



**Policy name:** Prison Safety Policy Framework

**Re-issue Date:** 14 January 2026

**Implementation Date:** 01 January 2025

**Replaces the following documents (e.g. PSIs, PSOs, Custodial Service Specs) which are hereby cancelled:** PSI 64/2011 Management of prisoners at risk of harm to self, to others and from others (Safer Custody) – chapters 1-11 and 14 and Annex to PSI 64/2011 (ACCT version 6).

**Introduces amendments to the following documents:**

**Action required by:**

	HMPPS HQ	X	Governors
X	Public Sector Prisons	X	Heads of Group
X	Contracted Prisons		The Probation Service
X	Under 18 Young Offender Institutions <b>(ACCT policy only)</b>		Other providers of Probation and Community Services
	HMPPS Rehabilitation Contract Services Team		

**Mandatory actions: all groups referenced above must adhere to the Requirements section of this Policy Framework, which contains all mandatory actions.**

**For information:**

By the implementation date governors<sup>1</sup> of public sector prisons and contracted prisons must ensure that all staff are adhering to this framework.

Governors must ensure that any new local policies that they develop because of this policy framework are compliant with relevant legislation, including the Public-Sector Equality Duty (Equality Act, 2010).

A separate guidance document supports the requirements set out in section 4 of this framework. While it will not be mandatory to follow what is set out in this guidance, it is important to document clear reasons to depart from the guidance locally. Any questions concerning departure from the guidance can be sent to the contact point below:  
[PSPolicy.Framework@justice.gov.uk](mailto:PSPolicy.Framework@justice.gov.uk)

<sup>1</sup> In this document the term Governor also applies to Directors of Contracted Prisons.

**Associated documents:**

1. Use of Force Policy Framework
2. Body Worn Video Cameras Framework
3. Information Security Policy Framework
4. Women's Policy Framework
5. Early Release on Compassionate Grounds Policy Framework
6. Release on Temporary Licence (ROTL) Policy Framework
7. PSI 02/2016 Health and Safety Arrangements for the Management of Accident Reporting, Recording and Investigation
8. Incident Management Manual Policy Framework
9. PSI 20/2015 Cell Sharing Risk Assessment
10. Incentives Policy Framework
11. PSO 1300 Investigations
12. PSI 15/2014 Investigations and Learning Following Incidents of Serious Self-Harm or Serious Assaults
13. Crime in Prison Referral Agreement 2022
14. Post-incident Care Policy Framework
15. Manage the Custodial Sentence Policy Framework
16. PSI 07/2015 PI 06/2015 Early Days in Custody
17. PSI 03/2013 Medical Emergency Response Codes
18. PSI 17/2015 Prisoners Assisting Other Prisoners
19. PSO 1700 Segregation (including the policy amendment 'Reviewing and Authorising Continuing Segregation and Temporary Confinement in Special Accommodation')
20. Prisoner Discipline Procedures (adjudications) Policy Framework
21. Minimising and Managing Physical Restraint guidance
22. PSI 32/2011 Ensuring Equality
23. PSI 75/2011 Residential Services
24. PI 06/2016 PSI 03/2016 Adult Social Care
25. Strengthening Prisoners' Family Ties Policy Framework
26. PSI 24/2011, Management and Security of Nights
27. Transition of Young People from the Children and Young People Secure Estate to Adult Custody Policy Framework.
28. Counter Corruption and Reporting Wrongdoing Policy Framework
29. PSI 06/2015 National Policy, Organisation and Summary Arrangements for the Management of Health and Safety
30. PSI 32/2015 HMPPS Health & Safety Arrangements for the Management of Stress
31. Follow-up to Death in Custody Policy Framework

**Associated legislation:**

- YOI Rules 49, 51, 54, 58, 59 and 60
- Prison Rules 45, 46(1), 50A, 53 and 55

**How this Policy Framework will be audited or monitored:**

Audit and monitoring: Public Prisons - prison group directors will monitor their establishments' compliance with the framework's requirements.

Privately Managed Prisons - monitoring of compliance will be through the standard contract management processes.

Quality assurance is provided by the HMPPS Performance, Assurance and Risk Group.

External scrutiny is provided by His Majesty's Inspectorate of Prisons and the Independent Monitoring Board.

**Resource Impact:** This policy framework replaces chapters 1-11 and 14 of PSI 64/2011. There will be initial and minor resource implications for establishments in replacing the PSI with this framework, but it is not anticipated that these implications will continue in the medium to long term.

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**Deputy / Group Director sign-off:** Cohen Lewis, Deputy Director, Safety Group

**Approved by OPS for publication:** Helen Judge and Kim Thornden-Edwards, Co-Chairs, Operational Policy Sub-board, April 2024

**Revisions**

Date	Changes
14 Jan 2026	Amendment to the date of the related policy on page 50

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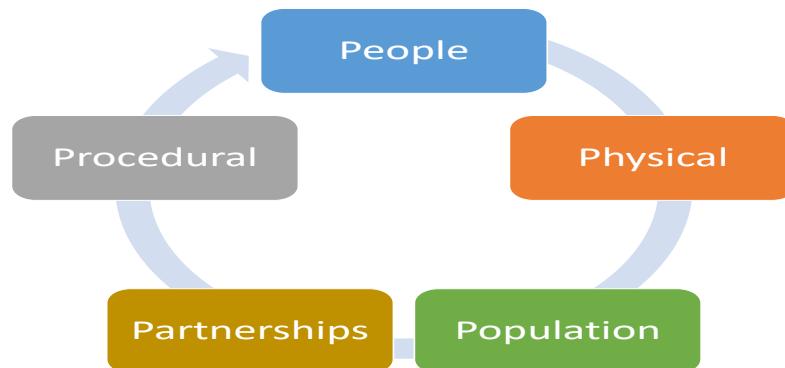
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## 1 Purpose

- 1.1 Keeping people safe is a priority for HMPPS and this policy framework sets out the arrangements for making establishments safer places to live, work in and visit. It recognises that safety is everyone's responsibility and sets out a whole-prison approach that goes beyond the roles and responsibilities of local safety team functions and emphasises the importance of working together across all functions to improve outcomes for prisoners and staff. Safety differs from health and safety at work. In this context, safety means managing self-harm and violent behaviour, reducing self-inflicted deaths, and supporting people at risk of harm, both staff and prisoners.
- 1.2 The purpose of this framework is two-fold. Firstly, to set out HMPPS's commitment to making our establishments safer places that are conducive to rehabilitation. Secondly, to set out the expectations for reducing violence, self-harm, and self-inflicted deaths by identifying and addressing the risks, triggers, and drivers; providing the right interventions to manage and support those at risk; and ensuring that action is taken to support staff and prisoners who are affected by harmful behaviour they witness or experience.
- 1.3 In this framework the term "governor" also applies to directors of contracted prisons. The term "establishment" applies to public and contracted prisons, and young offender institutions, but does not apply to secure training centres in the youth estate.
- 1.4 Safety is a significant issue that cuts across all areas of prison life. If an establishment is unsafe or unstable, or is perceived to be unsafe, that has a negative effect on all its other functions. Factors that influence prison safety are far-reaching. They include workforce skills and staffing numbers; the built environment and physical conditions; regime, a rehabilitative culture, prisoner progress and the perception of fairness; illicit activity; purposeful activity, health and wellbeing; and relationships for staff and prisoners, both inside and outside establishments.
- 1.5 The prison service is therefore committed to making prisons safer places for everyone who lives and works in them and visits. Following publication in November 2016 of the government's White Paper, Prison Safety and Reform, HMPPS launched its National Safety Programme and National Safety Strategy. These formed part of a series of steps taken to make establishments places of safety and rehabilitation.
- 1.6 In early 2018, governors were asked to use the national strategy, known as the 5Ps, as a guide for developing evidence-based establishment-level safety strategies (see paragraph 1.7). Their strategies were to include operating models, initiatives, and activities to reduce violence, self-harm and self-inflicted deaths, and work with staff, prisoners, the wider community, and partner organisations to achieve these outcomes.

## National Safety Strategy Framework

- 1.7 Known as *the 5Ps* and comprising **people, physical, population, partnerships and procedural**, the national strategy takes an approach to safety that means everyone plays a part in reducing violence, self-harm and self-inflicted deaths by identifying and addressing the drivers of harm and preventing further harm to self or others. The strategy has been designed for use nationally, regionally, and locally to bring together actions and activities that make the most beneficial improvements to safety.



**PEOPLE:** establishments must deploy staff to give prisoners the right level of authority, supervision, and support. Staff must also be supported and given relevant safety learning and information from past incidents, as well as access to training and development.

**PHYSICAL:** the conditions staff and prisoners live and work in must be decent and supportive, promote wellbeing, and thus give a sense of safety.

**POPULATION:** establishments must encourage prisoner participation in constructive regimes and peer support schemes such as Listeners and Insiders. Prisoners with needs that increase their risk of harming themselves or others must have those needs addressed.

**PARTNERSHIPS:** establishments must build and maintain effective and meaningful internal and external relationships with families and partners and other agencies that support safety.

**PROCEDURAL:** establishments must have strong processes for risk of harm identification and case management that challenge and support violent and vulnerable prisoners. As part of these processes, establishments must also have mechanisms in place to share the learning from incidents of self-harm and violence, and any positive practice from the management of those incidents.

## **2 Evidence**

- 2.1 Safety is the cornerstone of prison life. For an establishment to function properly and provide a secure and rehabilitative environment, it must first be a safe, decent, and fair place to live, work in and visit. If prisoners do not feel safe and do not feel they are being treated with decency and fairness, a sense of grievance and resentment may emerge; prisoners lack hope and feel alienated and distanced from others; and the conditions for positive changes in attitudes and behaviours can be hampered. If an establishment is not safe to work in, the physical and emotional wellbeing and resilience of our staff is put at risk.
- 2.2 At the heart of how an establishment operates is the relationship between staff and prisoners. While we have many processes and systems to support and monitor aspects of safety in our

establishments, their effectiveness depends on how we use them, and how legitimate, and authentic we are seen to be in exercising our responsibility to deliver safe care.

Data on violence, self-harm and self-inflicted deaths

Official safety in custody statistics cover assaults, self-harm and deaths in prison custody in England and Wales. Statistics are published quarterly and can be found here - Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to March 2023 Assaults and Self-harm to December 2022 - GOV.UK ([www.gov.uk](http://www.gov.uk))

Causes of violence, self-harm and self-inflicted death

- 2.3 Robust research shows us that the causes of violence, self-harm and self-inflicted deaths in prisons are multi-faceted. There is no single cause of violence. Features of people (like younger age, history of violence, having a traumatic brain injury, previous experience of trauma), and features of the prison environment (like poor physical conditions, how prisoners are treated and how authority is used by staff, the level of staff supervision of prisoners, and lack of purposeful activity) interact to make prison violence more likely.
- 2.4 People primarily harm themselves as a form of emotional expression or regulation. Misunderstanding and labelling self-harm as goal-oriented or attention-seeking can be particularly damaging and interfere with effective care and support. A range of factors is linked to self-harm in prisons. These include:
- “clinical” factors, like having a psychiatric diagnosis, or experiencing feelings of hopelessness and psychological distress;
  - “custodial” factors, like being segregated, and having a lack of or poor social support while in prison;
  - “historical” factors, like having been in care and having suffered childhood abuse;
  - “sociodemographic” factors like being homeless or unemployed before imprisonment, and being under 30; and
  - “criminological” factors, such as having a conviction for a violent offence, being in prison before, and serving a sentence of over five years.
- 2.5 Self-harm among women in prison is higher than it is for men and the reasons for self-harming can differ between the men’s and women’s estates. We know that men and women are likely to have experienced trauma and abuse, and that this can lead to well-established risks and triggers for self-harm that being in prison can exacerbate. A lack of family contact or external family issues may, however, have a disproportionately negative impact on women who are more likely to be primary carers. We also know that, unlike the men’s estate, self-harm in the women’s estate is carried out predominantly by those who self-harm regularly, and account for over half of all self-harm among the women’s prison population.
- 2.6 Prisoners are also a particularly vulnerable population for suicide and several risk factors have been identified. These include previous suicide attempts, self-harm, and a current psychiatric diagnosis, as well as having experienced trauma including adverse childhood experiences, being on remand, being convicted of a violent crime, boredom and isolation.
- 2.7 Some prisoners will both self-harm and be violent towards others, with studies showing that 11-16% will, during their time in prison, engage in both behaviours. Studies have shown that amongst those who self-harm in prison, around 40-60% have been involved in violence, and around 30% of those who are violent also self-harm. International studies have shown these prisoners account for a disproportionate rate of prison incidents and get involved in greater levels of disorder, property damage and fire-setting specifically but not drug use.

