## Action Plan in response to the PPO Report into the death of

## Baby B at HMP Styal on 18 June 2020

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare and the Director of Nursing for Spectrum should:  a) review Nurse 2's clinical practice and consider whether she requires further training and professional support.  b) discuss the findings of this report with her personally; and  c) consider whether her actions on 18 June 2020 are a matter for local resolution or if they represent a pattern which would require discussion with the Nursing and Midwifery Council.	Accepted	Spectrum have undertaken additional work including an internal quality assurance assessment of Nurse 2's record keeping. This was instigated in December 2020 under the direction of the previous Director of Nursing via an internal investigation process. This reported no evidence to support a wider issue of concern with Nurse 2's record keeping.  The Head of Healthcare with support of Spectrum's Quality Team undertook a review of previous PPO reports where Nurse 2 featured and no themes or trends were identified.  The findings of the draft report have been shared and discussed with Nurse 2 as part of the supervision and support put in place in response to the review of her clinical practice.  The actions of the nurse on 18 June have been referred to the Nursing and Midwifery Council.	Head of Healthcare Spectrum	Completed

2	The Head of Healthcare and the Director of Nursing for Spectrum should ensure that:  a) requests from officers for nurses to attend women are always recorded on the clinical record.  b) nurses consult the clinical record when triaging calls from officers; and  c) all relevant information is handed over at shift changes.	Accepted	Requests from officers for nurses to attend women who express a healthcare need are an established way of accessing patient care at HMP Styal. Requests are normally triaged by the nurse on call to prioritise clinical response. After the assessment of the patient the nurse will update the clinical record. SystmOne computers are located within healthcare and clinical rooms.  The Head of Healthcare and senior clinical leads have reiterated to clinical staff the importance of consulting the clinical record for essential clinical context to support clinical decision making whenever possible in advance of attending to patients; ensuring contemporaneous clinical record keeping for every contact or concern raised including those from officers. Clinical records are used to formulate interventions.  Whilst clinical record keeping is routinely audited Spectrum have recently instigated an extra process for auditing against criterion and standards of nurse triage from direct officer referrals. This enhanced audit process is led by the Head of Healthcare. This will be operational and further evaluated in February 2022.  All Nurse handovers (am and pm) are now recorded electronically on a ledger based on SystmOne from which all information is accessible. Wider handovers of all services take place daily and are minuted and logged on an accessible file on share drive. These wider handovers will now be amended to adopt the new patient safety huddles ensuring full compliance as per the Standard Operating Procedure (SOP).	Head of Healthcare Spectrum	Completed
			compliance as per the Standard Operating Procedure (SOP).  All clinical staff involved in this incident have received defensible record keeping training and a rolling programme of this training is available to all healthcare staff at HMP Styal.		

3	The Director of Health and Justice for NHS England should ensure that nurses in women's prisons receive training in recognising the signs of early labour.	Accepted	While NHS England and NHS Improvement (NHS EI) does not hold direct responsibility for training operational staff as this is the responsibility of the provider organisations, commissioned providers must evidence that they field competent and appropriately trained staff to fulfil specific requirements in their contractual obligations.  The Specialised Commissioning, Health and Justice Delivery Group (SCHJDG) is the NHSEI national leadership forum providing systematic assurance performance and oversight for NHSEI's Health and Justice commissioning responsibilities for prisons and other places of detention, through both the national and regional teams. This includes oversight of the quality, safety and patients' experiences of these commissioned services with a focus on improving health outcomes and reducing variation across England.  NHS EI are revising all health service specifications relating to women's prisons. This includes the Maternity Service Specification which will include a requirement that, along with the training that exists presently for all prison healthcare staff, recognising the early signs of labour will now be added into such training, including pathways into local maternity services.  The National Prison Primary Care Service Specification will be reviewed and the requirement for healthcare providers to ensure all nurses are trained to recognise early signs of labour will be considered.	Director of Health and Justice NHS EI	March 2022
4	The Head of HMPPS Women's Team, in conjunction with NHS England, should provide guidance for all staff in women's prisons on what to	Accepted	HMPPS engaged with NHS EI to develop specific guidance for all staff in women's prisons on what to do in the event of an unexpected birth. This guidance was provided to all women's prisons on 6th August 2021.	Head of Women's Team HMPPS	Completed

