**ACCT – Policy Guidance – Annex**

**1. Purpose**

* 1. This Annex includes mandatory actions and operational guidance for prisons delivering Assessment, Care in Custody and Teamwork (ACCT) version 6.
	2. This guidance instructs and guides on the requirements needed at each stage of the ACCT process, as well as for managing constant supervision. This guidance therefore replaces the whole of Chapters 5, 6 and 8 of [PSI 64/2011](https://www.gov.uk/government/publications/managing-prisoner-safety-in-custody-psi-642011). This annex will later be included as part of the Safety Policy Framework . Until the Safety Policy Framework is published, establishments are asked to use this Annex.
	3. This Annex must be read in conjunction with these PSIs and Policy Frameworks. It is intended to sit alongside the requirements set out in these PSIs and Policy Frameworks:
* [PSI 64/2011 – Management of prisoners at risk of harm to self, to others and from others (Safer Custody), Chapter 10](https://www.gov.uk/government/publications/managing-prisoner-safety-in-custody-psi-642011)
* [PSO 1700 – Segregation (including the policy amendment](https://webarchive.nationalarchives.gov.uk/20201023154253/http%3A/www.justice.gov.uk/downloads/offenders/psipso/pso/pso-1700.zip) *['](https://webarchive.nationalarchives.gov.uk/20201023154253/http%3A/www.justice.gov.uk/downloads/offenders/psipso/pso/pso-1700.zip)*[Reviewing and Authorising Continuing Segregation and Temporary Confinement in Special Accommodation’)](https://webarchive.nationalarchives.gov.uk/20201023154253/http%3A/www.justice.gov.uk/downloads/offenders/psipso/pso/pso-1700.zip)
* [PSI 05/2018 Prisoner discipline procedures (adjudications)](https://www.gov.uk/government/publications/prison-adjudications-policy-psi-052018)
* [PSO 1600 / Use of Force](https://www.gov.uk/government/publications/use-of-force-in-prisons-pso-1600)
* Minimising and Managing Physical Restraint guidance
* [Incentives Policy Framework](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjT742W0NrvAhXlhf0HHQNiBbkQFjABegQICxAD&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fincentives-policy-framework&usg=AOvVaw3mO0Q9m_s4gVv7Y2I1vWEa)
* YOI Rules 51, 54 & 59
* Prison Rules 45, 46(1), 50A, 53 and 55
* [PSI 32/2011 – Ensuring Equality](https://www.gov.uk/government/publications/ensuring-equality-psi-322011)

**Background**

* 1. ACCT is the case management approach used to support people at risk of self-harm and suicide within HM Prison Service. ACCT has been used across the prison estate since 2005 and policy governing ACCT version 5 is set out within this [PSI 64/2011.](https://www.gov.uk/government/publications/managing-prisoner-safety-in-custody-psi-642011) However, levels of self-harm have continued to rise to record levels over recent years. It is therefore essential that we ensure we are doing all we can to effectively support people at risk and provide them with the support and care they need to make long-term changes. This relies on an effective case management approach which is focused on person-centred, multi-disciplinary support.
	2. Following a review in 2015, changes to the ACCT document and process were piloted in ten establishments in 2019. This pilot, which included a full evaluation report, was used to inform final changes to the ACCT document and process .

**Outcomes**

1.8 By following the mandatory actions and guidance within this Annex it is expected that establishments can:

* Improve the support given to prisoners at risk of self-harm or suicide through the ACCT process
* Contribute to a reduction in levels of self-harm and self-inflicted deaths by supporting prisoners to make positive, long-term changes to lower their risk of future self-harm or suicide behaviours

**Key Roles**

**All staff:** Have responsibility for opening an ACCT if they believe a prisoner to be at risk of self-harm or suicide; attending and engaging with ACCT case reviews if relevant to the care and support of the prisoner receiving support through ACCT; progressing and completing agreed Support Actions assigned to them; completing daily ACCT checks (observations and conversations) and documentation

**ACCT Assessor:** Has responsibility for completing the ACCT assessment and attending the first case review

**Case Coordinator:** Has responsibility for coordinating and documenting multi-disciplinary ACCT case reviews; ensuring Care Plan is progressed and conducting a Post-closure Review

**Case Review Team:** Members have responsibility for attending and contributing to case reviews, developing actions within the Care Plan and completing any actions allocated to them.

**Safety Intervention Meeting:** Has responsibility for considering complex cases and providing support to Case Coordinators and case review teams in these circumstances

**Duty Governor or Night Orderly Officer in consultation with Duty Governor:** Has responsibility for authorising constant supervision

**Governing Governor:** Has responsibility for ensuring a quality assurance process is in place for ACCT and maintaining oversight of this

**2. Opening an ACCT**

* 1. An ACCT can be opened by any member of staff who receives information that indicates a prisoner may be currently at risk of self-harm or suicide. This information may have come from a number of sources, including, but not limited to, from the prisoner’s friends or family (e.g. through the Safer Custody Hotline), Prisoner Escort and Custody Service and court staff (e.g. through a Self-Harm and Suicide Form being provided to reception staff), the prisoner themselves (e.g. if they express a wish to harm themselves in some way), from staff (e.g. where they are concerned about a change in behaviour or circumstance etc.), or from other service providers or external organisations (e.g. Samaritans, Her Majesty’s Inspectorate of Prisons).
	2. To open an ACCT, the staff member must complete the ACCT Concern Form, clearly setting out the information that indicates current risk and has led to their concerns as well as any relevant background information gained from knowledge of, or engagement with, the prisoner. This should be done immediately, however where the staff member considers the risk of harm to be imminent, action to keep the prisoner safe and under supervision will take priority, with the Concern Form being completed once the immediate risk has been mitigated.
	3. Once the Concern Form has been completed the staff member opening the ACCT must then:
		+ Complete the first and second pages of the ACCT document (with the exception of the agreement for sharing of information section)
		+ Obtain a log number in line with local practice and procedures, which must be inserted in the box on the front page of the ACCT document
		+ Pass the Concern Form to the wing/unit supervisor or orderly officer
		+ Consult the wing/unit supervisor or orderly officer completing the Immediate Action Plan to set and record initial levels of conversations and observations on the first page of the ACCT document.
	4. Once passed the Concern Form the wing/unit supervisor or orderly officer must:
		+ Complete the handover section of the Concern Form (Details of member of staff receiving the ACCT)
		+ Meet with the prisoner to check on their wellbeing (unless they are asleep during the night state) in light of the concerns raised and complete the Immediate Action Plan within one hour of the Concern Form being raised (this includes consulting with healthcare – see below). The time the concern form was raised will be recorded on the first page of the ACCT document (this is the time at which the ACCT was opened).
		+ Wherever possible inform healthcare of the ACCT being opened and request any information relevant to supporting the prisoner to help inform the content of the IAP. If opened during a time when there is no healthcare cover then healthcare must instead be informed at the earliest opportunity
		+ Open an alert on NOMIS (‘ACCT open’)
		+ Inform Safer Custody or the Orderly Officer of the need to make arrangements for an ACCT assessment
		+ Ensure that the prisoner has been offered the opportunity to speak with Listeners and/or Samaritans (consideration should also be given to any other peer support that could be offered, and the purpose and nature of these should be fully explained to the prisoner being supported through ACCT)
		+ Review levels of observations and conversations

As prompted on the Immediate Action Plan, where the prisoner is under 18 the Child Protection Co-ordinator must be informed of an ACCT being opened, as well as parents, next of kin or carers if appropriate.

