

██████████  
Chief Executive  
Trust Headquarters  
St George's Hospital  
Corporation Street  
Stafford  
ST16 3SR

Mr D.D.W Reid  
His Majesty's Senior Coroner for Worcestershire  
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Dear Mr Reid

**RE: Andrew Paul Shirley (deceased)**

**Report to Prevent Future Deaths**

Thank you for your letter dated 27<sup>th</sup> January 2023, reporting a matter to us, in accordance with Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

May I take this opportunity to reassure you that following Mr Shirley's death, we undertook a thorough investigation into the care delivered by the Midlands Partnership Foundation Trust.

***MATTER OF CONCERN:***

The three areas of concern were;

1. You heard evidence that, following concerns raised in the inquest about failures by the mental healthcare staff at the prison to complete documentation in a timely fashion or, (on occasions) at all, a "rigorous" 2 day training package for all mental healthcare staff at the prison has now been implemented. However, as at 20.01.2023 no data could be provided which showed how many of the current mental healthcare staff at the prison had actually received this training.
2. You heard evidence that v.6 of the ACCT document had been in place at prisons throughout England and Wales since June 2021, and that training relevant thereto consists of;

- i) ACCT v6 training; and
- ii) SASH (suicide and self-harm) model 3 training

However, you also heard that, as at 20.01.2023 (over 18 months after the introduction of the latest ACCT document):

- a) 42% of mental healthcare staff at the prison had not received the ACCT v6 training (but would be receiving it that very day); and
- b) SASH training for all mental healthcare staff had been booked for February and March 2023.

**It is of considerable concern that such a high percentage of mental healthcare staff at the prison may not be in a position to recognise the risk which a prisoner presents of suicide and/or self-harm, and therefore to take the appropriate steps to reduce that risk.**

- 3. You also heard evidence that, despite the introduction of a new Initial Segregation Health Screen Algorithm document for prisoners in the Segregation Unit, there has been no training for mental healthcare staff in how to complete these documents appropriately; and

**It is of particular concern that members of the mental healthcare staff at the prison are expected to have active involvement in the completion of these important documents, which aim to identify prisoners who may be at risk of suicide and/or self-harm if placed in the Segregation Unit, without any suitable training to qualify them to do so.**

Following discussions within the mental health services in the Specialist Services Care Group and with corporate services, I am now in a position to respond to the specific concerns raised during the course of the inquest.

- 4. **You heard evidence that, following concerns raised in the inquest about failures by the mental healthcare staff at the prison to complete documentation in a timely fashion or, (on occasions) at all, a “rigorous” 2 day training package for all mental healthcare staff at the prison has now been implemented. However, as at 20.01.2023 no data could be provided which showed how many of the current mental healthcare staff at the prison had actually received this training.**

MPFT take the issue of record keeping very seriously. To support our Prison staff we provide a range of learning opportunities delivered in a variety of ways.

Record keeping is included as a mandatory element within our Trust Induction during which new staff have to complete an online Data Security Awareness training module which covers Information Governance and General Data Protection Regulations (GDPR). The Trust Induction will be completed within the first 4 weeks. This is currently at 91% compliance for HMP Hewell, with outstanding training to be completed to achieve 100% by 31<sup>st</sup> March 2023.

As part of the local Induction all new staff are given instruction on how to use SystmOne and what would be expected in regard to record keeping standards. These are detailed in

the Inclusion Prisons Good Practice Guide. We have now introduced processes to ensure that the local induction will be completed within the first four weeks of commencement. Inclusion have developed a competency based local induction in which Team managers will sign off staff as competent to practice. Agency nurses complete the same Induction process as permanent staff.

There is a Prison specific record keeping training provided for all staff on an annual basis. We will video record this session so it can be made available to people to watch as part of their induction pending completing the course face to face. Topics covered in this training include:

- The importance of keeping good health records.
- The requirement to record contacts contemporaneously
- The requirement to gather relevant information from other parties involved in their care.
- Making a clinical formulation which directs decision making
- Informed consent
- Care coordination – roles and responsibilities
- MPFT Risk Management processes

The most recent training was delivered in June 2022 at which point we were 100% compliant. Due to staff turnover compliance is currently at 67%. Therefore a further record keeping training session has been planned for 25<sup>th</sup> April 2023 at which point 100% of all our staff will have completed the Prison Specific Record Keeping training. Attendance at the training will be recorded and monitored locally.

Any new staff will view the recording of the training as part of their induction pending attending a face to face session. At the next training we will be using Mr Shirley's case as a case study to demonstrate the importance of good record keeping.

During supervision sessions we review two random case records to ensure that these meet the expected standards of record keeping. In cases where the records don't meet expected standards an improvement plan will be developed with the individual. Supervision occurs at least 6 times a year. This is inclusive of agency staff. Where there are performance issues the frequency will be increased to monthly.

As part of our mandatory training compliance process, service leaders receive monthly monitoring reports detailing current compliance in regard to supervision. If necessary this can also be checked on the live system.

5. You heard evidence that v.6 of the ACCT document had been in place at prisons throughout England and Wales since June 2021, and that training relevant thereto consists of;
  - iii) ACCT v6 training; and
  - iv) SASH (suicide and self-harm) model 3 training

However, you also heard that, as at 20.01.2023 (over 18 months after the introduction of the latest ACCT document):

- a) 42% of mental healthcare staff at the prison had not received the ACCT v6 training (but would be receiving it that very day); and
- b) SASH training for all mental healthcare staff had been booked for February and March 2023.

