

Action Plan in response to the PPO Report into the death of Mr Daniel Ayers on 25 July 2021 at HMP Winchester

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 staff:</p> <ul style="list-style-type: none"> consider all information that arrives with the prisoner, including both the paper and digital version of the Person Escort Record; record the information they have considered that is relevant to the risk of suicide and self-harm and their full reasoning if they decide not to start ACCT monitoring; and are alert to any deterioration in the prisoner's presentation, particularly those who have a diagnosed mental health condition and/or are undergoing a drug detoxification process, and consider ACCT monitoring where appropriate. 	Accepted	<p>ACCT training, including Suicide and Self-Harm (SASH) awareness sessions, has been added to the monthly training plan and two training shut down days are held each month to deliver all mandated training. ACCT training provides guidance on the effective management of the ACCT process, including the importance of considering and recording all relevant information about risk, and to be alert to any deterioration in presentation and start ACCT procedures when required.</p> <p>The Regional Safety Team delivered targeted awareness training to all staff working in reception and the first night centre, including supervising officers, in November 2022 and this training is ongoing. It involves sharing guidance on checks of the PER, Suicide and Self-Harm warning form and any other risk information that is included as well as monitoring the prisoner's presentation.</p> <p>Prison staff have also been reminded that any mental health or drug and alcohol detox concerns should be reviewed using the induction passport so that all relevant information can be considered when deciding if ACCT monitoring is appropriate. Weekly management checks of the induction passport have also been implemented to ensure the correct completion of risk information.</p>	Head of Safety HMPPS	Completed

			<p>All healthcare staff regularly attend the ACCT training, which includes Suicide and Self-Harm (SASH) awareness sessions, at the prison monthly training shut down days when possible. This is to ensure all healthcare staff are aware how to identify and manage risks.</p> <p>Healthcare staff have been reminded to review and consider all available information in reception, to open an ACCT when concerns have been identified with a patient and to attend all ACCT reviews. All patients on ACCT are also discussed during the daily handovers and if necessary at the MPCCC for any clinical needs. Staff have also been reminded that any mental health or drug and alcohol detox concerns should be documented and reviewed using the induction passport to ensure all relevant information is available when considering whether ACCT monitoring is appropriate.</p>	Head of Healthcare Practice Plus Group (PPG)	
2	The Head of Healthcare should develop a reporting tool to identify mental health referrals that are closed without action or explanation.	Accepted	<p>PPG review mental health data monthly via the Mental Health Dashboard, which includes referral data. This is discussed at the monthly mental health meetings and audited as part of the PROTECT Audit within 'Record Keeping'. These results are logged on the PPG HIJ Action tracker and discussed via the Local Quality Assurance Meetings held monthly.</p> <p>Locally PPG utilises a spreadsheet to log and track all received referrals. Where the referral process has not been completed, the patient and process will be reviewed and managed via the Datix process.</p>	Head of Healthcare PPG	Completed
3	The healthcare provider and the NHSE quality team should consider whether the behaviour of the nurse	Accepted	This member of staff is no longer employed by PPG. The Head of Healthcare has reviewed this case and the staff member involved with the PPG internal practice	Head of Healthcare PPG	Completed