**3. ACCT assessment**

* 1. Following the wing/unit supervisor informing the Orderly Officer or Safer Custody of the ACCT being opened and the need for an assessment to take place, an assessment must be completed by a trained ACCT Assessor (minimum HMPPS operational Band 3 or equivalent if non-operational staff) within 24 hours of the Concern Form being raised. This includes completing the following forms: ACCT Assessment Key Information; ACCT Assessment Interview; ACCT Assessor’s Assessment; Risks, Triggers and Protective Factors.
	2. Where the prisoner does not speak English, ACCT assessments must be undertaken with the assistance or involvement of an interpreter or appropriate translation service (this includes a sign language translation service if the prisoner uses sign language to communicate). Translation services may also be required where English is not a prisoner’s first language, as they may find more complex discussions around self-harm and suicide difficult. Information on how to access language services can be found on the HMPPS intranet. It is also good practice to use plain English wherever possible when conducting ACCT assessments, but particularly where the prisoner has an identified learning disability or difficulty. Where this is the case, staff should take the time to check that the prisoner understands what is being explained or asked, and that they feel comfortable letting the ACCT Assessor know if they don’t understand something. Annex H of [PSI 32/2011 Ensuring Equality](https://www.gov.uk/government/publications/ensuring-equality-psi-322011) can provide further information on communicating with prisoners with learning disabilities.
	3. It’s possible that the prisoner may be unwilling or unable to take part in the interview. In these circumstances, the ACCT Assessor should consider whether it is possible to try to undertake the interview at another time, providing it is no later than 24 hours after the Concern Form has been raised, or whether the prisoner may be willing to provide a written contribution (the Resident Contribution form can be used here if so). If this is not possible, the ACCT Assessor must undertake the assessment based on all available information, recording the sources of this information and why the prisoner was unwilling or unable to take part in the assessment interview.
	4. It is important that the prisoner is aware of how the information gathered as part of the assessment will be used. The ACCT Assessor must therefore explain that the information discussed and gathered as part of the assessment will be made available to the case review team to help plan and inform the prisoner’s support. Once this has been explained to the prisoner, the ACCT Assessor must check understanding and ask them to sign the ‘Agreement to Sharing of Information’ form on the inside front cover of the ACCT document, and complete the rest of the form. If the prisoner is either unable or unwilling to sign this form, the ACCT Assessor must document this on the form. In these instances, only information relating to risk and how to mitigate this should be shared with staff. The ACCT Assessor must also make the prisoner aware that some information relating to risk will still need to be shared in order to ensure their safety.
	5. The ACCT Assessor must document the findings and outcome of the assessment by completing the ACCT Assessment Key Information form, the ACCT Assessment Interview form, the Assessor’s Assessment form, and the Risks, Triggers and Protective Factors form. It is essential that the ACCT Assessor records all possible avenues of support discussed during the assessment so that this can be considered by the case review team when developing the prisoner’s Care Plan. All background information checked as part of the assessment must also be recorded on the ACCT Assessment Key Information form.

**4. Case reviews**

* 1. A trained ACCT Case Coordinator (minimum HMPPS operational Band 4 staff member or equivalent for contracted prisons and healthcare staff) must be appointed. The Case Coordinator and ACCT Assessor must not be the same person.
	2. Prisoners who are supported through both ACCT and a Challenge, Support and Intervention Plan (CSIP), must have the same staff member acting as both their CSIP Case Manager and their ACCT Case Coordinator.
	3. The Case Coordinator is responsible for arranging and chairing ACCT case reviews, the first of which must take place within 25 hours of the Concern Form being raised. Alongside the Case Coordinator, the prisoner must attend case reviews unless unwilling or unable. They should also be encouraged to engage with the review, which includes being given the option of providing written input ahead of time using the Resident Contribution form, particularly if unwilling or unable to attend in person. Where the prisoner does not attend a case review, they must be updated on the outcome, including any agreed actions, as soon as possible by the Case Coordinator.
	4. As with ACCT Assessments, where the prisoner does not speak English, ACCT case reviews must be undertaken with the assistance or involvement of an interpreter or appropriate translation service. Translation services may also be required where English is not a prisoner’s first language, as they may find more complex discussions around self-harm and suicide difficult. Information on how to access language services can be found on the HMPPS intranet. It is also good practice to use plain English wherever possible when conducting ACCT case reviews, but particularly where the prisoner has an identified learning disability or difficulty. Where this is the case, staff should take the time to check that the prisoner understands what is being explained or asked, and that they feel comfortable letting the Case Coordinator know if they don’t understand something. Annex H of [PSI 32/2011 Ensuring Equality](https://www.gov.uk/government/publications/ensuring-equality-psi-322011) can provide further information on communicating with prisoners with learning disabilities.
	5. The Case Coordinator must also ensure that the ACCT Assessor is invited to the first case review and they should attend wherever possible. In all cases, the Case Coordinator must be provided with full documentation from the ACCT Assessment prior to the first case review. This must highlight any areas of risk discussed as part of the assessment, and any protective or mitigating factors that would be helpful to mitigate the risk. The Case Coordinator must always take the time to familiarise themselves with the ACCT assessment documentation prior to the first case review. If the ACCT Assessor is unable to attend the first Case Review, the Case Coordinator should confirm whether they have any questions about the content of the assessment prior to the first case review taking place and the ACCT Assessor should make the Case Coordinator aware of any further views they would like to contribute to the review.
	6. The Case Coordinator must also ensure that healthcare staff are always invited to attend, or provide a written contribution to (if attendance is not possible, using the Written Contribution Form at annex H), the first case review and any subsequent case reviews where they are relevant to supporting the prisoner. Healthcare staff should be given sufficient advance notice of this wherever possible. The healthcare representative attending case review(s) should be somebody with knowledge of the prisoner wherever possible.
	7. Any other staff member relevant to supporting the prisoner must also be invited to, and attend, case reviews. This would be any member of staff (operational or non-operational) that the prisoner is specifically supported by, and/or has an ongoing and positive relationship with, or that the prisoner requests to be present. This may include (but is not limited to):
* The prisoner’s keyworker
* Prison Offender Managers
* A member of staff from the residential wing on which they are located, such as the wing/unit manager
* Education provider
* Chaplaincy
* Substance misuse worker
* Mental health worker
* Psychology

Written contributions are only acceptable (and expected) ahead of the first Case Review when staff are unable to attend in person due to exceptional circumstances.

