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[REDACTED]
Dr Andrew Harris, HM Senior Coroner
Southwark Coroner's Office
Tennis Street
London
SE1 1YD

BY POST AND EMAIL: [REDACTED]

19 December 2016

Dear Sir

Inquest touching the death of Richard Walsh

We are providing this letter in response to the Coroner's Regulation 28 Report to Prevent Future Deaths ("Regulation 28 Report") issued pursuant to Regulation 28 and 29 of the Coroner's (Investigations) Regulations 2013 dated 25 October 2016.

Within the Regulation 28 Report, we note the Coroner states that "Virgin Health Care chose not to attend". From the outset we would like to clarify that Virgin Care Services Limited ("Virgin Care") did in fact attend the Pre-Inquest hearing which took place on 16 August 2016 and it was recognised that the deceased was remanded within HMP High Down for 3 days, where Virgin Care provide some but not all of the healthcare services. Legal Counsel made submissions that, given Virgin Care's limited involvement, witnesses could attend the Inquest to provide evidence, but that there was no requirement for Virgin Care to be listed as an Interested Party in this matter, saving both healthcare time and costs. The Coroner agreed with this approach. Subsequently, two witnesses attended the Inquest on behalf of Virgin Care on the requisite days of the 3 week Inquest and gave evidence.

As a result of the Regulation 28 Report, the Coroner has requested that Virgin Care provide their response to Matter 3 in respect of the Coroner's Concerns:

"That the inadequacy of the nurse assessment of fitness for segregation in HMP High Down is a risk. [REDACTED] was not ACCT trained and it appeared that he was unaware of PSI 1700. The inadequacy may reflect individual or wider weaknesses in assessment or choice of accessors that mean prisoners go to segregation when they should be in the health care wing, or that they go without observation, when they should be on an ACCT and receive extra support".

Virgin Care has been "asked to consider whether the process is fit for purpose or whether redesign or further training is indicated". We respond as follows:

Response

The Coroner has recognised that the Nurse involved in this Inquest was not ACCT trained and unaware of PSI 1700. We accept the Coroner's recognition of events and can advise as follows. We attach as **Appendix A** a copy of the "Induction Checklist" for HMP High Down healthcare colleagues. This protocol sets out the induction programme which all healthcare colleagues are required to complete whilst they are supernumerary. This relates to a four week period where they work supervised at all times and so are not considered within staffing numbers for off duty purposes. Pages

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one to three inclusive of the protocol set out a timetable for the expected timeframe for different areas of learning to be covered. The items on page three are expected to be completed within the first month of an individual commencing work at HMP High Down. Item 15 on page three of the induction checklist is "ACCT Awareness". This is current practice and was at the time of the death of Mr Walsh. The induction process had been redrafted prior to the death but after [REDACTED] had started and therefore the Nurse accurately reflected in his evidence that he had not received this ACCT training within his induction.

HMP High Down prison colleagues are responsible for the formal training of **all** colleagues (including those in healthcare) in the ACCT Awareness process. During induction, an overview of the ACCT process is provided and colleagues are made clear the expectations of healthcare staff as part of the ACC process. Within this training session, the importance of the ACCT process is conveyed and the attendance of Virgin Care colleagues attending the formal training – provided by the prison – is emphasised.

Following the induction ACCT awareness training, colleagues are required to sign to say they are satisfied that they have received satisfactory ACCT awareness training; their line manager is also required to sign to say they are confident the new colleague is capable of applying their training and has understood.

In addition, on completion of their induction, arrangements are made for healthcare colleagues to sit in as an observer with experienced members of staff at an ACCT review meeting. This will ensure that new members of staff will not be required to take part in an ACCT review until they have seen how the review meetings proceed.

Since the induction pack was introduced "Seg Algorithms" or alternatively "Fitness for Segregation" forms are also part of the Virgin Care Induction pack for healthcare colleagues at HMP High Down. During induction these are scrutinised between staff and their line manager. At the conclusion of the training, the member of staff will sign, and thereby declare, that they have received relevant training before their induction is completed and they are able to work independently. As part of the training, Virgin Care healthcare colleagues undergo scenario-based training to allow them to practice completing and signing "Fitness for Segregation" forms. An example of the form is attached at **Appendix B**.

Again, this is confirmed by the line manager signing to say they are confident that the new colleague has understood and has demonstrated their competence during the scenario-based training.

The Coroner considered at the Inquest that that the Fitness for Segregation form was not completed accurately by [REDACTED] in the case of Richard Walsh. However, having reviewed the documentation as part of our response to the inquest, we consider that [REDACTED] had completed this form correctly and the information he had at his disposal meant that this gentleman was fit for segregation. The patient was further reviewed by another nurse who also deemed him fit for segregation. [REDACTED] appears to have been led to doubt himself at the inquest.

Since the Inquest, Virgin Care has arranged additional ACCT awareness training with the HMP High Down's Safer Custody department to ensure all current healthcare colleagues receive training in the next few weeks and this will be completed by the end of January 2017. Once all colleagues have received initial or refresher training, this will be monitored on the colleague training log and relevant line managers will ensure all staff are given refresher training at least annually.

Until recently, the prison did not facilitate annual training but they have this year agreed to provide this and all colleagues will, therefore, complete an annual refresher. We attach as **Appendix C** a copy of the “Statutory and Mandatory refresher/update training – [month/year]” from which it will be seen that ‘ACCT – self harm and suicide prevention training’ will be carried out annually.

To further embed the requirement for ACCT awareness, any new member of staff who has joined the Virgin Care healthcare team at HMP High Down will complete the induction process and thereafter there is a requirement to complete annual ACCT training, which forms part of the appraisal review process. At each appraisal, the training matrix is reviewed to ensure colleagues’ training is up to date. It is the responsibility of the Head of Healthcare and the Deputy Head of Healthcare to ensure that the matrix is updated as and when each member of staff completes the required training.

Virgin Care is therefore confident that we now have in place a robust process for ensuring that colleagues have completed the appropriate ACCT awareness training and are aware of PSI 1700 when they commence work at HMP High Down, and that they complete annual refresher training in these areas. Virgin Care is also confident that the training scheme in place gives colleagues appropriate training regarding the ACCT process.

Although we are confident that in this case the Fitness for Segregation form was completed correctly, we have also implemented an auditing process to further assure ourselves of this (see **Appendix D**). Our Lead Nurses within the prison will now carry out four audits throughout each year ensuring that these forms have been filled out adequately, that an appropriate entry is made on the clinical system (SystemOne), an appropriate entry is made on the prisoner’s history sheet and, where appropriate, an entry on the ACCT document is also made. Any material errors should therefore be picked up and, where appropriate, will be addressed at management supervision sessions, with additional training to ensure their competency.

In conclusion, Virgin Care welcomes the constructive comments made by the Coroner in his Regulation 28 Report. The contents of the report have been considered carefully, and Virgin Care has instituted changes to our procedures to ensure robust processes are in place to address the concerns raised by the Coroner.

Should the Coroner have any queries once he has had an opportunity to consider this letter and the attached documentation, he should not hesitate to contact us.

Yours faithfully



**General Counsel and Company Secretary
For and on behalf of Virgin Care Services Limited**

Virgin Care

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