- 2.8 Engaging in one type of behaviour does not necessarily increase the risk of the other, but studies indicate that some people are at increased risk of both due to early life experiences. They may have access to fewer protective factors, e.g. education both in the community and in prison, and will spend longer in prison and are more at risk of using lethal methods of self-harm (Slade et al., 2022; 2020).

#### Heightened risk of harm

- 2.9 We also know that there are key times in a prisoner's experience of custody when they are likely to be at increased risk of self-harm and suicide. The early period in custody (first 4 to 6 weeks) is a particularly risky time for prisoners coming through reception, irrespective of whether it is their first time in prison, they are on remand, they have been transferred, recalled or are returning from a hospital setting, a court hearing (including a family court or video call court hearing), or their status or circumstances have changed (refused bail, convicted, sentenced). It is important that prisons identify and manage the risks to self and others during these times and put appropriate support in place to manage any identified risk.
- 2.10 As well as risky times, we have also identified through learning more about safety that there are specific prisoner groups who are at heightened risk of harm to themselves or others. These include but are not limited to prisoners on remand, those with drug dependencies, those with neurodiverse needs, those imprisoned for public protection (IPP), life sentenced prisoners, young adults, and isolated prisoners who withdraw from most of the regime, and/or have limited engagement with staff and prisoners.

#### Drugs, debt and intimidation

- 2.11 The availability of illicit substances and getting into debt undermine the safety of an establishment. Many prisoners come into prison with substance misuse problems that impact their short and long-term physical and mental wellbeing.
- 2.12 The illicit economy also fuels prisoner debt resulting from the supply, distribution, and use of substances which, in turn, is a driver of violence, intimidation, isolation, self-harm and self-inflicted deaths. Debt is complex and relates to many different aspects of prison life. There is no single solution that will fix the issue, but everyone in a prison has a role in tackling it.
- 2.13 Research has shown many factors to be effective in reducing harm. Some of these are about helping prisoners to learn different ways of thinking and behaving. Some are about how staff use their authority, the kinds of purposeful activities on offer, the environment, and culture. Further information about the causes of harm and the factors that contribute to making prisons safer can be found in the guidance document that accompanies this framework.

### **3 Outcomes**

- 3.1 This Policy Framework sets out the requirements designed to make establishments safer places to live, work in and visit. Embedding these requirements as operational practices will realise HMPPS's commitment to adopt a whole-prison approach to safety that protects staff and prisoners and provides an environment and culture that is conducive to rehabilitation.
- 3.2 Governors are expected to ensure, through effective leadership, that the requirements of this framework are followed so that:
- There is a whole-prison approach to safety that is understood by every prison function to be the foundation upon which decent, fair, secure and rehabilitative establishments can function, in which everyone has a role to play.

- Establishments use evidence from multiple sources effectively to target resources and activity to keep people safe and prevent harm, using learning and positive practice to support their local safety strategies.
- Prisoners who present a risk of violence, self-harm or suicide are identified, managed effectively, and supported according to their needs.
- Staff are equipped to carry out their roles and are given access to the right training and support at the right time to promote wellbeing at work.
- Staff who are assaulted are identified and offered support tailored to their needs.
- Prisoners who are victims of assault are identified and offered support tailored to their needs.
- Following a traumatic event such as a death in custody, effective support is offered to and provided for anyone affected by the incident and according to their needs.

## 4 Requirements

### Roles and responsibilities

Related policy
Policy Framework: Follow up to Deaths in Custody
Policy Framework: Manage the Custodial Sentence
PSI 20/2015 Cell Sharing Risk Assessment

- 4.1 **General:** keeping people safe is everyone's responsibility. This means embedding safety considerations into everything the prison service does nationally, and at group and local levels so that establishments are safe, decent, and rehabilitative places for people to live, work in and visit.
- 4.2 Governors must ensure that the safety of staff and prisoners is a priority. They must know their prison populations, understand local level risks of harm and what is driving them, and put plans in place that are actioned to reduce those risks and prevent further harm.

### Safety Strategies

- 4.3 Governors must put in place establishment-level safety strategies, aligned with the 5Ps principles, that:
- take a broad approach to manage effectively the risks of violence, self-harm and self-inflicted deaths
  - are grounded in an understanding of the drivers of harm and the risks in their prisons, and include all prison functions in plans and activities to improve safety outcomes
  - ensure that the right mechanisms are in place to review progress against local strategies, to identify changing risks and revise strategies accordingly.
- 4.4 Governors must ensure that actions to reduce debt are included in local safety strategies. All prison functions must be involved in discussing the issues and drawing this together and that local actions on debt and drugs are joined up to address both issues.
- 4.5 Governors must ensure that all relevant partner organisations are invited to contribute to the development of local safety strategies and are involved in the work to improve safety.
- 4.6 Governors must ensure that local safety strategies are linked to the relevant local authority suicide prevention strategy and action plan, and that they contribute to, and draw on the expertise of partners in, the local multi-agency suicide prevention partnership.
- 4.7 PGDs must maintain oversight of all establishment-level safety strategies in their prison groups to ensure they are embedded and implemented effectively.

### Data, evidence and learning

- 4.8 Governors must use local safety data and evidence sources (safety diagnostic tool, hub et al) to understand their populations and their safety risks. This data and evidence must also be used to inform their safety strategies. This includes learning from incidents of self-harm, self-inflicted deaths, and assaults.

- 4.9 Governors must also have procedures in place to facilitate and disseminate learning from self-inflicted deaths and incidents of self-harm and assaults, to prevent future occurrences and improve local delivery of safer prisons. Examples include:
- daily governors' meetings
  - wing briefings
  - joint safety, drug strategy and security meetings
  - partnership board meetings
  - notices to staff
  - notices to prisoners
  - governors' information notices
  - individual prison intranet sites

- 4.10 Governors must ensure that the right mechanisms are in place to identify, understand and learn from the safety risks in their populations, feed into group-wide decisions and take establishment-wide management decisions to address them.

**Safety meetings**

- 4.11 Governors must ensure that a safety meeting is in place and determine the frequency and core membership based on the local population, its needs, and risks of harm.

- 4.12 The following agenda items must be included in local safety meetings.

*Data analysis*

- Violence data looking at local trends and with comparator prisons.
- Self-harm data from NOMIS and local records, trends in incidents, those self-harming, open and closed ACCTs.
- Data on safety contacts from family members and others derived from the local log (see paragraph 4.94).

*Security information reports*

To discuss the data to ensure any safety matters are being managed effectively.

*Deaths in custody*

To discuss progress against Prisons and Probation Ombudsman action plans and issues arising from ongoing or impending inquests. [see Follow Up to Deaths in Custody Policy Framework].

*Learning and positive practice*

To discuss:

- implementation of learning products (learning bulletins, reports, or safety guides)
- matters arising from the group safety leads' meeting.
- any other safety-related communications from the national safety team in HMPPS.
- findings from relevant quality assurance checks (e.g. Challenge, Support and Intervention Plan (CSIP) and closed and open Assessment, Care in Custody and Teamwork (ACCT) Plans).

*Peer support*

To discuss matters arising from Samaritans, and other peer support scheme co-ordinators.

- 4.13 Governors must ensure that the following are recorded for safety meetings, and minutes produced:

- discussions, including progress and updates;
- additional risks identified;

- subsequent actions taken, listing the owner of each action;
- decisions taken and the rationale behind them.

#### Safety Intervention Meetings (SIMs)

- 4.14 Governors must ensure that a SIM is in place, and determine its frequency and core membership, based on the local population and its needs and risks of harm.
- 4.15 Governors must ensure that the frequency, core membership and agenda of the SIM are stipulated in the local safety strategy.
- 4.16 A referral to a SIM must be made for:
- a prisoner with complex and additional needs, including those who are at risk of both harm to self and to others, and those who have learning difficulties;
  - a prisoner being supported through ACCT who is then placed in segregation conditions (or subject to temporary separation in the children and young person's estate) and/or is placed on constant supervision.

This is not an exhaustive list.

- 4.17 Governors must ensure that the following are recorded for SIMs, and minutes produced:
- discussions, including progress and updates;
  - additional risks identified;
  - subsequent actions taken, listing the owner of each action;
  - decisions taken and the rationale behind them.
- 4.18 Governors must ensure that outcomes and decisions from the SIM are shared with relevant members of staff, for example: case review teams, key workers, and other key members of staff responsible for supporting the prisoner.

#### Mechanisms for identifying and case-managing prisoners at risk

- 4.19 Governors must ensure that mechanisms are in place to identify prisoners who are at risk of harming themselves or others. These mechanisms must capture initial risk, identify changes in risk over time, and ensure that appropriate action is taken. (See paragraphs 4.54 to 4.70 on risks, triggers and sharing information.)
- 4.20 Governors must ensure that all prisoners have an up-to-date cell-sharing risk assessment (CSRA) at all times, in accordance with PSI 20/2015 Cell Sharing Risk Assessment.
- 4.21 Governors must ensure that a mechanism is in place for identifying and offering support to prisoners who are victims of assault in their establishments, and recording outcomes (see paragraphs 4.159 and 4.160). This must be reflected in local safety strategies.
- 4.22 See CSIP requirements (paragraphs 4.101 to 4.154) and ACCT requirements (paragraphs 4.167 to 4.297) for case managing prisoners at risk of violence, self-harm and self-inflicted deaths.

#### Prison group safety teams

- 4.23 PGDs must appoint a group safety lead and have a group safety team in place to support establishments. Group safety teams must work collaboratively with establishments on behalf of PGDs to ensure effective delivery of prison safety policies and practice.

Establishment safety teams

- 4.24 These will differ in each establishment, taking account of factors such as prisoner populations, prison type, and resources in response to identified learning.
- 4.25 Governors must establish and maintain a local safety team that is managed by a head of function (e.g. Head of Safety) and is resourced appropriately to support staff in addressing matters relating to self-harm, self-inflicted deaths and violence. This will include:
- development and delivery of the local safety strategy.
  - quality assurance of case management processes.
  - collation and analysis of safety related data.
  - oversight of safety training provision.
  - co-ordination of multi-disciplinary meetings (such as SIMs, safety meeting).
  - working with local healthcare providers.
  - partnership working with the voluntary sector i.e. Samaritans etc.
  - oversight of actions on safety from the Prisons and Probation Ombudsman, Coroners and His Majesty's Inspectorate of Prisons.

Challenge, Support and Intervention Plan (CSIP) roles

- 4.26 **All staff** have responsibility for challenging violent behaviour amongst prisoners and ensuring that it is managed appropriately. Staff must submit a CSIP referral for any prisoner they believe poses a raised risk of being violent, in line with the CSIP policy (see paragraph 4.107) and supporting guidance. Staff must also be able to submit a CSIP referral on behalf of prisoners and their family members where they ask for one.
- 4.27 **Establishment safety team** is responsible for screening all CSIP referrals promptly and assessing and evaluating each referral to decide what action is taken. They are also responsible for ensuring that a quality assurance process is in place with clear owners.
- 4.28 **Case Manager** has responsibility for bringing together a multi-disciplinary case review team and for conducting case reviews to manage and support prisoners identified as posing a raised risk of violence (see paragraph 4.135). Where a prisoner is subject to both CSIP and ACCT, they must be allocated the same staff member whenever possible to act as CSIP case manager and ACCT case co-ordinator (see paragraph 4.151).
- 4.29 **Governor** has responsibility for:
- setting out clear roles and responsibilities for their staff and heads of functions in relation to CSIP, to ensure a whole prison approach that draws on the range of expertise from different areas to achieve multi-disciplinary input into it.
  - making alternative arrangements for cover when key members of staff (for example, case manager and key decision makers in the CSIP process) are absent or get redirected to other priorities.

ACCT roles

- 4.30 **All staff** have responsibility for ensuring that an ACCT is opened if they believe a prisoner to be at risk of self-harm or suicide. Staff who open an ACCT are expected to attend and contribute to ACCT case reviews if relevant to the care and support of the prisoner receiving support through ACCT; progress and complete agreed support actions assigned to them; and complete daily ACCT checks (observations and conversations) and documentation.
- 4.31 **ACCT Assessor** has responsibility for completing the ACCT assessment and attending the first case review.

