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Coroner's Office Team Leader
Portsmouth & South East Hampshire
The Coroner's Court
1 Guildhall Square
Portsmouth
PO1 2GJ

██████████,
Head of Approved Premises SWSC
National Probation Service
South West South Central Division
3-5 Barnfield Road
Exeter EX1 1RD

01392 455416 (Direct)
01392 421122 (Switchboard)

10 June 2018

Dear Steven

Re: Anthony Charles Walker, Regulation 28 recommendations

Following the Coroner's Inquest into the death of the above named at The Grange Approved Premises, Purbrook, Hants the Regulation 28 recommendations below were made. The National Probation Service response, provided by ██████████, Head of SWSC Approved Premises, is also below.

1. I heard evidence that there was no liaison between Mr Walker's Keyworker at The Grange and local Mental Health Services which were not therefore involved in Mr Walker's care. I believe such liaison and advice to Probation hostel staff could help prevent future deaths.

NPS response – During the time Mr Walker was resident at The Grange Approved Premises he was not actively engaged with or receiving treatment from the Local Community Mental Health Service. He did, however, seek support from his GP and the Crisis Support Team at the local hospital, both assisted and facilitated by staff at the Approved Premises.

There is no formal arrangement in place between Approved Premises and local Community Mental Health Services, and staff have no mechanism for undertaking enhanced referrals to such services. In addition, due to medical confidentiality, such services will not provide information to Probation staff without the explicit consent of the individual resident.

All residents arriving at Approved Premises are asked to sign a medical consent form to facilitate liaison between the National Probation Service and other agencies, and are expected to liaise as required when aware that any resident is engaged with such services. In the case of Mr Walker this did not happen.

In terms of future action, I will be issuing the following instructions to all Approved Premises across the SWSC Division.

- All new residents will be asked and encouraged to sign the necessary consent forms
- All Approved Premises will seek to identify a Single Point of Contact (SPOC) at the local Community Mental Health Team to enhance liaison opportunities
- Staff will be reminded of the importance of liaison with other agencies involved in the care of residents
- Staff will be reminded to support and facilitate referral to appropriate agencies who can assist in the care and management of residents
- Please also see the National Self-Inflicted Harm/Deaths actions outlined below

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2. I also heard evidence that there was no signposting for staff at The Grange to local Mental Health Services and other agencies that could have assisted with Mr Walker's Care. I believe staff should have such information readily available to them at all times.

NPS response – Although staff were instrumental in facilitating Mr Walker attending appointments with both his GP and the Crisis Team at the local hospital it is accepted that no pro-active signposting occurred. The highlighted actions required by the National Reducing Self-Inflicted Harm/Deaths Action Plan implemented in late 2018 address this recommendation.

The NPS has now produced a National Reducing Self-Inflicted Harm/Deaths Action Plan requiring that all Approved Premises must:

- Ensure staff attend Ligature Training and that ligature knives are available
- Ensure staff attend Self Inflicted Harm/Deaths training
- Ensure staff attend a one day First-Aid training and refresh every 3 years
- Ensure all Approved Premises are linked in with their Local Authority Suicide Prevention Action Plans
- Ensure that Approved Premises staff are communicating with Offender Managers effectively with regards to risk to self information
- Ensure that there are processes and procedures in place to ensure that risk to self concerns are communicated to all Approved Premises staff
- Approved Premises have in place a national process for identifying, assessing, monitoring and managing residents who may pose a risk to self
- Ensure residents are supported to register with the local Approved Premises GP (on a full time or temporary basis) within a week of arrival and that all residents are encouraged to sign a consent for staff to contact GP if necessary and a record made of this.
- Ensure that resident notice boards contain relevant information on suicide prevention, CMHT contact details, Samaritans and to provide Samaritans support cards in the induction pack provided to residents, during crisis and on leaving the Approved Premise.
- Ensure Nominated Approved Premises Manager/Area Manager attends and contributes to Divisional Suicide Prevention Forum
- Implement and develop the role of local Suicide Prevention Champions within Approved Premises to include a Divisional Champions Network.
- Ensure suicide prevention is a standing agenda item at Approved Premises team meetings, cluster Approved Premises meetings, Approved Premises manager and Area Manager meetings, and that emotional wellbeing is covered in Approved Premises residents' meetings
- Every Approved Premise has a distraction box which residents can access at times of crisis or difficulty
- Each Approved Premise has a collated file of local support available for staff to access and provide to residents

This plan is currently being implemented across all SWSC Approved Premises and should address not only the Regulation 28 recommendations but also the many of the wider issues associated with risks related to self-inflicted harm and deaths.

I trust this provides a satisfactory response to the recommendations, and the reassurance sought by the Coroner, however, if any further detail or information is required please do not hesitate to contact me.

Yours sincerely,



Head of Approved Premises