

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

www.mpft.nhs.uk

18 July 2024

Dear Sir Adrian,

Re: Regulation 28 Report to Prevent Future Death arising from the inquest into the deaths at Forbury Gardens June 2020

Further to your correspondence dated 20th May 2024 please find a summary below of the actions being taken by Midlands Partnership NHS Foundation Trust ("MPFT"), and specifically the Health in Justice Services department, to address the concerns that you identified regarding secondary mental health care during the periods that Mr Saadallah was in custody at HMP Bullingdon and HMP Huntercombe between 2016-2020.

Responses to the points raised by Judge Fulford

• It was identified that there was a '(F)ailure by MPFT to take steps to retain Mr Saadallah on the waiting list for psychological treatment or restore him to that waiting list, in order to provide him with adequate psychological treatment'

Following the tragic deaths in Forbury Gardens MPFT undertook an internal review; the report summarising the outcome of this internal review was disclosed to the inquest and formed part of the evidence bundle. The internal review identified the need to address psychological care pathways and the management of psychology waiting lists.

Action was taken to refresh the psychology pathway, including updating referral criteria. There has been a further piece of work across the Prisons we work in to standardise practice in regard to psychological care pathways which is due to be completed by the end of August 2024.

MPFT have existing guidance for all clinicians as to the process to be followed when an individual who is receiving treatment from the Trust whilst in Prison is transferred to another establishment. This stipulates that a handover must be provided to the receiving team which details the current plan of care and identified risks.

• It was identified that 'prisoners demonstrating Mr Saadallah's risk factors should have opportunity to participate in long term psychology sessions'





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All individuals currently referred to Mental Health Services within MPFT Health in Justice Services receive a face-to-face assessment in order to identify immediate needs, risk and their appropriateness to be taken onto caseload. This is a holistic assessment which is designed to assist with the identification of need and allocation to the most appropriate clinician to take forward comprehensive assessment, risk management, care planning and delivery of interventions. Following assessment, complex cases are discussed in a weekly Multi-Disciplinary Team meeting to agree the appropriate plan of care.

If a specific Psychological assessment is indicated this will be conducted and this assessment will consider all information and an agreed formulation and potential plan will be developed which will be shared with all involved parties.

• It was identified that 'there was a shortage of staff in prisons to undertake psychological treatment'

We wholeheartedly agree that there would be a myriad of benefits to increasing the psychological workforce in prisons and in community services. We regularly review the skill mix of our prison teams in order to ensure that, within the constraints of the funding available, we employ the right combination of staff to deliver effectively on all aspects of our contracts, including psychological work.

MPFT have worked with NHS England to develop a pilot of the Mental Health & Wellbeing Practitioner (MHWP) role which is a new role within some Health in Justice services. This role is one of the newer psychological professions. MHWPs are trained to provide low intensity psychological interventions to people with severe and enduring mental health difficulties.

Staff have access to an ongoing programme of training which supports our overall Psychological care of people in prisons. This includes learning about Cognitive Behavioural Therapy (CBT), Dialectic Behaviour Therapy (DBT), Trauma Informed care and working with co-occurring conditions.

MPFT would welcome the opportunity to employ more psychological practitioners in prisons, however given the constraints of our current budgets this is not possible. Close partner relationships with individual establishments enable us to take an active part in Health Needs Assessments and, where indicated, to work with NHS England to develop business case submissions to request additional funding for psychological provision in addition to the actions already taken above.

Kind regards.

Yours sincerely,

Chief Executive Officer





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