

ACCT – getting it right

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Opening an ACCT – who and why

ACCT is system to support people at risk of suicide and self-harm.

It is not a tick box exercise – it must be tailored to help each person.

Wherever possible, an ACCT should be opened **before** a risk becomes acute.

(It can a way of tackling risks **before** a crisis develops, as well when someone is already in crisis.)

Both **what we do** and **how we record** and **share information** are equally important.

Following the ACCT system makes sure we offer the **right people**, the **right help** at the **right time**.

When should I open an ACCT?

Suicide and self-harm prevention is everyone's responsibility.

If you:

- receive information (including from families or external agencies)

or

- observe behaviour that someone it at risk of suicide of self-harm:

- you must consider completing a [concern and keep safe from](#)

But never leave someone alone if they are acutely distressed or at immediate risk of suicide – make sure the emergency is dealt with first.

Once you complete the form, you must:
inform the wing/unit manager (or orderly officer) straight away

They must see the person at risk, put support in place (within 1 hour) and set up an [immediate action plan](#).

Your prison may have local procedures for ACCT documents – make sure you know who you should pass the document to.

Should I tell the person I am worried about them?

Be honest with them:

- explain you are worried about them and intend to open an ACCT
- reassure them that the process is there to help them
- tell them what will happen next
- make a note of their response on the ACCT document.



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Concern and Keep Safe form – example form

CONCERN AND KEEP SAFE FORM

If you consider the risk of a suicide attempt to be imminent, or if the individual is acutely distressed, take action immediately and do not leave the person alone. Continue filling out this form as soon as possible after the emergency has been dealt with.

What are the concerns?

Ask the individual open questions to determine what the main problems are. Then tick all relevant boxes and give details in the open box below.

1. Suicide attempt or statement of intent to kill self	<input checked="" type="checkbox"/>	<p>Please describe why you are concerned. Summarise: any recent events, behaviour or information received that gives cause for concern and what the person themselves said about their situation:</p> <p>XXXX</p> <p>Use this section to describe why you are concerned</p> <p>XXXX</p>
2. Self injury or statement of intent to self harm	<input checked="" type="checkbox"/>	
3. Unusual behaviour or talk	<input checked="" type="checkbox"/>	
4. Very low mood (e.g. withdrawn, slowed down)	<input checked="" type="checkbox"/>	
5. Problems related to drug/alcohol withdrawal	<input checked="" type="checkbox"/>	
6. Other concerns, including vulnerability due to age or immaturity	<input checked="" type="checkbox"/>	

Action required by initiating member of staff:
Now give this report to the person responsible for deciding on the immediate action to be taken to keep the person safe. This will usually be the manager of the unit on which the individual is, or is to be located. Where the ACCT Plan is opened in reception, initial decisions about care might be made by health reception staff, in conjunction with the manager of the receiving unit.

Details of initiating member of staff:

Print Name: XXXXXXXX	Signature: XXXXXX
Date: XXXXXXXX	Time: XXXXXXXX

3

If **you** think someone is at **risk**, you are responsible for completing this form and informing the wing/unit manager (or orderly officer).

If you consider the person is at **imminent risk of suicide** or **acutely distressed** – **do not leave them**. Take action and fill in the form after the emergency.

1. Tick the relevant boxes on the left hand side.
2. Give as much detail as you can in the main section – this will help the person completing the immediate action form.
3. Sign, date and time the form.
- 4 Hand to wing/unit manager (or orderly officer).



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Opening an ACCT – initial actions

To open an ACCT the **wing/unit manager (or orderly officer)** must:

- obtain a log number (from the communication room or safer custody team) and record it (front cover)
- complete the person's details (front cover)
- complete the [immediate action plan](#)
- record any trigger points and dates from the immediate action plan (inside front cover)
- obtain and attach a photo of the person from C-NOMIS (inside top corner)

They should also:

- inform relevant staff, including safer custody administrative support (by following local procedures)
- inform healthcare (including the mental-health in-reach team), where appropriate, so the ACCT can be note in their clinical record
- make sure the person at risk has been offered the chance to speak to Listeners/Samaritans (where available)

Ministry of JUSTICE
National Offender Management Service

BD003 ACCT V.5

ACCT PLAN
(Assessment, Care in Custody and Teamwork)

Log Number

Forename(s):
Surname:
Prison Number (if appropriate):
DOB:
Establishment:
Location:
Date opened:
Time:
Date closed:
Time:
CASE MANAGER:
CSRA Level:
Date of Post Closure Interview:
Name:
Signed:

Turn to inside front cover for examples of triggers/warning signs that should p

Date of assessment interview:
Name of Assessor:

Required frequency (day and night) of conversations and observations
EXAMPLE: Number x conversations and frequency of recording am / p
Number x observations and frequency of recording am / pm

Date of next case Review

Photo

Location Changes

Date	Wing	Landing	Cell

Triggers/warning signs to prompt immediate review and person/department to be called:
(To be considered as part of each Case Review)

It is important to recognise that some triggers are more identifiable and predictable than others, e.g. sentencing, but staff need to be alert to the hidden triggers, e.g. anniversary of the death of a child.

EXAMPLE: Court Appearances, especially start of trial, sentencing, anniversary of a significant event

1.
2.
3.
4.
5.
6.
7.

