First Witness Statement
Her Majesty's Prison Service
22nd June 2007
Exhibit MG1- MG4

Prisons and Probation Ombudsman **Investigation no 01/2007**

INVESTIGATION INTO THE NEAR DEATH IN CUSTODY OF 'D' ON 27 DECEMBER 2001

WITNESS STATEMENT OF MICHAEL GIBBS

I, Michael Gibbs of ***Safer Custody Group, Fry Building, 2 Marsham Street, London SW1P 4DF,*** WILL SAY AS FOLLOWS:

1. I am the Deputy Head of Safer Custody Group within HMPS, where I have worked since 2001. The Safer Custody Group (SCG) has responsibility for policy concerning violence reduction, suicide prevention, self-harm management and follow-up to deaths in custody, and related Parliamentary and case work. Within the SCG I have duties relating to reporting and governance arrangements, and lead on the development and maintenance of suicide prevention and self-harm management policy. This has included policy development around the design and introduction of the Assessment, Care in Custody and Teamwork plan (ACCT) and the Suicide/Self-Harm Warning Form.

Background and Qualifications

2. I joined the civil service in 1983, transferred to the Home Office in 1987, then moved to the Prison Service in 1990 to work in Prison Finance, and in 1993 transferred to Prison Personnel. In 1998 I joined the Directorate of Prison Healthcare to work on mental health policy. After a nine month posting during 1999 to undertake a Performance Recognition project for Prison Service Human Resources, I moved to the Drugs Prevention Advisory Service; that being the post I held immediately prior to joining Safer Custody Group.

The F2052SH suicide/self-harm, care-planning system

3. The F2052SH form was introduced across the prison estate between 1992 and 1994. It was the form opened by staff when a prisoner was identified as at risk of suicide or self-harm. The policy rationale underlying the F2052SH form and care planning system was aimed at tackling suicide/self harm as a multi-disciplinary, prison-wide responsibility and to offer each prisoner identified as being at risk of self-harm/suicide an individual support plan which was set out within the F2052SH form and which followed the prisoner throughout the prison system and time at court.

4. The key strengths of the F2052SH care planning system were staff familiarity with the process,(for example, staff knew what to check for such as observation levels), and having a support plan that enabled staff to manage prisoners during crisis periods.

The Research Study of the F2052SH system

5. A substantial research study was undertaken into the F2052SH care planning system by a team from Manchester University and the Institute of Psychiatry, Kings College London between January and May 2002. The study took place in HMP Liverpool, HMP and YOI Styal, HMYOI Lancaster Farms, HMYOI Hindley and HMP Belmarsh. The researchers interviewed prisoners and prison staff to canvass their views on the F2052SH process.

6. In summary, the study examined the following key areas –
    - The size of the problem – that is, how many prisoners in those establishments had suicidal ideas and related mental health needs – to answer the questions "How many prisoners need to be on an F2052SH? How good is the system of identification?"
    - The suicidality and related mental health needs of those prisoners who were on an F2052SH – to answer the questions: "Are the right prisoners on an F2052SH?" and "Are the prisoners on an F2052SH needier/more suicidal than those who are not?"

- The content and quality of the F2052SH documents – to answer the question "What are the problems with the F2052SH process and what is working well?"

- The overlap between the F2052SH documents and the Inmate Medical Records (IMRs; now referred to as the Clinical Record) for some of the prisoners – to answer the questions: "How well does the F2052SH operate as a multi-disciplinary process?"

7. The study identified the following areas for improvement:

- Prisoner Escort and Court Service providers should no longer initiate the F2052SH procedure, but instead use a different form;

- There was a need for more effective screening and assessment methods;

- A care planning system which allows for different levels of intervention tailored to a prisoner's individual need;

- New documentation which allows for the sharing of information about healthcare interventions but within limits conducive to respecting a prisoner's rights to confidentiality, including the sharing of information with agencies outside the prison system;

- An emphasis on therapeutic engagement of at-risk prisoners rather than reliance on physical surveillance; and

- Further staff training to support the needs identified above.

Development of ACCT

8. The ACCT Plan was developed by Safer Custody Group as part of the Safer Custody Programme initiated in 2001 amid concerns about the then rising numbers of prisoner self-inflicted deaths. Other strands of work included a) prisoner peer support; b) the built environment (for example, the use of safer

cells); c) reception and induction; d) risk information transfer; e) mental-health in-reach; and f) deaths in custody investigations policy.

