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

Mr Saifur Rahman on 23.01.2021 at HMP Birmingham

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare should review the model for delivering therapeutic intervention and ensure that it is available to all prisoners admitted to the inpatient mental health unit.	Accepted	The therapeutic interventions model was reviewed in November 2021 to ensure that it is in line with the Exceptional Delivery Model (EDM) and the prison regime change. As part of the review, the Head of Healthcare discussed the overall service including the complimentary therapy sessions with the Occupational Therapist and the Mental Health Clinical Service Manager. The Mental Health Clinical Team Manager met with the Consultants and Deputy Ward Managers in April 2022 to agree the structure of the Multi-Disciplinary Team (MDT) and therapeutic interventions being offered and the importance of evidencing this in the MDT notes. The Psychology team attend weekly ward reviews and the Psychological Informed Environment (PIE) team are also working on a project for PIE delivery on Ward 2. A Health Care Assistant was also recruited in November 2021 to further support the therapeutic intervention delivery.	Head of Healthcare Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) Clinical Psychologist BSMHFT	Completed

2	The Head of Healthcare should ensure that healthcare staff: • receive training about the Mental Capacity Act and its implementation in practice; • promptly record actions and decisions about a prisoner's ongoing care in their medical record; and • discuss whether to refer a prisoner to a secure psychiatric hospital at multidisciplinary meetings and clearly evidence the reason for the decision.	Accepted	All healthcare staff completed the mandatory training on the Mental Capacity Act (MCA) in December 2021. The MCA was also embedded into ward reviews to ensure that staff are confident in its implementation in ongoing practice. Additional MCA training for all ward staff was also completed in January and February 2022, which was delivered by the Mental Health Act Officer. All staff were reminded about the requirement for accurate and timely record keeping in December 2021. A reminder was also sent to all staff on the importance of recording all actions and decisions for patients and of the need to ensure that the psychiatrist is allocated enough time and access to equipment to record their interaction before leaving the prison. All patients, whether in attendance or not, are discussed in MDT ward reviews, agreed plans are documented in their SystmOne records and if they cannot attend then Responsible Clinician then discusses this with the patient directly following the meeting. Decisions on referring a patient to hospital are also discussed during the MDT meeting and the outcome, along with the reasoning and points discussed, are clearly documented, with referral to the government guidelines.	Mental Health Clinical Team Manager BSMHFT Head of Healthcare BSMHFT	Completed
3	The Head of Healthcare should share this report with a consultant psychiatrist so he is aware of the Ombudsman's findings.	Accepted	The report was shared with the Doctor in November 2021 and the findings were discussed.	Head of Healthcare BSMHFT	Completed

4	The Head of Healthcare should review the ligature risk assessment process for the inpatient mental health unit to ensure that all risks are identified.	Accepted	The Yearly Environmental Risk Assessment (ERA) and Local Risk Assessment (LRA) were reviewed in October 2021 and updated for both Ward 1 and Ward 2 and an action plan was completed with the prison. The updated ERA and LRA were also shared with the prison in the Health and Safety meeting. A partnership meeting took place in December 2021 to review the action plan and the identified leads. The LRA process was reviewed and updated further. It was agreed that the final version of updated LRAs will be signed off by an Officer, a Healthcare Health and Safety representative and a member of BSMHFT staff. The LRA will record which rooms have been viewed and any that are still required to be assessed. Any reports and actions will be discussed at the prison's Health and Safety meeting. The next assessment is due to commence in July 2022.	Head of Healthcare BSMHFT	July 2022
5	The Governor should ensure that each stage of the process is documented when cells are taken out of use, and that a cell is not used until any required modifications have been made.	Accepted	The cell repair log book was introduced in June 2021 to record any cells that require maintenance work, the details of the work with reference numbers and when the work is completed and the cell can be used again. Staff received training on the use of the log book in June 2021 and this was also discussed during briefings. Staff on all wings were also reminded to record when a cell requires any modifications, or when work has been completed, in the Accommodation Fabric Checks (AFCs). The status of cells, including where a decision is made to take a cell out of use or return it to use, is also recorded and discussed at the bed management meeting. The bed management meeting minutes provide a clear audit trail showing these decisions.	Head of Safety HMPPS	Completed

6	The Governor should ensure that damaged observation panels are reported and replaced as soon as possible.	Accepted	The process of reporting broken observation panels was reviewed in November 2021. All staff were reminded to report all broken observation panels as soon as possible through the maintenance database, Planet FM, and to log the details and reference number in the wing diary. They were also reminded that any major faults should be reported immediately to the Residential Manager and the Security Department. Staff received further guidance on completing AFCs in May 2021. They were instructed to fully examine and detect any potential interference or damage to the fabric of a cell, including checking the glass and cover of the observation panel, and to report any faults immediately. The Planet FM database was updated and all staff had their accounts reactivated in order to ensure they could access and use the improved database. Guidance on the how to report faults, including broken observation panels, on the new system was issued to all staff in May 2021.	Head of Safety HMPPS	Completed
7	The Governor should ensure that all evidence relevant to a death in custody is retained and made available to the PPO, in line with PSI 58/2010.	Accepted	Guidance for staff on the process following a death in custody was reviewed and reissued by the Head of Safety in August 2021. This was also discussed with all senior managers to ensure that all evidence relevant to a death in custody is retained and made available to the PPO.	Head of Safety HMPPS	Completed
8	The Governor and Head of Healthcare should ensure that all staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies, including that:	Accepted	The requirements of PSI 03/2013 and the importance of using emergency medical codes to communicate the nature of an emergency at the earliest possible opportunity were discussed monthly at staff briefings during 2021 and will continue to feature at staff briefings regularly. A notice to staff about the correct use of emergency medical codes was also circulated in August 2021.	Head of Safety HMPPS	Completed

	• an emergency medical code is used to communicate effectively the nature of an emergency at the earliest possible opportunity; and • appropriate medical emergency equipment, such as a defibrillator, is applied and used promptly.		A document detailing key learning from previous deaths in custody and information on the emergency response requirements was circulated to staff in August 2021. This document was also used to aid learning and understanding during small group staff discussions in September 2021 and will be updated and reissued in June 2022. Staff training sessions on medical emergency requirements, including using emergency medical codes, commenced in February 2022. The senior leadership team also attend individual wing briefings across the prison to discuss the procedures for medical emergencies. Recommended Summary Plan for Emergency Care and Treatment (RESPECT) training was delivered to all healthcare staff in November 2021 and has also been added to essential training for all nursing staff and will also be given to all new staff. All healthcare staff also receive Immediate Life Support (ILS) training annually. Checks are in place to ensure that all staff including new starters are up to date with their ILS training.	Head of Safety HMPPS Head of Healthcare BSMHFT	June 2022 Completed