AGREEMENT TO SHARING OF INFORMATION
(Note: This form is to be completed by the Assessor and prisoner/young person at the beginning of the Assessment Interview).

I understand that the Prison Service has a duty of care to me while I am in custody. I agree that information about my needs and situation may be passed on to all relevant staff involved in my care. I understand that only information relevant to my ACCT Plan will be shared, and that detailed information contained within my health records or any other information about me will not normally be disclosed without my consent.

If there is a concern that I may be at risk of significant harm, information about me may be shared between staff within the prison and others concerned with my care and welfare in order to think about how best I may be supported.

Person at risk's signature:

PRINT NAME: Date:

Member of staff's signature:

PRINT NAME: Date:

Where permission is withheld, share only information that relates to the risk and how to reduce the risk.



Immediate action plan

When a concern and keep safe form is completed, the **wing/unit manager (or orderly officer)** must:

- complete the immediate action plan within 1 hour

Their decisions should:

- put immediate support in place
- keep someone safe until a full assessment can take place

To complete the form they should:

- consider the information on the concern and keep safe form
- speak to the person at risk
- speak to any available staff who know the person well
- review any other available information on the person

After considering all known risks, they should put actions in place to guard against them, where possible.

They should make **defensible decisions** about what support is needed before the Assessment and First Case review.

They should also **record** on the **front of the ACCT form**:

- the initial conversation
- observation requirements

Immediate actions to consider include:

- location
- frequency of staff support
- medical intervention
- phone access (perhaps arranging a wing/unit call, if appropriate)
- Listener/peer support access (or Samaritans phone access)
- any other immediate actions (eg: removing razors or medication, providing distraction activities)

Read more (intranet links):

[Defensible decision making guidance](#)

[Setting levels of observations and conversations – learning bulletin 23](#)



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More on this topic

Immediate action plan (IAP)

IMMEDIATE ACTION PLAN

This action plan must be completed by the Unit manager/NOO within one hour of the concern and keep safe being raised.

The purpose of the Immediate Action Plan is to consider and record the most appropriate environment and regime required to support the person at risk prior to the first Case Review.
The Unit Manager will usually be responsible for making these decisions, after consulting with the individual concerned and other staff where appropriate.

Immediate action required	Action	Name and Signature	Date Completed
Location: (Discuss with individual where they feel safe. Consider CSRA level: when considering location, particularly shared accommodation, safer cell, referral to healthcare)	XXXXXX	XXXXXX	XXXXXX
Frequency of staff support: (conversations and/or observations)	XXXXXXXX	XXXXXXXX	XXXXXX
Medical intervention: Mental health referral, use local systems to refer. In possession medication the prisoner/young person may have, or have access to	XXXXXX	XXXXXX	XXXXXX
Phone access: (state whether Samaritans or phone call to family or other)	XXXXXX	XXXXXX	XXXXXX
Listener access:	XXXXXX	XXXXXX	XXXXXX
Other immediate interventions:	XXXXXX	XXXXXX	XXXXXX

The four tasks below must be completed before going off duty
(within 12 hours if concern raised during the night)

Referral made for assessment & case review organised: <input checked="" type="checkbox"/>	Staff briefed & entry made in Unit Observation Book: <input checked="" type="checkbox"/>	Log number obtained & entered on ACCT cover: <input checked="" type="checkbox"/>	Where act of self-harm has led to opening of form, F213SH completed: <input checked="" type="checkbox"/>
Time: XXXXXX	Time: XXXXXX	Time: XXXXXX	Time: XXXXXX
Where individual is under 18 inform the Child Protection Co-ordinator & parents (if appropriate) as soon as possible		Child Protection Co-ordinator informed: <input type="checkbox"/> Time: Name of person informed:	

Immediate Action Plan (IAP) Agreed

Unit Manager/NOO Name: XXXXXX	Name of Prisoner: XXXXXXXXX
Date: XXXXXX	Date: XXXXXX
Signature: XXXXXX	Signature: XXXXXX
Others: XXXXXX	
Signature: XXXXXX	

The **wing/unit manager (or orderly officer)** should complete the IAP within **1 hour** of a Concern and Keep Safe being raised.

The aim is to keep the person safe until the Assessment and First Case Review can be completed.

Decisions around support **must** take into account all **known risks** and be **defensible**.

1. Record all the required actions, who they were completed by and the date.

2. These four tasks must be completed before you go off duty (or within 12 hours if concerns are raised overnight).

3. Make sure you complete the times.



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More on this topic

Tasks following the immediate action plan

If the **person at risk** has **self-harmed**:

The **wing/unit manager (or orderly officer)** must:

- complete a [F213SH](#) form
- file it on the ACCT
- send copies to **Healthcare** and **Safety Custody**

The **person who discovered the self-harm** should:

- complete an Intelligence Report (IR) – found on the [front page of the HMPPS intranet](#)

Local procedures should be followed to complete the Incident Reporting System (IRS) on Prison NOMIS:

- telephone reportable incidents within 24 hours
- all other incidents within 72 hours

In all cases:

The **wing/unit manager (or orderly officer)** must:

- complete the **next of kin notification** and file it on the ACCT
- arrange for the **Assessment and First Case review** to take place – as soon as possible and within 24 hours of the ACCT concern and keep safe form being completed

make an entry in:

