet the following conditions are assessed by a qualified mental health nurse: those with a history of mental illness, already on an open ACCT, serving sentence for murder, presenting with active psychotic symptoms or who are self-harming or have a history of depression / self-harm.</p> <p>Depending on the outcome of the assessment, either a patient-centred lead professional care plan or care programme approach care plan is completed together with the risk management care plan. Care programme approach care plans must be completed within 28 days after the initial assessment and a care-coordinator is allocated.</p> <p>The lead mental health nurse will carry out regular quarterly audits of care plans and send reports to the Head of Healthcare.</p>	Head of Healthcare Complete
5	<p>The Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> <li>• GPs review prisoners' prescriptions when appropriate to ensure that their medication needs are addressed; and</li> </ul>	Accepted	<p>GPs should ensure patients seen in the segregation unit receive an appropriate review of their clinical condition and medication, with appropriate documentation within SystmOne. Patients newly started on antidepressants will have a care plan created to include review dates of</p>	Head of Healthcare Complete

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	<ul style="list-style-type: none"><li>healthcare staff regularly meet to review patient care, including holding multidisciplinary meetings, where appropriate</li></ul>		<p>medication. The pharmacy are working with the GP to introduce a template for SystemOne to ensure continuity of care.</p> <p>Healthcare attend the complex case review which is a multidisciplinary meeting. The daily lunchtime briefing allows staff to raise concerns and discuss patient care. Mental health team are invited to participate in this meeting, where appropriate and meetings are minuted for record keeping purposes.</p>	