- 4.32 **Case Co-ordinator** has responsibility for co-ordinating and documenting multi-disciplinary ACCT case reviews (see paragraph 4.179); ensuring Care Plans are fully completed, person-centred and responsive to risk; and conducting a Post-closure Review. Where a prisoner is subject to both ACCT and CSIP, they must be allocated the same staff member whenever possible to act as ACCT case co-ordinator and CSIP case manager (see paragraph 4.151).
- 4.33 **Case Review Team** has responsibility for attending and contributing to case reviews, developing actions within the Care Plan and completing any actions allocated to the team.
- 4.34 **Residential, daily and night orderly officers (or equivalent in the contracted estate)** must be aware of prisoners who:
- are on an open ACCT
  - are subject to constant supervision and what their emergency access plans contain
  - are subject to ACCT procedures but also pose a risk to others when their cell is unlocked during the night state (e.g. display harm to self and others).
- 4.35 **Head of safety function** must determine whether potential ACCT Assessors are suitable to complete assessments in line with the requirements.
- 4.36 **Duty governor or night orderly officer in consultation with the duty governor** has responsibility for authorising constant supervision.
- 4.37 **Governor** has responsibility for:
- ensuring a quality assurance process is in place for ACCT and maintaining oversight of it.
  - ensuring that all staff who have contact with prisoners are aware of and understand how to identify risk, and procedures for supporting those at risk of suicide and self-harm.

#### Training

- 4.38 All establishments must identify the safety training needs of their staff and put a training plan in place to ensure that staff receive the necessary training for their roles, including specialist roles such as ACCT case co-ordinators and assessors, CSIP case managers, and family liaison officers.

#### Translation

- 4.39 All staff who have direct contact with prisoners whose first language is not English must use contracted translation services, including when:
- carrying out any assessment of risk of harm to prisoners or others
  - conducting CSIP or ACCT reviews.

If a translation service is not available, a member of staff can be used to interpret, but not a prisoner.

The Prison Safety Policy Framework: guidance document contains further information for staff to help in implementing the requirements in this section.

Staff and prisoner relationships

- 4.40 **General:** the quality of the relationships between prison staff and prisoners is one of the most important factors in creating safe, decent and rehabilitative prisons. Research suggests that establishments need to have a supportive and constructive culture if they are to be places of safety. At the heart of this must be relationships between prisoners and staff that combine the right mix of authority, respect and support, through which staff can motivate and challenge the prisoner.
- 4.41 Under the Offender Management in Custody (OMIC) model, all prisoners in the male closed estate must be allocated a key worker. The key worker's role is to develop constructive, motivational relationships with them; support them to make appropriate choices; and give them hope and responsibility for their own development through key work sessions.
- 4.42 A bespoke integrated OMIC model has been developed for the women's estate which builds on the relationships already in place between women and staff. It recognises the different needs, challenges, and opportunities for women, where self-harm and the complexity of need of some women is of significant concern. In the bespoke model, both key work and case management time is allocated to women based on their level of need in addition to their risk of harm.
- 4.43 Women assessed as having the most need receive an enhanced case management service, which includes an additional 45 minutes a week with their Prison Offender Manager in place of key work. All other women receive 45 minutes with their key worker each week.
- 4.44 For OMIC policy requirements, see the table on page 12.

## Staff safety and wellbeing

Related policy
Policy Framework: Post-incident Care Policy Framework and Post-incident Care User Guide
PSI 06/2015 National Policy Organisation and Summary Arrangements for the Management of Health and Safety
PSI 32/2015 HMPPS Health & Safety Arrangements for the Management of Stress
PSI 02/2016 Health and Safety Arrangements for the Management of Accident Reporting, Recording and Investigation
Counter Corruption and Reporting Wrongdoing Policy Framework
Crime in Prison Referral Agreement
Policy Framework: Follow up to Deaths in Custody

4.45 HMPPS has a legal duty under the Health and Safety at Work Act (1974) to ensure, as far as reasonably practicable, the health, safety and welfare of its staff. It is reasonably foreseeable that the duties of HMPPS staff working in operational areas place them at a higher risk of exposure to serious and potentially traumatising incidents in the workplace than those of employees in most other organisations.

4.46 The safety of our staff is of crucial importance. They must be able to expect a safe and decent work environment and their support and wellbeing must always be considered.

### For staff who have been assaulted

4.47 This section refers only to staff who have been assaulted.

4.48 Assault in prison is defined as *Unwanted physical contact between two or more individuals, excluding lawful use of force by staff (but not assault on staff during use of force) or anything of a purely verbal or threatening nature.*

4.49 An assault is classed as serious if:

- it is a sexual assault
- it results in detention in outside hospital as an in-patient
- it requires medical treatment for concussion or internal injuries
- the injury is a fracture; scald or burn; stabbing; crushing; extensive or multiple bruising; black eye; broken nose; lost or broken tooth; cuts requiring suturing; bites; or temporary or permanent blindness.

4.50 Governors must ensure that a mechanism is in place for identifying and offering support for staff who have been assaulted in their establishments. This must be reflected in local safety strategies.

4.51 Governors must ensure that staff speak to colleagues who have been assaulted to establish whether they require support, and if so, the type of support they require.

### For staff involved in the assessment and care of vulnerable prisoners

4.52 It is also imperative that consideration is given to the harmful nature of potentially traumatic events. This could develop in a variety of ways but often can be:

- trauma derived from a single incident
- prolonged exposure to traumatic events
- vicarious trauma.

4.53 Governors must ensure that appropriate support (for example, postvention, TRiM or care team support) is available to staff post-incident and when working with vulnerable prisoners. This includes but is not limited to:

- staff who are involved in incidents where use of force is deployed
- staff who are working with prisoners who self-harm
- staff who are working with terminally ill prisoners and those who are seriously ill
- staff who experience a death in custody

The Prison Safety Policy Framework: guidance document contains further information for staff to help in implementing the requirements in this section.

## Identifying risks and triggers, and sharing information

Related policy
PSI 07/2015 Early Days in Custody
PSI 20/2015 Cell-Sharing Risk Assessment
Policy Framework: Transition of young people from the children and young people's secure estate to adult custody
Information sharing protocol across secure and detained settings: NHS England, July 2019
Information sharing position statement: NHS England, August 2022

- 4.54 **General:** the prison population has individuals who often have complex needs, including social care needs. Many prisoners arrive in reception with needs that increase their vulnerability and risk of harm to themselves or others. Being in custody can exacerbate these factors. The early days in custody are a known period of increased risk of self-harm and violence, irrespective of whether this is someone's first time in custody. It is therefore vital that staff can identify prisoners at risk of harm during this high-risk time - and be alert to any changes in these risks over prisoners' time in custody.
- 4.55 It is essential for staff to recognise the heightened risks and triggers associated with specific situations and groups of prisoners, including but not limited to:
- prisoners at risk of harm to others and/or harm to self
  - isolating prisoners (those who withdraw from the majority of the regime, have limited contact with others, or spend most of the day in their cell)
  - prisoners with drug dependencies
  - IPP and life sentenced prisoners
  - those with neurodiversity conditions (including autism and ADHD)
  - those on remand or recalled to custody
  - those returning from a hospital setting
  - those returning from court (including family court hearings) or having completed a video court hearing
  - those in debt
  - young adults and women
  - foreign national offenders
  - dates of particular significance for prisoners (e.g. anniversaries)
- An extensive list of risks and triggers can be found in the guidance that accompanies this framework.
- 4.56 Where a change of circumstances or demeanour has occurred as a result of a court appearance, either in person or by video call, all available, relevant information, including that held on OASys/Delius, must be considered and the prisoner must be spoken to.
- 4.57 Establishments must assess prisoners' risks effectively, seeking and making appropriate use of information that informs risk, so that decisions can be made on the most suitable and co-ordinated action and care. In particular, information about the outcome of the proceedings must be sought and used in assessing the risk of those returning from court or having completed a video call, and not done solely on the basis of the prisoner's account.

- 4.58 Governors must ensure that an effective process is in place to identify and record a prisoner's relevant risk information. It must be kept up to date as the prisoner progresses through their time in custody and made accessible to all staff involved in their care.
- 4.59 Governors must have a system in place to identify and accurately record details of all isolated individuals. Records must include the reasons given for isolating, methods of offered support, and the details of regime being offered and taken. This information must be made available in local SIMs to inform decisions about any subsequent supportive actions or interventions to mitigate the risk of continued isolation.
- 4.60 All prison staff must consider the risks, triggers and protective factors when supporting and managing a prisoner at risk of violence, self-harm or suicide.
- 4.61 All prison staff who have direct contact with prisoners must use a contracted translation services when interacting with prisoners whose first language is not English, particularly when conducting assessments of risk and during risk management processes (see paragraph 4.39).
- 4.62 Governors must ensure that relevant risk information throughout a prisoner's time in custody is shared between organisations responsible for a prisoner's care, including healthcare partners and probation services, in line with national and local information-sharing agreements and PSI 07/2015 Early Days in Custody.
- 4.63 Confidential information, including clinical information, can be shared if a prisoner has given their consent to do so.
- 4.64 In circumstances where there is a risk of serious harm occurring, or it is necessary for staff to carry out their statutory duties, confidential clinical information can also be shared without a prisoner's consent.
- 4.65 In such circumstances, for example during ACCT or CSIP review meetings, prison staff must share relevant information with partner organisations and must seek information from partner organisations (including healthcare providers) and challenge any reluctance or refusal to share it in accordance with this policy. For further guidance on the lawful bases for sharing clinical information – see the table on page 20.
- 4.66 When prisoners are disclosing confidential clinical information to staff, they must be made aware of the uses to which their information will be put and with whom it will be shared - unless doing so would impede the ability to:
  - protect individuals from risk of harm to themselves or others;
  - detect or prevent crime; or
  - secure the prosecution of offenders.
- 4.67 Staff involved in the transfer of prisoners to other establishments must ensure that all relevant risk information travels with the prisoner and is shared in advance of transfer wherever possible. This includes:
  - ACCT documents that are either open or in the post-closure period
  - CSIP (on NOMIS)
  - up-to-date CSRA documents.
- 4.68 Governors must ensure that establishments holding young people have effective means of sharing information related to risk of harm with youth offender teams, local authorities, and the families and carers of young people.

- 4.69 Governors must ensure that establishments receiving young people on transition to the adult estate, from the Youth Custody Service, have an effective means of sharing risk information about those young people in line with the Transition of Young People from the Children and Young People Secure Estate to Adult Custody Policy Framework.
- 4.70 Governors must ensure that risk information is shared with probation services and others with responsibilities for the prisoner on release. This includes sharing information about current and recent ACCTs (see para 4.273) but is not limited to this. Staff involved in the release process must ensure that where there is relevant historical information and/or reason to believe that a prisoner who is not a risk in prison (and is not therefore subject to an ACCT) may present a risk on release, those responsible for the prisoner on release are made aware of this.

The Prison Safety Policy Framework: guidance document contains further information for staff to help in implementing the requirements in this section.

## Prisoner support and wellbeing

Related policy
PSI 17/2015 Prisoners assisting other prisoners
Policy Framework: Follow up to Deaths in Custody
Policy Framework: Strengthening prisoners' family ties

### Peer support

- 4.71 **General:** effective peer support schemes have been found to have a positive impact on attitudes, engagement, and behaviour. This is true of all types of schemes, including those that provide practical help with education and social care, health advice, and general advocacy. Of particular importance for safety are schemes designed to offer emotional support, such as the Samaritans Listener scheme.
- 4.72 Governors must put in place a range of peer support schemes designed to address the risks to safety identified in their local safety strategies. Peer support schemes must have:
- outcomes that are clearly defined by the needs of the people being supported by the scheme
  - a clearly defined purpose for the interaction
  - activities that are targeted to meet specific needs
  - schemes that last for the period that the support is required.
- 4.73 Schemes must be properly planned, implemented, monitored and evaluated, and operate in accordance with PSI 17/2015 Prisoners assisting other prisoners.