- the unit/wing observation book
- on Prison NOMIS (and ensure the ACCT alert is activated)



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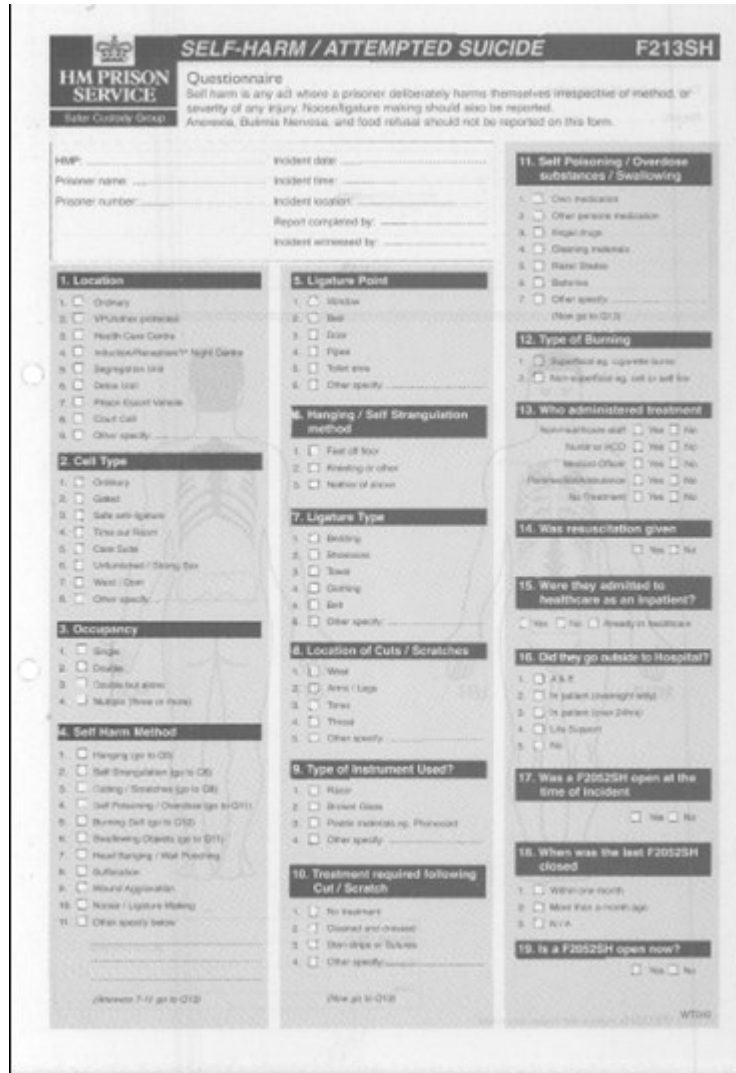


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F213SH – Self harm form



The image shows the F213SH Self-Harm / Attempted Suicide form, a questionnaire for HM Prison Service. The form is divided into several sections for recording details of an incident. At the top, it includes the HM Prison Service logo and the title 'SELF-HARM / ATTEMPTED SUICIDE F213SH'. Below this is a 'Questionnaire' section with a definition of self-harm and instructions. The form is organized into columns with various checkboxes and text entry fields. A central diagram of a human torso is used to record the location of injuries. The sections include: Incident details (HMP, Prisoner name, Incident date, etc.), Location (1), Ligature Point (5), Hanging / Self Strangulation method (6), Ligature Type (7), Location of Cuts / Scratches (8), Type of Instrument Used? (9), Treatment required following Cut / Scratch (10), Self Harm Method (4), Self Poisoning / Overdose substances / Swallowing (11), Type of Burning (12), Who administered treatment (13), Was resuscitation given (14), Were they admitted to healthcare as an inpatient? (15), Did they go outside to hospital? (16), Was a F2052SH open at the time of incident (17), When was the last F2052SH closed (18), and Is a F2052SH open now? (19). The form also includes a footer with the date '1/12/11' and the code 'WT06'.

SELF-HARM / ATTEMPTED SUICIDE F213SH

Questionnaire
Self harm is any act where a prisoner deliberately harms themselves irrespective of method, or severity of any injury. Noose/ligature making should also be reported.
Anorexia, Bulimia Nervosa, and food refusal should not be reported on this form.

HMP: _____ Incident date: _____
Prisoner name: _____ Incident time: _____
Prisoner number: _____ Incident location: _____
Report completed by: _____
Incident witnessed by: _____

1. Location
1. ☐ Ordinary
2. ☐ WHU/other protected
3. ☐ Health Care Centre
4. ☐ Induction/Reception/1st Night Care
5. ☐ Segregated cell
6. ☐ Detain cell
7. ☐ Prison Escort Vehicle
8. ☐ Court Cell
9. ☐ Other specify: _____

2. Cut Type
1. ☐ Ordinary
2. ☐ Gashed
3. ☐ Self self-ligature
4. ☐ Ties out Room
5. ☐ Care Suits
6. ☐ Unfurnished / Dining Box
7. ☐ Ward / Corridor
8. ☐ Other specify: _____

