

DAY 4

BUNDLE 3 Tab 19.

First Witness Statement  
Her Majesty's Prison Service  
Nigel Myers  
22 June 2007

Prisons and Probation Ombudsman

Investigation no 01/2007

INVESTIGATION INTO THE ATTEMPTED SUICIDE OF 'D' WHILST IN  
CUSTODY AT HMP PENTONVILLE ON 27 DECEMBER 2001

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WITNESS STATEMENT OF NIGEL MYERS

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I, Nigel Myers of *Her Majesty's Prison Pentonville, Caledonian Road, London, N7 8TT*, WILL SAY AS FOLLOWS:

1. I am currently the Safer Custody Manager at Her Majesty's Prison Pentonville ('HMP Pentonville'). I am aware of the terms of the current investigation. I did not have any personal dealings with D but am happy to provide a brief statement to assist the Prisons and Probation Ombudsman with his investigation.

**Background and qualifications**

2. I joined the Prison Service in 1998 as an officer on A wing at HMP Pentonville where I worked mostly with convicted prisoners. I then became a Resettlement Tutor on E wing. Between 2002 and 2004 I was an officer in Throughcare. In 2004 I worked as an officer in the detoxification unit for 9 months, before I was promoted to Senior Officer in the Resettlement department. I was then the Senior Officer on D wing

from November 2005 until I took up my current post as Safer Custody Manager in July 2006. I have recently been successful on a Principal Officer's promotion board at HMP Brixton and will be moving to take up a new post there in the near future.

3. As Safer Custody Manager, I am the Senior Officer in charge of Safer Custody at HMP Pentonville. My role encompasses what were formerly the duties of both the Suicide Prevention Co-ordinator and the Violence Reduction Co-ordinator. I am responsible for all aspects of Safer Custody at HMP Pentonville including strategic planning and implementation, staff training and development and liaison with outside agencies. I oversee compliance with key performance targets, Prison Service audits, and the reports of Her Majesty's Chief Inspectorate of Prisons. I also manage the Listener scheme. I am a qualified Assessment, Care in Custody and Teamwork plan ('ACCT') trainer and am responsible for supervising ACCT assessors. I also manage the documentation relating to ACCT.

#### **Self-harm at HMP Pentonville**

4. I believe that the level of self-harm at a prison is a reflection of both the prison population and the nature of the prison environment. The population at HMP Pentonville can be very challenging as a high percentage of those received into custody have mental health issues. In addition to this, HMP Pentonville is a large local prison. Local prisons generally have higher self-harm rates as they receive both unsentenced and remand prisoners. It is well established that the first week of a prisoner's time in custody is the period during which they are most likely to attempt suicide. As HMP Pentonville is a large local prison with a high throughput, there will be a high number of prisoners in this vulnerable period at any one time.

## The introduction of ACCT at HMP Pentonville

5. ACCT was launched at HMP Pentonville between October and November 2005. The introduction of ACCT brought about many changes in the management of at risk prisoners as it encourages a more holistic approach. The ACCT process focuses on the needs of the individual prisoner and proactively tries to address the issues which cause that prisoner to self-harm.

## Overview of ACCT

6. In essence, an ACCT plan will be opened by a member of staff if they feel that a prisoner is thought to be at risk of suicide or self-harm. The member of staff opening an ACCT plan will ask the prisoner whether he is all right and explain the reasons why they are worried about him. The member of staff will then pass their concerns on to a manager. This can be any available manager but is usually the manager in charge of the area where the ACCT plan was opened.
7. In addition, any inmate displaying signs of mental illness and/or recurrent self-harming behaviour will be referred to the mental health in reach team who will complete an assessment and arrange for the prisoner to be referred to a specialist psychologist or psychiatrist if necessary. The mental health in reach team is made up of registered mental nurses and mental health professionals.
8. This manager will then complete an immediate action plan. The aim of the action plan is to keep the prisoner safe until they can be assessed. This period could last anything up to 24 hours. There are no hard and fast rules as each prisoner is different but at the most basic level, the prisoner could be kept safe through engagement and interaction. By listening to the prisoner and providing them with support and encouragement, the manager helps to keep the prisoner safe. The level of supervision given to the prisoner during this period ranges from supervision every two hours to constant interaction. If the manager feels that the prisoner needs to be moved to a different location or put under

increased observations during this period, they would discuss this with the prisoner before consulting the doctor.