4.8 During case reviews, the case review team must:

* Discuss the ACCT assessment content in detail (first Case Review only)
	+ This includes all identified risks & triggers, as well as more general information prompted within the Support Actions form. The prisoner must also be given the chance to raise any additional points for the case review team to consider.
* Set and review Support Actions to mitigate and lower risk
	+ Case review teams will need to further discuss risk information, support actions in place and effectiveness of these/ if anything else may be required or could be provided. Decisions and reasoning always needs to be fully documented.
* Ask the prisoner what support they would like to see put in place/what support they feel they need.
* Set appropriate levels of observations and conversations.
	+ Observation and conversation levels will need to be tailored to reflect the assessed risk and needs of the prisoner, and must be recorded on the first page of the ACCT document. There is no set approach or recommended level of observations and conversations as this will depend on individual circumstances.
* Consider location and whether any possessions need to be removed or returned.
	+ Where defensible decisions are made relating to the removal of items from a prisoner supported through ACCT, these must be recorded within the ACCT document at the point the decision was taken (e.g. on the IAP, Record of Case Review form or Ongoing Record). This is because of the negative impact that removing items may have on wellbeing. If this decision is taken outside of the case review forum, this must be documented in the Ongoing Record, (clearly stating what items have been removed, and how and when these may be returned), and the Case Coordinator must be informed as soon as possible.
	+ Where items are returned, this must also be documented at the point the decision was taken e.g. within the Ongoing Record or Record of Case Review form, clearly stating how risk has been mitigated.
	+ Healthcare must always be consulted on decisions relating to removing in-possession medicines.
	+ Similarly, if it is decided that a move to a different location is required, this decision must be defensible and fully documented within the Record of Case Review form. Again, this is because of the impact that moving to a new location may have on wellbeing.
* Consider whether a mental health referral is needed.
	+ If the case review team feel the prisoner needs an assessment or input from the mental health team, and they are not already under their care or a referral is not currently pending, then a referral to the mental health team should be made and the outcome of the referral followed-up. Annex G can be used to facilitate this if required.
* Discuss and identify potential sources of support with the prisoner.
	+ Sources of support can include any person or services that the prisoner can use and speak to, to help them keep safe. This may include staff members (such as chaplaincy or keyworkers/CuSP workers), peer support, or outside support (such as family, friends or guardians).
* Discuss and agree how identified sources of support will be involved in the ACCT process where the prisoner consents to this, and where this complies with guidance relating to safeguarding, public protection and maintaining security.
	+ If consent is not given by the prisoner to involve identified sources of support, or if these do not comply with guidance relating to safeguarding, public protection and maintaining security, then the decision not to involve them must be fully documented and explained. Where the prisoner has consented to their source of support being involved with their care, it is for the Case Coordinator to make reasonable efforts to engage them within the ACCT process. Further guidance on how this can be achieved can be found in the ACCT User Guidance.
* Agree the frequency of subsequent case reviews and who should attend these.
	+ Subsequent case reviews should happen periodically, with a frequency reflective of the prisoner’s level of risk. Attendance at multi-disciplinary case reviews will be driven by the agreed Support Actions and the staff members and individuals relevant to these. Wherever possible, case review teams should agree the time and date of the next planned case review during the present one in order to ensure attendance.
	+ An urgent case review needs to take place as soon as possible if risk is likely to have increased between planned case reviews. This includes in the following circumstances:
		- Where there is a change in behaviour that causes concern (such as a change in the method, frequency or lethality of self-harm, a prisoner choosing to isolate from the regime [for reasons other than shielding during the COVID-19 pandemic] or warning signs such as giving away possessions)
		- Where a significant traumatic event takes place (such as a death in the prison) or change in circumstance occurs (such as a transfer between establishments – see ‘transfers’ section for further information)
		- Where other information is received to suggest increased risk (for example: if an ACCT trigger occurs that is new or that is not currently mitigated against through the ACCT Care Plan [a trigger refers to external situations or events that temporarily raise someone’s risk of self-harm or suicide and does not refer to a self-harm incident itself]; if a decision has been made to remove in-possession items from a prisoner outside of a case review setting etc.)

However, this list is not exhaustive and an urgent case review will need to be held at any time where it is felt that risk has increased to the point where immediate further action is needed to manage this.

* + If an urgent case review is required and the Case Coordinator is not available (i.e. out of establishment) this must be chaired by a competent deputy, for example the Wing/Unit Manager where the prisoner is located.
	1. For prisoners supported through both ACCT and CSIP, Support and Intervention Plans must also be considered when developing Support Actions to ensure that all relevant information has been considered and to ensure that the plans do not contradict one another. However, CSIP and ACCT are two different approaches to supporting prisoners at risk and must not be substituted for the other. Documentation for each must be completed fully.
	2. As soon as possible following a case review, the Case Coordinator must:
	+ Record the case review team’s view on whether the prisoner is at immediate risk of suicide or serious self-harm
	+ Update the Risks, Triggers & Protective Factors form with any new information
	+ Complete the Record of Case Review form to reflect what was discussed during the review. This includes outlining any areas of risk discussed, decisions made and reasoning for conclusions reached, as well as the views of the prisoner themselves. Attendees will need to sign the form to confirm that Support Actions have been agreed and that the notes are a true reflection of discussions (‘Signatures of Case Review Team who have agreed the Support Actions’ section of the Record of Case Review form).
	+ Complete the Care Plan. This includes completing the Support Actions page with SMART (Specific, Measurable, Achievable, Relevant, Time-bound), meaningful and individualised actions to reduce or mitigate risk of harm, as agreed by the case review team. This also includes completing the Sources of Support page with any identified sources of support and explaining decisions for not involving sources of support where this decision is taken (e.g. prisoner did not consent or source of support does not comply with guidance relating to safeguarding, public protection and maintaining security).
		- The Care Plan, including the Support Actions form and Sources of Support form, must be completed even if the ACCT is closed at the first case review. The prisoner must sign and date the Support Actions Form, and be offered a copy to keep themselves (if they refuse, this should be documented).

**5. Case reviews in a non-residential location**

* 1. Where the prisoner is located within healthcare and is due to be moved to an ordinary location, a pre-discharge case review must take place prior to discharge, chaired by the ACCT Case Coordinator. A representative from the receiving wing must attend these reviews, alongside the case review team supporting the prisoner. The Case Review in Alternative Location form (Annex C) must be completed to document the discussions.

**6. Complex or challenging needs**

* 1. Some prisoners supported through ACCT may have particularly challenging needs, with their circumstances representing a significant level of risk and/or complexity. In these cases, an escalation path for additional support may be required. These prisoners should be referred to the Safety Intervention Meeting (SIM), a multi-disciplinary safety risk management meeting, chaired by the Senior Management Team (SMT). The SIM can provide support and further multi-disciplinary guidance to Case Coordinators and case review teams in these cases. This may include reviewing and recommending actions to reduce risk, discussing alternative interventions within a more senior multi-disciplinary forum, and arranging for more senior members of staff to participate in ACCT Case Reviews if necessary.
	2. It is largely up to ACCT case review teams to decide whether a case requires a referral for discussion at the SIM. There are, however, two specific instances, which represent significant risk and complexity, in which cases must be referred to the SIM:
* If the prisoner is placed in segregation (or the young person is subject to temporary separation in the children and young persons estate);
* If the prisoner is placed on Constant Supervision.

Further guidance on considering other circumstances in which a case may require escalation to the SIM can be found in the ACCT User Guidance, however these decisions will need to be made on a case by case basis.

* 1. If escalation to the SIM has been considered, this must be recorded on the ACCT Record of Case Review form, even if it was decided against.
	2. Who attends and chairs case reviews in these cases should be decided by the SIM, with any changes in the case review team (including the Case Coordinator) or support offered through ACCT being explained to the prisoner and documented within Record of Case Review form. It is also important that any change in Case Coordinator results in a full handover between the two.

**7. Day to day management**

* 1. The Ongoing Record must be completed daily, with observations and conversations carried out in line with levels set by case review teams and documented on the first page of the ACCT document. It is important that the Ongoing Record is filled out immediately following observations and conversations taking place. The Ongoing Record must never be filled out retrospectively (either for observations, conversations or written summaries).
	2. The purpose of observations is to check on the welfare of the prisoner. When carrying out observations, these must be carried out at irregular intervals (e.g. not at the same time(s) every hour) so as not to be predictable, and in the least obtrusive manner possible. This is particularly important at night, given the importance of sleep for wellbeing. Given that the manner of observations can be intrusive, conversations are generally more supportive and helpful to a prisoner. It is therefore important that when having set conversations with the prisoner these must be meaningful, and the power of everyday interactions should not be underestimated. To support this, staff undertaking observations and conversations must be aware of what is on the prisoner’s care plan in order to understand the context of any conversations undertaken. Further information can be found within the ACCT User Guidance.
	3. In addition to the conversation itself being meaningful, the written summaries of these also need to be meaningful and sufficiently detailed to effectively convey the key details of what was discussed. The ACCT User Guidance can provide further information as to what a good written summary looks like and the appropriate level of detail expected.
	4. The ACCT document must accompany the prisoner to any activities outside of the wing/unit where they are located. Responsibility for transporting the document to other locations must always remain with staff.
	5. The only exception to transporting the document will be within the open estate or where the prisoner being supported through ACCT is on Release on Temporary License (ROTL). In the open estate, if there is no secure place to store the ACCT document while the prisoner is in work or education, the ACCT document may remain at a central location (to be agreed locally) and be updated by relevant staff upon completion of activities or movement. If the prisoner supported through ACCT is on ROTL, the document must remain securely stored at the establishment and be updated upon completion of the necessary welfare checks.
	6. Where a prisoner supported through ACCT is on ROTL, staff must continue to safeguard the prisoner while they are outside the establishment. Safeguards must be agreed and put in place before the prisoner leaves the establishment, with the case review team deciding an appropriate level of checks throughout the ROTL period and how these will be made (e.g. by calling the prisoner, or having the prisoner call staff, at intervals if deemed appropriate). Therefore, a case review must be undertaken when someone is first granted ROTL or if there is any change in circumstance whilst on ROTL which may impact these safeguards.
	7. Where a prisoner is open about their level of risk and can be safely managed in open conditions, this must be supported. While managing ACCTs in open conditions can be challenging, a prisoner should not be returned to closed conditions solely because they are at risk of self-harm. A move for this reason would only be acceptable in exceptional circumstances, for example where the prisoner is considered high risk of suicide or serious self-harm and requires frequent observations that cannot be safely managed in open conditions, or where they require the support of a specialist team that is not available within the open establishment. Whether this can be safely managed will be considered by the ACCT case review team or by another appropriate multi-disciplinary meeting as per local arrangements (for example, a special circumstances risk review board). In these circumstances, a move back to closed from open conditions may escalate risk and could discourage prisoners from disclosing harmful thoughts. Any return to closed conditions in order to manage risk of self-harm must therefore be fully explained to the prisoner, with it made clear that this is not because they are at risk of self-harm but because this is where they can be best supported.
	8. The prisoner must also be returned to open conditions as soon as it is safe to do so. For this reason, a representative from the open estate establishment the prisoner has transferred from must engage with the first case review that takes place following a move back to closed conditions, as well as any case reviews that discuss their return to that open establishment. This does not have to be in-person attendance and may be through other means (for example, joining the case review via telephone or providing a written contribution if necessary).
	9. A move back to closed conditions for a prisoner receiving support through ACCT may still take place for other reasons, for example a change in security risk. In these circumstances, the impact of this move on risk of self-harm or suicide must be considered as part of the ACCT process.

