

Action Plan - HMP Woodhill - Kevin Iverson - Self-inflicted - 9 May 2019

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	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, in particular that staff hold multidisciplinary ACCT reviews, with healthcare staff in attendance at first case reviews.	Accepted	<p>A Local Operating procedure (LOP) is being drafted by Healthcare to set out the expectations of Healthcare staff in relation to ACCTs and attendance at ACCT reviews. The LOP will be agreed by the Safer Custody Governor once finalised.</p> <p>Healthcare are expected to attend all first case reviews. If a member of Healthcare cannot attend due to conflicting duties the ACCT review is rescheduled and held as soon as a nurse is available, within a reasonable time-frame. If this cannot be arranged then Healthcare provide written contributions.</p> <p>A monthly meeting has been set up between Healthcare and the Safer Custody team to discuss the management of ACCTs and any issues that have been identified.</p>	Head of Healthcare & Head of Safer Custody February 2020
2	<p>The Governor and Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> •Prisoners are appropriately discharged from mental health services; •All staff are aware of how to appropriately refer prisoners or pass relevant information to the mental health team; •Concerns passed onto the mental health team are appropriately managed and all significant information is 	Accepted	<p>Patients will now only be discharged from caseloads with their named nurse/care co-ordinator and psychiatrist present in the multi-disciplinary team meeting.</p> <p>Discharge from the Mental Health team is per Central and North West London (CNWL) NHS Trust policy when:</p> <ul style="list-style-type: none"> • Treatment is complete • Patient is transferred to another location • Patient is released • Patient repeatedly does not attend or fails to engage (after appropriate support has been offered and attempts to engage made, as per DNA policy). 	Head of Healthcare February 2020

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	<p>documented in a prisoner's clinical record, and/or passed onto the relevant medical professional; and</p> <ul style="list-style-type: none"> •Mental health staff assess prisoners in line with guidelines and offer follow-up appointments where necessary. 		<p>HMP Woodhill will issue a Notice to Staff to ensure that all discipline staff are aware of how to report to the Mental Health team either by telephone, mental health call signs radio, if urgent or via the mental health functional mailbox for non-urgent referrals.</p> <p>Healthcare staff will complete a SystmOne mental health referral form and all mental health referrals are discussed each morning, triaged and appropriate staff tasked to assess prisoners as per CNWL guidelines.</p>	
3	<p>The Head of Healthcare should ensure that refusal and non-compliance with medication is documented in a prisoner's clinical record, in addition to the medicine administration record. The mental health team should be informed if prisoners refuse antipsychotic medication.</p>	Accepted	<p>Any prisoner refusing medication is discussed daily at the Healthcare team briefings, where primary care, mental health and addiction teams are present. It is also documented by Healthcare staff in patients' medical records.</p> <p>Emails have been sent to all Healthcare staff reminding them of the above procedures.</p>	Head of Healthcare February 2020
4	<p>The Governor and Head of Healthcare should ensure that prisoners are assessed by healthcare staff after being restrained.</p>	Accepted	<p>Healthcare attend general alarms and all staff will be reminded via a Notice to Staff that they must complete F213 forms after any episode of restraint. The F213 must be initially completed by an officer on the wing prior to healthcare's input.</p>	Head of Healthcare February 2020
5	<p>The Governor should ensure that prisoners and staff are offered appropriate support</p>	Accepted	<p>Following a death in custody a Notice to Staff is issued which outlines the range of support available for prisoners to access. The key worker scheme provides prisoners with additional support</p>	Head of Safety February 2020

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	<p>following a death in custody or other traumatic event.</p>		<p>alongside support from their regular wing officers and assistance from the Chaplaincy department. Referrals can also be made to the Mental Health team for further advice, help, or counselling sessions.</p> <p>HMP Woodhill runs a peer support programme alongside the Samaritans, known as the Listeners scheme, which aims to reduce suicide and self-harm in prisons. Samaritans volunteers select, train and support prisoners to become Listeners. Listeners provide confidential emotional support to their fellow inmates who are struggling to cope. HMP Woodhill is also part of the Samaritans 'Postvention' pilot scheme which provides specific interventions and support for those affected by a death in custody, particularly self-inflicted deaths.</p> <p>A cold debrief is held for staff around six weeks after a death in custody and is chaired by a Mental Health advisor. In the debrief staff are informed of how to access further help and support if needed. There is also an employee support number for staff to access confidential professional support and managers can also refer staff for mental health advice and help.</p>	