9. The at risk prisoner will then be seen by an ACCT assessor within 24 hours of the form being opened. The role of the assessor is to gather information and pass this on to the case manager. The assessor will discuss the prisoner's background with him, building on the prisoner's initial conversation with the person who opened the form. The assessor will explain to the prisoner what the ACCT process is about and will encourage the prisoner to share their thoughts and feelings. The idea is to identify the crisis and then build up the prisoner's self esteem and confidence so that they can see their own way through it where possible. Each prisoner on an ACCT will be given a case manager either during or following this assessment.
10. The first case review usually takes place straight after the prisoner's meeting with the assessor. The case review involves the prisoner, assessor and case manager and may also involve the member of staff who opened the form. The review is chaired by the case manager. The idea is to discuss what has happened over the past 24 hours with the prisoner so that the case manager can decide how best to support the prisoner.
11. During this review, the members of staff would look at the prisoner and estimate his level of risk. Every prisoner is different and so it is impossible to generalise. However, by way of example, low risk prisoners might be those who are identified as having only fleeting suicidal thoughts and or have shown little or no self-harming behaviour. Medium risk prisoners (now known as 'raised risk') might cover inmates who are currently exhibiting self-harming behaviour but not any immediate intent to commit suicide. High-risk prisoners may be those who have frequent suicidal thoughts and are likely to have identified a suicide plan.
12. Issues such as where the prisoner should be located and whether he should be referred to a doctor or a specialist will be discussed with the prisoner at the case review. If appropriate, arrangements will be made for

representatives from internal units such as probation or chaplaincy to attend this review.

13. The Care and Management Plan ('CAREMAP') is also opened during the case review. This is a very important part of the ACCT process as it identifies the problems faced by the prisoner and aims to prioritise them. It then identifies a series of targets and sets out details of how these targets can be met. The system aims to provide the prisoner with a series of achievable goals to help improve his self-esteem and resolve the crisis that has led to him being identified as at risk.
14. The targets are all time specific and are attributed either to the prisoner or to a named member of staff in order to ensure that follow up action is taken within the set period. For example, if a prisoner was self-harming because he was having problems contacting his family, a key target would be to make sure that he gets access to a telephone within say 1 hour. Once achievable goals have been agreed with the prisoner, the case manager will set the date of the next review depending on the prisoner's level of risk.
15. The frequency of case reviews depends on the level of risk and the problems faced by the at risk prisoner. In my experience, it is the action taken to achieve the goals set and the recorded daily interaction which is more important to the prisoner. From the CAREMAP and their daily interaction with the prisoner, the staff can identify factors which could potentially trigger an act of self-harm. Some of these are common sense such as birthdays or court dates but others can be unforeseen, such as receiving bad news from home.
16. The ACCT plan follows the prisoner wherever he goes within the prison and will accompany him if he leaves the establishment, for example to attend a court hearing. The idea is that notes can be made about the prisoner's demeanour by any member of staff at any time.
17. The ACCT plan can be closed once all of the issues identified in the CAREMAP have been resolved. The decision to close the form is usually

a unanimous one taken at a case review. The case manager and the prisoner should both be involved in the decision to close a ACCT plan. Approximately two weeks after the form is closed, I will conduct a post closure interview with the prisoner. The purpose of this interview is to make sure that the prisoner is all right and that they have been coping well since the form was closed.

### **Staff training**

18. In order to prepare the staff at HMP Pentonville for the introduction of the new system, a comprehensive training package was launched by the Safer Custody Manager, who at that time was my predecessor, Lee Lawrence. All Prison Service and agency staff at HMP Pentonville received the ACCT basic training during September and October 2005.
19. The ACCT basic training course lasts 3 hours. It explains the aims of the ACCT process, and teaches staff how to spot an at risk individual and how to complete ACCT documentation. This training has been provided to all new entrant prison officers at the Prison Service College since 2005. When new officers arrive at HMP Pentonville, they spend half a day of their induction week in the Safer Custody department. This enables them to familiarise themselves with how the ACCT plan works in practice at HMP Pentonville. I now run ACCT basic training at HMP Pentonville every month.
20. A core group of 25 discipline and civilian staff were initially selected and trained to be ACCT assessors at HMP Pentonville in 2005. The assessor training is a 3 day course which includes the basic training and some of the case manager training. This is essentially skills-based training using role-plays to help staff understand the needs of the population and includes a course on mental health awareness. I still organise regular assessor training to ensure that there is always a core group of at least 25 assessors working at HMP Pentonville at any given time.

21. All senior officers at HMP Pentonville are trained to be ACCT case managers as they have the responsibility for keeping anyone on an ACCT opened by one of their managees safe and are responsible for the review and management of the prisoner throughout the ACCT process. Their training is quite similar to that of the assessors, but focuses more on the services which may help a prisoner in any given situation. I have recently given all case managers one-to-one refresher training. I also invite all newly or temporarily promoted senior officers to attend this training as soon as they take up post.
22. I provide training days on ACCT as needed. I feel that regular refresher training is important, as I find that officers in posts where they have had little contact with prisoners over the past couple of years have only a superficial understanding of the ACCT process. This is understandable, as they have not had to apply their initial basic training on a daily basis. However, as they can find themselves moved to a wing at short notice, refresher training is a good way of ensuring that officers understand the process and are comfortable applying it before they are called on to do so in their new post.
23. I also organised some training sessions for specifically targeted groups such as healthcare staff, governor grades and those working with segregated prisoners. I find that this is helpful as healthcare staff, for example, need more targeted basic training as they generally deal with a large number of open ACCT plans from prisoners with more acute mental health issues.