3. Occupancy
1. ☐ Single
2. ☐ Double
3. ☐ Double bed share
4. ☐ Multiple (Share or Room)

4. Self Harm Method
1. ☐ Hanging go to Q12
2. ☐ Self Strangulation (go to Q6)
3. ☐ Cutting / Scratches (go to Q8)
4. ☐ Self Poisoning / Overdose (go to Q11)
5. ☐ Burning Self (go to Q12)
6. ☐ Swallowing Objects (go to Q11)
7. ☐ Head Banging / Wall Punching
8. ☐ Suffocation
9. ☐ Wound Aggravation
10. ☐ Noose / Ligature Making
11. ☐ Other specify below: _____
(Please go to Q12)

5. Ligature Point
1. ☐ Window
2. ☐ Bed
3. ☐ Door
4. ☐ Pipes
5. ☐ Toilet area
6. ☐ Other specify: _____

6. Hanging / Self Strangulation method
1. ☐ Feet off floor
2. ☐ Kneeling or other
3. ☐ Necktie or shirt
4. ☐ Other specify: _____

7. Ligature Type
1. ☐ Bedding
2. ☐ Shrouses
3. ☐ Towels
4. ☐ Clothing
5. ☐ Belt
6. ☐ Other specify: _____

8. Location of Cuts / Scratches
1. ☐ Wrist
2. ☐ Arms / Legs
3. ☐ Torso
4. ☐ Throat
5. ☐ Other specify: _____

9. Type of Instrument Used?
1. ☐ Razor
2. ☐ Broken Glass
3. ☐ Points materials eg. Pinboard
4. ☐ Other specify: _____

10. Treatment required following Cut / Scratch
1. ☐ No treatment
2. ☐ Cleaned and dressed
3. ☐ Skin strips or Stitches
4. ☐ Other specify: _____
(Please go to Q12)

11. Self Poisoning / Overdose substances / Swallowing
1. ☐ Own medication
2. ☐ Other prison medication
3. ☐ Illegal drugs
4. ☐ Cleaning materials
5. ☐ Flammable liquids
6. ☐ Solvents
7. ☐ Other specify: _____
(Please go to Q13)

12. Type of Burning
1. ☐ Superficial eg. cigarette burn
2. ☐ Non-superficial eg. self or self for

13. Who administered treatment
Non-medical staff: Yes ☐ No ☐
Nurse or HCO: Yes ☐ No ☐
Medical Officer: Yes ☐ No ☐
Paramedic/Physiotherapist: Yes ☐ No ☐
No treatment: Yes ☐ No ☐

14. Was resuscitation given
Yes ☐ No ☐

15. Were they admitted to healthcare as an inpatient?
Yes ☐ No ☐ Already in healthcare

16. Did they go outside to hospital?
1. ☐ A & E
2. ☐ In patient (overnight stay)
3. ☐ In patient (over 24hrs)
4. ☐ Life Support
5. ☐ No

17. Was a F2052SH open at the time of incident
Yes ☐ No ☐

18. When was the last F2052SH closed
1. ☐ Within one month
2. ☐ More than one month ago
3. ☐ N/A

19. Is a F2052SH open now?
Yes ☐ No ☐

WT06

The **wing/unit manager** or **orderly officer** must complete this form for **every** act of self-harm.

The **top copy** is then kept in the ACCT document.

The **blue carbon** copy **must** be sent to Healthcare for assessment and recording.



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Assessment Interview

A **trained ACCT assessor** must carry out an assessment (within 24 hours* of the concern and keep safe form being completed).

They should make every effort to engage with the person at risk, so that:

- their voice is heard and acted on
- they express their issues in their own words (giving us insight into what might help them)
- the ACCT support is as good as it can be

Interviews should be carried out somewhere that is:

- safe for both people
- quiet
- a good place for constructive and supportive conversations

*except in exceptional circumstances, eg: the person is admitted to outside hospital or is too ill to be reviewed.

If the person at risk is unwilling (or unable) to be interviewed, the assessor should:

- undertake the assessment based on all available information, eg:
 - pre-sentence reports
 - OASys
 - Healthcare information
 - Prison NOMIS case notes
 - previous ACCT documents

If an assessment interview cannot take place this document review is the main information gathering for the initial case review – so it must be thorough.

After completing the interview, the assessor should:

- give the person at risk a chance to sign the agreement to sharing information (on the inside front cover)
- update the trigger points, where applicable (also on the inside front cover)



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More on this topic

Assessment Interview

ASSESSMENT INTERVIEW
(Complete within 24 hours of concern being raised, unless circumstances are exceptional, e.g. prisoner/trainee admitted to outside hospital and too ill to be interviewed)

Forename(s): XXXXXXXX Surname: XXXXXXXX
Prison Number: XXXX

3. Previous acts of self harm/suicide attempts
Ask them "Have you ever tried to harm yourself before?" Explore what they did, when and in what circumstances - what was the intention. Look for similarities between past and present. Ask if they know others (friends, family) who have tried to kill themselves. If self-injury without suicidal intent, explore how the self-injury was helpful to them. Have they sometimes been able to manage those situations/feelings without harming themselves? V

6. Reasons for living and coping resources
Is there anything that the person feels might prevent them from carrying out plans? How has he or she managed to cope until now? What is it that keeps them going right now? Does he/she have support from friends or family?

1. Individual's perception
Ask person to describe in 10 mentioned have been explicit and practical problems outside offence.