### Listener schemes

- 4.74 **General:** Listeners are volunteer peer supporters selected, trained and supported by Samaritans, to listen and offer confidential emotional support to prisoners in distress.
- 4.75 Where Listener schemes are in place, governors must operate them in partnership with the local Samaritans branch and in accordance with the 'Guide to the Listener scheme' and the service specification and key responsibilities documents.
- 4.76 Governors operating Listener schemes must:
- meet annually with the local Samaritans branch director
  - appoint a member of staff to liaise with the local branch
  - invite the Samaritans branch prison support officer (PSO) to contribute to the safety work in the establishment, including through regular attendance at relevant meetings
  - arrange for Samaritans volunteers to deliver regular Listeners awareness sessions to prison staff
  - ensure that all Samaritans prison support volunteers receive training in aspects of prison safety and security as appropriate
  - ensure that contact details of the local Samaritans branch are stored in the prison and regularly updated, so that in the event of an emergency involving a Samaritans volunteer the local branch can be contacted
  - provide a suitable space in which Samaritans volunteers can work safely and in privacy

- ensure that the Samaritans branch PSO is informed promptly in the event of a self-inflicted death at the prison (and in prisons in which the postvention service is in operation, make sure that staff facilitate volunteers and Listeners to provide it).
- 4.77 Governors operating Listener schemes must ensure that:
- a Listener team large enough for the establishment is maintained (a minimum of one Listener per 50 prisoners is recommended, but higher numbers may be appropriate where demand for the service is high)
  - staff enable Samaritans volunteers to conduct the recruitment and selection process using the guidance and materials in the Listener Selection Manual, including the Listener application form
  - Listener training is facilitated by staff, but they are not present while it takes place
  - all prisoners have equal access to the application and selection process
  - only in exceptional circumstances are individual prisoners allowed to be Listeners and to hold other peer support roles at the same time (where such an arrangement is under consideration Samaritans guidance must be followed and local volunteers must be consulted)
  - applications that are declined by the prison (and the reasons for the decision) are shared with Samaritans volunteers
  - Listeners who transfer in from other prisons are allowed to join the Listener team
  - Listener support is facilitated as agreed with the local Samaritans branch, including confidential phone / video calls and, wherever possible, an on-site meeting with volunteers at least fortnightly
  - only in exceptional circumstances are Listeners transferred within six months of completing their training.
- 4.78 Governors operating Listener schemes must ensure that:
- Listener publicity material is displayed across the prison and given to new arrivals
  - Listeners are available in reception and involved in the induction process, during which the Listener DVD is shown to new arrivals
  - prisoners in all parts of the prison have timely access to Listeners at all times of the day and night
  - there are suitable, confidential spaces (e.g. Listener Support Rooms) for contacts to take place
  - where staff involvement is necessary, e.g. to unlock prisoners / Listeners, staff facilitate and end Listener contacts promptly
  - staff conduct a risk assessment before facilitating unsupervised contact between a Listener and another prisoner, consulting cell sharing risk assessments where appropriate.
- 4.79 Governors must ensure that staff understand and respect the principle of confidentiality, which is central to the work of Samaritans and applies equally to Listeners. Without this assurance prisoners may not feel able to approach Listeners and talk freely in an atmosphere of total trust. For this reason, Samaritans and Listeners will share information only where:
- they have informed consent from a prisoner;
  - they receive a court order;
  - the information is about acts of terrorism or a bomb warning;
  - a prisoner attacks or threatens a Samaritans volunteer or Listener;
  - a prisoner deliberately prevents the service from being delivered to other prisoners; or
  - a prisoner is not capable of seeking help, because he or she is in the process of taking their own life - in such a case the Listener will alert prison staff immediately.

- 4.80 When a prisoner is at risk of suicide Listeners will actively encourage them to seek further help. If a Listener recognises that a prisoner does not wish to seek help on their own, they will attempt to gain the prisoner's permission to alert staff to the need for help.
- 4.81 Governors must ensure that staff are aware that a request to see a Listener may be an indication of increased risk of self-harm or suicide. All such requests must be noted, and consideration must be given to what further action may be necessary, such as a welfare check or opening or reviewing an ACCT.
- 4.82 In the event of the death of a prisoner, all investigators (including police and coroner's officers and Prisons and Probation Ombudsman investigators) conducting interviews with a Listener must be permitted to do so only in the presence of Samaritans volunteers. Before any such interview, the confidential nature of information shared with a Listener must be explained - this must be maintained after death, unless a court orders otherwise. If a Listener is required to attend an inquest, arrangements must be put in place to ensure that Samaritans volunteers will be available to support them throughout the hearing. [see Follow up to Deaths in Custody Framework].

Access to other Samaritans services

- 4.83 Governors must ensure that all prisoners have the facility to contact Samaritans by telephone privately at any time of the day or night. There must be no cost to the prisoner and the call must not be monitored. Governors must work with Samaritans to tackle any misuse of the service.
- 4.84 Governors must ensure that the Samaritans correspondence service is advertised in all areas of the prison and that Samaritans Freepost envelopes are made available for prisoners to use.

Working with families (and other sources of support) to improve safety

- 4.85 **General:** separation from family and friends and the strain that it places on these key relationships are risk factors for safety. For most prisoners contact with family members is a good source of social support, known to be associated with positive outcomes including mental health and substance misuse. Family and friends often hold important information about safety risks and must be encouraged to share it with prison staff.
- 4.86 Governors must ensure that their local safety strategy links to their family and significant others strategy and that relevant partners, such as family service providers, contribute to the development of the safety strategy and are involved in the work to improve safety.
- 4.87 Governors must identify prisoners who have not provided details of family or significant others (and/or are prohibited from contacting them) or who do not receive visits. They must (working with family service providers as appropriate) encourage and help these prisoners to establish and maintain external contacts with people or agencies that are able to provide support for their safety.
- 4.88 Governors must provide information to families (and other external sources of support for prisoners) about how the prison keeps prisoners safe and explain to them the benefits of sharing information with prison staff about any safety concerns or risks. It is also important to invest the time to ask a prisoner who is being supported using ACCT whether they would like a family member, friend or other source of support to be involved in their care, to boost the support available to them.

- 4.89 Governors must advertise the process for contacting the prison to share safety concerns or risk information to family members (and other external sources of support for prisoners) and stakeholders by a variety of means, including online and via the family services provider.
- 4.90 Governors must provide a means of speaking to a member of staff (duty governor / orderly officer) at any time about situations involving imminent risk, and a dedicated safety line (which may at some, or all times be an answering service) for less urgent matters.
- 4.91 Governors must ensure that, where the safety line is an answering service, it is monitored regularly (preferably hourly during the day, and at least three times per 24 hours as a minimum) and that calls are followed up promptly (at the earliest opportunity, and on the same day as a minimum).
- 4.92 Governors must ensure that staff receiving and responding to calls from families about safety issues do so sensitively and are clear about what action to take and what information it is appropriate to share.
- 4.93 Governors must ensure that feedback is provided to the person who has raised concerns promptly (preferably on the same day, and within 72 hours maximum), and that relevant information about the individual is shared where it is appropriate to do so.
- 4.94 Governors must establish a system for logging calls that provides assurance that prompt and appropriate action has been taken and ensures that the information received informs the ongoing care of the individual prisoner. The information in this log must be used to create a regular report that is discussed at the establishment's safety meeting and used to inform its safety strategy. Relevant data must also be shared with other departments (such as security and family services).

The Prison Safety Policy Framework: guidance document contains further information for staff to help in implementing the requirements in this section.

## Managing risk of violence

Related policy
PSO 1300 Investigations
PSI 15/2014 Investigations and learning following incidents of serious self-harm or serious assault
Policy Framework: Prisoner discipline procedures (adjudications)
Policy Framework: Incentives
PSI 02/2016 Health and safety arrangements for the management of accident reporting, recording and investigation
PSI 11/2012 Management and Security of the Incident Reporting System
Crime in Prisons Referral Agreement 2022
Counter Corruption and Reporting Wrongdoing Policy Framework

### Responding to violence

- 4.95 **General:** this section supports the implementation of existing policy in relation to investigating violence by:
- signposting relevant policies
  - setting out key principles underpinning how establishments approach and investigate violent incidents or allegations of violence committed by a prisoner
  - supporting broader safety outcomes.
- 4.96 Staff must respond to instances of violence in a timely, fair and proportionate manner, ranging from challenging violent or threatening behaviour through to further investigation of more serious instances as the situation requires.
- 4.97 Staff must give attention to why something happened, as well as to what has happened, when investigating violence, and focus on the prisoner(s) involved. For example, staff must consider the reason or motivation behind what has happened, whether it was planned or intentional, as well as what else might be going on in the lives of the prisoner(s) involved that may have influenced what happened.
- 4.98 All responses to violence must be documented and recorded on NOMIS to support defensible decision making.
- 4.99 Staff must respond to and challenge violent behaviour appropriately so that prisoners understand what behaviour is not acceptable and why. This includes explaining to prisoners why their behaviour is not acceptable, and supportive measures to reduce their risk of violence, as well as managing behaviour through the prisoner discipline system or incentives framework.
- 4.100 Policies setting out the different types of investigation that may be conducted, and the circumstances determining when each would apply, are listed in the table above.

### Challenge, Support and Intervention Plan (CSIP)

- 4.101 **General:** it is the responsibility of all staff to manage violent behaviour (for CSIP roles see Roles and Responsibilities, paragraphs 4.26 to 4.29). CSIP is the violence reduction case

management model used for prisoners who display challenging violent behaviour or pose a raised risk of being violent. Its main objectives are to identify and reduce the risk of harm to others posed by prisoners who have challenging violent behaviours, and to create a national standard for violence case management. CSIP is for prisoners who behave violently or show signs that they are highly likely to behave violently. This does not, however, mean that every prisoner who behaves violently or poses a risk must be referred and a CSIP opened.

- 4.102 In line with the requirement set out in para 4.3, Governors must incorporate CSIP into their local safety strategies, setting out how their prisons will use it.

#### Role of governors

- 4.103 Governors must set clear expectations within their establishments about how CSIP will be implemented and used. This includes deciding where to set the bar for 'raised risk' and ensuring that this threshold is implemented consistently. This will differ for each establishment, depending on its population and levels of violence, and must be reviewed regularly as the population and levels of violence change over time.
- 4.104 Governors must ensure effective interaction of CSIP with existing processes (e.g., SIM, ACCT and key work) and communicate this clearly to their staff.
- 4.105 Governors must ensure that safety teams implement a quality assurance process underpinning effective implementation of CSIP.
- 4.106 Governors must put in place measures to address any delays that are identified at the various stages of the CSIP process (for example, delays in screening referrals, completing investigations, allocating a case manager, completing reviews, and taking key decisions in relation to progressing CSIP cases etc.) to ensure timely completion of the CSIP process.

#### Referrals

- 4.107 All staff members have a responsibility to submit a CSIP referral for any prisoner they believe poses a raised risk of being violent. Staff must also be able to submit a CSIP referral on behalf of prisoners and their family members where they ask for one.
- 4.108 Referrals for CSIP must be based on evidence and be formulated from multiple information sources, including a conversation with the prisoner.
- 4.109 When making a referral, staff must consider the prisoner's risk factors, triggers and any potential protective factors (where they are known).
- 4.110 Safety teams must screen all CSIP referrals promptly and assess and evaluate them to decide what action to take, giving the referral a log number.
- 4.111 The result of a CSIP referral must be one of the following:
- no further action.
  - support to be given outside CSIP.
  - open a CSIP investigation.
  - open a CSIP.
- 4.112 The result of the CSIP referral must be clearly justified and recorded in the CSIP screens on NOMIS.

- 4.113 If the result is to support a prisoner outside CSIP, this must also be recorded on their NOMIS case notes, along with the actions that will be taken to support them outside CSIP. This must be communicated to the appropriate staff members, as well as the prisoner.

#### Investigations

- 4.114 Where the result of the referral is to open an investigation, as part of the investigation a staff member must speak with the prisoner and with any other people relevant to the investigation. This could be other staff members, such as key workers, as well as other prisoners.
- 4.115 An investigation must focus on the prisoner and include consideration of their motives, risk factors, triggers and protective factors, to develop an informed understanding of that prisoner's behaviour and what is driving it, as well as things that can help to improve that behaviour.
- 4.116 Where the CSIP referral is reactive, the investigation must include consideration of the specific incident that triggered the referral. There must be equal focus on why the incident occurred.
- 4.117 Investigations must be evidence-based, drawing on a range of data and information to enable an informed decision to be made.
- 4.118 The result of an investigation must be one of the following:
- no further action.
  - support to be given outside CSIP.
  - open a CSIP.

- 4.119 All decisions taken as a result of an investigation must be proportionate and evidence-based, with clear justifications recorded on NOMIS.

- 4.120 If the result is to support the prisoner outside CSIP, this must also be recorded on their NOMIS case notes, along with the actions that will be taken to support them outside CSIP. This must be communicated to the appropriate staff members, as well as the prisoner.

#### Opening a CSIP

- 4.121 Once the decision has been taken to open a Support and Intervention Plan, a case manager must be assigned to the prisoner promptly.
- 4.122 A CSIP alert must be opened on NOMIS when a Support and Intervention Plan is opened.

#### Support and Intervention Plans

- 4.123 Once a case manager has been assigned, they must bring together the multi-disciplinary case review team who will input into the development of the Support and Intervention Plan. This is to ensure that expertise is captured to meet the prisoner's needs.
- 4.124 A Support and Intervention Plan must be tailored to the prisoner and their specific needs so that it addresses their individual drivers of violence, to help them move away from violent behaviours. When developing Support and Intervention Plans, staff must consider a prisoner's risk factors, triggers and any potential protective factors to ensure that the plan takes account of them.
- 4.125 The prisoner must be given the opportunity to input into the development of their plan and to give their views on what support they feel they need, and the case review team must consider

those views. Where a prisoner does not engage in the development of their CSIP, this must be recorded in the Support and Intervention Plan in NOMIS, in the intervention field for each identified need, and the plan's development must continue without the prisoner's input.