**It is of considerable concern that such a high percentage of mental healthcare staff at the prison may not be in a position to recognise the risk which a prisoner presents of suicide and/or self-harm, and therefore to take the appropriate steps to reduce that risk.**

ACCT training is provided by the Prison and it is expected that all MPFT Prison staff attend this training as part of their Induction. Attendance at ACCT training is recorded and monitored locally.

An understanding of the ACCT process is part of the Inclusion Prison Induction and needs to be signed off by a manager/supervisor.

As well as attendance at the training all MPFT staff are given a copy of the Inclusion Good Practice Guide to working in Prisons which includes information on ACCT processes. The use and function of the ACCT process is discussed in internal team meetings, MPCCC meetings and in specific ACCT meetings so new staff get the chance to familiarise themselves with how an ACCT is used.

As at March 2023 Mental Healthcare staff at HMP Hewell are 100% compliant with ACCT training.

### **Suicide and Self harm Training**

Clinical Risk Management Training is one of MPFT's mandatory training standards. This includes the identification and management of suicidality. As at March 2023 staff at HMP Hewell were 84% compliant with a plan to achieve 100% compliance by the end of March.

In February 2023 MPFT launched a three level Suicide Mitigation Training which is detailed below. This will be part of the Prison Induction process and will be in place of the current two day training module.

Training	ESR Course Name	Who For	Delivery Method	Duration	Course Aims
LEVEL 1 Zero Suicide Alliance	000 MPFT Zero Suicide Alliance Awareness (Level 1)	All MPFT Staff	E-Learning	30 Minutes	To raise awareness of suicide prevention and mitigation
LEVEL 2 Suicide	301 Suicide Awareness	All Clinical Non	MS Teams	2 Hours	To increase understanding

Awareness for Professionals	for Professionals (Level 2)	Registered & Registered Practitioners in ALL fields of practice			and compassion and reduce the stigma associated with talking about suicide.
LEVEL 3 Suicide Response Part 1 & 2	301 Suicide Response (Level 3)	All Registered Practitioners working in Mental Health & Learning Disability fields	MS Teams	1 Day	To provide clinical tools to enhance the processes of suicide assessment and promote common language to improve prioritisation and referrals.

Completing all three levels will be essential for all registered Clinical Prison staff and will be monitored via our Electronic Staff Record (ESR). 100% Mental Health staff have completed level 1 training and level 2 and 3 are booked to take place in June/July 2023.

Staff continue to have access to the Inclusion Suicide Prevention and Awareness Toolkit. A HMP Hewell suicide prevention strategy is being developed as a partnership approach which includes the Prison, PPG, MPFT as well as other partner agencies such as education and Chaplaincy services.

6. You also heard evidence that, despite the introduction of a new Initial Segregation Health Screen Algorithm document for prisoners in the Segregation Unit, there has been no training for mental healthcare staff in how to complete these documents appropriately; and

**It is of particular concern that members of the mental healthcare staff at the prison are expected to have active involvement in the completion of these important documents, which aim to identify prisoners who may be at risk of suicide and/or self-harm if placed in the Segregation Unit, without any suitable training to qualify them to do so.**

Health Screen Algorithm training is provided to MPFT staff by PPG. This is now in place and all registered nurses at HMP Hewell, inclusive of agency nurses, had completed the training by 3 February 2023. A new member of staff who started 2 weeks ago is the only member of staff not to have completed this but will do as part of their induction. This is part of the required training for staff working in prisons and is provided as part of and will be monitored within our Induction process. We are in dialogue with PPG about how we can get our staff trained to also deliver this training.

While Segregation Health Screening is the responsibility of PPG, MPFT mental health staff will support this process and, where appropriate, contribute to the completion and review of the algorithm.

All new staff will shadow an experienced member of staff supporting the completion of the Algorithm prior to doing so on their own.

I hope this response helps to address your concerns. However, if you require any further information please do not hesitate to contact me.

Yours sincerely



**Chief Executive**  
**Midlands Partnership NHS Foundation Trust**

## Call Handlers Aide Memoire – Self referral

To be used to gather relevant information when patients call to self-refer.

- Find patient on RiO. **IF THEY ARE ALREADY OPEN TO A PATHWAY, AND ARE CALLING DURING THEIR WORKING HOURS, PROVIDE THE NUMBER FOR THEIR PATHWAY AND ADVISE THEM TO CALL THE PATHWAY DIRECTLY (END CALL).**
- Check demographics of caller and update contact details as required. Take tel. number caller is calling from. Check caller's current location. Are they with anyone?

### **MENTAL HEALTH CONCERNS**

- Ask the caller to explain in their own words why they are calling Access and what are their current Mental Health issues? How do they feel this is affecting them?
- Are they currently receiving / or have previously received support from any other Mental Health services? (i.e. counselling /IAPT/ Social Services etc.).
- Establish risks:

### **RISKS**

- **Have they ever Deliberately Self Harmed? If yes, when was the last time? How do they harm themselves?**  
*If actively self-harming at the time of call then to go to Shift Co, or if OOH to relevant Crisis Team and consider calling Emergency Services (follow the UK Triage Tool)*
- **Are they having any thoughts to harm others?**
- **Are they having any suicidal thoughts? YES/NO if Yes is there a plan? If Yes, is the plan imminent?**  
*(If Yes, call to go to Shift Co, if OOH's this must be discussed with the relevant Crisis Team).*

**Place caller on hold and ensure unvalidated progress note is inputted on RiO. Speak with Access shift co. who will advise how to proceed.**

### **Plan:**

Document next steps clearly in progress notes i.e. Referral opened to Access. Tracker sheet to Shift Co (document full name of Shift Co). Or Tracker sheet updated and passed to Shift Co etc.

If OOH, discuss with / advice sought from CRHT Shift Co and include any advice given and steps to be taken either by Access or Client.