**8. Segregation**

* 1. The use of segregation for any prisoner receiving support through the ACCT process must be carried out in line with [PSO 1700,](https://webarchive.nationalarchives.gov.uk/20201023154253/http%3A/www.justice.gov.uk/downloads/offenders/psipso/pso/pso-1700.zip) [PSI 05/2018,](https://www.gov.uk/government/publications/prison-adjudications-policy-psi-052018) Prison Rules 45, 46(1), 53 and 55, and YOI Rules 49 & 51.
	2. An ACCT case review needs to take place within 24 hours of the prisoner being in segregation or temporary separation in the youth estate. The Case Review in Alternative Location form (Annex C) must be completed to document this. The case review team will need to consider the impact of segregation on the risk of the prisoner, and how this can be mitigated. Healthcare staff should also be invited to this review, with consideration given as to whether an urgent mental health referral is required (if so then the Mental Health Referral Form can be used (Annex G)). Agreed actions to mitigate risk and support the prisoner are to be recorded in the Support Actions as normal.
	3. All prisoners on an open ACCT who are in segregation must be referred to the Safety Intervention Meeting.
	4. The ACCT Case Coordinator (or Wing/Unit Manager in their absence) must also attend SRBs and, where possible, ACCT case reviews should take place at the same time.
	5. As per PSO 1700, anyone placed in segregation will need to be observed by staff 5 times an hour at irregular intervals until the ACCT case review has taken place. Whilst the maximum number of ACCT observations is 4 per hour, 5 observations will need to be conducted in these limited circumstances. This does not mean that constant supervision will automatically need to be put in place for everyone on an ACCT who is placed in segregation, but that 5 observations an hour should be conducted as an interim measure until the ACCT case review has been completed. The use of constant supervision may also be considered depending on risk (please see constant supervision section for further guidance).
	6. As per PSO 1700, for anyone subject to cellular confinement an Initial Segregation Health Screen will need to be completed. If a registered nurse or doctor is not available to complete the screen within 2 hours, prisoners supported through ACCT will need to be observed by staff 5 times an hour at irregular intervals until the Initial Segregation Health Screen has taken place. Whilst the maximum number of ACCT observations is 4 per hour, 5 observations will need be conducted in these limited circumstances in line with segregation policy. This does not mean that constant supervision will automatically need to be put in place for everyone on an ACCT who is awarded a period of cellular confinement, but that 5 observations an hour should be conducted as an interim measure until the Initial Segregation Health Screen has been completed. The use of constant supervision may also be considered depending on risk (please see constant supervision section for further guidance).
	7. Given the negative impact that segregation can have on mental wellbeing, the use of segregation for people receiving support through ACCT would only be defensible in exceptional circumstances and all other alternative options should be considered in the first instance.
	8. When a prisoner on an ACCT, in the post-closure period of an ACCT, or who has been on an ACCT within the last 28 days (i.e. segregation occurs within 28 days of the decision to close the ACCT) is placed in segregation, the Defensible Decision Log (Annex E) must be completed and signed by the Duty Governor making this decision. For young people placed in temporary separation in the youth estate Annex F (Defensible Decision Making (DDM) form – decision to separate a young person on an ACCT or in the post-closure period) will need to be completed instead. The Defensible Decision Log should reflect the consideration given to a prisoner or young person’s risks, triggers, and protective factors when making the decision. The Defensible Decision Log should be placed with the prisoner’s daily history sheet for the Duty Governor to update and sign daily.
	9. It is essential that segregation staff, the Safer Custody Team, the Duty Governor and the relevant ACCT Case Coordinator are all aware of any prisoners on an ACCT located within segregation.
	10. Where segregation is ended for a prisoner receiving support through ACCT, a case review will need to take place on the same day as this decision. As with healthcare, a Case Review in Alternative Location form (Annex C) will need to be completed. If timing means that a full multi-disciplinary case review cannot take place on the same day (for example if the decision to end segregation is made outside of the core day when some members of the case review team are not available), then an additional, full, multi-disciplinary case review will need to take place as soon as possible the next day. If the Case Coordinator will not be in the establishment the next day then this should be chaired by the Wing/Unit Manager. In each case, the case review team will need to consider any risks presented by the move and how to mitigate these.

**9. Special accommodation**

* 1. The use of special accommodation for any prisoner supported through the ACCT process must be carried out in line with PSO 1700. This includes the requirement to update the ACCT document as soon as possible, with a case review held within two hours of the decision (or before unlock if the decision is made during the night state).
	2. Special accommodation can have a negative impact on mental wellbeing, therefore, as per PSO 1700, people identified as being at risk of suicide or self-harm must not be placed in special accommodation unless they are additionally identified as violent or refractory. The decision to place someone in special accommodation will need to be clearly set out in the ACCT document at the point the decision was taken, making clear what alternatives to the use of special accommodation have been considered, and what plans are in place to end its use, with an envisaged time frame.
	3. As per PSO 1700, anyone placed in special accommodation must be observed by staff at least 5 times per hour, at irregular intervals. Whilst the maximum number of ACCT observations is 4 per hour, 5 observations will need be conducted in these circumstances in line with special accommodation policy. This does not mean that constant supervision will automatically need to be put in place for all individuals on an ACCT in special accommodation, but that 5 observations an hour should be conducted as an interim measure until the use of special accommodation is ended. The use of constant supervision may also be considered depending on risk (please see constant supervision section for further guidance).
	4. As per PSO 1700, an ACCT case review must take place after the use of special accommodation is ended for a prisoner on an ACCT. This must not delay the return of the prisoner to a normal residential location, but it must be held as soon as possible following the decision, and no more than 2 hours after it. The case review will need to consider and record any risks presented by the move and how to mitigate these.