9. The ACCT plan is based on the existing strengths of the F2052SH system and the results of the Manchester University Study in 2002. It was piloted during the first half of 2004 at five establishments: Feltham, (young offenders and juveniles), Low Newton, (women and girls), Wandsworth and Holme House, (male local prisons) and Woodhill, (a mixed prison, functioning as a male local, a high secure prison and a young offender institution). Simultaneously prisoner and court escort services across the estate started to use a new Suicide/Self Harm Warning Form instead of opening F2052SHs when a prisoner was identified at risk of suicide or self-harm.

10. The underlying imperative of ACCT was the development of a holistic and proactive system to help at-risk prisoners and to build on the existing strengths of the F2052SH model. We did not want to simply develop a system to monitor at-risk prisoners but rather it had to be a meaningful process to assist prison staff to manage and assess vulnerable prisoners during periods of crisis. The emphasis is on engagement and interaction with the prisoner, and ultimately to identify (and where possible resolve) the underlying problems leading to self-harming behaviour, or at the least to provide useful coping mechanisms. The key thinking behind ACCT has been ensuring there is not a 'one size fits all' system, that is, recognising that different prisoners such as those who self-harm and those who are actively suicidal, can need very different care.

11. The initial development model of ACCT in 2003 was termed "Version 1". It was amended by steering groups to become "Version 2". This was used for the first three months of the pilots, and then following feedback from the pilot establishments refined to become "Version 3" (with less assessment processes) for the second three months. Following that pilot, an internal (HMPS/Department of Health) evaluation was conducted in the summer of 2004 and further improvements were made during late 2004 and early 2005 based on learning from the pilot as well as emerging results from an independent evaluation of the Care of At-Risk Prisoners at the five establishments piloting ACCT. The current ACCT Plan ("Version 4") was introduced nationally between March 2005 and April 2007. I believe that ACCT was introduced in HMP Pentonville on or around October/November 2005.

12. I understand that the Scottish Prison Service introduced a risk management system (called the Prevention of Suicide) in 1992, at about the same time that the prison estate in England and Wales started introducing the F2052SH care planning system. Scotland developed and revised their risk management process following a review of suicide prevention in Scottish prisons carried out by Professor John Gunn in 1996. The revised Scottish system for managing self-harm/suicide risk called ACT and Care (Assessment, Care, Context and Teamwork) was introduced in 1998. We have worked closely with Scottish colleagues and shared our experience and knowledge with each other. This shared knowledge and expertise has helped to inform the development of the ACCT system in England and Wales. Even though Scotland has a much smaller prison population than England and Wales, I believe this collegiate approach across the jurisdictions has been of enormous mutual benefit as we have learnt from each other to develop the policy in this area.

Aims of ACCT

13. ACCT aims to improve the quality of care for prisoners at risk of self-harm by introducing flexible care planning that is prisoner-centred, supported by improved staff training in assessing and understanding at-risk prisoners. The ACCT differs from the F2502SH in its overall approach to prisoners. It focuses on an individual assessment, uses accountable case managers and assessors, encourages flexible care, and sets up clear systems to deal with post-closure and post-release care. It is aimed at `people not processes' – that is, a culture involving treating prisoners as individuals with specific challenges. Whilst it still provides for close observation of at-risk prisoners it also focuses on treating prisoners as individuals and proactively managing the challenges of why people self-harm.

14. ACCT was also needed as the F2052SH system did not reflect the changes in health provision for prisoners. In 1999, the NHS and Prison Service entered into a formal partnership to provide healthcare services in prisons in line with NHS policy and national service frameworks. The proposal included the development of better ways to identify mental disorder at reception, to develop the use of the Care Programme Approach, and to adopt a community care service model, encouraging mental health work on the residential wings.

15. The key benefits of ACCT are a faster first response, the gathering of more information at the outset, and the provision of named case managers to ensure identified care and support requirements are delivered. A trained ACCT Assessor interviews the prisoner before the first case review to establish what his/her particular problems are. Prison Service Instruction (PSI) 18/2005 introduced the new ACCT plan and this is now produced and shown to me as **exhibit MG1**. The aims of ACCT are set out in PSI 18/2005 and can be summarised as follows:

- Better individual care for prisoners identified at risk
- Reinforce a positive culture that respects and empowers staff, values good staff-prisoner relationships
- Address barriers to multi-disciplinary communication and working, especially between discipline and health/mental health staff.
- Benefit from the partnership with Department of Health in the areas such as staff training, and in supporting prisoners with mental health problem and/or substance dependence.
- Reduce the risk of suicide.

