

Action Plan in response to the PPO Report into the death of Mr Priyank Vassantlal on 17/11/2020 at HMP Wormwood Scrubs

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	<p>The Governor and Head of Healthcare should ensure that all staff have a clear understanding of their responsibilities to manage prisoners at risk of suicide and self-harm in line with national guidelines, including that:</p> <ul style="list-style-type: none"> •Reception staff consider and record the known risk factors of all newly arrived prisoners. •Staff record, share and consider all relevant information about risk, and start ACCT procedures when indicated. 	Accepted	<p>ACCT v6 was rolled out in July 2021 and awareness training on how to use ACCT to support prisoners at risk of self-harm and suicide has now been delivered to 97% of operational staff. The training covers how to identify risks and triggers and the importance of considering these along with the prisoner's presentation. This also provides guidance on when to open an ACCT and what should be recorded if the decision is made not to open an ACCT.</p> <p>The first night in custody/reception form, used by reception staff to record known risks and triggers, has been updated based on examples of best practice which were shared nationally. This is now in use at the prison and includes a comprehensive custody care record form which captures key information in order to inform considerations and possible actions for the early days in custody, reception and first night centre. The prisoner</p>	<p>Head of Safety and Early Days Lead</p> <p>HMPPS</p> <p>Head of Healthcare</p> <p>PPG</p>	Completed November 2021



			<p>induction passport has also been re-designed to capture all relevant risk information and has been in use since August 2021.</p> <p>Prison managers in the safety team and early days in custody team held a thematic learning meeting with the Deputy Governor on deaths in custody in November 2021. This was led by an NHS nurse consultant and endeavoured to draw together learning from deaths in custody since the pandemic, especially focusing on how teams can work together to identify risk and support prisoners in their first days in custody.</p>		
2	<p>The Head of Healthcare should ensure that prisoners with mental health needs are managed in line with expectations, including that:</p> <ul style="list-style-type: none"> •Information received from community mental health teams, including urgent patient information, can be accessed in a timely manner, is recorded in the SystemOne record, and is shared with and considered by appropriate members of staff. All staff know the pathway for the out-of-hours and weekend assessment of patients who present with an acute mental health need. 	Accepted	<p>Practice Plus Group (PPG) have worked with NHSE England and community providers to implement SystemOne into all criminal justice community services such as courts and police stations. This allows for information to be recorded directly onto the patient's medical record and this then is accessed by healthcare staff upon arrival into prison as long as a patient's identity is confirmed via the NHS Spine.</p> <p>Barnet, Enfield and Haringey Mental Health Trust have added a clear 'Out of Office' to the In-reach mailbox which provides information on the times that the mailbox is monitored and gives clear instructions for communication regarding risk and gives direct telephone numbers and radio call signs for the prison. This guidance has been</p>	<p>Head of Healthcare</p> <p>PPG</p>	Completed



	<p>•Newly arrived prisoners who have been recommended for assessment for admission to a psychiatric hospital under the Mental Health Act are prioritised and assessed at the first opportunity.</p>		<p>shared internally with all staff via email and handovers.</p> <p>All newly arrived prisoners who are recommended for assessment for admission to psychiatric hospital are managed under the RET process at Wormwood Scrubs. This involves a task (by Reception Nurse or GP) to the RET group, picked up by the In-Reach duty nurse and or RET allocated nurse (0900hrs - 1700hrs) and acted upon in line with In-Reach operational policy and information received.</p> <p>Those recommended for admission to psychiatric hospital and not due to be produced under Paragraph 5 will be seen by the RET allocated nurse (a member of the In-Reach Team) at the first opportunity as a high priority.</p> <p>If the Custody Liaison and Diversion Team have attached Paragraph 5 documentation instructing that the prisoner is produced in court on a specified date when the relevant professionals can be gathered - this is usually the following day.</p> <p>This information would ordinarily be emailed through to the team email by the Court Liaison and Diversion team - this sometimes fails for out of area courts who may not have all prison In-Reach contact details.</p>		
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			Training has been delivered for all applicable staff around this model as it has been in use since 2018 but it has been refreshed for all new starters and task inboxes on SystemOne have been updated.		
3	<p>The Governor and Head of Healthcare should ensure that staff manage prisoners held in segregation in line with national guidelines, including that:</p> <ul style="list-style-type: none"> •Prisoners are segregated under the most appropriate Prison Rule. •Prisoners whose presentation warrants a referral to the mental health team should have a review of their segregation health screen. 	Accepted	<p>Governors will be reminded of the circumstances for which each prison rule is appropriate for segregation. Additionally, Governors will be briefed on the findings noted by the PPO in this specific case to ensure all are fully briefed.</p> <p>Use of segregation is reviewed, monitored and discussed at the segregation monitoring and review group (SMARG) where trends in relation to the rules are tracked. Any identified issues feed into relevant actions which are cascaded at the senior management team meeting.</p> <p>A notice to staff (NTS) is due to be published reminding staff that if there are concerns about a prisoner's presentation they should complete a referral to mental health so that they can be assessed appropriately. Additionally, segregation staff will receive a further briefing on how to complete a referral and that following a referral a new segregation health care screening must be completed.</p>	<p>Head of Segregation</p> <p>HMPPS</p>	January 2022



4	The Governor should ensure that staff completing welfare checks satisfy themselves that the prisoner is alive and well.	Accepted	<p>As part of the ACCT v6 training staff have been reminded of the expectations of a welfare check both in day and night states and the requirement to satisfy themselves that prisoners are alive and well.</p> <p>A NTS is due to be published in December 2021 setting out the responsibility on staff to ensure a prisoner's welfare at unlock. The NTS will be reinforced at staff briefings where attendance will be monitored to ensure that all staff have been made aware. The content of the notice is also being incorporated into the induction process for new officers and this information will be incorporated into the 'learning from previous deaths' notice which is re-issued regularly.</p>	<p>Head of Safety & Head of Residence</p> <p>HMPPS</p>	December 2021
5	The Governor and Head of Healthcare should ensure that staff are given clear guidance about the circumstances in which resuscitation is inappropriate in line with European Resuscitation Council Guidelines.	Accepted	PPG have re-issued guidance to all staff around commencing resuscitation in line with current European Resuscitation Council Guidelines. This has also been discussed in clinical supervision with the staff involved to ensure they are supported and given clarity where appropriate.	<p>Head of Healthcare</p> <p>PPG</p>	Completed