**10. Alternative clothing**

* 1. Alternative clothing must only be used as a last resort, this includes giving consideration to whether alternative options would be sufficient to mitigate risk of self-harm or suicide (such as placing the prisoner in a safer cell). The decision to use alternative clothing should take into consideration the potential impact it may have on the prisoner, including whether these measures may increase a prisoner’s risk levels rather than decrease them. If alternative clothing is used an urgent case review must be held, with case review teams considering any impact on risk and identifying how this can be mitigated through the Support Actions with a view to ending its use.
	2. If deemed necessary, the removal of normal clothing must be done through persuasion and negotiation.
	3. As with the removal of other items, decisions to remove normal clothing must be recorded within the ACCT document at the point the decision was taken. If this decision is taken outside of the case review forum, this must be documented at the point it was taken (clearly stating why they have been removed, and how and when these may be returned), and the Case Coordinator must be informed as soon as possible. Where items are returned, this must also be documented within the Record of Case Review form, clearly stating how risk has been mitigated.
	4. The Case Coordinator or the Wing/Unit Manager should visit the prisoner following alternative clothing being put in place to check their wellbeing, and document this in the ACCT Ongoing Record. This should take place when the prisoner receiving support is able to discuss their wellbeing.
	5. The prisoner must not be left in alternative clothing during any activities that bring them in contact with other residents in order to ensure their privacy and dignity. In these circumstances, normal clothes must be re-issued and observation and conversation levels adjusted accordingly (it will be for the ACCT case review teams to set out what these levels will need to be).

**11. Use of force**

* 1. Any use of force used on a prisoner receiving support through ACCT must be carried out in accordance with PSO 1600 and published guidance on Minimising and Managing Physical Restraint within Young Offenders Institutions.
	2. After use of force has been used, the ACCT Ongoing Record must be updated. This must also be reflected on the Record of Case Review form (when the next review is held) and the Risks, Triggers & Protective Characteristics form will also need to be updated if any new risks, triggers or protective characteristics are identified.
	3. Once informed about any use of force on a prisoner supported through ACCT, the Case Coordinator or a member of staff trusted by the prisoner receiving support should visit them to check their wellbeing, and document this in the ACCT Ongoing Record. This is due to the negative impact that use of force may have on risk.

**12. Use of body belts**

* 1. Any use of a body belt on a prisoner being supported through ACCT must be carried out in accordance with PSO 1700. This includes the requirement for the ACCT Care Plan to be consulted, if not before then as soon as possible after, the decision to use the body belt. It also includes the requirement for the Governor in Charge/Director to chair a case review within 60 minutes of the decision being made.
	2. It is important for the ACCT ongoing record to be updated following any use of a body belt. The ACCT Support Actions and Record of Case Review form must make clear what alternatives to use of the body belt have first been considered, and what plans are in place to end its use.
	3. Where a body belt is used the ACCT Case Coordinator (or Wing/Unit Manager if they are not available) must attend the 4-hour body belt reviews (requirements of which are set out in PSO 1700. This includes the 24 hour review) and the Designated Manager overseeing the use of the body belt must attend every ACCT Case Review that may take place while this continues to be used, as well as the first case review that takes place once the use of the body belt has ended.

**13. Adjudications**

* 1. Any adjudications conducted for a prisoner receiving support through ACCT must be carried out in accordance with [PSI 05/2018](https://www.gov.uk/government/publications/prison-adjudications-policy-psi-052018)
	2. In line with [PSI 05/2018](https://www.gov.uk/government/publications/prison-adjudications-policy-psi-052018), adjudicators must consider the risk factors on an open ACCT plan or an ACCT closed within the last three months. Therefore, adjudicating Governors must have access to the prisoner’s ACCT document (which will accompany the prisoner to the adjudication) prior to an adjudication in order to consider any risks when making decisions surrounding the outcome of the adjudication and/or adjudication awards. Particular attention should be paid to Support Actions; Risks, Triggers and Protective Factors form; recent Record of Case Review forms and the Ongoing Record. This information may also be reflected within the conduct report.
	3. Given the potential for adjudication awards to have an impact on someone’s risks, triggers and protective factors, any adjudications must be recorded in the Ongoing Record by the adjudicator, including the award given, any action taken to reduce or mitigate risk as a result of the award (if applicable). The Risks, Triggers and Protective Factors form must also be updated accordingly.
	4. The adjudicating Governor should also consider whether an urgent case review is needed in consultation with the Case Coordinator (or Wing/Unit Manager in their absence). This will likely depend on the outcome of the adjudication.
	5. Any adjudications must be considered at the next ACCT case review, including any new risks that might come from the adjudication award (with these fully considered and documented within the Care Plan and Risks, Triggers & Protective Factors page).

**14. Incentives**

* 1. Decisions around incentive levels of a prisoner receiving support through ACCT must be carried out in accordance with the Incentives Policy Framework. All prisoners placed on Basic must be reviewed within 7 days and if they are not suitable to return to Standard level further reviews must be undertaken at least every 28 days thereafter, except for those identified as at risk of suicide and self-harm and for young people, where further reviews must be undertaken at least every 14 days thereafter.
	2. There will be cases where it may be necessary for a prisoner receiving support through ACCT to be moved up or down an incentive level. Wherever there is a change in incentive level for a prisoner receiving support through ACCT, the case review team must consider how this impacts the prisoner’s risk of self-harm or suicide. Those who have been identified to be at risk of suicide or self-harm must be supported whilst on Basic level. Consideration should be given as to how to mitigate any risks, with the Record of Case Review form, Support Actions and Risks, Triggers & Protective Factors pages always updated to reflect these discussions. For example, if the prisoner was moved down an incentive level and this restricted access to a usual coping mechanism then the case review team should consider whether there are any alternative coping mechanisms that could be put in place, such as providing distraction packs or arranging contact with Listeners.

**15. Food refusal**

* 1. Management of food refusals is set out in Chapter 10 of [PSI 64/2011.](https://www.gov.uk/government/publications/managing-prisoner-safety-in-custody-psi-642011)
	2. For people receiving support through ACCT who then begin to refuse food, this must be discussed and fully considered at ACCT case reviews. The case review team must consider any new information this provides regarding risks, triggers and protective factors and update the Support Actions and Risks, Triggers & Protective Factors form, and well as the Record of Case Review form, accordingly. The Case Coordinator must also ensure that, in these circumstances, any other staff members monitoring the prisoner during their food refusal (such as healthcare, for example) are invited to attend and contribute to ACCT case reviews.

**16. Dirty Protest**

* 1. Where a prisoner supported through ACCT is on a dirty protest, this must be managed in line with PSO 1700 and reflected within the ACCT Ongoing Record.
	2. The ACCT Case Coordinator must consider whether this impacts the prisoner’s risk, triggers or Care Plan and respond accordingly if so (i.e. consider whether an urgent case review is required). Risk may be particularly impacted if the dirty protest prevents the prisoner from accessing protective factors or established coping mechanisms that they usually rely on.

**17. Transfers**

* 1. Where a prisoner receiving support through ACCT is transferred between establishments, the ACCT document will need to transfer with them and continue to be managed on a day-to-day basis as per this policy guidance.
	2. As transfers between establishments represent a significant change in circumstance an urgent case review will need to be held before the transfer takes place, and as soon as possible following arrival at the receiving establishment.
	3. To inform this case review, a handover will need to be provided by the transferring establishment to the receiving establishment as soon as possible following transfer. The receiving establishment should refer any outstanding questions they have once they have received the ACCT document back to the transferring establishment for clarification.