4. Current mental state
Ask an open question e.g. "And loss of interest in work, associating, concentrating, loss of confidence, anxiety (worry and physical symptoms nightmares.) How long? How? behaviours, manner of speech, etc."

7. Any other areas of discussion
Note down any other relevant issues that have come up in the discussion, or any points not covered above that you wish to ensure are available to the Case Review team.

2. If recent act of self-harm
Ask person to describe every incident? Was it an attempt? Were made to act now? If no suicidal intent,

5. Current suicidal thoughts
Ask about current thoughts of self-harm. Have you planned how you will

8. Agree what is to happen now with the interviewee
Discuss with the individual what they think might help them now. Note down possible ideas for the Case Review and anything else relevant. Explain what is to happen now. Note: Where the Case Review is taking place immediately after the interview, discuss this as part of the Case Review and record in the summary of Case Review (next page). Where this is not the case, discuss and record here. (Be aware that expressions of hopelessness are signs of higher risk.)

Interviewer's details:
Print Name: XXXXXXXX Signature: XXXXXXXX
Date: XXXXXXXX Time: XXXXXXXX

9

A trained **ACCT** **assessor** must carry out an assessment (within 24 hours* of the concern and keep safe form being completed).

When completing the form:

- record as much detail as you can
- don't use jargon

When carrying out the interview:

- **actively listen** – show you are listening by using techniques like **reflecting back** what someone has said to you and asking **follow-up questions**
- use open and explorative questions where you can
- it is okay for people to get angry or upset when in crisis. Stay calm, try to relax, don't cut the other person off. (But don't allow aggression towards yourself or others.)
- be aware of people who may have difficulty communicating:
 - foreign nationals
 - people with learning difficulties
 - people with severe learning difficulties

Think about the best way to let them fully participate in the interview

*except in exceptional circumstances, eg: the person is admitted to outside hospital or is too ill to be reviewed.



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The First Case Review

Case reviews will give the person at risk multi-disciplinary, person focussed support – it is vital that they are well attended. The first review **must** happen within **24 hours** of the concern and keep safe form being completed.

These people who **must** be present:

- chair/case manager (band 4 minimum, or equivalent)
- healthcare representative
- the person at risk (if they can or will not attend the reason should be recorded on the ACCT)

These people who **should** be present:

- ACCT assessor – in exceptional circumstance only, the assessor can hand over to the chair before the meeting
- a staff member who knows the person at risk well (e.g.: their key worker or offender supervisor)
- the person who raised the concern
- any other staff member who can contribute to support and care

Family members (or **significant others**) can often provide valuable information – every effort should be made to include them in case reviews (if the person at risk gives their consent)

What should happen?

The **care review team** must:

- discuss the assessment interview in detail – ensure that all risks and protective factors are disclosed and considered
- [draw up and agree the CAREMAP](#) (and ask the person at risk to sign it)
- set observation and conversation levels based on observed risk – (see [learning bulletin 23](#) for more.)
- agree actions if a point of crisis is reached (if applicable)
- discuss location and if possessions need to be removed (if at high risk)
- agree who will attend future case reviews
- set the date and time for next case review

The **review chair/case manager** must:

- record who attended and in what capacity
- give a clear summary of the discussion and decisions made
- ensure key points are recorded on Prison NOMIS case notes
- give a copy of the CAREMAP to the person at risk



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More on this topic

The First Case Review

1		
Case Review		
FIRST CASE REVIEW FOLLOWING ASSESSMENT ACTION FOLLOWING ASSESSMENT (to be completed within 24 hours of concern and keep safe form being raised) Details of case review, date, time and location must be completed in every case		
Date: XXXXXX	Time: XXXXXX	Location: XXXXXX
Names of people attending case Review or otherwise consulted following Assessment:		
Name	Designation	
XXXXXXXXXX	Unit Manager	
XXXXXXXXXX	Prisoner/Young person	
XXXXXXXXXX	Assessor (if not attending state in record below how they contributed to the review)	
XXXXXXXXXX	Case Manager (if different to Unit Manager)	
XXXXXXXXXX	Other(s) (specify role(s))	
Record summary of Case Review and Assessor's summary of findings		
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX		
Initial assessment of risk of harm to self?	Low <input type="checkbox"/>	Raised <input type="checkbox"/> High <input type="checkbox"/>
Current likelihood of further risk behaviours?	Low <input type="checkbox"/>	Raised <input type="checkbox"/> High <input type="checkbox"/>
Where there is identified risk what action is to be taken?		
If evidence of mental health problems, current self-harm and/or high risk, refer for mental health assessment and care as per local protocols and with consideration to the level of risk		
Now produce a CAREMAP and liaise with appropriate staff and support agencies. Note any known triggers/warning signs on the inside front cover.		
If ACCT remains open Next review: (also note on front cover) Date: XXXXXX	If ACCT closed (see guidance on inside back cover) Post closure interview: Date: XXXXXX (also note on front cover) Member of staff who will conduct follow-up interview: XXXXXXXXXX	
Additionally to invite: XXXXXXXXXX		
Unit or case manager's signature: XXXXXXXXXXXXX	Date: XXXXXX	

Make sure reviews are multi-disciplinary.

If there isn't enough room to make a thorough summary of the case review and decisions on the review sheet – you can type up the review – or include an additional sheet.