16. The ACCT form is now produced and shown to me as **exhibit MG2**.

Implementation of ACCT

17. The national introduction of ACCT across the prison estate was undertaken over two years (2005-07). It took this long due to the huge training commitment it required. All staff (including agency staff) in contact with prisoners needed to be trained to at least ACCT Foundation level. The training of agency staff presents a particular challenge to achieve in practice because some agency staff do not regularly work in prison and so do have the opportunity to be trained up. However the Prison Service and Department of Health are working together to see what can be done in practice to address this problem. Foundation level training includes an introduction to ACCT, self-harm and suicide, and ACCT processes and documentation. The training was intended to build on existing suicide awareness training and the importance of appropriate sharing of information, and

the Department of Health led training aimed at enabling staff to identify mental health problems. ACCT also reflects the changes made to mental health provision within the prison estate by way of mental health in–reach teams. ACCT Case Managers and Assessors received more in-depth training; there are separate course for each. Training was undertaken through a partnership between HMPS Area Safer Custody Advisers, HMPS Training and Development Group and the National Institute for Mental Health in England (NIHME). Therefore mental health awareness training is integrated into the ACCT training for staff.

18. ACCT Assessors are volunteers and they can be uniformed staff, healthcare staff, chaplains, or any other member of staff within the individual prison. The key criterion is that they meet the person specification and have a strong motivation to work with prisoners as Assessors. Assessors carry out the first interview with the prisoner within 24 hours of the ACCT plan being opened. Assessors will contribute to the First Case Review which should also occur within the same 24 hour period. The ACCT Case Managers are responsible for ensuring that case reviews happen and the care plan is followed. The line management chain is made accountable for the ACCT plan; Unit Managers must check the ACCT plan on a daily basis to ensure that it is being followed and properly actioned and Senior Managers should check the ACCT plan on a weekly basis. The ACCT plan is closed only when a case review determines that it is safe to do so. Case Reviews should be attended by the Case Manager and persons relevant to the individual prisoner – for example, the Assessor, unit manager, healthcare staff, relevant member of the chaplaincy team, and ideally the prisoner should attend also. Once opened, the ACCT plan must stay with the prisoner wherever he/she is located (for example, the Wing Office). Once the plan is closed the ACCT plan should be placed in the core record so that staff managing the prisoner have ready access to it in future.

19. Use of ACCT has widened beyond prisons. The Probation Service has an adapted version of ACCT that is being introduced in approved premises in at least three probation regions. Also the Borders and Immigration Agency are developing their own version of ACCT for introduction in immigration detention centres by summer 2007. This will be a very important development to ensure continuity of care for vulnerable persons across these services.

20. The ACCT plan and the Suicide/Self-Harm Warning Form together replace the F2052SH form and care planning system. Following a recommendation of the Manchester study, the Suicide/Self-Harm Warning Form replaced the F2052SH for use by court custody and escort staff, and was designed to improve the care of prisoners held out of prison and to complement ACCT. It was introduced in 2004. Court custody or escort staff will use this warning form when they identify prisoners who are at risk of self-harm. But where a prisoner has already been identified as at-risk by prison staff and an ACCT Plan is open, court/escort staff will instead maintain any open ACCT Plan that they receive. When a prisoner arrives at prison with a warning form, a member of the reception team – often the reception health screener - will determine if they require an ACCT plan to be opened (though of course any member of prison staff can open an ACCT plan at any time). The warning form is to be used in conjunction with the existing Prisoner Escort Record (PER form). A Suicide/Self-Harm Warning Form is now produced and shown to me as **exhibit MG3**.

Prison Service Order (PSO) 2700: Suicide and Self–Harm Prevention

21. The current Prison Service Order (PSO) 2700 was written in 2002 as a consolidation of existing suicide prevention instructions and taking account of known good practice. It took effect on 1st January 2003. I have overall policy responsibility for PSO 2700 (Suicide and Self-Harm Prevention) which is now produced and shown to me as **exhibit MG4**. The main idea was to simplify and bring together existing procedure, policy and practice in one document. The underlying aim of PSO 2700 is to provide instructions on identifying prisoners at risk of suicide and self-harm, and on providing the subsequent care and support for such prisoners and support for the staff who care for them. PSO 2700 superseded the following –
    - AG 30/1993 New suicide awareness training Pack
    - IG 1/1994 Caring for the Suicidal in custody
    - IG 79/1994 Additional Guidance on Caring for the Suiciudal in custody
    - PSI 32/1997 the Role of the Samaritans
    - PSI 27/2000 Caring for the Suicidal in Custody: Eliminating Strip Cells
    - Guide to policy and procedures; Caring for the Suicidal in Custody (1997)

22. PSO 2700 followed in the wake of the Internal Prison Service Review of policy and practice in the area of suicide and self-harm, published in 2001; which itself followed the Thematic Review "Suicide is Everyone's Concern" by HM Chief Inspector of Prisons for England and Wales (published in 1999).