**18. Closing an ACCT**

* 1. An ACCT can be closed when the risk of harm has been reduced to a level where this is no longer considered raised, and all Support Actions have been completed with their intended outcome achieved. It should be noted that some risks may be long term and may not be fully resolved when the decision is made to close the ACCT, however the ACCT can still be closed if these have been sufficiently reduced and support has been established to help the prisoner manage these.
	2. An ACCT must never be closed to facilitate a transfer to another prison under any circumstances, or within 72 hours of a planned transfer.
	3. Where the prisoner being supported through ACCT is not located on a main residential unit (e.g. healthcare or segregation) and a transfer is planned or likely to a ordinary location the near future, then the case review team should consider whether this move is likely to impact risk. If so, the ACCT must be kept open until the move has taken place. This allows the case review team to monitor and respond to any change in risk level, as moves to another location may cause anxiety and concern for the prisoner.
	4. This decision to close the ACCT must be taken by the case review team. The decision must be explained to the prisoner, and be documented on the Record of Case Review form and on NOMIS by the Case Coordinator. As in all case reviews, the Case Coordinator should check the prisoner’s understanding of this decision. The Case Coordinator must also ensure that the central registration point, healthcare, offender managers and staff undertaking ACCT-specific safer custody administrative support duties are all informed of the closure and that a post-closure alert is opened on NOMIS, with the ‘ACCT open’ alert closed.
	5. Following the closure of an ACCT, the 7-Day Post-Closure Monitoring Form must be completed for a minimum of 7 days in order to inform the post-closure review. The form will need to be completed up until the day the post-closure review takes place.
	6. As soon as practically possible following this 7-day monitoring period, the ACCT Case Coordinator must chair a post-closure review, reviewing the Support Actions and the progress made since the ACCT was closed. Although the review will need to be chaired by the Case Coordinator, the timing of the review should be decided by the case review team who may also attend if it is felt that their presence would be beneficial to the prisoner. Attendance of the wider case review team should be a collective decision based on individual circumstances. For example, if a prisoner is more likely to talk openly and honestly in a one-to-one setting then this should be facilitated, however others may feel more supported by having consistent members of the case review team present for the post-closure review. When deciding on the timing of the review, the case review team should consider individual circumstances (e.g. is there any reason you would want to review progress sooner rather than later?) as well as practical considerations (e.g. when the Case Coordinator will be available to chair the review, along with any other members of the case review team that may attend). In the days preceding the review, the 7-Day Post-Closure Monitoring Form is to be used to document daily progress so that all relevant information can be considered during the review.
	7. During the post-closure review, consideration should be given to:
* Current feelings of the prisoner
* Access to support (both formal and informal)
* Progress since closure
	1. At the end of the review, the Case Coordinator and any other members of the case review team present will decide whether there needs to be any further post-closure reviews (and, if so, their frequency), or whether the ACCT needs to be re-opened. The review (including the outcome and discussion) must be documented on the Post-Closure Review Form.
	2. The closed ACCT document must remain on the wing until completion of the post-closure review(s). Once it is confirmed there are to be no further post-closure reviews the closed ACCT document must be stored safely in the F2050 core record and the ‘ACCT post-closure’ alert closed.
	3. Where a prisoner receiving support through ACCT transfers to another establishment during the post-closure period, the receiving establishment must be made aware of the ACCT and ensure that a Case Coordinator is allocated and that they continue the 7-Day Post Closure Monitoring Form and undertake a post-closure review with the prisoner as soon as possible following the 7-day post-closure monitoring period. Prior to this review the Case Coordinator must familiarise themselves with the transferred ACCT document.

**19. Re-opening an ACCT**

* 1. An ACCT document can be re-opened at any point during and up until 6 weeks post-closure if risk is deemed to have increased. This is regardless of whether post-closure support is still being provided. If more than 6 weeks has passed since the ACCT was closed, then a new ACCT document will need to be opened.
	2. Wherever an ACCT is reopened, the reasoning for this must be documented on the 7-Day Post-Closure Monitoring Form and the Case Coordinator (or Wing/Unit Supervisor where they are unavailable) must be informed. Initial levels of observations and conversations will need to be set by whoever raises concerns in consultation with the staff member that will be completing the Immediate Action Plan, as would happen when opening a new ACCT.
	3. An Immediate Action Plan must be completed by the Case Coordinator (or wing supervisor where they are unavailable) within one hour of the decision to re-open the ACCT being taken. This staff member completing the IAP must also review initial levels of observations and conversations and these actions should ensure that the prisoner is kept safe until a case review can be held.
	4. The staff member completing the IAP must determine whether the circumstances for re-opening are different from those addressed in the original plan. If they are, a new assessment will need to be undertaken within 24 hours of the decision to re-open the ACCT.
	5. A case review will need to be held as soon as possible following completion of the IAP, and assessment if required, and no longer than 25 hours after the decision to re-open the ACCT.
	6. If no assessment is required the Case Coordinator must check NOMIS and any other relevant sources of information for any relevant information that may have come to light since the closure of the ACCT.
	7. The ACCT process must then be managed in the usual way (as set out in this guidance).

**20. Release from custody**

* 1. Prior to planned release of a prisoner being supported through ACCT, the Case Coordinator must:
* Liaise with the Offender Management Unit (OMU) to identify the relevant community professionals to invite to case reviews and agree how information will be shared with them
* Invite probation/Youth Offending Team (YOT) staff to case reviews (e.g. Prison Offender Manager, Community Offender Manager, Approved Premises staff if applicable)
* Invite relevant specialists that can provide through the gate services to the prisoner to participate in case reviews
* Discuss with the prisoner what information will be shared to enable continued support on release
* Consider any oversight bodies that need to be aware of any risk posed to self (such as MAPPA, Local Authority Safeguarding Children/Vulnerable Adults Committees etc.)
* Invite healthcare to case reviews if relevant and discuss with them any issues around maintaining prescriptions
* Ensure a copy of the key information from the ACCT document is shared with probation colleagues as appropriate (for example, the Offender Manager, Approved Premises or BASS accommodation team if relevant). Key information from the ACCT document includes a copy of the Care Plan, a copy of the Risks, Triggers and Protective Factors form and a copy of the final Record of Case Review form. The contact details of the Case Coordinator or Safer Custody Department should also be shared, and this can be recorded on the Review before release from custody form (Annex D).
	1. The Case Coordinator should also discuss/confirm with the prisoner (in conjunction with the relevant professionals):
* That relevant risk information will be shared with probation staff in order to keep the prisoner receiving support safe
* That they have somewhere to live on release
* Whether they have a source of support who can meet them at the gate
* Any ongoing treatment and necessary arrangements (e.g. GP registration)
* That they are aware of emergency contact details for organisations that can help in a crisis within the community (e.g. Samaritans, local substance misuse organisations, housing support organisations such as Crisis and Shelter)

If any gaps in support are identified this should be followed up with the relevant team.

* 1. The final case review must consider how support to mitigate risk of self-harm or suicide can be continued upon release, and the Support Actions page must be updated to reflect these discussions. The Review before release from custody form (Annex D) must be completed to document the discussions, and a copy of the Support Actions must be given to the prisoner being supported through ACCT.
	2. If a prisoner is due to be released who is not currently being supported through ACCT, but who has been in the 12 months preceding release, relevant risk information from their most recent ACCT must be shared by the Offender Management Unit with probation colleagues as appropriate (for example, the Community Offender Manger, Approved Premises or BASS accommodation team if relevant) prior to release wherever possible (e.g. where advance notice of release is given). Relevant risk information includes the following documents:
* A copy of the Risks, Triggers & Protective Factors Form
* A copy of the Care Plan
* A copy of the final Record of Case Review form.

**21. Quality assurance**

* 1. All establishments must ensure that a quality assurance process is in place, which uses the quality assurance tool provided.
	2. The Governing Governor/Director of the establishment is directly responsible for oversight of the ACCT quality assurance process. This includes ensuring that quality assurance is carried out at a level and frequency that reflects the individual needs of establishments and that enables meaningful insight into how effectively support through ACCT is being implemented.
	3. Responsibility for completing quality assurance of documents may be delegated to other staff members (for example, the Safer Custody team). Quality Assurance should be carried out by members of staff with a good knowledge of ACCT principles. However, wherever possible, staff should avoid quality assuring documents for cases in which they were involved as Case Coordinators or ACCT Assessors.
	4. When conducting quality assurance, staff should consider all information within the ACCT document, rather than any specific part in isolation. This allows for a more thorough understanding of whether previously identified actions or identified concerns continue to be taken into account and built on and, as such, provides more insight around the quality of support provided.
	5. The purpose of quality assurance is to provide meaningful insight into how effectively support is being provided to prisoners at risk of self-harm or suicide through ACCT. Governors/Directors must ensure that the findings of ACCT quality assurance are used to identify where further improvements can be made and that action is taken to achieve this. Equally, areas of good practice should also be identified and promoted.
	6. Governors/Directors should consider whether the quality assurance analysis tool provided may help in identifying areas of good practice and areas for improvement.

