

## Action Plan in response to the PPO Report into the death of Mr Jai Singh on 27/01/2022 at HMP Birmingham

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Governor and Head of Healthcare should ensure that all staff have a clear understanding of their responsibilities to identify prisoners at risk of suicide and self-harm in line with national guidelines and, in particular, the need to record, share and consider all relevant information about risk, and start ACCT procedures when indicated.	Accepted	<p>All staff have received the updated ACCT Version 6 (v6) training and Suicide and Self-Harm (SASH) refresher training sessions are currently being delivered to staff and during inductions. The current training targets are being monitored by the People Hub and Safer Custody Team who aim to achieve 80% of staff having received SASH training by December 2022.</p> <p>The SASH training includes guidance on when to start ACCT procedures and of the need to record, share and consider all relevant information about risk. SASH awareness material and learning bulletins are regularly issued to all staff and have also been placed in staff areas.</p> <p>SASH training is also delivered to Healthcare staff and all new starters and staff that require SASH training will receive this by December 2022. This will be monitored by the Senior Team Leaders and the Deputy Head of Healthcare who will liaise with the People Hub. Staff employed by BSMHFT must also complete mandatory training on suicide prevention which requires an assessment in order to pass. This is monitored by the supervising managers.</p>	<p>Governor Her Majesty's Prison and Probation Service (HMPPS)</p> <p>Head of Healthcare Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)</p>	December 2022



2	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, including that:</p> <ul style="list-style-type: none"> <li>• ACCT support actions are specific and meaningful and include all of the issues identified during the assessment interview and at case reviews;</li> <li>• healthcare staff are invited and contribute to all case reviews where their support is relevant; and</li> <li>• ACCT monitoring does not stop until all support actions have been completed and risk is no longer considered raised.</li> </ul>	Accepted	<p>The ACCT v6 training includes guidance on support actions and the importance of them being specific and meaningful to each individual. The training also gives clear directions on the assessment interview and case reviews and the requirement that healthcare staff are invited and contribute to all case reviews.</p> <p>The ACCT process was reviewed in May 2022 to ensure that it is being delivered in line with national guidelines. Quality assurance (QA) checks are used to ensure the record is updated correctly and any failings found are identified and challenged.</p> <p>A QA check is also completed when an ACCT is closed and any feedback is given to the Case Co-ordinator. This is to ensure that all procedures have been followed correctly and all support actions have been completed prior to the ACCT being closed.</p> <p>The Mental Health team are now notified when an ACCT is opened and it is also logged on the healthcare patient database, SystemOne. Healthcare staff were reminded to attend all first reviews in May 2022. If the patient is on a nurse's caseload, the Community Psychiatric Nurse (CPN) team will attend further reviews regularly. The Head of Healthcare will also liaise with Safer Custody to ensure a list of all of the people on an ACCT is shared weekly with the Mental Health team.</p>	<p>Governor Head of Safety HMPPS</p> <p>Head of Healthcare BSMHFT</p>	Completed
3	<p>The Head of Healthcare should ensure that patients receive appropriate support from the mental health team that is equivalent to that which they</p>	Accepted	<p>A request will be sent to all GPs by September 2022 to remind them to consider and action all medication requests as soon as possible when received and to document the decisions made. Medication requests from Mental Health nurses to GPs are also inputted as a task</p>	<p>Head of Healthcare BSMHFT</p>	September 2022



<p>could expect to receive in the community, including that:</p> <ul style="list-style-type: none"> <li>• medication requests from mental health nurses are considered and actioned as soon as possible;</li> <li>• patients are allocated a mental health key worker at the earliest opportunity and are assessed by the key worker within seven days, or earlier if urgent assessment is required;</li> <li>• an 'urgent' marker is added to the mental health inpatient unit's referral form;</li> <li>• relevant staff who know the patient are invited to contribute to the regional resource meeting, that meeting outcomes are documented in the medical record, and that prison psychiatrists are consulted if their recommendations for admission are not considered to meet the criteria for admission; and</li> <li>• if a patient's referral to a medium secure psychiatric hospital is refused, the hospital is contacted to establish the reasons and a further referral is considered when relevant.</li> </ul>		<p>on SystemOne to ensure it is documented on the patient's record.</p> <p>The process of allocations to Mental Health keyworkers was reviewed in June 2022 to ensure patients are allocated a keyworker at the earliest opportunity. When the referral is discussed in the multi-disciplinary team (MDT) meeting, the patient will now be allocated to a CPN who is present during the MDT to ensure that the keyworker is aware who will be on their caseload and of any important information about each patient. This is then documented on SystemOne.</p> <p>An urgent marker was added to the mental health inpatient unit's referral form in January 2022.</p> <p>Referring teams are invited to the Regional Resource meeting to present their case. The Head of Healthcare will correspond with the Clinical Director for Secure Care by October 2022 and Offender Health will also have more presence with a psychiatrist in Regional Resource to ensure an MDT approach is being taken. If referring teams are not satisfied with the outcome of the Regional Resource decision, a further meeting will be arranged to discuss the case again further.</p> <p>The Head of Healthcare has liaised with the Service Manager of the Mental Health Team and discussed the need to follow up with all Medium Secure Hospitals when patients are refused a place to discuss the reasons for the refusal and to share the information received with the team.</p>	<p>Head of Healthcare BSMHFT</p>	<p>October 2022</p>
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