#### **The operation of ACCT in practice at HMP Pentonville**

24. We did experience some teething problems at HMP Pentonville when ACCT was first introduced but I believe that these were to be expected, given that we were replacing a system that had been in place for over a decade. Through our monitoring of the new processes, we found that some staff and managers initially lacked the confidence to embrace the change and as a result continued to manage their at risk prisoners in a style much the same as the old self harm at risk system ('F2052SH').

These issues were quickly addressed through further training and I believe that 2 years on, all staff at HMP Pentonville are now comfortable with the new system of dealing with those at risk of suicide or self-harm.

#### **Main differences between ACCT and the F2052SH system**

25. The format of the ACCT plan and F2050SH are quite different, to reflect that the focus of ACCT is on interaction rather than observations. To this end, the ACCT plan has a box for writing in the required frequency of conversations and observations on its cover. The ACCT documentation has a lot more space for making narrative entries as the detail of these is key in helping a member of staff picking up the form to understand what the prisoners difficulties are and what coping mechanisms he is employing.
26. The key difference between the two systems is to my mind, the shift in emphasis from merely imposing systems on a prisoner which are designed to keep them alive to encouraging them to identify the reasons why they feel the need to self-harm or attempt suicide and offer them the opportunity to identify coping mechanisms such as being able to partake in purposeful activity and a therapeutic regime.
27. Through ACCT we now have more flexibility in the way that we can manage our at risk prisoners. Rather than considering all highlighted prisoners to be of equal risk, we are able to categorise levels of risk. This helps us to treat each individual case on its merits rather than imposing treatment or observations which may not be appropriate. The detailed assessments carried out enable us to better understand our prisoners and result in the production of a unique CAREMAP, which is essentially a blueprint for managing that individual prisoner. By producing this CAREMAP, staff are able to identify triggers which may lead a individual to self harm so that in future, they can be proactive in offering alternative coping mechanisms before the prisoner tries to self-harm.

28. The prisoner has been placed right at the centre of the ACCT process so that he must be involved and consulted at each stage. This has led to better relations between staff and prisoners and it has helped prisoners to develop a better understanding of the role of staff in the prevention of suicide and incidents of self-harm. I believe that it has also encouraged, even vulnerable prisoners to be open about their feelings with staff, so much so that we often find that prisoners will now report incidents of self-harm themselves.

29. I conduct a review of all open ACCT plans on a weekly basis in order to ensure that staff are making meaningful entries. I report my findings to the Suicide Prevention Committee at their monthly meetings together with details of compliance with audits and action plans arising from death in custody investigations and suggested strategies for coping with at risk individuals. These meetings are a useful way of sharing learning between the different areas of the prison as representatives of each department usually attend. If I am not entirely satisfied with the general quality of the documentation, I will arrange for more training to be carried out.

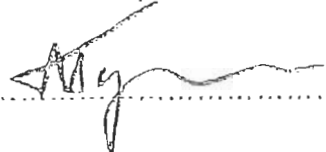
#### **Impact of ACCT on rates of suicide and self-harm at HMP Pentonville**

30. When I took up my current post, I found that although the quality of care received by self-harmers was good, minor incidents of self-harm were not being fully reported. I therefore started a drive to ensure that all acts of self-harm were reported, however minor. I check that this is being achieved by cross-referring to the observations book and ACCT plans and by talking to listeners on the wings.

31. I believe that this drive was a success as our internal statistics show that in 2006 a total of 662 ACCT plans were opened and a total of 384 acts of self-harm were reported at HMP Pentonville. The high number of acts of self-harm reported can largely be explained by improved audit trails and the enhanced prisoner involvement in the ACCT plan.

32. So far this year 270 ACCT plans have been opened at HMP Pentonville and 164 acts of self-harm have been reported. In June 2007, we had 42 open plans. During the 12 months prior to the launch of ACCT, there had been 4 self-inflicted deaths at HMP Pentonville. There were no self inflicted deaths in custody at HMP Pentonville between 1 October 2005 and 18 June 2007. Unfortunately, on 19 June 2007, HMP Pentonville suffered its first self-inflicted death in custody since the introduction of ACCT. An investigation will be conducted in to the circumstances surrounding this death, but at this stage I can confirm that the victim was a life sentenced prisoner who had not been on an open ACCT plan since April 2007. He was a vulnerable prisoner because of the nature of his offence but he was not displaying signs of self-harm or suicide risk at the time he took his life.

I believe the facts provided in this statement to be true

Signed  NIGEL MYERS

Position SAFE CUSTODY MANAGER

Date 25/06/07