

Action Plan – Nicola Cope at HMP Foston Hall on 29/11/2016

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 and self-harm in line with national guidelines, including that:</p> <ul style="list-style-type: none"> • ACCT case reviews are multidisciplinary where possible and include all relevant people involved in the prisoner’s care, with healthcare staff attending all first case reviews. • ACCT caremap actions are specific and meaningful, and identify all of the issues identified at assessment interviews and case reviews. • Prisoners at risk are not held in segregation unless all other options have been considered and excluded and there are fully documented reasons to explain the exceptional circumstances. • Case reviews consider all relevant information that affects risk, and staff review the risk of suicide and self-harm whenever an event occurs which indicates an increase in risk. 	Accepted	<p>All staff were reminded via e-mail in May 2017 that prison staff must manage prisoners at risk of suicide or self-harm in line with national guidelines, and must hold multi-disciplinary ACCT reviews involving all staff, including healthcare who must attend all first case reviews and contribute to the care of the prisoner at risk.</p> <p>Staff were also reminded at this time that ACCT caremap actions must be specific and meaningful, and must identify all of the issues identified at assessment interviews and case reviews, and that case reviews must consider all relevant information that affects risk. Staff were informed through the e-mail that they must review the risk of suicide and self-harm whenever an event occurs which indicates an increase in risk. As from July 2017 Healthcare have designated a member of staff daily to attend all first case reviews, and a named case manager chairs each ACCT review to check that all known risk factors are taken into consideration.</p> <p>Attendance by the multi-disciplinary team at ACCT reviews are now closely monitored via the local delivery board meetings and weekly safer custody meetings. ACCT quality assurance checks have been added to the agenda at the monthly safer custody meetings since July 2017, and ACCT case managers attend fortnightly support sessions where they are able to raise concerns with the safer custody team if departments are not attending ACCT case reviews.</p> <p>A guidance booklet was issued to all staff via e-mail in July 2017 on the ACCT process. All case managers will complete the new national</p>	<p>Governor Head of Safer Custody Head of Healthcare March 2018</p>

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			<p>ACCT case manager training by December 2017. All staff will also receive the new Suicide and Self-Harm (SASH) training by March 2018.</p> <p>In May 2017, all staff were also reminded via e-mail that they must manage prisoners held in segregation in line with national guidelines, including noting that prisoners at risk must not be held in segregation unless all other options have been considered and excluded, and there must be fully documented reasons in the ACCT document to explain the exceptional circumstances.</p> <p>The defensible decision making document, alongside the ACCT document, is now completed by staff to record these decisions, and any alternative options explored, with all decisions noted.</p> <p>This recommendation will be closely monitored by the Head of Safer Custody.</p>	
2	<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"> • Segregation review boards include a healthcare representative and, when a prisoner is identified as at risk of suicide and self-harm, include the ACCT case manager. They should consider and record whether there are exceptional 	Accepted	<p>All staff were reminded by e-mail in May 2017 that they must manage prisoners held in segregation in line with national guidelines, including that segregation review boards include a healthcare representative and, when a prisoner is identified as at risk of suicide and self-harm, that the ACCT case manager must be included in the process.</p> <p>As described above, staff were reminded in May 2017 that the reasons for segregating must be clearly documented in the ACCT plan, including other options that were considered but discounted. Staff were also reminded that they must consider healthcare advice</p>	<p>Governor Head of Healthcare Head of Safer Custody March 2018</p>

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	<p>reasons to authorise continuing segregation.</p> <ul style="list-style-type: none"> • A segregation health screen is held before a segregation review board. • Prisoners identified as at risk of suicide and self-harm should have a mental health assessment within 24 hours of their initial segregation. 		<p>indicating when cellular confinement is not appropriate and document how they have taken this into account when deciding to segregate, and that all health screening must be conducted before the review board.</p> <p>The defensible decision making document, alongside the ACCT document, is now completed by staff to record all decisions made on a prisoner in segregation, with any alternative options explored and all decisions noted.</p> <p>In May 2017, staff were reminded via e-mail that prisoners identified as at risk of suicide and self-harm should have a mental health assessment within 24 hours of their initial segregation.</p> <p>All ACCT case managers will undergo new case manager training by January 2018 and SASH training by March 2018.</p> <p>This recommendation will be closely monitored by the Head of Healthcare.</p>	
3	<p>The Governor should ensure that all prison staff are made aware of and understand their responsibilities during medical emergencies, including that they use the appropriate emergency medical code to communicate the nature of the emergency effectively</p>	Accepted	<p>All staff were reminded in June 2017 via a Governor's order about PSI 03/2013 and their responsibilities during medical emergencies as outlined in the local Medical Emergency Response Code Protocol. Staff were reminded that they must use the appropriate emergency medical code to communicate the nature of the emergency effectively and efficiently, and there is no delay in calling, directing or discharging ambulances.</p>	<p>Governor Head of Safer Custody Head of Corporate Services March 2018</p>

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			The training matrix for all new staff now covers the responsibilities of staff are during medical emergencies, and the new SASH training addresses how to deal with medical emergencies. All staff will undertake SASH training by March 2018.	