



## Midlands Partnership

NHS Foundation Trust

*A Keele University Teaching Trust*

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

Tel: 0300 790

Mr DM Salter  
HM Senior Coroner for Oxfordshire  
Coroner's Office  
Oxford

Dear Mr Salter

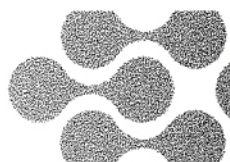
**RE: Daniel Davey**

Thank you for your letter dated 16<sup>th</sup> May 2019, reporting a matter to us, in accordance with Regulations 28 and 29 of the Coroner's (Investigations) Regulations 2013.

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

Following discussions with all parties, I am now in a position to respond to your concerns.

**Matter of Concern 1: "Healthcare attendance at ACCT reviews: It was clear from evidence from prison and healthcare staff that it was not routine for healthcare to attend ACCT reviews. This is a significant concern and it is not in accordance with local and national policy. Encouragingly, the evidence from prison and healthcare staff was that ACCT reviews no longer take place without healthcare attendance and/or input (perhaps over the phone)." You would like "reassurance provided about firstly, communications between prison and healthcare staff in the conduct of ACCT reviews and, secondly a process of auditing ACCT reviews in order to pick up cases where there is no healthcare input".**



Response;

We continue to work with colleagues in Care UK and the prison to ensure we support attendance at ACCT reviews and maintain the improved processes. We comply with the Care UK Local Operating Policy for Healthcare and Subcontracted teams input into the ACCT process.

The Local Operating Procedure identifies there is an expectation that the staff attending the ACCT record this on SystemOne and future reviews are diarised for attendance.

We will actively contribute to quality assurance checks of compliance with this Local Operating Policy including those done as part of the PROTECT audits and are committed to improving our service delivery in response to any actions identified within these checks. In addition we will work with Care UK and the prison in the development of procedures for escalation should healthcare, for any reason, be unable to attend an ACCT review.

**Matter of Concern 2: “Reviews of mental health “in possession medication risk assessments: relates to a prisoner placed on an ACCT. Initially a template is used at the prison healthcare screen to determine if medication should be held in possession or not. This is subsequently reviewed by the prescriber and, on opening an ACCT, there is an automatic review of the risk assessment in accordance with CUK’s policy. In the case of Mr Davey, there was an initial risk assessment at reception and he was deemed suitable for in possession medication, but this was not reviewed when he was subsequently placed on the 2 ACCT documents in December and January or when he disclosed to a mental health nurse on 29<sup>th</sup> December that he had a plan to kill himself. You would like reassurance that the in possession risk assessments are reviewed. A related concern was that information about in possession medication was not available to prison officers thus there could be a time delay between a person experiencing a mental health crisis and healthcare involvement/reassessment, potentially leaving the person with access to in possession medication at a time of crisis.”**

Response:

As was stated at the inquest, our prescriber's always record on the prescription form whether the medication they are prescribing should be held in possession. We have reminded our staff to ensure when they are reviewing any medication that they, where necessary, include an update of the 'Medication In possession risk assessment' which goes onto SystemOne, which in turn will feed into the ACCT. This ensures that both dispensing staff and prison staff are aware of any changes and respond accordingly, this will include the removal of any medicines currently being held.

As part of the ACCT LOP we are committed to working with colleagues in Care UK, Pharmacy and Safer Custody regarding medication reviews and “stop checks”.

In addition, this case has been reviewed with the staff involved and the learning shared that whenever a patient indicates changes in presentation in relation to serious self-harm, such as changes in suicidal ideation or a plan, that in all circumstances this will trigger the opening of an ACCT.

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



Neil Carr  
Chief Executive