| Action Plan – Mr Paul Cavner at HMP Northumberland – Self Inflicted on 01/11/2020 | | | | |
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| **No** | **Recommendation** | **Accepted/ Not Accepted** | **Response** | **Target date for completion and function responsible** |
| 1 | The Director should ensure that staff manage prisoners at risk of suicide and self-harm in line with national policy, in particular staff should:<br>• ensure there is a consistent case manager wherever possible;<br>• hold multidisciplinary case reviews, ensure a member of healthcare staff attends the first case review and try to ensure continuity of staff attendance at case reviews where possible;<br>• record accurately who attended and contributed to case reviews and the contributions made;<br>• assess risk based on the prisoner's known risk factors and not solely on what the prisoner tells them; and<br>• close an ACCT only once all caremap actions have been completed. | Accepted | The Director's Huddle, which is a weekly newsletter circulated by email to all staff, will be used to communicate guidance and provide reminders about the management of prisoners at risk of suicide and self-harm. A copy is also displayed in a prominent position in the gate building, which all staff have to pass when entering or leaving the prison.<br><br>The information will include the need for case managers to schedule subsequent ACCT case reviews for a date when they are on duty wherever possible to ensure consistency and that if the review needs to be carried out by an alternative case manager they must ensure that others contributing to the case review have been involved in the resident's care previously. Staff will be reminded of the importance of providing input into case reviews, preferably in person and that the appropriate departments and stakeholders should be invited to ensure a multi-disciplinary approach is being taken and that there is a continuity of attendees wherever possible. The need for healthcare to attend all first case reviews will also be reiterated.<br><br>Case managers will be reminded of the need to correctly record those who have contributed to a review and ensure that a copy of any written contributions or a summary of any verbal contributions are added to the case review file. The requirement for case managers to ensure that known risk factors are used to inform risk based decisions, rather than rely on a prisoner's presentation alone will also be reinforced. Guidance will be provided to all case managers to ensure they are aware that ACCT documents must only be closed once all caremap actions are complete. | Deputy Head of Residence (VPU & Safer Custody) June 2021 |

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| | | | Monitoring of these requirements is undertaken as part of the daily ACCT assurance checks that are carried out by the Safer Custody team on all ACCT documents following the first case review. All live ACCT documents are also quality checked at least once per week by Safer Custody. Furthermore, closed ACCT documents are subject to a final quality assurance check with the findings from these three checks communicated every weekday to relevant middle and senior managers. Feedback is then provided to case managers and their line management chain as necessary.<br><br>Work is also being undertaken in preparation for the introduction of the revised version of the ACCT case management programme, which has a go live date in July 2021. We are currently planning the training and up skilling of all staff in the new procedures which includes modules on self-harm and suicide, and risks and triggers among other topics. There will be an improved focus on effective risk identification and to enable staff to record and access key risk information more easily. This will allow any member of staff to quickly identify someone's risks, triggers and protective factors so that tailored support can be established. The caremap will also be revised so that the most vital information about the support being provided to the individual is contained at the start. It will be divided into different sections for key areas known to improve general well-being, with prompts for case co-ordinators to consider. Support actions will be responsive to the risks and triggers identified and will aim to strengthen a resident's protective factors through meaningful action. | |
| 2 | The Head of Healthcare should review the process for requesting physical | Accepted | A new system known as the Integrated Clinical Environment (ICE), is currently in the process of being implemented. Once this has been fully introduced, all requests, including those for urine samples, will be submitted via this system. | Head of Healthcare, |

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| | investigations and develop a protocol to ensure all staff who need to be informed are included in the reporting process. | | One of the main benefits of ICE will be the reporting of results automatically to the requester.<br><br>A training plan for all healthcare staff is currently being devised. | Spectrum Health<br>July 2021 |
| 3 | The Director should share this report with SPCOs A and B and ensure that a senior manager discusses the Ombudsman's findings with them. | Accepted | The report will be shared and the findings discussed with SPCOs A and B at their monthly bi-lateral meeting with their line manager. | Deputy Head of Residence (VPU & Safer Custody)<br>June 2021 |