	who cancelled multiple mental health referrals requires discussion with the appropriate regulator.		<p>development panel. The purpose of this panel is to review cases to determine if they meet the threshold for a referral.</p> <p>The Head of Healthcare has discussed this with the NHSE quality team and taken action with the appropriate regulators. The case will go to full investigation and the healthcare provider hold the details.</p>	NHSE Quality Team	
4	The healthcare provider should ensure there is a GP onsite in line with the primary care service specification for prisons in England.	Accepted	There are currently four GP sessions which take place five days per week, which includes all day on a Monday. There is also prescriber provision six days a week for new receptions, where required.	Head of Healthcare PPG	Completed
5	The Head of Healthcare should ensure that prescribers consider the full list of a new prisoner's medications and record their reasons for any they do not continue.	Accepted	<p>A full medication reconciliation is undertaken for all patients within 72 hours of arrival. Where changes to medications are undertaken a pathway is being developed to ensure patients have an opportunity to engage about these decisions and written information is available to them.</p> <p>Clear documentation has been discussed with staff regarding changes made to a patients care, and this is audited as part of the PROTECT Audit within 'Record Keeping'. These results are logged on the PPG HIJ Action tracker and discussed via the Local Quality Assurance Meetings held monthly.</p>	Head of Healthcare PPG	Completed
6	The Head of Healthcare should ensure staff request prisoners' community medical records at the earliest opportunity.	Accepted	Nationally PPG have a process in place called GP2GP, at site level and with patient consent we register as their GP, SCR/ medical records are accessed from the spine. This process runs well at HMP Winchester and admin follow up in real time if there are any delays. The registration process is normally completed and notes available within 24 hours.	Head of Healthcare PPG	Completed

7	The Head of Healthcare should ensure that a prisoner's perspective on detoxification is sought and recorded.	Accepted	Clear documentation has been discussed with staff regarding patients' perception and this is audited as part of the PROTECT Audit within 'Record Keeping'. These results are logged on the PPG HIJ Action tracker and discussed at the monthly Local Quality Assurance Meetings.	Head of Healthcare PPG	Completed
8	The Head of Healthcare should share this report with the members of healthcare staff who were involved in Mr Ayres' care and discuss the Ombudsman's findings with them.	Accepted	All PPO report findings are shared through our PSIRG bi-monthly meetings and the last meeting took place in April 2023. They will also be shared with those individuals involved and the findings discussed.	Head of Healthcare PPG	Completed
9	The Governor should ensure that staff carry out roll checks at the required times and only sign for them if they have completed them themselves.	Accepted	Guidance outlining the requirements for roll checks was sent out to all staff in March 2023. This included information around ensuring checks are completed at the required times and are signed for appropriately, in line with national policy.	Head of Safety HMPPS	Completed
10	The Governor should ensure that control room staff call an ambulance immediately when a medical emergency code is called.	Accepted	A notice to staff on medical emergency codes was published in November 2022 and will be re-published every six months. The notice reminds staff to ensure that the control room is informed immediately using the appropriate medical emergency code and that control room staff request an ambulance immediately when it is required.	Head of Safety HMPPS	Completed
11	The Governor and the 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	Guidance was issued in January 2023 reminding all staff about the Royal College of Nursing and Royal College of General Practitioner's guidance, and when it is appropriate and not appropriate to perform cardiopulmonary resuscitation (CPR). Further training on the requirements of performing CPR will be shared during wing briefings by custodial managers to	Head of Safety HMPPS	Completed

			<p>ensure that all staff understand the CPR procedures and if any issues are raised, further individual training will be given.</p> <p>All registered nurses attend immediate life support (ILS) training and receive yearly updates to ensure ongoing compliance with the requirements.</p>	Head of Healthcare PPG	
12	The Governor and Head of Healthcare should ensure that staff are offered appropriate support following a death in custody.	Accepted	<p>HMP Winchester updated its death in custody contingency plan in January 2023 to ensure it outlines the required response following a death in custody. The incident manager will talk to all staff that are on duty at the time of an incident, and following the hot debrief, to ensure that the immediate needs of any affected staff have been met.</p> <p>Staff can also seek support through the dedicated Care Team, Trauma Risk Management (TRiM) team, Chaplaincy and POELT mentor. There is a postvention 'After a Suicide' booklet for staff that outlines support that is available from Employee Assistance Programme (24/7 service) and PAM assist.</p> <p>Healthcare staff have a psychology lead for reflective practice or clinical supervision which is offered as a group or in a 1:1 meeting. Staff handovers which occur daily involve a thoughtful moment discussion following a death in custody to check for staff welfare. Healthcare also has their own Employee Assistance Programme which is signposted to staff following incidents.</p>	<p>Head of Safety HMPPS</p> <p>Head of Healthcare PPG</p>	Completed