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

Mr Norman Loseby on 07/11/2020 at HMP Isle of Wight

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare of HMP Wormwood Scrubs should ensure that mental health staff: • appropriately assess a prisoner's clinical history and risk of suicide before deciding whether or not to accept the prisoner onto their caseload; • open an ACCT if a prisoner expresses suicidal thoughts or is assessed to be a risk to themselves: and • fully document reasons for any decision not to open an ACCT or accept a prisoner onto the mental health caseload.	Accepted	Healthcare staff make referrals to the mental health team through a task system on the SystmOne database and the duty nurse conducts daily reviews of this process to ensure all of the required referrals are completed. The referrals are also discussed at the weekly multi-disciplinary meetings which are chaired by the duty nurse and all actions are then documented on SystmOne. It was agreed in May 2021 that the Head of Healthcare will ensure that a quarterly audit on the mental health task referral process is completed to ensure all patients referred are screened and appropriate once they have been assessed. This is then discussed at the monthly Quality Assurance meeting. Guidance for the mental health team was published in June 2021 to remind staff of the need to examine all available documentation about a prisoner, including their medical records, suicide and self-harm warning forms and any person escort records prior to deciding whether to accept the prisoner onto their caseload. The mental health team will also review the clinical records and ensure that all relevant updates are captured prior to the initial assessment to ensure clear and concise updates for care planning. This is already included in	Head of Healthcare Practice Plus Group (PPG)	Completed

			the policy which was recirculated and discussed with staff in June 2021. Guidance was published in June 2021 to remind all staff that any decision not to open an ACCT should be recorded on both SystmOne and NOMIS. As part of the ACCT Version 6 (V6) roll out, the safety team will be scheduling drop-in sessions for all staff to assist with the introduction of the updated documentation, additionally local ACCT V6 champions will be trained who will deliver awareness sessions to staff and partner agencies.	Head of Healthcare PPG	Completed
2	The Head of Healthcare should: • conduct a fresh review of in-possession medication risk assessments; and • ensure that staff know what events and triggers should prompt additional reviews.	Accepted	A Standard Operating Procedure (SOP) was developed in December 2020 under the National Practice Plus Group In Possession Medication Risk Assessment (IPMRA) policy to ensure that all in possession risk assessments are reviewed regularly. This is used when completing all medication reviews and was shared with all prescribers accordingly. A baseline IPMRA audit is now undertaken every six months and took place in December 2020 and June 2021. The audit results were then shared with clinical staff during local lessons learned staffing events to evaluate progress. The Head of Healthcare also introduced Pharmacy Technicians into Primary Care and these staff are directed to ensure timely and appropriate reviews and monitoring. A fishbone process map will be produced and shared to ensure the processes for in possession risk assessments are robust and followed. Any amendments to this process will be distributed to staff and a further review undertaken in six months. Staff were also issued with an updated algorithm in	Head of Healthcare PPG	Completed

			October 2021, highlighting the process and which events and triggers should prompt in possession medication reviews.		
3	The Head of Healthcare should ensure that all healthcare staff make appropriate and timely mental health referrals having reviewed all relevant records available to them.	Accepted	Instructions and guidance on the timescales of all healthcare referrals were issued to staff in October 2021. An audit of healthcare referrals spanning one month will be undertaken to benchmark the appropriateness and timeliness of mental health referrals. One month's Reception Screenings will be audited to identify any patients with triggers or risk factors captured during reception screening that, without mitigation, would normally elicit a mental health or ACCT referral. The audit should identify those that have not then been referred for mental health or ACCT assessment but had unmitigated risk factors. This audit will be completed using retrospective information from November 2020 and May 2021 and then repeated annually with any shortcomings being noted and remedial action taken. All lessons learned will be shared across healthcare staff.	Head of Healthcare PPG Head of Healthcare PPG	Completed May 2022
4	The Head of Healthcare should ensure that all prisoners with mental health issues are reviewed appropriately, including repeat prescription medication.	Accepted	The Head of Healthcare introduced Pharmacy Technicians into Primary Care in June 2021 and these staff are directed to ensure timely and appropriate reviews and monitoring, including that of prisoners with mental health issues. This is monitored under the Standard Operating Procedure (SOP) which was developed in December 2020 under the National Practice Plus Group In Possession Medication Risk Assessment (IPMRA) policy to ensure that all in possession risk assessments are reviewed regularly, including that of all prisoners with mental health issues and this is used when completing all medication reviews and was shared with all prescribers accordingly.	Head of Healthcare PPG	Completed

5	The Governor should review the prison's local instructions on roll checks and welfare checks to ensure that: • staff are clear about the type of check required, when they should do it, and how the check should be carried out; • a welfare check is carried out on all prisoners at or before unlock; and • a morning welfare check takes place on all prisoners, regardless of whether they are being unlocked.	Accepted	A safety briefing was sent to all staff in December 2020 which included a copy of the annual Operational Instruction (OI) which details the requirements for roll checks and welfare checks, including the nature of the check and the time it should be undertaken. The OI reminded staff of the need to satisfy themselves that there are no immediate concerns for the safety of residents during roll checks, and to ensure theirwell-being during welfare check. The briefing also addressed the procedures for roll and welfare checks under the COVID regime and reminded staff of the requirement to conduct a welfare check on the occupant of a cell when a cell is unlocked as set out in the residence services framework. The safety briefing contained voting buttons for all staff to respond in order to provide a record that they had read the briefing. This assurance was received from all staff including partner agencies that the briefing had been read and understood.	Governor and Head of Safer Custody HMPPS	Completed
			Since the death, understanding amongst staff of the requirements was tested, and the investigating officer found that there was a clear understanding of what was required and staff were completing morning welfare checks during COVID at or just prior to the start of the core day whether or not they were being unlocked.	Head of Safer Custody HMPPS	Completed
			Futher, the LSS was reviewed and updated in June 2021 to clarify the roll and welfare check requirements. All functional Heads were e-mailed in June 2021 to check understanding with their staff through the line and in team briefings. Functional heads have also been asked to complete a dip test of their function to provide additional assurance. Managers are to then write to the Head of Safety who will provide assurance to the Governor that all staff understand the difference in the checks and when they are required.	Head of Operations HMPPS	Completed

6	The Prison Group Director for the Long-term and High Security Estate (South) should arrange a meeting with the Ombudsman to discuss what is being done to reduce the number of self-inflicted deaths at Isle of Wight.	Accepted	The Prison Group Director (PGD) for Long-term and High Security Estate (South) would welcome a meeting with the Ombudsman to discuss the work being carried out around reducing suicide and self-harm at HMP Isle of Wight. The PGD will write to the Ombudsman to arrange a meeting and a visit to the prison to see how this work is being put into action.	The Prison Group Director (PGD) for Long-term and High Security Estate HMPPS	December 2021