**22. Constant supervision**

* 1. Constant supervision in the prison setting is defined as a period of one-to-one observation of a prisoner, who has been identified to be at serious risk of carrying out acts of self-harm or other behaviours which could lead to that prisoner accidentally or intentionally killing themselves, and which has been implemented in order to reduce this risk and intervene in the case of an emergency. Both the prisoner and prison member of staff conducting Constant Supervision must be supported by a multi-disciplinary case review team as part of the ACCT process.
	2. Constant supervision is a response to acts of self-harm or other behaviours which could lead to a prisoner accidentally or intentionally killing themselves. This includes, but is not limited to:
* where the prisoner engages in self-harm behaviours which are likely to result in a high degree of harm or death and/or are very frequent;
* where there are credible and persistent plans to inflict acts of self-harm that are considered to be life-threatening;

It must only be in place for the shortest time possible and used as a last resort. This is important because we know that constant supervision can feel oppressive and may be distressing for the prisoner.

* 1. The use of constant supervision must be considered by multi-disciplinary partners wherever possible, usually members of the ACCT case review team, who will have a good knowledge of the prisoner and their risk.
	2. Authorisation for constant supervision can be given only by the Duty Governor or Night Orderly Officer in consultation with the Duty Governor. Decisions must be taken in consultation with the Senior Clinical Manager (or Senior Nurse where the Senior Clinical Manager is unavailable) wherever possible. If there is no healthcare cover when constant supervision is authorised, the Senior Clinical Manager/Senior Nurse must be informed of the decision to authorise constant supervision as soon as they become available. The mental health team must also be informed of the authorisation at the earliest opportunity. The decision and the reasons for it must be documented in the ACCT Record of Case Review form.
	3. If healthcare staff feel that constant supervision should be put in place but prison staff disagree with this, constant supervision will need to be put in place temporarily whilst the decision is escalated to the Governing Governor (or Duty Governor if they are away from the establishment) for review at the earliest opportunity.
	4. When authorising constant supervision, the Duty Governor, or Night Orderly Officer will also need to consider the most appropriate location for someone supported through constant supervision to be located during time in cell. Gated cells must be used wherever available. If this is not an option, then consider other locations which may be suitable (e.g. is the prisoner’s own cell suitable? Is there a quieter unit where the environment may be more calming? etc.). This will depend on the individual circumstances of both the prisoner themselves, with consideration given to known risks, triggers and protective factors, and the resources available within the establishment. Locating someone being supported through constant supervision on a segregation unit should be avoided wherever possible, as the segregation environment can have an adverse impact on mental health and risk of suicide. However, if the decision is made that a prisoner needs to be located in this environment, then this must be defensible and fully documented in the Defensible Decision Log (Annex E). Consider also how these risks can be mitigated against, such as through access to protective factors and engagement with the regime where appropriate.
	5. Constant Supervision must be conducted by the most appropriate prison member of staff who is a minimum HMPPS operational Band 3. Where the case review team feel that complementary support from healthcare staff or clinicians would be beneficial this would need to be agreed and put in place accordingly.
	6. When selecting a staff member to undertake constant supervision, the staff member responsible for doing so will need to take account of the prisoner’s characteristics and circumstances (including factors such as ethnicity, sexual identity, age and gender), considering any previously reported trauma and ability to engage with the prisoner, as well as any known security information which may represent a risk to particular staff.
	7. Where the prisoner does not speak English, every effort must be made to provide supervising staff who can speak their language or access to a translation service. Translation services may also be required where English is not a prisoner’s first language, as they may find more complex discussions difficult. Information on how to access language services can be found on the HMPPS intranet. Consideration should also be given as to whether providing access to Easy Read or plain English materials would be beneficial.
	8. Note that during time in cell, anyone undertaking constant supervision must be able to access the cell immediately in a life-threatening situation. Details of how to respond in an emergency will be set out in the prisoner’s Emergency Access Plan.
	9. The Emergency Access Plan sets out what must happen if a prisoner supported through constant supervision engages in serious acts of self-harm or other behaviours which could lead to that prisoner accidentally or intentionally killing themselves. The case review team must use Annex J of the ACCT document to create the plan as soon as they have made the decision to put the prisoner on constant supervision. The plan must be reviewed at each subsequent case review whilst constant supervision remains in place. The plan must set out precisely what the supervising prison member of staff must do, including how to raise the alarm (including Code Red and Code Blue), when and how to enter the cell (which may differ during the day and night, or on the basis of whether the staff member is carrying keys), when use of force is permitted to prevent self-harm and what Personal Protection Equipment must be used. The Emergency Access Plan must be individualised, taking account of the prisoner’s known risks, triggers and protective factors
	10. It is important to have frequent changes of staff undertaking constant supervision so that staff do not become burnt out or desensitised. The frequency of staff changes should be considered by the Orderly Officer, on the advice of the case review team, and will depend on individual circumstances. For example, if the prisoner has highly complex and challenging needs then more frequent changes may be beneficial. However, if the prisoner has a particularly constructive relationship with a certain member of staff then they may not require rotating as frequently providing they can positively engage with that prisoner for longer periods of time without the resident or staff member experiencing any adverse effects.
	11. Handovers between staff undertaking constant supervision need to be comprehensive, and staff must consult the full ACCT Care Plan in advance of taking over.
	12. Annex I must be completed by supervising staff, with at least one form completed per 24-hour period, and attached to the Ongoing Record. At each handover of staff, the checklist must be completed in Annex I, along with logging any visitors. The Case Coordinator (or Wing/Unit Manager if the Case Coordinator is unavailable) must complete the Daily Review Summary section of Annex I each day.
	13. The Case Review team will support the prison member of staff conducting constant supervision by ensuring that all relevant information is recorded in the ACCT document – this includes ensuring that case reviews are fully documented, and that identified risks, triggers and protective factors are kept up to date. The prison member of staff conducting constant supervision must also be provided with the Emergency Access Plan (Annex J) developed by the case review team and be made aware of how they can draw on immediate support from other staff if needed (e.g. use of radio, alarm, verbal alert etc.).
	14. The supervising prison member of staff must be located where they are able to see and talk with the prisoner, and to gain access to them immediately in the event of an incident or emergency. Staff must familiarise themselves with the contents of the ACCT and receive a full handover from the previous staff member, ensuring they understand the situation so that they can provide individualised support to the prisoner. If anything within the ACCT document is unclear, this should be raised with the Wing/Unit Manager or Case Coordinator for clarification at the earliest possible opportunity.
	15. The supervising member of staff is responsible for interacting and engaging with the prisoner and encouraging them to do things that will support a reduction in risk, in a way that is sensitive to their individual needs (as identified in their ACCT Care Plan), whilst remaining prepared to raise the alarm and/or to intervene in line with the Emergency Access Plan (Annex J).
	16. Although constant supervision will be (necessarily) intrusive, it is important that the least intrusive level of supervision that is appropriate to the situation must always be adopted so that due sensitivity is given to a prisoner’s well-being and dignity whilst maintaining safety for the prisoner and those around them. Consideration must be given to how supervision can be carried out in a way that respects the prisoner’s privacy as far as practicable and minimises any distress. In particular, how a prisoner’s dignity can be maximised without compromising safety when prisoners are in a state of undress, such as when using the toilet, bathing, showering, dressing etc.
	17. Staff must make every effort to engage with the prisoner. This includes taking the time to introduce themselves, and explain that the purpose of their observations is to help keep the prisoner safe and to monitor their wellbeing. It is important to be aware of the power of everyday interactions. Making small talk during a crisis can help, and starting a conversation can be invaluable in interrupting suicidal thoughts and letting someone know that they matter.
	18. Staff must also encourage the prisoner to engage in activities that may help to reduce their risk, including participation within the normal regime or even going for a walk if deemed safe to do so. The kinds of activities that are felt to be helpful and safe will need to be considered during case reviews.
	19. Staff conducting and supporting constant supervision must maintain accurate records of events during the period of supervision in order to accurately record progress and inform care planning. This means ensuring the following pages in the ACCT document are completed:
* Ongoing record
* Constant Supervision Handover and Daily Visits Recording (Annex I)
* Emergency Access Plan (Annex J)
* Risks, Triggers & Protective Factors form updated if any new risks, triggers or protective factors are identified

The Wing/Unit Manager should also add a daily summary to the prisoner’s NOMIS case notes, outlining any key information from the Ongoing Record.