	do in the event of an unexpected birth. This should emphasise the need to obtain a rapid response from the ambulance service to guide staff through rescue breaths and keeping the baby warm.		This guidance is now contained within the new Policy Framework on pregnancy, mother and baby units and mothers separated from children under the age of two years in women's prisons, which was published on 20th September 2021.		
5	The Head of Healthcare and the Director of Nursing for Spectrum should ensure that:  a) training is provided for nursing staff in reproductive health; including long-acting reversible contraception.  b) all nurses undertaking secondary healthcare screening should be able to demonstrate competence in basic reproductive health as defined in the Royal College of Nursing's sexual health education directory.	Accepted	Dedicated contraception training was delivered to all staff in September 2021 with further training planned for 2021. This has been designed and delivered by Spectrum's Cluster Manager and Head of Sexual Health services in Wigan. 20 staff attended this training which has been saved as a further resource and will be featured in the onboarding staff induction.  A copy of this training has been embedded and a further Essentials in Sexual Health Training course is being delivered to maintain competencies for annual refreshers.  Further training will be mandated for all staff to undertake the e-learning module, a new training delivery model which will be embedded over the next 6 months.  All female patients have secondary health screening within 24 hours of arrival and a pregnancy test is offered again at this screening if declined at first reception. Patients are also offered to be seen by a Health Promotion Coordinator who offers additional health promotion services including around sexual health screening and any pregnancy concerns. This post also presents on the patient induction programme which allows a great opportunity to speak up and address any key issues. A weekly clinic is also carried out by a Specialist Sexual Health Doctor Contraceptive and Sexual Health CASH) who takes referrals from the above practitioners and on-site GPs.	Head of Healthcare Spectrum	Completed

6	The Director of Health and Justice for NHS England should review the initial and secondary screening tools used in the women's estate and ensure that: a) both templates reflect the gender specific standards introduced by Public Health England (PHE). b) all pre-menopausal women are offered a pregnancy test at both the	Accepted	A review of the Women's prisons reception screening templates commenced in July 2021. This work includes the gender specific standards introduced by PHE. A project steering group has been established to deliver this work with dedicated project management. Terms of Reference for the steering group and eight workstreams have been drafted to cover the key elements of the screening tools.  The screening templates will include the offer of a pregnancy test for all women of child bearing age within both the initial and secondary health assessments. The secondary health assessment template will also include the provision for a detailed reproductive health and obstetric history to be taken and for a discussion about sexual health and menstrual	Director of Health and Justice NHS EI	June 2022
	initial and secondary health assessments. c) the secondary health assessment template should include provision for a detailed reproductive health and obstetric		history.  NHS EI published the national Primary care service – medical and nursing for prisons in England service specification in 2020. Appendix 2 outlines considerations for specific patient groups which includes women in prison. This contains the		
	history to be taken and for a discussion about sexual health, menstrual history and contraceptive history.  d) staff should receive operational guidance on taking a trauma informed		following two measures relating to trauma informed care training:  • A trauma informed approach is employed in the women's estate by healthcare, prison staff and other partner agencies.  • All staff to receive trauma informed care training within three months of starting and refresher every two years.		
	approach to discussing this area of women's health.		The Local Women's Prison Delivery Boards will be requested to have in place a system to ensure that health providers are meeting the specification measures above and have a mechanism for receiving feedback on services and staff approach as part of its trauma informed approach.		

7	The Director of Health and Justice for NHS England Prison Service should develop a system where a pregnancy test is routinely offered before a medication that is known to or has the potential to affect a foetus is prescribed or continued.	Accepted	Routine pregnancy tests are offered to all women as they arrive in prison and should be offered throughout their sentence if there are concerns that an individual might be pregnant. These cannot be mandated, and a person has the right to refuse them.  Health and Justice services commission an equivalent clinical service to primary care which aligns with professional guidance on prescribing medicines. Prescribers must take account of the risk of pregnancy as part of the clinical consultation with a patient and this will inform the decisions about which medicine to select and continued prescribing.  Although a pregnancy test is not routinely offered before a medicine is prescribed to a woman/girl who could be pregnant the question of possible pregnancy is asked. If a woman refused one at reception and wanted or required one later for personal or clinical reasons a test would be provided.  All prescribers are expected as part of their prescribing competence to take into account the potential for a woman of childbearing age to be pregnant or become pregnant during the course of the prescribed treatment.	Director of Health and Justice NHS EI	Completed
8	The Governor and Head of Healthcare should share this report with the staff named in it and give them the opportunity to discuss it in a supportive environment.	Accepted	The draft report has been shared with HMPPS staff named within the report, and the required support provided to them.  Spectrum have shared the draft report with all individuals involved offering them time and space to read the report and discuss any of the findings with the Head of Healthcare, Director of Nursing and Head of Nursing.	Governor HMPPS Head of Healthcare Spectrum	Completed