(Don't forget to update CNOMIS with any key points from the review.)

Ensure observations and conversations are set to match the level of risk observed.

Complete if arranging further reviews.

Complete when closing the ACCT for the post-closure.

Read more (intranet link):

[Multi-disciplinary working and care planning guidance](#)



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Completing the CAREMAP

The [CAREMAP](#) is the central document in ACCT. It **must**:

- be reviewed at every case review
- aim to address all the issues identified in the ACCT assessment and at ongoing case reviews

The person at risk should have a copy of their CAREMAP.

It is a **live document** and **should record all**:

- the individual's risks and triggers
- identified protective factors
- actions required
- progress being made to address the issues

Risks should include:

- longer term – eg: previous trauma or mental illness
- immediate issues – eg: debt, family issues, sentence etc.

Actions to consider might include (but aren't limited to):

- health/mental health intervention
- trauma/bereavement support
- peer support
- family contact
- diversionary materials (in-cell activity)
- time out of cell

All actions must be:

- detailed and time-bound
- aimed at reducing the risk someone poses to themselves

The ACCT plan can **only be closed** when:

- all CAREMAP issues and actions are complete
- the case review team judges that risk has reduced and it is safe to do so



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More on this topic

Completing the CAREMAP

The CAREMAP is the central document in ACCT, **it must** be reviewed at every case review.

It should reflect the multi-disciplinary, person-focussed care that ACCT is based on.

CAREMAP

You should consider the following areas when preparing this CAREMAP:

- ☐ Action to disable any suicide plan
- ☐ Action to link the person to people who can provide support
- ☐ Action to build on any strengths or interests the person may have
- ☐ Action to encourage alternatives to self injury
- ☐ Action to reduce emotional pain caused by practical problems
- ☐ Action to reduce vulnerability because of mental health problems
- ☐ Action to reduce vulnerability because of drug/alcohol problems

You must note: Known factors that indicate higher risk in triggers/warnings box inside front cover.
Required frequency of conversations, observations and recording on the front cover

From Case Review	Issues (problems, resources, risk)	Action Required	By whom and when	Status of action e.g. awaiting appointment (always date entry)	Action completed	Signature and date
Initial	Clare is struggling with being separated from her children.	Support from PACT (referral needed) and arrange emergency credit for a call home.	SO Smith	Referral complete and support ongoing - PACT to attend reviews.		
				Phone call complete.	01.03.17	A Smith

Prisoner/Young person		Case Manager	
Signature:	XXXXXXX	Signature:	XXXXXXX
Print name:	XXXXXXX	Print name:	XXXXXXX

All actions must be completed before the document is closed.

The person at risk must be given a copy of their CAREMAP and the chance to sign it.

(If they choose not to sign, this should be documented.)



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Ongoing case reviews

RECORD OF CASE REVIEW			Case Review No.	
Details of case review				
Date: XXXXX	Time: XXXXX	Location: XXXXX		
Details of those invited				
Name	Role <small>(When case manager cannot attend they must explain to the prisoner/young person who is to take their place in the review)</small>	How Contributed <small>(e.g. attended submitted written report sent deputy, gave information by phone, wrote if no contribution made)</small>		
XXXXXX		XXXXXX		
XXXXXX		XXXXXX		
XXXXXX		XXXXXX		
XXXXXX		XXXXXX		
Name: XXXXXXXXX		Could not attend Report submitted: YES/NO		
At this review				
Level of risk reviewed and is now	Low X	Raised X	High X	No Change X
Problems identified reviewed	Yes —			
CAREMAP reviewed	Yes —			
Frequency of observations, conversations and recording requirements reviewed <small>(if yes, explain reasoning below and state frequency on front cover)</small>	Yes —			
WHERE PRISONER/Young Person is due to be released (including temporary release) REFLECT PRE-RELEASE ARRANGEMENTS IN CAREMAP				
Summary of review (if ACCT plan is closed, state why) XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX				
CAREMAP Updated:				
If ACCT remains open Next review: (also note on front cover) Date: XXXXXXXXX		If ACCT closed (see guidance on inside back cover) Post-closure interview: Date: (also note on front cover)		
Unit or Case Manager's signature: XXXXX		Date: XXXXXX		

Consistency is important and builds trust. The **case manager** should **stay the same** throughout the document wherever possible

Case reviews **must** be multi-disciplinary.

Every effort should be made to include the family, or significant others (where the person at risk gives their consent).

State non-attendees, and if a report was submitted.

The CAREMAP should be reviewed at every case review and updated, as required.

The frequency of observations and conversations must be reviewed and noted on the front cover.

The summary should capture the key points and ensure reasoning for decisions is included to demonstrate defensible decision making.

Remember to **update Prison NOMIS** with any key points and decisions from the review.



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More on this topic

Completing the ongoing record

If you are **supervising** someone on ACCT, you **must**:

- follow the level of observations and conversations recorded on the front cover

When **carrying-out observations**, you must:

- satisfy yourself that the person is safe and well

Your **conversations** should:

- be meaningful and supportive
- give the person the chance to talk about anything that is causing them distress

You should record your observations immediately, or as soon as practically possible, to provide a live running history of care and support.