- 4.126 All Support and Intervention Plans must contain clear and meaningful actions that are outcome-focused, with clearly defined owners and target dates. Actions do not have to be owned by the case manager and can be spread across different staff with the right expertise, as well as assigned to the prisoner themselves. Actions must be communicated to those who own them.
- 4.127 Additional requirements for managing prisoners who are on both an open CSIP and ACCT are set out in paragraph 4.151.
- 4.128 Prisoners must be given a printed copy of their plan if they ask for one and without charge to the prisoner.
- 4.129 Once a prisoner's Support and Intervention Plan has been developed, a first review date must be agreed and communicated to them. The section below on 'Reviews' sets out further requirements and considerations when setting review dates.
- 4.130 If a prisoner supported on CSIP is placed in segregation conditions, their Support and Intervention Plan must not be paused as a result. Instead, the case manager must consider whether to review the plan so that the move to segregation conditions can be taken into account when determining the prisoner's needs and the support that is given to them. The case manager must also consider whether to review the plan prior to the prisoner's move from segregation conditions.
- 4.131 If a prisoner is transferred to another establishment while being supported on a CSIP, the plan must be flagged as part of the Person Escort Record (PER).
- 4.132 A prisoner's Support and Intervention Plan must not be closed solely because of their transfer to another prison. The receiving prison must review the prisoner's Support and Intervention Plan and allocate a case manager to them.
- 4.133 If a prisoner is on an open Support and Intervention Plan at the time of their release, staff must consider an appropriate transfer of information about the plan to probation staff.
- 4.134 All staff who interact with a prisoner who is on a Support and Intervention Plan must familiarise themselves with the plan, including risk factors, triggers, and protective factors.

### Reviews

- 4.135 The case manager must conduct the case review. They must give the prisoner an opportunity to give their views on progress as part of the review.
- 4.136 Reviews must include multi-disciplinary input from the case review team and all relevant owners of actions and targets, as well as from other staff who may be supporting the prisoner.
- 4.137 If a staff member cannot be present at the time of the review, they must give the case manager their input before the meeting.
- 4.138 The review must consider the prisoner's progress against their Support and Intervention Plan. It must be balanced, reflecting progress as well as consideration of anything that may have affected the prisoner's progress since the previous review.

- 4.139 If the review decides to continue a prisoner's support on CSIP, the case manager must set a date for the next review. There is no set frequency at which case reviews must take place as it depends on the situation, although the actions and targets in the prisoner's Support and Intervention Plan must be considered, as well as any upcoming triggers that might inform when a case review takes place.
- 4.140 An incident may occur between case reviews that suggests an earlier case review might be needed. For example, where a prisoner is placed in segregation conditions or commits a serious act of violence. This is not an exhaustive list and does not mean that a case review will automatically take place. Instead, the case manager must consider whether one is necessary, based on the prisoner's risks and needs. Where a review is considered but not deemed necessary, this must be recorded in the prisoner's case notes.
- 4.141 The case manager must update the Support and Intervention Plan on NOMIS following a review (see also paragraph 4.123).
- 4.142 When closing a CSIP, the case manager must have agreement from the case review team and all multi-disciplinary owners of targets and must consider the prisoner's views. The plan's closure must be communicated to the prisoner's residential unit.

#### NOMIS

- 4.143 All actions and decisions relating to CSIP must be comprehensively recorded on NOMIS using the relevant CSIP screens.
- 4.144 Records on NOMIS must include information gathering and decision making relating to referrals, investigations, plans and reviews.
- 4.145 When a Support and Intervention Plan is closed, it must be closed on NOMIS and the reason for closing it recorded in the review section of NOMIS. The CSIP alert on NOMIS must also be closed.

#### Communicating with and involvement of the prisoner subject to CSIP

- 4.146 Before making a referral, the staff member must speak with the prisoner in question to discuss their concerns, explain what is happening and why, and give the prisoner a chance to speak about it and share their views.
- 4.147 When a prisoner is placed on a CSIP, the case manager must tell them of the decision, explaining what they can expect and how they will be involved in the development of their plan. The case manager must also give the prisoner a copy of the CSIP prisoner's leaflet.
- 4.148 When developing a Support and Intervention Plan, the case manager must allow the prisoner to input into it. This is to ensure that their views are considered. A prisoner may not wish to engage or consent, but this does not mean that the CSIP process ceases. Further guidance on how to proceed under these circumstances is set out in the CSIP staff guide.

#### Quality assurance

- 4.149 All establishments must have a quality assurance process in place that is proportionate to the assessment of risk locally and informs continuous learning and improvement. It must have clear owners attached.
- 4.150 There is no required template for conducting quality assurance. However, the process must answer the following:

- Are referrals and investigations well evidenced and appropriately completed?
- Has the referral or investigation been submitted promptly? If not, why not, and how could it be mitigated in the future?
- Is the quality of the referral or investigation good enough to allow the safety team to make an informed decision - does it focus on the prisoner (the 'why') as well as the incident (the 'what')?
- Is there evidence of engagement with the prisoner as part of the referral and investigation process?
- Are the outcomes and actions of a referral or investigation appropriate and evidenced?
- Has a staff member been promptly assigned to case-manage and develop the support and intervention plan for a prisoner?
- Has the prisoner been engaged - do they know why they are on a CSIP and have they been allowed to input into their plan?
- Is the plan tailored to the prisoner's needs and does it contain actions and targets, with clear owners?
- Does the plan consider other relevant processes (e.g. ACCT, sentence plan, IPF, etc)?
- Is progression clearly recorded?
- Has the case manager chaired the case review?
- Is there evidence of multi-disciplinary contributions?
- Is there a summary of progress and have appropriate actions been taken?
- Has the prisoner contributed?
- Have plans been updated where appropriate?
- Are all actions appropriately recorded and evidenced on NOMIS?

#### Supporting prisoners subject to both CSIP and ACCT

- 4.151 Where a prisoner is subject to both CSIP and ACCT, they must be allocated the same staff member whenever possible to act as CSIP case manager and ACCT case co-ordinator.
- 4.152 The prisoner's ACCT support actions must be considered when developing their CSIP Support and Intervention Plan, to ensure that all relevant information has been considered and to ensure that the plans do not contradict one another. Case review teams must also ensure that any actions taken to reduce risk of harm to others as part of the CSIP process consider the effect they might have on a prisoner's risk of harm to themselves.
- 4.153 Where possible, the two case reviews must be conducted together rather than being done as separate processes. This does not prevent further reviews taking place for one or the other where required, although where a separate review takes place, it must consider the effect it may have on both plans.
- 4.154 Both risks, and the actions being taken to mitigate them, must be fully recorded in the appropriate places. CSIP documentation must not be used as a replacement for ACCT, and ACCT documentation must not be used as a replacement for CSIP.

#### Victims of assault (prisoners)

- 4.155 **General:** we know that prisoners can become victims and repeat victims of assault. As part of HMPPS's duty of care, governors must have procedures in place to provide adequate support for prisoners who are assaulted.
- 4.156 This section refers only to prisoners who are victims of assault.

- 4.157 Assault in prison is defined as *Unwanted physical contact between two or more individuals, excluding lawful use of force by staff (but not assault on staff during use of force) or anything of a purely verbal or threatening nature.*
- 4.158 An assault is classed as serious if:
- it is a sexual assault.
  - it results in detention in outside hospital as an in-patient.
  - it requires medical treatment for concussion or internal injuries.
  - the injury is a fracture; scald or burn; stabbing; crushing; extensive or multiple bruising; black eye; broken nose; lost or broken tooth; cuts requiring suturing; bites; or temporary or permanent blindness.
- 4.159 Governors must ensure that a mechanism is in place for identifying and offering support for prisoners who are victims of assault in their establishments and recording outcomes.
- 4.160 Governors must ensure that staff speak to all prisoners who are victims of assault to establish, firstly, whether they require support, and secondly the type of support they require. In all cases, these conversations and any follow-ups must be recorded, and any reasons for the victim declining support at that time must also be recorded.
- 4.161 See also section on prisoner wellbeing and support on pages 23 to 26.

The Prison Safety Policy Framework guidance document contains further information for staff to help in implementing the requirements in this section.

## Managing risk of self-harm and suicide

Related rules and policy
PSO 1700 Segregation (including the policy amendment 'Reviewing and Authorising Continuing Segregation and Temporary Confinement in Special Accommodation')
Policy Framework: Use of Force (and 'Minimising and managing physical restraint' guidance)
Policy Framework: Prisoner discipline procedures (adjudications)
Policy Framework: Incentives
YOI Rules <b>49, 51, 54, 58, 59</b> and <b>60</b>
Prison Rules <b>45, 46(1), 48, 50A, 53</b> and <b>55</b>
PSI 15/2014 Investigating incidents of serious self-harm and assaults
PSI 32/2011 Ensuring Equality
Guidance for the transfer and remission of adult prisoners and immigration removal centre detainees under the Mental Health Act 1983, NHS England, June 2021

- 4.162 **General:** understanding self-harm and suicide risk is critical in helping to prevent harm and in putting the right support in place for prisoners at the right time (see paragraphs 4.54 to 4.70 on identifying risks and triggers). Self-harm is also a risk indicator for suicide. It is therefore important that risks are taken seriously.
- 4.163 Self-harm is defined as any act where a prisoner deliberately harms themselves irrespective of the method, intent or severity of any injury.
- 4.164 There are many ways prisoners can harm themselves, including but not limited to:
- cutting or burning their skin
  - punching or hitting themselves or a hard object
  - poisoning themselves with tablets or liquids, or something similar
  - suffocating or strangling themselves
  - hair-pulling
  - interfering with wounds

### Serious self-harm

- 4.165 An incident of serious self-harm is one where the prisoner requires resuscitation or admission to an outside hospital.

### Imminent risk of harm

- 4.166 When a staff member considers a prisoner is at risk of self-harm or suicide, they must prioritise any actions required to keep the prisoner safe. Where there is an imminent risk, staff must not leave the prisoner alone. The concern form (see paragraph 4.171) must be completed once the immediate risk has been mitigated.

### Assessment, Care in Custody and Teamwork (ACCT)

4.167 **General:** ACCT is the case management process used to support prisoners who are at risk of self-harm or suicide. It is underpinned by the following three principles:

- **Adopting a person-centred approach** - this means treating prisoners as individuals and ensuring that support is responsive to their specific needs and circumstances. It also means involving them in every aspect of the process and treating them as equal partners in decisions about their care.
- **Providing effective support** - to support prisoners at risk of self-harm effectively, multi-disciplinary working is essential. Having a range of relevant views and perspectives gives a broader insight into challenges faced and ensures that support is holistic, and decisions are fully considered.
- **Reducing stigma** - staff and prisoner awareness of self-harm, and the negative impact of stigma, are important. We need to create a community where negative language is challenged, the underlying reasons for self-harm are understood, people look out for each other, and warning signs are recognised and acted on.

For ACCT roles see Roles and Responsibilities, paragraphs 4.30 to 4.37.

#### The ACCT plan

4.168 For an ACCT to be effective in supporting a prisoner, it must be tailored to their needs. The ACCT plan has been designed intentionally to start with the Care Plan as it is an important resource that must be referred to throughout the ACCT process by all staff involved in the prisoner's care.

#### Opening an ACCT

4.169 Governors must ensure that all staff are aware of the ACCT process and know how to act on concerns they become aware of from any source.

4.170 A member of staff must open an ACCT when a prisoner has self-harmed or where there are concerns regarding a prisoner's risk of suicide or self-harm.

4.171 When opening an ACCT, the staff member must:

- complete the concern form as soon as possible, outlining the reason for their concern
- obtain a log number and record it in the box on the front of the ACCT
- tell the wing / unit supervisor or orderly officer that the ACCT has been opened and why, and then agree the level of immediate required observations and record them in the designated box on the front page
- complete the front and second pages of the ACCT document (except for the agreement for sharing of information section)
- update the risks, triggers and protective factors form with any relevant information obtained
- hand over the ACCT to the wing / unit supervisor or orderly officer as soon as possible
- record the concerns on NOMIS and in the observation book.

#### Immediate Action Plan

4.172 The Immediate Action Plan (IAP) puts in place immediate support or action to keep the prisoner safe until a full assessment and case review can take place.

4.173 The IAP must be completed by a trained case co-ordinator within an hour of the concern form being completed.

4.174 The case co-ordinator must also:

- complete the handover section of the concern form
- review the immediate required observations to ensure that they reflect the assessed risk following a conversation with the prisoner
- set required levels of conversations
- contact healthcare to request any information relevant to supporting the prisoner. If no healthcare cover is available, contact healthcare staff at the earliest opportunity
- if the prisoner is under 18, tell the child protection co-ordinator that an ACCT has been opened and record this on the IAP form
- ensure that an Open ACCT alert on NOMIS is activated
- tell the local safety team or the orderly officer that an ACCT assessment is required
- ensure that the prisoner is offered access to appropriate emotional support services, for example Listeners or other peer supporters and/or the opportunity to contact Samaritans by phone.