23. The current version of PSO 2700 is being revised and further improved. It is anticipated that the new version will take effect towards the end of this year. The revised version introduces across the prison estate experience from establishments holding women and young people, with specific approaches for prisoners who regularly self-harm and for at-risk prisoners whose behaviour is particularly challenging. There is considerable emphasis on reducing risk by ensuring all prisoners (whether identified at-risk or not) receive individual support in managing any problems. This revised PSO incorporates the latest research on both suicidal and self-harming behaviours, including the lessons learned from an evaluation of the four-year Safer Locals Programme. It also draws on learning acquired from death in custody investigations, and provides greater emphasis than previously on support for the staff who care for a very challenging and vulnerable group of people.

24. The revised PSO 2700 will supersede and subsume a number of previous Prison Service Instructions; namely -

- PSO 2700: Suicide Prevention (version that took effect 1 January 2003)
- PSI 32/2006: Personal Issue Cut-Down Tools
- PSI 18/2005: Introducing ACCT – the replacement for the F2052SH
- PSI 42/2003: Guidance on the Insiders Peer Support Scheme
- PSI 51/2003: Introducing the Suicide Self-Harm Warning Form
- PSI 52/2002: Introducing the F213SH

and the guidance documents:

- Suicide Prevention Strategies: Guidance on preventing prisoner suicide and reducing self-harm; the role of Samaritans; and safer custody cell protocols
- Working with people who harm or injure themselves in prison
- Good Practice Guide for Peer Support Schemes

25. The aims of the revised PSO can be summarised as:

- Reduction in distress and improved quality of life for all who live and work in prisons.
- Reduction in the number of incidents of self-inflicted death and self-harm.
- Vulnerable individuals are provided with positive care and support that gives them coping mechanisms other than self-harm.
- Staff are equipped to carry out this difficult work and provided with support as required.

The Safer Locals Programme

26. Self-inflicted deaths are known to occur disproportionately during the early stages of custody and among prisoners who are on remand. The Safer Locals Programme, launched in 2001, targeted a sample of six local prisons (Eastwood Park, Feltham, Leeds, Wandsworth, and Winchester, with Birmingham joining later in the programme) and five prisons of similar size and role, matched for age and sex of population (Styal, Glen Parva, Liverpool, Manchester, Lewes), with a further two comparator sites added to examine good practice in local prisons with lower than expected suicide rates (Swansea & Forest Bank). The aim was to provide improved pre-reception and reception processes, new induction and first night facilities, dedicated detoxification centres, improved mental health in-reach services, and a number of 'safer' cells. New staff posts – Suicide Prevention Coordinators and Safer Locals Project Managers – were created in order to coordinate and implement the programme. A research study was commissioned to evaluate the impact of the programme at the pilot sites and to examine changes over time at pilot and comparator prisons. The evaluation was conducted by Dr Alison Liebling and colleagues (University of Cambridge, Prisons Research Centre) and it focussed particularly on the process of implementation and on factors associated with establishment levels of distress and quality of life, for both prisoners and staff.

Evaluation of the Care Of At Risk Prisoners, including ACCT

27. A full, independent research study was commissioned from a consortium of researchers from the University of Manchester, Institute of Psychiatry, King's College London, and Imperial College, to evaluate changes at the five ACCT pilot establishments resulting from what was termed the 'Care of at risk Prisoners Project'. The focus of the evaluation was on care provided to individuals; not only

through ACCT but also looking at other areas such as the reception health screen. Two of the five establishments (Feltham and Wandsworth) were also part of the Safer Locals Programme and so received additional monies to allow them to improve the physical environment in healthcare, reception and induction and to improve their services for detoxification.

28. A before and after study design was employed to examine the care received by prisoners provided under the F2052SH system (before) and ACCT system (after). Data for the 'before' phase was gathered between October and December 2003. The 'after' phase data was collected between November 2004 and March 2005. All three studies included interviews with prisoners.

