

Action Plan in response to the independent investigation in the case of 'HM', who was seriously assaulted at HMP High Down on 30 October 2015

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The psychiatric in-reach service at HMP High Down should consider the delay in completing the actions arising from the assessment in October 2015 and describe the current arrangements for avoiding such delays.	Accepted	<p>The In-Reach team is currently using a system (task system) where the team member will request background information through the In-Reach Admin staff. When In-Reach Admin gets the task, they will call and email various parties requesting the background information. When they receive the further information, they upload it onto System1 and a task is sent back to the referrer informing them that the information they requested has been uploaded onto System1. Every task that is sent and received is recorded on the system automatically. This helps to audit and helps with checking when a request was made and whether the request has been completed. The Mental Health Team Manager provides oversight of these tasks, checking weekly for any outstanding requests.</p> <p>Patients accepted for secondary mental health assessments (those who meet the threshold for</p>	Mental Health, Central and North West London NHS Foundation Trust	Completed



		<p>severe and enduring mental illness) are allocated a Care Coordinator for assessment. Patients are sent a Feedback Form updating them of the outcome of the referral so they are aware that they will be assessed and are kept informed of their patient journey.</p> <p>The care coordinator or staff member that is requesting information also brings their case (all new assessments) to the weekly Multi-Disciplinary Team (MDT) for discussion. If staff are concerned about a patient and they are having trouble getting background information, this is discussed in the MDT and discussed how it can be escalated to the Team Manager or Service Lead.</p> <p>All new assessments or new cases are discussed in MDT and can be brought back for discussion the following week(s) if further information is still required. Once assessed and discussed in MDT (and if accepted by the MDT for Care Coordination) the patient remains with the Care Coordinator already allocated to them for assessment. This ensures continuity of patient care, enables better management of risk and ensure that patients are not waiting for the allocation of a Care Coordinator after being assessed. Mental Health, Central and North West London NHS Foundation Trust Completed.</p> <p>Currently at HMP High Down there is a clear pathway, supported by Local Operational Policy,</p>		
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			<p>which ensures that all new patient assessments are discussed by an MDT on a weekly basis. Actions and matters arising from the presentation and discussion of the assessment at MDT are now documented on S1 using the MDT template and most are actioned that same day. For example, if a patient requires a review of medications with the psychiatrist as an outcome of the MDT discussion then this will be actioned the same day – placing the patient on the Psychiatry Review Waitlist with notes detailing need and risk and if necessary they can be marked as a priority for review. If further background information is required from community services (such as GP, CMHT, specialist hospital settings) and needs to be actioned as part of the MDT discussion then the patient will remain on the MDT Discussion list for further consideration by the MDT the following week. It is expected that within that 7 day timescale the allocated practitioner will have been able to make contact with services and obtain further, needed, information to allow the MDT to make appropriate decisions regarding need, risk and suitable treatment pathways / interventions.</p>		
2	<p>The in-reach team should consider whether an algorithm based on risk presentation that is high, medium or low, would help to dictate time-frames for specific actions to be taken.</p>	Accepted	<p>CNWL Health & Justice Mental Health and Learning Disability Operational Policy pages 10 and 11 focuses on zoning system (Red, Amber and Green - RAG) where patients are categorised according to their needs. This policy is currently being reviewed. . All patients on staff caseload falls into Red, Amber or Green and their risk, needs will be reflected by the zone they are in.</p>	<p>Mental Health, Central and North West London NHS Foundation Trust</p>	Completed



			<p>Red zone is for patients who are at high risk of harm to self, have a high level of need and are currently in crisis. There may be consideration by the team for admission to a healthcare unit/and or a referral to external services. They will require frequent review and intensive support with reflected changes to care plans, crisis plans and risk assessments. For patients in the red zone, weekly review will include completion of previously agreed actions and, where not completed, what support is appropriate to ensure the actions are completed. Minimum contact is once weekly.</p> <p>Amber zone is for patients for whom the current crisis has passed but who are still at risk of relapse or a further mental health or social crisis, or are at risk of relapse with triggers identified. The risk assessment must include these. For patients in amber zone, the frequency of contact may need reviewing as part of the care plan in order to aim to prevent crisis. The minimum contact in this zone is fortnightly.</p> <p>Green Zone is for patients who are settled in their mental health and social situation. They are monitored for progress with their recovery and their appropriateness for discharge. There needs to be a process of caseload review for those on green zone with consideration of discharge - this can be through supervision or through team</p>		
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			<p>meeting. Minimum contact for someone in this zone is once a month.</p> <p>The zone allocated to a patient will be highlighted on System1 and the contact the patient receives will be according to the guidelines suggested in the LOP. The Mental Health team hold a zoning meeting on a weekly basis where each patient in red and amber zones are discussed and reviewed. All other patients will be in green zone and deemed settled.</p> <p>The team also holds a referral meeting on a daily basis where all new referrals are discussed and allocated accordingly. Each referral is considered as to whether it is routine, urgent or an emergency. All routine referrals are considered within 3 to 5 days, urgent referrals within 24 hrs and emergency referrals are attended to within 4 hrs.</p>		
3	As a considerable time may pass before an Article 2 investigation is commissioned, HMPPS should clarify whether the prison is responsible for completing a full investigation where serious harm to an individual has been sustained.	Accepted	In December 2019 and July 2020 HMPPS circulated a Senior Leaders Bulletin to remind senior managers that incidents of serious self-harm and serious assaults (including cases of unexplained injuries) need to be thoroughly investigated to identify learning that can be used to prevent future incidents and improve safety. It also reminded senior managers of the need to consider the circumstances of the incident and the purpose of the investigation before deciding which type of investigation to commission. Senior	Safety Group HMPPS	Completed



		<p>managers were also signposted to the four HMPPS policies that provide guidance to prisons about conducting investigations following such incidents.</p> <p>In circumstances where it has become apparent that an individual has sustained a serious injury of the type potentially to require an independent investigation under Article 2 ECHR, the Safer Custody Casework Team in HMPPS HQ invites the Governor to review the internal investigations that have taken place and consider whether a formal investigation is required.</p> <p>Additionally, the process for identifying whether an Article 2 investigation is required, or not, has been reviewed and strengthened to ensure Article 2 investigations are commissioned as quickly as possible after the incident occurs. This has included an improved process for obtaining health information to inform the decision.</p>		
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