#### ACCT Assessment

4.175 Governors must ensure that an ACCT assessment is completed by a trained ACCT assessor (minimum Band 3 HMPPS staff, or an appropriate person in a contracted prison) within 24 hours of a concern form being raised.

4.176 The ACCT assessment must take place even if the prisoner is unwilling or unable to take part in the interview, using all the information available e.g. safety diagnostic tool, OASys, healthcare information, NOMIS case notes and previous ACCT documents. The prisoner must also be given the opportunity to make a written contribution.

4.177 Where the prisoner does not speak English, the ACCT assessment must be completed using contracted translation services. If not available, a member of staff can be used to interpret, but not a prisoner.

4.178 The ACCT assessor must:

- ask the prisoner to sign the 'Agreement to Sharing of Information' to reflect their consent to share information with the case review team
- note on the form if the prisoner is unable or unwilling to sign and only share with other staff information relating to risk and how to mitigate it
- record what was discussed with the prisoner and the information gathered within the following forms: ACCT assessment key information form, ACCT assessment interview form, ACCT assessor's assessment form and the risks, triggers and protective factors form.

#### ACCT Case Reviews

4.179 All case reviews must be multi-disciplinary and chaired by a trained ACCT case co-ordinator (minimum Band 4 HMPPS staff or equivalent in the contracted prison estate).

4.180 Governors must ensure that the first ACCT case review takes place within 25 hours of the concern form being completed. This timeframe provides for completion of the IAP within an hour of the concern form being completed (see 4.173) and completion of an ACCT assessment within 24 hours of that (see 4.175).

4.181 The ACCT case co-ordinator and assessor must not be the same person, unless there is no other trained ACCT assessor in the establishment and waiting for their availability would delay the first case review.

Attendance at case reviews

- 4.182 A trained case co-ordinator must be allocated to a prisoner for the duration of their ACCT support to conduct all ACCT case reviews, unless in exceptional circumstances, where the allocated case co-ordinator is not available.
- 4.183 The ACCT assessor must attend the first case review to highlight any areas of risk discussed and any protective factors that would be helpful to mitigate the risk. If this is not possible, due to exceptional circumstances, the case co-ordinator must read the ACCT assessment before the case review takes place and ensure that the case review team is briefed.
- 4.184 Healthcare or mental health staff must attend the first case review. If in exceptional circumstances they cannot attend, a verbal or written contribution must be provided. A further ACCT case review must then be convened as soon as possible to allow for their attendance where there are physical or mental health issues.
- 4.185 The prisoner must be invited to attend case reviews to take part in discussions about the support they would like or need. If they are unwilling or unable to attend in person, the case co-ordinator must:
- give the prisoner the option to provide written input using the personal contribution form
  - record in the case review form the reason why they did not attend
  - update the prisoner as soon as possible on the outcome, including any agreed actions.
- 4.186 During case reviews, the case review team must:
- discuss the content of the ACCT assessment
  - highlight a prisoner's risks, triggers and protective factors identified from the ACCT assessment and case review discussion
  - set and review support actions to mitigate or reduce the risk(s) identified and update any completed actions
  - set appropriate levels of observations and conversations to reflect the assessed risk(s) and needs of the prisoner and record these on the first page of the ACCT
  - consider whether any items must be removed from their possession or restricted where there is evidence to suggest they may be used to self-harm, and give reasons for the decision
  - consider whether to return any items that have previously been removed or restricted, and give reasons for the decision
  - make reasonable efforts to contact family and significant others when a prisoner has consented to involving them. Where contact may not be appropriate due to safeguarding or security reasons, this decision must be recorded in the case review form
  - request a mental health referral or input from the mental health team where there are concerns about a prisoner's mental health
  - use a prisoner / young person's formulation-based Care Plan and/or risk management plan to update the ACCT Care Plan
  - set the date of the next case review during the present review at a frequency that reflects the identified level of risk
  - agree who must be invited to attend the next case review, which will be determined by the risks and triggers identified for the prisoner, the agreed support actions and the staff members relevant to providing support.
- 4.187 As soon as possible following a case review, the case co-ordinator must:
- complete the case review form to reflect any areas of risk discussed, rationale for decisions made and the views of the prisoner

- update the risks, triggers and protective factors form with any new information
- complete the Care Plan section including the support actions page and sources of support page.

4.188 These 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 their own copy (if they decline, this must be documented).

Pre-discharge reviews in healthcare in-patient facilities

4.189 A multi-disciplinary pre-discharge review must take place before an in-patient prisoner is moved back to a residential location. A representative from the receiving wing must be present at the review where possible.

Urgent case reviews

4.190 An urgent case review must take place where an increase in risk is indicated, and further action is needed between planned case reviews to manage it.

4.191 This includes, but is not limited to, the following circumstances:

- where there is a change in behaviour that causes concern, e.g. a change in the method, frequency or lethality of self-harm, or a prisoner choosing to isolate from the regime or giving away possessions
- when a significant traumatic event takes place, e.g. the death of a friend or family member.
- when a change in circumstance occurs (such as a transfer between establishments - see transfers section) or there has been a change in status e.g. convicted or sentence at court /via court video link where the outcome may indicate an increase in risk.
- where other information is received to suggest increased risk (e.g. a breakdown in relationships) and the level of observations may need to be reviewed
- where a decision has been made to remove in-possession items from a prisoner outside of a case review.
- following the initial authorisation of constant supervision.

4.192 If a self-inflicted death occurs at the prison, staff must ensure that appropriate care and support are offered when informing prisoners who are being supported through an ACCT. Where there is reason to believe that the death may have increased their risk, an urgent case review must be held (see also Follow Up to Deaths in Custody Policy Framework).

Day-to-day support (ongoing record)

4.193 The ongoing record must be completed daily and remain with the ACCT plan.

4.194 Observations and conversations must be carried out at the levels set by a trained case-coordinator or the case review team. Observations must be carried out at irregular intervals that cannot be predicted (i.e. not at the same time(s) every hour) and in the least obtrusive manner possible.

4.195 Observations and conversations must be recorded immediately after they have taken place.

4.196 The ACCT document must remain with the prisoner and accompany them when they attend any activities outside of the wing or unit where they are located. Responsibility for transporting the document to other locations must always remain with staff. This does not apply in the open estate or where a prisoner has been released on temporary license (ROTL).

4.197 When it is considered that there may be an increase to the prisoner's level of risk, the unit manager or orderly officer must be informed.

#### Closing an ACCT

4.198 The decision to close the ACCT must be taken by a multi-disciplinary case review team, who must:

- ensure all the support actions have been completed with the intended outcomes achieved
- discuss the decision to close the ACCT with the prisoner
- set the post-closure review date as close as possible to the end of the seven-day monitoring period and consider who would be most beneficial to attend.

4.199 The case co-ordinator must:

- record the decision on the case review form
- update NOMIS with the decision
- ensure the post-closure alert is opened
- advise all relevant departments that the ACCT has been closed.

4.200 If the prisoner being supported through ACCT is located on a non-residential unit (e.g. is in healthcare or segregation conditions) and a transfer to ordinary location is planned which may impact their risk, the ACCT must be kept open until the move has taken place.

#### Post-closure

4.201 The closed ACCT must remain on the wing and the post-closure monitoring form completed for a minimum of seven days and continue to be completed until the post-closure review has taken place.

4.202 The case co-ordinator must:

- complete the post-closure review on the date set
- decide with other members of the case review team present whether further post-closure reviews are required or whether the ACCT needs to be re-opened
- record the review on the post-closure review form.

4.203 When the final post-closure review has been completed, the closed ACCT must be stored in a locally agreed location until the six-week period in which the ACCT can be re-opened has ended. The closed ACCT must then be stored in the F2050 core record. The 'ACCT post-closure' alert must be closed on NOMIS.

#### Re-opening an ACCT

4.204 An ACCT can be re-opened up to six weeks from the date of the final case review where the decision was made to close the document. If more than six weeks has passed a new ACCT document must be opened (see paragraphs 4.169 to 4.171 on opening an ACCT).

4.205 The member of staff re-opening the ACCT must:

- record the reasons for re-opening on the post-closure monitoring form
- agree and record the immediate required levels of observations

4.206 The case co-ordinator, wing / unit supervisor or orderly officer must:

- complete an IAP within one hour of the decision to re-open the ACCT

- review initial levels of observations and conversations to ensure that the prisoner is kept safe until the case review
- determine whether the circumstances for re-opening are different from those addressed in the original plan. If they are, a new assessment must be undertaken within 24 hours of the decision to re-open the ACCT.

4.207 A case review must be completed within 25 hours of the decision to re-open the ACCT.

Supporting prisoners subject to both ACCT and CSIP

4.208 See paragraphs 4.151 to 4.154.

Supporting complex prisoners

4.209 Where a prisoner is considered at high risk of immediate harm to self, and a level of four observations per hour on normal location would not be enough to manage this, but constant supervision is not appropriate, consideration must be given to additional measures such as those set out in the following sections, including ligature-resistant cells and removal of items.

4.210 Governors must ensure a referral to the SIM or YCS equivalent is made where a prisoner being supported through ACCT is:

- placed in the segregation unit (or subject to temporary separation in the children and young person's secure estate)
- being supported by constant supervision
- demonstrating a persistent or increased severity of harm to themselves or others.

4.211 If escalation to the SIM has been considered, that must be recorded in the ACCT Case Review form.

Ligature-resistant cells

4.212 **General:** a ligature-resistant cell (previously called a safer cell) is one that has been carefully designed to eliminate as many ligature points as possible, including furniture, plumbing and pipes, electrical services, windows, and doors. Prisons have varying numbers of these cells. Constant supervision cells are not necessarily ligature-resistant and must not be assumed to offer the same level of protection.

4.213 A ligature-resistant cell can be valuable in helping to manage the risk of self-harm by ligature (though not by other means). The number of cells available to a prison will determine whether they are used only for prisoners with the greatest need, or more widely.

4.214 Governors must ensure that:

- staff know where all the prison's ligature-resistant cells are located.
- ligature-resistant cells are always maintained to the full standard. This includes both periodic maintenance and checking that a cell's features are all intact before placing a prisoner in it. Defects must be put right before a cell is used, unless it is an emergency (e.g. when maintenance staff are not available).
- staff do not assume the cell's ligature protection will prevent all self-harm - other support measures must be kept up, including set levels of conversations and observations.

Segregation conditions

- 4.215 **General:** segregation conditions can have a negative effect on mental wellbeing. The use of segregation conditions for prisoners receiving support through ACCT is only defensible in exceptional circumstances. The requirements below apply to all prisoners segregated in accordance with prison rules, regardless of where the segregation is taking place, and all processes must be complied with to mitigate associated risks.
- 4.216 Governors must ensure that the use of segregation conditions for any prisoner needing support is carried out in line with one of:
- Prison Rule 45 / YOI Rule 49 and PSO 1700;
  - Prison Rule 46(1) if in a CSC;
  - Prison Rule 48 / YOI Rule 51;
  - Prison Rule 53 and PSI 05/2018; or
  - Prison Rule 55 / YOI Rule 60
- 4.217 The Defensible Decision Log (Annex E) or, in the youth estate, defensible decision-making form (Annex F) must be completed by the governor authorising segregation or temporary separation conditions when a prisoner:
- is on an open ACCT;
  - is in the post-closure period of an ACCT (i.e. until the post closure review has been completed); or
  - has been on an ACCT within the last 28 days (i.e. segregation occurs within 28 days of an ACCT being closed). In these circumstances Annex E or Annex F (youth estate) must be completed for a minimum of 28 days from the date of the final case review where the decision to close the document was made.
- 4.218 The governor authorising segregation or temporary separation must ensure that consideration has been given to a prisoner or young person's identified risks, triggers and protective factors when making the decision. Annex E or Annex F must be completed daily by a governor grade.
- 4.219 Any prisoner placed in segregation conditions who is being supported through ACCT, or has an ACCT re-opened while in segregation, must be observed five times per hour at irregular intervals and until a case review has taken place.
- ACCT case reviews while in segregation conditions
- 4.220 An ACCT case review must take place within 24 hours of the prisoner being placed in segregation conditions or temporary separation in the youth estate, to consider the impact segregation may have on the prisoner's risk and how it can be mitigated.
- 4.221 Healthcare or mental health staff must attend the first case review following segregation. If in exceptional circumstances they cannot attend, a verbal or written contribution must be provided. A further case review must then be convened as soon as possible to allow for their attendance.
- 4.222 Subsequent case reviews must be set at a frequency that reflects the identified level of risk.
- 4.223 ACCT case reviews must consider the impact that segregation may have on a prisoner's identified risks and triggers and outline how their mental health and wellbeing will be supported while in segregation conditions, particularly when they have lost access to any of their identified protective factors.
- 4.224 A multi-disciplinary ACCT case review must take place before a prisoner is discharged from segregation conditions. If this cannot be convened due to the timing of the prisoner's

discharge, a case review must still take place and include another member of staff who knows the prisoner. A case review must then be convened as soon as possible.