You **should record** details on the **ongoing record** of:

- **key events** that might impact on someone's ongoing risk
- **relevant information** about the person's mood, behaviour and situation, eg:
 - changes in behaviour or mood
 - details of how they are coping with the CAREMAP actions
 - visit details
 - failure to receive a visit
 - court appearances (including video link)
 - interaction with the regime
 - received prescribed medication late (or not at all) etc
- **your observations**
 - satisfying yourself the person is safe and well
 - made at irregular but reasonably spaced times. (eg: 2 an observations hour – 11.05am and 11.10pm: it is irregular but not reasonably spaced, it leaves at least 50 minutes to the next observation.)
- **your conversations**
 - these should be supportive and meaningful
 - “Seen at dinner and said ok”, for example, is not enough
 - acts of self-harm
 - any other incidents (eg: fights, incidents at height etc.)



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More on this topic

Completing the ongoing record

If you are **supervising** someone on ACCT:

- your conversations should be **meaningful** and **supportive**. They should give the person the **chance to talk** about anything that is causing them distress
- when **carrying-out observations**, you must satisfy yourself that the person is safe and well

Example entries

Bad entry

Don't leave gaps

Good entry

Bad entry

Good entry

Always sign and date the form. If you aren't wing staff it's really useful to note which department you are from.

ON-GOING RECORD (OF SIGNIFICANT EVENTS AND OBSERVATIONS/CONVERSATIONS)

Staff must follow the level of observations and conversations as stated in the 'required frequency of conversations and observations' box on the front cover of the ACCT. These must be recorded immediately or as soon as practicable thereafter.

The purpose of this section is to record:

- Key events that may impact on the prisoner's ongoing risk
- Relevant information on the person's mood, behaviour and situation (e.g. changes in behaviour or mood, information about how s/he is coping with the actions in the CAREMAP, visit details, failure to receive a visit, court appearance - including via video link, receiving prescribed medication (late or not at all))
- Ongoing conversations with the person at risk to support them or evaluate their progress and care (related to the CAREMAP).

The frequency of recording conversations and observations (day or night) will be specified on the front of ACCT plan.

All entries must be meaningful. Recording of 'no changes' etc is not acceptable. A good-quality, meaningful entry can communicate more than pages of meaningless comments, such as correct when checked. The requirements to record should not be so onerous that it reduces the care that staff are able to offer prisoners.

Date dd.mm.yy	Time 24hr clock	Summary of events Please write in black ink	Print Name	Signature & date
01/03/2017	14.30	Had association	Print and sign name	
01/03/2017	14.30	James had association this afternoon he mixed well with other men and staff. We spoke about how he's getting on and he's well, he was very happy that he'd received a letter from his mum today.	Print and sign name	
01/03/2017	21.30	Officer Smith started duty and received full handover from Officer Jones.		
02/03/2017	1.30	Sleeping	Print and sign name	
02/03/2017	1.30	Appeared asleep on right hand side breathing and snoring noted.	Print and sign name	



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Closing the ACCT and post-closure review

The **ACCT plan** can **only be closed** when:

- all CAREMAP issues and actions are complete
- the case review team agrees at the review meeting that risk has reduced and it is safe to do so

Post closure can be a **risky time**. People at risk may find the reduction in support difficult. It is important that staff caring for someone post-closure know, so they can monitor them appropriately.

The **case manager** should ensure that the **following people are informed**:

- wing staff
- Healthcare
- safer custody
- any other department required by local procedure

The **closure must** be recorded on **Prison NOMIS** and the **alert closed**.

The **case review team** must:

- agree the first post closure review within 7 days of closure
- further reviews can be arranged at the first review, if deemed necessary

After the review, the **case manager** should:

- [complete the post-closure form](#) (to be kept in the ACCT document)
- make an entry in the person at risk case notes on Prison NOMIS (stating the review has taken place and noting any key points or actions)

Closed ACCT documents should be filed according to local procedures (usually in the core record).




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More on this topic

Closing the ACCT and post-closure review

Log Number



Ministry of JUSTICE
National Offender Management Service

BD008
ACCT V.5

ACCT PLAN

(Assessment, Care in Custody and Teamwork)

Forename(s):	
Surname:	
Prison Number (if appropriate):	DOB:
Establishment:	Location:
Date opened:	Time:
Date closed: XXXXXXXX	Time: XXXXX
CASE MANAGER:	CSRA Level:
Date of Post Closure Interview: XXXXXXXX	
Name: XXXXXXXX	
Signed: XXXXXXXX	

Turn to inside front cover for examples of triggers/warning signs that should prompt an immediate review

Date of assessment interview:	
Name of Assessor:	
Required frequency (day and night) of conversations and observations and the recording requirements.	
EXAMPLE: Number x conversations and frequency of recording am / pm / evening duty Number x observations and frequency of recording am / pm / evening duty	
Date of next case Review	

Remember: ACCT documents must **not** be closed if there are **outstanding issues** on the CAREMAP.

When closing the ACCT:

Note the date and time.

Post-Closure Reviews must take place within seven days of the ACCT being closed.

The date of the post-closure interview should be added once it is completed.

The case manager should sign the form.



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More on this topic

Closing the ACCT and post-closure review

The post-closure period is important to keep the person at risk safe after the ACCT is closed.

