

**ACTION PLAN: Death of A Female Prisoner at HMP Peterborough on 16 May 2014**

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and function responsible	Progress (to be updated after 6 months)
1	The Head of Healthcare should ensure that women prisoners with complex and long-standing mental health problems have a named care coordinator and are referred immediately to the mental health in-reach team and a psychiatrist for an urgent assessment when they arrive in prison.	Not Accepted (by NHS England)	<p>NHS England (NHSE) takes the view that it is not necessary for all women prisoners with complex and long-standing mental health problems to be referred immediately to a psychiatrist for an assessment. Instead NHSE requires the mental health provider to conduct a triage and to refer to a psychiatrist where necessary which is equivalent to the community service. This ensures that cases are appropriately prioritised and minimises waiting times and ensures appropriate referrals for the psychiatrist.</p> <p>Sodexo has confirmed that women prisoners with complex and long-standing mental health problems are referred immediately to the in-reach team. In each such case the mental health in-reach team considers the need for the prisoner to see a psychiatrist and makes an urgent referral if appropriate. The results of the assessment and the decision about the referral are recorded on SystemOne.</p> <p>All prisoners with complex and long-standing mental health problems have a named care coordinator.</p>	Complete Head of Healthcare	
2	The Director and Healthcare Manager should ensure there are sufficient trained mental health staff to meet the needs of women in-patients in the healthcare centre.	Accepted	<p>Operational staff who are deployed to the healthcare centre will be provided with mental health training prior to taking up post or within one month of taking up post.</p> <p>A specific training package will be developed by February 2015 to equip staff to meet the needs of</p>	1 February 2015  1 April 2015	

			<p>women in-patients in the health care centre. The training package will also be made available for use by other departments in the prison. The number of staff trained will be reviewed in April 2015.</p> <p>A review of mental health in-reach support is being undertaken in conjunction with NHS England with a view to providing additional mental health staff to work in the in-patient areas.</p>	<p>1 March 2015</p> <p>Deputy Director, HR Business Manager and Healthcare Manager</p>	
3	<p>The Director and Head of Healthcare should ensure that women prisoners identified as at risk of suicide and self-harm, women with complex mental health problems and women being assessed for transfer to a secure hospital, are not held in the segregation unit unless all other options have been considered and excluded and there are fully documented reasons to explain the exceptional circumstances.</p>	Accepted	<p>Prisoners identified as at risk of suicide and self-harm, with complex mental health problems and women being assessed for transfer to a secure hospital are not held in the Separation and Care Unit unless all other options have been considered and excluded. All relevant issues are fully explored when making decisions about location, and if the prisoner is segregated the exceptional reasons are explained to her and documented.</p> <p>The Duty Manager checks the appropriateness of segregation for all occupants of the Separation and Care Unit during their daily rounds. The complex needs meeting, held each Monday morning, also reviews all prisoners located in the Separation and Care Unit to ensure that it remains the most appropriate location for them.</p> <p>The Mental Health In-Reach Team, healthcare managers and prison staff conduct multi-disciplinary reviews before any change in location of a prisoner on an ACCT and record all decisions and the reasons for them within the ACCT document.</p>	<p>Completed</p> <p>Deputy Director and Healthcare Manager</p>	
4	<p>The Director should ensure staff manage prisoners at risk of suicide or self-harm in line with national guidelines, including:</p> <ul style="list-style-type: none"> <li>Ensuring all staff have a clear understanding of</li> </ul>	Accepted	<p>These procedures have been reviewed and we are satisfied that they are in accordance with the standards set out in PSI 64/2011 Safer Custody. This was confirmed by the positive results of the safer custody audit in August 2014.</p> <p>Learning from the review and audit has been incorporated into the procedures to ensure that appropriate standards are maintained. This was</p>	<p>Completed</p> <p>Deputy Director</p>	

	<p>their responsibilities in the ACCT process and the need to share all relevant information about risk.</p> <ul style="list-style-type: none"> <li>• Holding multidisciplinary case reviews when there is an increase in risk or further act of self-harm and that all relevant people involved in a prisoner's care, particularly mental health staff, are involved in the review; where this is not possible advice should be sought and documented as part of the review.</li> <li>• Ensuring that all relevant staff are aware of significant health plans and medical information for managing prisoners assessed as at risk of suicide and self-harm.</li> <li>• Completing ACCT documents fully and accurately;</li> </ul>		<p>communicated to staff through team huddles, lunch and learns (bit size training sessions) and through a full staff briefing on 28 August 2014.</p> <p>All newly-recruited prison custody officers and operational support staff receive the Introduction to Safer Custody training.</p> <p>In August 2014, the prison introduced a regular refresher programme to be delivered to staff on a regular basis to focus on the specific learning needs as identified by their manager.</p> <p>Multidisciplinary case reviews involving all relevant people are held. Where such comprehensive reviews are not possible, for example for unplanned reviews that must take place in the evenings, an interim review is conducted involving the night manager and healthcare, and a further full case review is conducted the following day. The needs of individuals at risk of suicide and self harm are considered at the complex needs multi-disciplinary meeting that takes place every Monday morning</p> <p>All staff are briefed at shift handovers about any prisoners on an ACCT, and are made aware of significant health plans and medical information.</p> <p>ACCT documents are checked routinely by the Safer Prisons manager and weekly by a member of the management team.</p> <p>All available information, including historical information, about prisoners arriving at the establishment is considered by both healthcare and induction staff when determining the level of risk of self harm.</p>		
--	--	--	---	--	--

	<ul style="list-style-type: none"><li>• And considering all known risk factors, including sharing historical information, when determining the level of risk of self-harm.</li></ul>				
--	--	--	--	--	--