29. The study included:

- Tracking of care received in response to health screening at reception
- Study of prisoners currently receiving care under F2052SH (before); ACCT (after); or other mental health interventions, including structured interviews and clinical audit of care plan documentation
- A clinical audit of closed care plans
- An examination of information sharing processes, comparing F2052SH (before) and ACCT (after) records with "medical in confidence" Inmate Medical Records (IMRs; now referred to as the Clinical Record)
- A qualitative evaluation of the change process from the point of view of prisoners and staff
- An evaluation of the effectiveness of suicide awareness and management training (STORM or Skills based Training On Risk Management)

30. The evaluation identified a number of areas for improvement, particularly around follow-up health care where specific needs are identified, and these are being looked at as part of joint on-going work with the Department of Health. The piloting of ACCT was seen as largely successful; meeting prisoner and staff approval, with evidence of improved care and reduction of overall levels of unmet need. Whilst the report has been fed into the development of the fourth (current) version of ACCT, it is also intended that it will form the basis for an action plan to pick up on key issues raised as part of a further review of the care of at-risk prisoners.

31. Managing suicide and self-harm risk within the prison estate is a very difficult and complex problem. Evaluations of current processes and systems are on-going and are, very much, work in progress. We are continually learning and improving our understanding and expertise in this area. The emphasis of ACCT is on individualised care of the prisoner and engagement with him/her to understand what is causing the distress, fear or despair. It is not simply about watching or monitoring the prisoner but engaging with the person.

32. Prison officers are often required to take difficult decisions and make difficult judgements about prisoners and their propensity to self harm, whilst at the same time ensuring a safe and secure environment. The role that prison officers play on the ground in assessing and supporting prisoners during periods of crisis is vital. It is impossible to say how many lives have been saved by prison officers in correctly identifying at-risk prisoners and managing them successfully until they are safe from suicidal or self-harming behaviour.

33. Constantly watching prisoners at risk of suicide or self-harm also carries with it associated problems. Prison staff must decide on the least intrusive level of observation that is appropriate to the situation so that sensitivity and respect is given to a prisoner's dignity and privacy whilst maintaining safety for the individual and those around them. This is a difficult balancing act and one that relies of careful professional judgement.

The Prison Population

34. Research studies have consistently shown that the prison population, as compared with the general population, suffer a significantly higher prevalence of psychiatric problems and social need. The prison population contains a high proportion of very vulnerable individuals, many of whom have experienced negative life events that we know increase the likelihood of them harming themselves. Self-harming and suicidal behaviour often pre-date custody, and may have started early in life. Issues that increase risk include: drug/alcohol abuse, family background and relationship problems, social disadvantage or isolation, previous sexual or physical abuse, mental health problems. Recognising the vulnerability of the prison population, self-harm/suicide prevention has been (and continues to be) one of the Prison Service's key

priorities, with unprecedented level of resources being committed to supporting vulnerable prisoners.

35. In 1998, the Office for National Statistics published a report on Psychiatric Morbidity Amongst Prisoners in England and Wales. The report indicates that 90% of prisoners have at least one significant mental health problem. One fifth have 4 out of 5 the major categories of mental health disorders considered in the survey (psychosis, neurotic disorder, personality disorder, drug dependence and alcohol misuse). 27% of men and 44% of women on remand report that have attempted suicide in their lifetime.

Measuring the impact of policy developments

36. During the introduction of ACCT, and in the face of rising population levels, there has been a reduction in prisoner self-inflicted deaths. 2006 saw the lowest calendar year figure (67) since 1996 for the number of those who apparently took their own lives in prisons; a 14% reduction in 2006 compared with 2005, following an 18% reduction in 2005 compared with 2004. However, 2007 so far has seen a rise in self-inflicted deaths compared to the same point in 2006. Because of the rising prison population, rates are more significant than numbers and the rate of self-inflicted deaths (per 100,000 of prisoner population) has fallen for each of the last four years – from 134.2/100k in 2002 to 86.5/100k in 2006.

37. However there are a multitude of factors which may explain changes in the rate of self-inflicted deaths across the prison estate. Although there are indications that increased staff awareness about suicide prevention, resulting from the introduction of ACCT, may be a factor - for example, staff have reported feeling better equipped to manage at-risk prisoners, and prisoners have reported finding case reviews more effective - it is too early to be certain. Whilst numbers of self-inflicted deaths have declined in recent years, the proportion of such deaths that occur whilst the prisoner is on a care plan (whether F2052SH or ACCT) has remained more or less the same.

The future

38. On-going analysis of routine monitoring data will seek to scrutinise the impact of ACCT and other initiatives aimed at suicide prevention in the prison estate. ACCT will be reviewed in 2008 to see what further improvements may be needed. During Autumn 2007, it is planned that the revised PSO 2700 on Suicide Prevention and Self-Harm Management will be introduced, ensuring ACCT and other recent initiatives (such as issuing staff with an effective cut-down tool) are further embedded in local prison strategies.

I believe the facts provided in this statement to be true

Signed...

Position. Dep. Head of SCG

Date 22/6/07