Special accommodation

- 4.225 **General:** special accommodation can have a negative effect on mental wellbeing. Prisoners identified as being at risk of suicide or self-harm must not be placed in special accommodation unless they are also identified as violent or refractory.
- 4.226 Governors must ensure that the use of special accommodation for any prisoner on an ACCT needing support is carried out in line with PSO 1700.
- 4.227 The decision to use special accommodation must be recorded in the record of changes to risk section of the ongoing record and outline any other options considered and what plans are in place to end its use, with an envisaged time frame.
- 4.228 Any prisoner placed in special accommodation must be observed by staff at least five times per hour, at irregular intervals.
- 4.229 A case review must be held within two hours of the decision (or before unlock if the decision is made during the night state).
- 4.230 An ACCT case review must take place before the use of special accommodation has ended. This must not delay the return of a prisoner to a normal residential location, but it must be held as soon as possible following the decision, and no more than two hours after it.

Cellular confinement

- 4.231 In line with Prisoner Discipline (Adjudications) Policy Framework, an Initial Segregation Health Screen must be completed before cellular confinement is imposed on a prisoner.
- 4.232 If a nurse or doctor is not available to complete the screen within two hours, prisoners supported through ACCT must be observed by staff five times an hour at irregular intervals until the Initial Segregation Health Screen has taken place.

Use of body belts

- 4.233 Governors must ensure that any use of a body belt on a prisoner being supported through ACCT is carried out in accordance with the Use of Force Policy Framework.
- 4.234 Before a decision is made to use a body belt, the risk, triggers and protective factors form and the support actions form must be read. If an urgent decision is required, these must be read as soon as possible after the decision.
- 4.235 The decision to use a body belt must be recorded in the record of changes to risk section of the ongoing record and outline any other options considered and what plans are in place to end its use, with an envisaged time frame.
- 4.236 A case review must be completed by the governor in charge within one hour of the decision.
- 4.237 The designated manager overseeing the use of the body belt must attend every ACCT case review that takes place while it continues to be used, as well as the first case review that takes place once its use has ended.

- 4.238 The ACCT case co-ordinator (or wing / unit manager if they are not available) must attend the four-hourly body belt reviews as set out in the Use of Force Policy Framework, including the 24-hour review.

Removal of items

- 4.239 Governors must ensure items are removed from prisoners for the shortest possible time and are returned when the case review team has determined it is safe to do so.
- 4.240 A member of staff can remove an item where there is an immediate need to preserve life or prevent serious self-harm, and must:
- record the reason for removal and the items removed in the record of changes to risk section of the ongoing record
  - tell the case co-ordinator (or in their absence, the wing / unit supervisor) as soon as possible to advise them an urgent case review is needed.
- 4.241 Following the removal of items an urgent case review must take place to review the prisoner's risk and observation levels and whether any items can be returned.
- 4.242 Where items have been removed, staff carrying out subsequent reviews must decide whether any items can be returned (if the risk has lowered), or whether any more items need to be removed (if the risk has increased).
- 4.243 Healthcare must be consulted on any decisions relating to the removal or returning in-possession medicines. Medicines must be removed only when there is an identified risk that the prisoner / young person will use them to self-harm.

Alternative clothing

- 4.244 Governors must ensure that alternative clothing is used only as a last resort when all other options have been considered and it is believed to be the only way of managing the risk of normal clothing being used in an act of self-harm.
- 4.245 The use of alternative clothing must be discussed at an urgent case review. The case review team must consider any potential negative effects (such as increasing the risk of self-harm in the longer term) and identify how they can be mitigated through the support actions, including devising a plan to end its use as soon as possible.
- 4.246 Where the risk is immediate and all other options have been exhausted, alternative clothing may be used with the approval of the duty governor, a senior manager or the orderly officer (during the night period only). If such a decision is made, an urgent case review must be convened as soon as possible afterwards. The decision must be recorded in the changes of risk section of the ongoing record, clearly stating why the prisoner's clothing was removed and the mitigations that have been put in place.
- 4.247 Where a decision is made to use alternative clothing, the removal of normal clothing must be done with consent, through persuasion and negotiation, wherever possible.
- 4.248 The decision to return normal clothing must be made by a case review team and be recorded in the case review form, stating clearly how the risk has been mitigated.
- 4.249 The case co-ordinator or the wing / unit manager must visit the prisoner following use of alternative clothing to check their wellbeing, and document this in the ongoing record.

- 4.250 The prisoner must not be left in alternative clothing during any activities that bring them in contact with other prisoners. In these circumstances, normal clothes must be issued, and observation and conversation levels adjusted accordingly (it will be for the case review team to set these).

Use of force

- 4.251 Governors must ensure that any use of force used on a prisoner needing support must be carried out in line with the Use of Force Policy Framework and published guidance on Minimising and Managing Physical Restraint within Young Offender Institutions.
- 4.252 Where force has been used on a prisoner supported through ACCT, this must be recorded in the summary section of the Ongoing Record and included in the case review form (when the next review is held) and the risks, triggers and protective factors form if any new risks, triggers are identified.
- 4.253 Once informed about any use of force on a prisoner supported through ACCT, the case co-ordinator or a member of staff must check their wellbeing and document this in the ACCT Ongoing Record. Where an increase in risk has been identified, an urgent case review must take place. This is due to the negative impact that use of force may have on risk.

Adjudications

- 4.254 Prisoners displaying complex and challenging behaviour are often the most vulnerable and it is recognised that these prisoners may present behaviours that can be damaging to both them and those around them. Adjudicating governors must therefore take account of all known identified risks and triggers for the prisoner, as well as the specific circumstances, and consider whether proceeding with the adjudication is the most appropriate course of action or whether the prisoner would benefit from a more supportive approach outside of the disciplinary process, to help them manage and address their presenting behaviour.
- 4.255 Governors must ensure that any adjudications conducted on a prisoner receiving support through ACCT are carried out in accordance with Prisoner Discipline Procedures (Adjudications) Policy Framework.
- 4.256 When a prisoner is on an open ACCT or until the post-closure review has taken place, the adjudicating governor must:
- have access to the ACCT document and read the prisoner's risk, triggers and protective factors form and support actions form before the adjudication.
  - consider all the known risk factors and the impact any potential awards may have on the prisoner's level of risk.
  - speak to the prisoner about the outcome of the award, decide whether an urgent case review is required, and record the decision in the summary section of the ongoing record.
- 4.257 Following an adjudication, the adjudicator must record the outcome in the record of changes to risks section of the ongoing record including the award given, and 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.
- 4.258 Any adjudications must be considered at the next ACCT case review, including any new risks that might come from the award (with these fully considered and recorded on the Care Plan and the risks, triggers and protective factors form).

Incentives

- 4.259 Governors must ensure that decisions about a prisoner receiving support through ACCT are carried out in accordance with the Incentives Policy Framework.
- 4.260 All prisoners placed on Basic level must have an incentive level review within seven days. For prisoners identified at risk of suicide and self-harm and young people, further reviews must be completed at least every 14 days thereafter.

Food refusal

- 4.261 Governors must ensure that, if a prisoner being supported through ACCT begins to refuse food and/or fluid, it is discussed and considered fully at case reviews. See also paragraphs 4.302 to 4.305.

Dirty protest

- 4.262 Governors must ensure that where a prisoner supported through ACCT is on a dirty protest, it is managed in line with PSO 1700 and reflected in the Ongoing Record.
- 4.263 The ACCT case co-ordinator must consider whether this affects the prisoner's risk, triggers, access to protective factors or any other aspect of their Care Plan and decide if an urgent case review is required.

Transfer of a prisoner

- 4.264 An ACCT must never be closed to facilitate a transfer to another establishment, Home Office Immigration Removal Centre or secure hospital setting under any circumstances, or within 72 hours of a planned transfer.
- 4.265 Governors must ensure that where a prisoner supported through ACCT is transferred between establishments, the ACCT document transfers with them and continues to be managed on a day-to-day basis in line with this policy framework.
- 4.266 An urgent case review must be held before the transfer takes place, and as soon as possible following arrival at the receiving establishment to consider the impact of the transfer.
- 4.267 The sending establishment must provide the receiving establishment, Home Office Immigration Removal Centre or secure hospital setting with a handover as soon as possible to make them aware of any prisoner on an open ACCT or when an ACCT is in post-closure.
- 4.268 When a prisoner is transferred during post-closure the receiving establishment must follow the post-closure requirements set out in paragraphs 4.201 to 4.203.

Prisoners supported by ACCT in the open estate

- 4.269 Governors in the open estate must ensure that a prisoner is not returned to closed conditions solely because they are at risk of self-harm unless:
- the prisoner is considered high risk of suicide or serious self-harm and requires frequent observations that cannot be managed in open conditions, or
  - they require the support of a specialist team that is not available within the open establishment.
- 4.270 Where a prisoner supported by ACCT is approved for a period of release on temporary license (ROTL) a case review must take place when ROTL is first granted, to consider whether additional support is needed throughout the ROTL period and determine whether any

checks may be needed (e.g. by calling the prisoner or having them call the prison at intervals).

#### Release from custody

- 4.271 Governors must ensure that, before the planned release of a prisoner being supported through ACCT, the case co-ordinator:
- liaises with the Offender Management Unit to identify the relevant community professionals to invite to case reviews and agrees how information will be shared with them
  - invites probation or YOT staff to case reviews (e.g. Prison Offender Manager, Community Offender Manager, approved premises staff if applicable)
  - invites relevant specialists who can provide through the gate services to the prisoner to participate in case reviews.
  - considers any oversight bodies that need to be aware of any risk to self (such as MAPPA, Local Authority Safeguarding Children and Vulnerable Adults Committees, etc.)
  - invites healthcare as early as possible to enable them to attend or send relevant information. If, in exceptional circumstances, healthcare cannot attend then there must be a mechanism in place that ensures they are updated on the outcomes of the case review, all actions taken to support safe release and continuity of care and discusses with them any issues around maintaining prescriptions.
- 4.272 Those attending the final case review must discuss and agree how support to mitigate the risk of self-harm or suicide can be continued on release. The support actions page of the ACCT must then be updated to reflect these discussions, and the review before release from custody form (Annex D) must be completed to document the discussions. A copy of the support actions must be offered to the prisoner.
- 4.273 When a prisoner is being released and has been supported by an ACCT in the previous 12 months prior to release, relevant risk information from the most recent ACCT must be shared by the offender management unit with probation (e.g. community offender manager, approved premises, or community accommodation service team). If a prisoner is released unexpectedly (including from court) this information must be shared as soon as possible.
- 4.274 Relevant risk information includes copies of the following documents:
- the Risks, Triggers & Protective Factors Form
  - the Sources of Support Form
  - the Support Actions Form
  - the final Case Review form.

#### Quality assurance

- 4.275 Governors must ensure that they have a quality assurance process in place that uses the required electronic quality assurance tool provided at a frequency that reflects the needs of the establishment.
- 4.276 Governors must ensure that the findings of ACCT quality assurance are used to identify effective practice and, where further improvements are required, identify actions to help achieve them.