* 1. The Ongoing Record documents how staff have attempted to engage with the prisoner, and what activities have been undertaken or considered. Continuation sheets (Annex B) can be used to record this information if more space is needed.
	2. It is imperative that the use of constant supervision is regularly reviewed and carefully considered, as we know that risk is dynamic and can change over time. Reviews will need to balance the potentially negative effect of constant supervision against the risk of self-harm.
	3. Following the authorisation of constant supervision, each case must be considered at an urgent ACCT case review as soon as possible. If constant supervision is authorised during the core day, this first urgent case review should be held at the earliest possible opportunity following authorisation. If authorised outside of the core day (i.e. during the night state), the first urgent case review should take place at the earliest possible opportunity the following morning. Subsequent ACCT case reviews must be held at least daily for the first 72 hours. In addition to the ACCT case review team, the Wing/Unit Manager must also attend wherever possible.
	4. The case review team must consider whether the prisoner on constant supervision should be referred to the mental health team for assessment. Depending on whether an assessment is required, the mental health team will then determine what the involvement of mental health/primary care team(s) needs to be. This may change over time but any clinical care plan and/or risk management plan agreed must be included in the ACCT Care Plan. As with all ACCT case reviews, any other multi-disciplinary partners relevant to supporting the prisoner must attend case reviews and contribute to the prisoner’s Care Plan.
	5. As mentioned previously, anyone placed on constant supervision must also be referred to the Safety Intervention Meeting.
	6. Every prisoner on constant supervision must be seen every 24 hours by their ACCT Case Coordinator (or Wing/Unit Manager if Case Coordinator is unavailable). In addition to the Case Coordinator, the prisoner receiving support may also be visited by any other member of the case review team that is supporting them to provide complementary support. It is for the case review team to decide if this would be beneficial and who this may be if so. These visits will ensure that the prisoner’s wellbeing is regularly monitored and that consideration is given to where and how it is best to manage their risk of self-harm. This includes considering whether it is safe for constant supervision to end where risk is seen to have reduced, or whether any additional referrals for specialist support may be required (e.g. whether it is necessary to refer the prisoner to a psychiatrist to consider a transfer to a secure hospital under the Mental Health Act) where risk is seen to have increased. These visits and observations must be documented within Annex I (Constant Supervision Handover and Daily Visits Recording) and considered by the case review team at case reviews.
	7. Given the intrusive nature of constant supervision and the counter-therapeutic impact this may have, it must only be in place for the shortest time possible. If someone remains on constant supervision for longer than 72 hours:
* The case review team must decide the regularity of future reviews and record in the ACCT document.
* The Duty Governor and a senior clinician familiar with the prison environment must be alerted so that they can keep the situation under review and, if necessary, provide senior input into the prisoner’s care.
* An urgent mental health assessment must take place as soon as possible, if it hasn’t already and if this is relevant to the prisoners needs. The mental health service specification (England) or Universal Mental Health Standards (Wales) can provide further details around expected time frames for urgent mental health assessments.
* Daily entries must be made within the ACCT document (using the Constant Supervision Handover & Daily Visits form – Annex I), clearly setting out the justification for why continued constant supervision is needed. These entries must be made by the Case Coordinator, who must visit the prisoner daily, or the Wing/Unit Manager in exceptional circumstances (for example, where the Case Coordinator is unavailable due to being away from establishment).
	1. If constant supervision remains in place for 5 days or longer, this should then be escalated through a joint process to the Governing Governor and Head of Healthcare to allow them to make arrangements for the level of vulnerability the prisoner has to be considered further. If the Governing Governor is unavailable, the Duty Governor should alert the Prison Group Director’s office instead. The Healthcare Commissioner (or Local Health Board in Wales) should also be informed. The purpose of this escalation is to involve senior multidisciplinary partners in cases that will be complex and would benefit from the experience and perspective they can offer in finding the best way forward to care for the prisoner. Therefore, it may be suitable in some exceptional circumstances to jointly escalate cases prior to this 5-day threshold.
	2. During all ACCT case reviews, the case review team must consider the ACCT Care Plan and the behaviours or ideation that needs to change or reduce to allow the level of supervision to be reduced. Where the person is supported by the mental health team, consideration should be given as to whether the mental health assessment or care plan needs to be reviewed. As the prisoner is at high risk, continuity of membership of the review team will be particularly important, and will help reduce any distress that the process may cause.
	3. The decision to end constant supervision is made by the case review team during case reviews. If it is decided that constant supervision should be discontinued, a plan to reduce the level of supervision progressively, substituting support from alternative sources as the prisoner’s condition improves, must be formulated and documented in the ACCT Care Plan. This should include a local contingency plan for use if the risk escalates quickly (for example, agreeing the frequency of subsequent ACCT case reviews to effectively monitor risk, discussing how to raise any concerns of escalating risk and discussing under which circumstances an urgent ACCT case review may be required).
	4. The ACCT process must then continue to be conducted in the usual way (i.e. with regular case reviews, welfare checks & support actions) until the ACCT case review team feel that sufficient support has been established and risk has reduced to a level where this can be closed.
	5. The use of CCTV for someone on constant supervision is not considered good practice as it significantly limits the possibility of meaningful engagement and the amount of information you are able to understand about the prisoner. Therefore, face to face constant supervision should always be the default option unless there are exceptional circumstances (as set out in Prison Rule 50A/YOI Rule 54).
* Prison Rule 50A states ‘Without prejudice to his other powers to supervise the prison, prisoners and other persons in the prison, whether by use of an overt closed circuit television system or otherwise, the governor may make arrangements for any prisoner to be placed under constant observation by means of an overt closed circuit television system while the prisoner is in a cell or other place in the prison if he considers that— (a)such supervision is necessary for—(i)the health and safety of the prisoner or any other person; (ii)the prevention, detection, investigation or prosecution of crime; or (iii)securing or maintaining prison security or good order and discipline in the prison; and (b)it is proportionate to what is sought to be achieved’.
* YOI Rule 54 states ‘Without prejudice to his powers to make arrangements for the supervision of inmates in his custody, the governor may make arrangements for any inmate to be placed under constant supervision by means of an overt closed circuit television system placed in a cell, dormitory or other place in the young offender institution if he considers that— (a)such supervision is necessary for— (i)the health and safety of the inmate or any other person; (ii)the prevention, detection or prosecution of crime; or (iii)securing or maintaining security or good order and discipline in the young offender institution; and (b)it is proportionate to what is sought to be achieved’.
	1. When deciding if CCTV can be used, consideration must be given as to how this would impact staff’s ability to intervene in an emergency. Staff need to be able to intervene immediately and so even a delay of a minute or two would mean that CCTV would be inappropriate.
	2. It must be made clear to the prisoner that CCTV is being used and the decision to use CCTV must also be recorded within the ACCT document (Ongoing Record and Record of Case Review form). Where CCTV is used to monitor a resident on constant supervision, this must be monitored by staff at all times so that staff are able to intervene immediately in the event of an emergency. Attempts to actively engage with the prisoner must still be made to reduce risk. This includes regular face-to-face check-ins and attempts to engage them in meaningful conversation and distraction activities.