The **case manager** should complete page 1:

POST-CLOSURE INTERVIEW FORM	
To be conducted by the Case Manager. Please do not write yes/no answers. At least a sentence is required in each box.	
Forename(s):	Surname:
Prison Number:	Location:
Date of interview:	
Person conducting interview:	
Have the problems that caused the opening of the ACCT document been resolved and how, or are new issues present, if so what and how will they be dealt with?	
Does the individual have family/friends support?	
Who would they turn to for support within the prison?	
Does the individual have activity/work?	
Does the individual have hobbies or use the gymnasium?	
Does the individual have ongoing support on release?	
Prisoners signature:	Date:
Staff signature:	Date:
Any other issues:	
Further interview required?	Y/N If yes, date:
Other Action: Re-open ACCT? Y/N	
If yes record immediate actions to be taken (e.g. new assessment):	

The **person at risk** should complete page 2:

ACCT Procedure Questionnaire (to be completed by prisoner)	
1.	Did you feel supported during the time that you were going to harm yourself?
2.	Were the issues that resulted in you considering harming yourself resolved?
3.	How do you feel staff cared for you during this time?
4.	How could we improve the way in which we assisted you?
Prisoner Signature:	Date:
This form must be issued by the Safer Custody Co-ordinator and returned to them with the closed ACCT plan.	

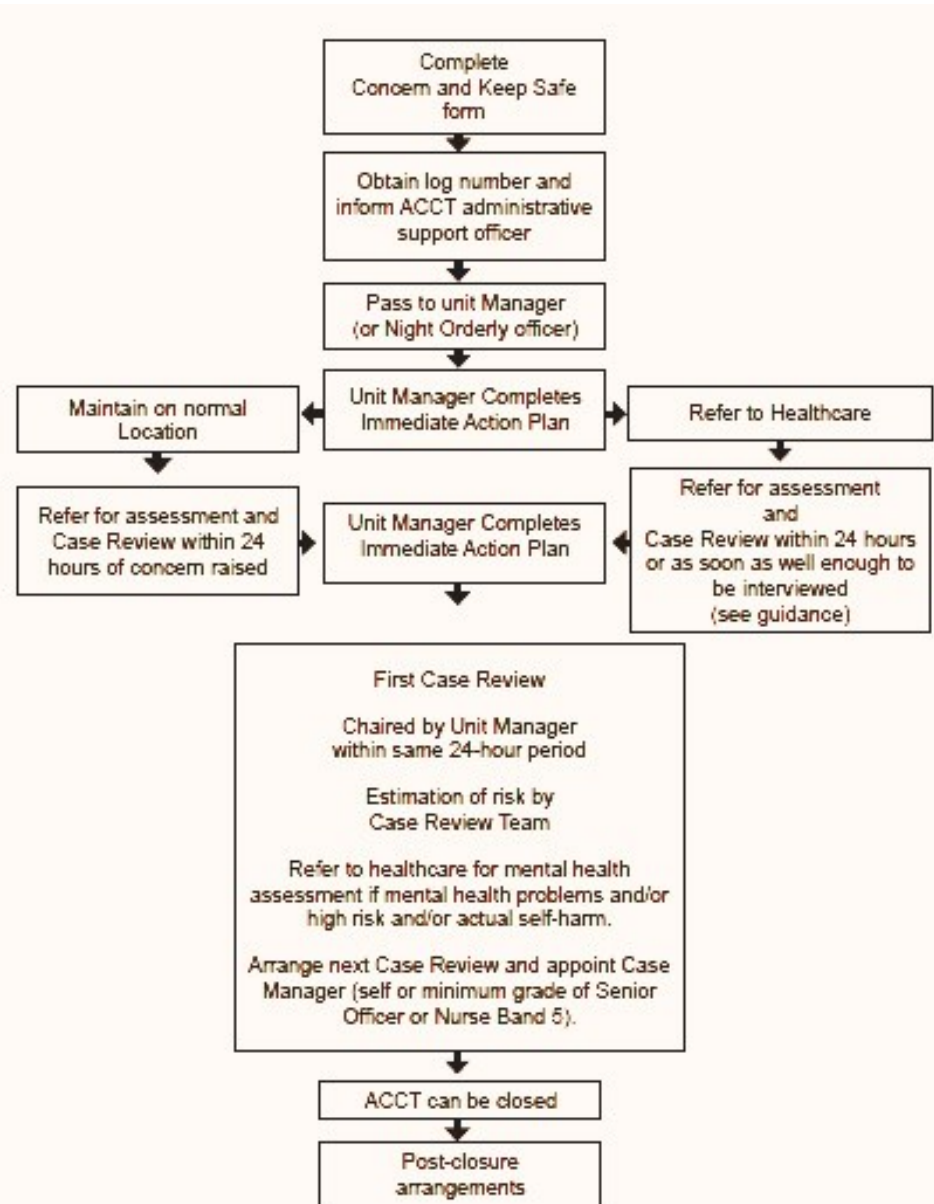


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ACCT flowchart



More information

There more detailed information on suicide and self-harm reduction, and on the ACCT process, on the HMPPS Safety intranet pages:

<https://intranet.noms.gsi.gov.uk/support/safety>

You can always get advice and guidance from your:

- **local safer custody team**

and your:

- **regional safer custody team leader**

You can also email:

safercustodypolicyandlearning@noms.gsi.gov.uk



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