#### Constant supervision

- 4.277 **General:** 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 to reduce this risk and intervene in an emergency.
- 4.278 Where a prisoner is considered at high risk of immediate harm to self and additional measures have been considered or implemented, and the maximum level of four observations per hour would not be enough to manage the identified risk, they must be supported through constant supervision.
- 4.279 Governors must ensure that constant supervision is used only as a last resort and for the shortest time possible.
- 4.280 Governors must ensure that authorisation for constant supervision is given only by the duty governor or night orderly officer in consultation with the duty governor.
- 4.281 Governors must ensure that decisions regarding the use of constant supervision are taken in consultation with the senior healthcare professional clinical lead (or senior nurse where the senior clinical lead is unavailable) wherever possible. The decision and the reasons for it must be recorded in the ACCT case review form.
- 4.282 If healthcare staff feel that constant supervision is necessary, but prison staff disagree, it must be put in place temporarily while the decision is escalated to the governing governor (or deputy governor if they are away from the establishment) at the earliest opportunity.
- 4.283 Where a decision has been made to support a prisoner by constant supervision an additional member of staff must be provided for this purpose as soon as possible.
- 4.284 Governors must ensure that constant supervision is conducted by the most appropriate prison member of staff (minimum HMPPS operational Band 3 or a competent operational member of staff in a contracted prison).
- 4.285 An urgent case review must take place following the initial authorisation of constant supervision. Subsequent case reviews must be held at least daily for the first 72 hours. In addition to the multi-disciplinary case review team, the wing / unit manager must also attend where possible.
- 4.286 A prisoner being supported through constant supervision must only be placed in segregation conditions or temporary separation in exceptional circumstances (e.g. where a constant supervision cell is located in segregation). A Defensible Decision Log (Annex E or Annex F) must be completed, and consideration given to the prisoner or young person's risks, triggers and protective factors.
- 4.287 The case review team must:
  - create an Emergency Access Plan using Annex J to outline what must happen if the prisoner is involved in serious acts of self-harm or other behaviours that increase the risk of suicide
  - review the Emergency Access Plan at each subsequent case review while constant supervision is in place.
- 4.288 Every member of staff supervising the prisoner must:
  - complete an Annex I (Constant Supervision Handover and Daily Visits Recording) each day and log any visitors

- familiarise themselves with the content of the Care Plan and Emergency Access Plan (Annex J)
- engage with the prisoner
- complete the ongoing record
- update the risk, triggers and protective factors form if any new risks, triggers or protective factors are identified.

- 4.289 The case co-ordinator (or wing / unit manager in their absence) must visit every prisoner on constant supervision daily. These visits and observations must be documented in the daily review summary of Annex I (Constant Supervision Handover and Daily Visits Recording) and be considered by the case review team at case reviews.
- 4.290 Where constant supervision has been in place for longer than 72 hours the case review team must:
- decide the frequency of future reviews with the case review team and record the reasons in the ACCT document
  - decide if an urgent mental health review is required, if one has not taken place
  - ensure that the prisoner has been referred to the SIM.
- 4.291 When a prisoner is being supported by constant supervision the case co-ordinator must remain the same where possible. The prisoner must be discussed at the SIM to decide if any additional support could be provided and the attendees at further case reviews. If a governor grade is required to attend, this must be as part of the multi-disciplinary case review team.
- 4.292 Governors must ensure that any decision to end constant supervision is made by the multi-disciplinary team during case reviews.
- 4.293 If a decision is taken to end constant supervision, the case review team must consider ways to support the prisoner further and reduce the level of supervision progressively. This must be documented in the Care Plan.

#### Use of CCTV

- 4.294 Governors must ensure that CCTV to support a prisoner on constant supervision is used as a last resort and where the strict criteria set out in Prison Rule 50A and YOI Rule 54 are met.
- 4.295 It must be made clear to the prisoner that CCTV is being used. The decision to use CCTV must be recorded in the ACCT plan (Ongoing Record and Record of Case Review form).
- 4.296 Where CCTV is used to monitor a prisoner on constant supervision, it must be monitored by staff at all times so that staff are able to intervene immediately in the event of an emergency.
- 4.297 Staff must make attempts to communicate with the prisoner to help reduce risk. This includes regular face-to-face check-ins, giving them distraction activities, and making attempts to have meaningful conversations.

The Prison Safety Policy Framework: guidance document contains further information to help staff in implementing the requirements in this section.

## Managing seriously and terminally ill prisoners

### Related policy

Policy Framework: Early release on compassionate grounds

- 4.298 **General:** It is important to respond quickly and sensitively when a prisoner becomes seriously ill or is given a terminal diagnosis. This includes prompt consideration of the option of compassionate release in accordance with the relevant policy framework.

#### Family engagement and contact with the next of kin

- 4.299 Prisoners who have a serious or terminal illness must be encouraged to engage with their families or a nominated person where it is appropriate to do so.

- 4.300 Governors must ensure that arrangements are in place for an appropriate member of staff to engage with the next of kin or a nominated person. Where a prisoner has suffered sudden life-threatening harm, their wishes on who they would like to be contacted must be obtained where possible. Where this is not possible, careful consideration must be given to which individuals it is appropriate to inform. In some circumstances this may include people with whom the prisoner was not in ongoing contact, such as estranged family members and/or people for whom contact restrictions are in place.

- 4.301 Where the prisoner is unable to communicate their wishes, the establishment must contact the next of kin or a nominated person, who must be given an accurate account of what has happened, including treatment given, whether the prisoner is in hospital, and information about visiting the prisoner.

The Prison Safety Policy Framework: guidance document contains further information to help staff in implementing the requirements in this section.

## Managing prisoners who refuse food and/or fluids

### Related policy

Guidelines for the clinical management of people refusing food in immigration removal centres and prisons, Department of Health, January 2010

- 4.302 **General:** A prisoner may decide to refuse food and/or fluids for a variety of reasons. This is not considered in law to be a form of self-harm. Early identification of this allows maximum time to work with the prisoner and to identify and, if possible, alleviate the precipitating factor(s). Early recognition can be facilitated by staff monitoring attendance at mealtimes and noting whether prisoners return meals uneaten. Prisoners may discuss the situation with prison staff or healthcare professionals. Managing these cases can be distressing for staff who may need support [see Staff safety and wellbeing section, paragraphs 4.45 to 4.53].
- 4.303 It is important that prisoners' wishes are taken seriously and properly recorded. Information about food and/or fluid refusals must be recorded, shared and remain accessible to all relevant staff.
- 4.304 Staff must make every effort to try and find out why the prisoner is refusing food and/or fluids and address the reasons for their refusal.
- 4.305 Prison staff must work closely with healthcare staff to manage those refusing food and/or fluids, and there is detailed clinical guidance (see table above).

The Prison Safety Policy Framework: guidance document contains further information to help staff in implementing the requirements in this section.

## Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Orders

### Related policy

Resuscitation Guidelines, Resuscitation Council, 2021

- 4.306 It is essential that DNACPR orders are accurately recorded, appropriately stored, and communicated to all staff, so that prisoners with a DNACPR order are quickly and easily identified, and that the correct decision about whether to attempt resuscitation can be made in the event of a medical emergency. The principles regarding DNACPR orders are the same everywhere, but different terms and forms (e.g. ReSPECT) are in use in each prison. Prison and healthcare staff must work together and follow this guidance using the forms that have been adopted locally. Appropriate information sharing is essential as part of daily briefing and shift handovers so that staff do not attempt the resuscitation of any prisoner with a DNACPR order in place.
- 4.307 Resuscitation Council guidelines encourages healthcare professionals to have advanced discussions about resuscitation with people who have advanced or multiple medical conditions. These discussions must be formally documented and the decision to not attempt CPR must form part of the prisoner's Care Plan.
- 4.308 A decision not to attempt CPR applies only to CPR and not to any other element of care or treatment (unless there is also an Advance Decision to Refuse Treatment (ADRT) - see paragraph 4.309). Any decision about CPR must be communicated by healthcare staff to everyone involved in the prisoner's care, including prison staff.

The Prison Safety Policy Framework: guidance document contains further information to help staff in implementing the requirements in this section.

**Advance Decisions to Refuse Treatment (ADRT)**

- 4.309 Prisoners may make an advance decision to refuse medical treatment while they still have the mental capacity to do so and before they need a particular treatment. They must say what treatment they want to refuse, and they can cancel their decision - or part of it - at any time. The ADRT can be a written or verbal instruction and must set out what treatment is to be refused. This is primarily a matter for healthcare staff, but where the advance decision is made known to a member of prison staff the information must be recorded and shared with healthcare. An advance decision to refuse treatment (ADRT) must be valid and applicable to current circumstances.

The Prison Safety Policy Framework guidance document contains further information to help staff in implementing the requirements in this section.

## Emergency response

- 4.310 Governors must ensure that all staff are aware of the actions to take in a medical emergency in accordance with PSI 03/2013.
- 4.311 It is the responsibility of all staff to be aware that the preservation of life is the first priority. Defensible decisions on when to enter a cell safely where life is endangered, particularly at night, must take account of the need to preserve life and must be recorded in wing observation books and the ACCT plan where one is open.
- 4.312 It is the responsibility of all staff to know where emergency response equipment is kept in the area that they have been designated to work.
- 4.313 Staff must attempt resuscitation unless there is a reason not to do so, which may be the presence of a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Order, or where it is clear that the prisoner is already dead (see paragraphs 4.306 to 4.308).
- 4.314 Where a decision is made not to resuscitate, a full explanation of the circumstances and reasons for not attempting resuscitation must be documented.

### Ligature tools

- 4.315 A ligature tool is designed to help preserve life by allowing a ligature to be cut quickly and safely. There are two authorised for use in prisons. The 9mm "Big Fish" is for personal issue, while the Barrington LC1 is held in reserve for larger and more robust ligatures.

#### *The Big Fish: usage in closed prisons*

- 4.316 In **closed prisons**, all uniformed staff must carry a Big Fish ligature tool as part of their personal equipment and must keep it securely in its holster unless it is being used. In addition, every Emergency Response Kit (ERK) must contain a Big Fish ligature tool. Governors must ensure prisons have ERKs in all residential areas, and must consider whether they are needed in non-residential areas as well.
- 4.317 Governors must also consider whether other staff must carry Big Fish ligature tools.
- 4.318 All staff who have contact with prisoners, whether or not they have a personal-issue ligature tool, must be familiar with how to use them, and in what circumstances they can and cannot be used.

#### *The Big Fish: usage in open prisons*

- 4.319 In **open prisons**, every Emergency Response Kit must contain a Big Fish ligature tool.
- 4.320 Governors must also consider whether any staff need to carry Big Fish ligature tools as part of their personal equipment, and whether extra tools must be located around the site separately from ERKs.
- 4.321 All staff who have contact with prisoners, whether or not they have a personal-issue ligature tool, must be familiar with how to use them, and in what circumstances they can and cannot be used.

*Storage and security*

- 4.322 Personal-issue ligature tools must be stored securely with other personal equipment when not being carried. They must not be removed from the site and must be handed in when a member of staff ceases working at the prison. Tools that are not personal equipment or part of an ERK must be stored securely. This includes spare tools and blades. Tools in ERKs must be checked as part of the routine checking of ERKs.
- 4.323 Staff who have contact with prisoners but do not have Big Fish ligature tools as personal equipment must be told where they are stored and how to release them.

*The LC1: usage in all prisons*

- 4.324 The LC1 is not intended to be the first resort; it is for use only where a ligature is too large or too robust for the Big Fish. Such ligatures are relatively rare. This means, to maintain speed of response, the procedure for ligature tool use is largely unchanged. When a member of staff spots a possible ligature, they must first attempt to deal with it promptly using the Big Fish. If that proves to be ineffective, they must send one member of staff for the wing's LC1 or ask another staff member to bring it to the prisoner's location, then use it to cut the ligature.

*The LC1: storage and security*

- 4.325 Every wing (and equivalent) must have one LC1 located where staff can get ready access to it in an emergency.
- 4.326 The LC1 must be stored securely, closed inside its pouch, in an area to which prisoners do not have access. Suitable options include a shadow board and a locked cupboard.
- 4.327 All staff who may have to use any ligature tool in the course of their duties (whether or not they have a Big Fish as personal equipment) must be familiar with where the LC1 is stored, how to release it, and how to use it.
- 4.328 The LC1 does not have an inset blade and so is useable as a weapon. Because of this:
- it must remain in its secure storage until needed to address a ligature
  - when being brought out for use, it must remain in its closed pouch until it is at the prisoner's location
  - after use, it must be secured immediately. If possible, it must be returned to storage, but if not, it is critical to ensure that no prisoner can get hold of it.

*All tools: incident reporting, procurement and replacement*

- 4.329 Any loss of any ligature tool, from personal equipment or otherwise, must be reported as an equipment loss.
- 4.330 If any ligature tool has been used to cut a ligature, it must be withdrawn from use and refitted.
- Big Fish: prisons may either return the tool to the supplier for the blade to be replaced or hold a stock of spare blades and fit new ones on-site. Governors must therefore ensure that this is done and must hold enough tools in reserve to ensure that the prison will still have enough to fulfil its requirements if any have had to be withdrawn.
  - LC1: all used tools must be returned to the supplier. The supplier will send a replacement without delay; it will not return the used tool but will hold it in a pool to be supplied as a future replacement. Replacement tools may therefore need security marking when they arrive. Governors must ensure that a record is kept of LC1s that

have been sent back to the supplier, and that staff in the affected wing know where to obtain an alternative until the replacement arrives.

## **5 Constraints**

- 5.1 Assessing risk of suicide and self-harm: in accordance with Self-harm: assessment, management and preventing recurrence, NICE guideline NG255, September 2022, establishments are not permitted to use risk assessment tools and scales to predict future suicide or repetition of self-harm.

## **6 Guidance**

- 6.1 A Prison Safety Policy Framework guidance document is available to help staff in implementing the requirements in this Policy Framework.