

Action Plan in response to the PPO Report into the death of

Mr Jeremy Simmons on 04/05/2022 at HMP Wakefield

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Governor and Head of Healthcare should develop and implement a multidisciplinary information-sharing protocol, for the purposes of care planning and risk assessments, that ensures information is shared appropriately between disciplines inputting into an individual's care.	Accepted	<p>The Head of Healthcare has reviewed the process for the sharing of information within the mental health team and outside of it with prison staff. For those prisoners located in the segregation, the mental health team will review their records and verbally share any relevant risk information with the segregation staff and make an entry in the segregation observation book. For all other prisoners, the prisoner will be triaged by a mental health nurse, which will include a review of their medical records and any other detailed risk information. Mental health staff will ensure this information is shared with the safer custody team and wing staff and is recorded on NOMIS.</p> <p>Healthcare staff will continue to be reminded during daily handovers of the importance of sharing detailed risk information with all staff involved in the care and management of prisoners.</p>	Head of Healthcare Practice Plus Group (PPG)	Completed

2	<p>The Head of Healthcare should conduct an urgent review of the following areas of mental healthcare delivery at Wakefield:</p> <ul style="list-style-type: none"> • develop a protocol for disseminating transfer handover information, within a centralised email system, not to an individual staff member's email, to minimise the loss of critical clinical information; • ensure all staff within the mental health team understand the requirement to use medical records to inform clinical practice/assessment; • review the referral process and consider a centralised referral point, that is administratively managed, to ensure referrals are not missed; • ensure there is a clinical reason recorded for any referral task when it is closed; • review email processes to ensure there are clear standards for healthcare staff to check their emails; 	Accepted	<p>A local protocol has been introduced that requires all transfer handover information to be sent to the mental health team's secure functional mailbox so that all members of the mental health team can access it. The mailbox is monitored by administrative staff who ensure that any relevant information and referrals are acknowledged and actioned.</p> <p>All healthcare staff have been instructed in team meetings, daily handovers and individually to use all available medical information to inform clinical decisions. Staff must then document in the patient records that all information has been accessed in preparation for assessments. This will be audited internally by the Mental Health Clinical Lead every 6 weeks and any failure to complete this or non-compliance will be followed up by senior management.</p> <p>The mental health team is looking at the possibility of creating a SystmOne report that will audit all referral tasks and actions before referrals are closed. This centralised system will identify any missed referrals and require staff to input reasons for any uncompleted referral tasks prior to closure. This process will also be subject to the internal audits mentioned above.</p> <p>Healthcare staff have been reminded in daily handover meetings of their responsibility to check and action their emails, and have been informed that non-compliance will be addressed accordingly.</p>	Mental Health Clinical Manager (PPG)	Completed
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	<ul style="list-style-type: none"> • complete a retrospective audit of closed tasks and referrals to identify if any have been closed before completion; and • review forensic psychologists' authority to access medical records. 		<p>The Head of Healthcare will meet with the forensic psychologist lead to develop an information-sharing protocol. In the interim, healthcare administrators have been instructed to add key information to a prisoner's NOMIS record so that all staff involved in the care of prisoners can have sight of any relevant information.</p>		
3	The NHS Commissioner for North East and Yorkshire Region should write to the Ombudsman setting out how they intend to improve mental health care at Wakefield, within twelve weeks of receiving our initial report.	Accepted	<p>The NHS Commissioner for North East and Yorkshire Region has provided a response directly to the PPO.</p>	NHS Commissioner North East and Yorkshire Region (NHS England)	Completed
4	The Governor and Head of Healthcare should review healthcare staff attendance and input at daily segregation reviews to ensure safe and effective care.	Accepted	<p>In line with PSO 1700, a member of the healthcare team will attend the segregation unit daily to complete reviews. Staff have been instructed to document their attendance and all clinical reviews within the segregation observation book.</p> <p>A clinic ledger is in place which allocates all prisoners within the segregation unit an appointment and this is populated daily. Clinicians have been reminded that they must action all appointments, and include an entry in SystmOne once completed. Assurance checks are completed weekly by the healthcare business manager, which ensures that any missed appointments are actioned and completed immediately.</p>	Head of Healthcare (PPG)	Completed

5	The Head of Healthcare should ensure daily clinical records for segregated prisoners capture and clearly reflect clinical thinking and assessment, in line with Nursing and Midwifery Council practice and communication standards.	Accepted	<p>The Head of Healthcare has introduced a procedure that requires an entry to be made in each patients' SystmOne record following attendance at any risk reviews or care planning meetings, including daily segregation reviews.</p> <p>A template for use in the Care and Separation Unit (CSU) will be introduced by March 2023, which will ensure there is a clear and concise approach to record keeping. The new template will ensure that entries are as detailed as possible and the rationale behind decisions are documented. Quality assurance checks will be completed monthly by the mental health lead and the findings will be provided directly to Practice Plus Group.</p>	Head of Healthcare (PPG)	March 2023
6	The Governor and Head of Healthcare should ensure that a copy of this report is shared with all staff named in this report and that a senior manager discusses the Ombudsman's findings with them.	Accepted	<p>The Governor and Head of Healthcare have shared a copy of the report with all members of staff named within the report, and a senior manager has discussed the findings with them.</p>	Head of Safer Prisons (HMPPS) Head of Healthcare (PPG)	Completed