

Professor Sir Bruce Keogh
National Medical Director
Skipton House
80 London Road
SE1 6LH

Miss Barbara Stow
Independent Investigation

30 August 2017

Dear Miss Stow

**Re: Report of an investigation into the circumstances of an act of self-harm
by WA at HMP Ranby**

Thank you for your final investigation report into the circumstances surrounding WA's life-threatening attempted suicide on 18 February 2012.

NHS England has carefully considered your investigation report noting two recommendations for healthcare. This response has been prepared by NHS England with due regard to NoMs guidance "Investigations and Learnings Following Serious Incidents of Self-Harm or Serious Assault" (psi 15/2004 revised in 20)

Firstly, I would like to draw your attention to some important changes to the healthcare provision that have occurred since WA's life-threatening attempted suicide before responding to your recommendations.

At the time of WA's attempted suicide, the healthcare services at HMP Ranby and HMP Lincoln were commissioned by South Yorkshire and Bassetlaw PCT and Lincolnshire Teaching PCT respectively. NHS England took over responsibility for the commissioning of healthcare in English prisons on 1 April 2013 following the implementation of the Health and Social Care Act (2012).

In February 2012, Medacs Healthcare PLC was the provider of healthcare services at HMP Ranby. Since 1 April 2013, healthcare services, including primary physical and mental healthcare and secondary mental healthcare, have been provided by Nottinghamshire Healthcare NHS Foundation Trust, who are also the providers of substance misuse services at HMP Ranby.

The provider of healthcare services at HMP Lincoln in February 2012 was Lincolnshire Partnership NHS Foundation Trust. Since 1 October 2014, Nottinghamshire Healthcare NHS Foundation Trust has provided healthcare services at HMP Lincoln.

I now turn to your recommendations, which are responded to in turn below.

Recommendation 1

You recommended that those responsible for healthcare governance at HMP Lincoln and HMP Ranby:

1. identify the requirements of good practice in the specific areas identified in your report, in the light of the problems that occurred in this case and taking account of NHS and HMPPS policies
2. review their current arrangements and amend them if necessary to meet the requirements of good practice
3. check that effective processes are in place to ensure common expectations and compliance by all staff who undertake these procedures, including any temporary staff.

Making and monitoring of referrals for assessment for NHS mental health units (HMP Lincoln)

NHS England continues to work with partners across the criminal justice system to improve services for offenders with mental health difficulties. In line with the Five Year Forward View for Mental Health, and our Strategic Direction for Health and Justice, we are, along with our partners Police and Crime Commissioners, clinicians, HMPPS, Ministry of Justice, the Department of Health and experts by experience, working to intervene at the earliest opportunity to ensure that offenders receive the right care, in the right place, at the right time.

We are working robustly with our partners to review the Mental Health service specification for prisons, in line with our commitment set out in the Next Steps for the Mental Health Five Year Forward View, to enable access to high quality care when it is required. This is due to be published by December 2017.

NHS England is currently carrying out a service review across the adult secure services, this commenced in June 2016. This service review is considering a number of issues including the capacity required against a number of criteria including levels of security, gender, service types and geographical location. A key principle of the review is that the secure beds must be part of a pathway of care and, where relevant, this includes prison. Planning is taking place based on local population need, in keeping with strategy and policy direction for mental health and learning disabilities. The pressure being experienced within prisons is being considered as part of the service review. Similarly a more detailed understanding of difficulties in the system in relation to remissions from hospital to prison is being considered so that access, egress and throughput is improved. This is key to ensuring that the appropriate capacity is planned for the future.

In relation to high secure services, a review of the clinical model and specification has recently commenced, including a focus on access assessment services. This will contribute, in a similar way to that described above, to a review of how these services are commissioned and provided.

The current Prison Transfer and Remission Guidance published by DH in 2011 is

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being reviewed and will include the learning from all of the above work streams. In particular a focus of the work is about ensuring that the most appropriate timescales are developed and implemented in relation to prison transfers and remission, taking into account clinical urgency and need.

At HMP Lincoln, a mental health assessment is undertaken by the provider of mental healthcare in the prison. Where a decision is made that specialist care is required and would be best delivered in a hospital setting, the mental health provider makes a request to a team within NHS England called Specialised Commissioners ("Spec Comm"). Local monthly meetings between prison provider, specialised commissioning and health and justice review and unblock patients WAaiting transfer (and assessment) as appropriate across East Midlands.

Spec Comms' job is to liaise with the prison healthcare provider and make arrangements for a suitable placement for the patient in a secure hospital environment outside of the prison. Their role is to manage the prisoner's case and they will endeavour to find a suitable hospital placement close to the prisoner's home location, wherever possible. In cases where the patient requires very specialist care or because of bed availability, it is not always possible to find a hospital placement near the patient's home.

Once the hospital place has been identified, psychiatrists undertake another assessment to ensure that they agree with the initial assessment and to ensure that the hospital can meet the needs of the patient.

After this has all been agreed, and a bed is available, the Governor of the prison makes an application, called a Warrant, to the Ministry of Justice (MoJ) for the patient to be transferred to hospital. The MoJ will review the facts and make the final decision.

A date and time for transfer is agreed between the healthcare team in the prison, the Governor and the receiving hospital once the Warrant has been received. The prison then makes the necessary arrangements to transfer the prisoner to hospital.

Clinical hold (HMP Lincoln)

Prisons should have systems in place to ensure the continuity of a prisoner's care in any transfer or release in accordance with Prison Service Order (PSO) 3050 Continuity of Healthcare for Prisoners. These systems should include processes for clinical hold.

The healthcare provider at HMP Lincoln makes a recommendation to the Deputy Governor for a prisoner to be placed on 'clinical hold' if the individual prisoner is mid treatment (mental health or physical health) and they consider that it would be beneficial for them to continue to receive treatment at the prison. The prison considers the request and, where appropriate, the prisoner is withheld from transfer to another prison for a period of time for clinical reasons. There may be occasions when a transfer takes place after a 'clinical hold' has been requested, for example, where there are overriding operational reasons for the transfer to go

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ahead.

Assessment of fitness for transfer (HMP Lincoln)

A fitness for transfer assessment is carried out by a member of the physical healthcare team at HMP Lincoln ahead of all transfers. This involves the healthcare team seeing the prisoner and reviewing their clinical record. They also discuss relevant cases with the mental health team or request that the mental health team carries out a face to face fitness for transfer assessment. The mental health team is advised when (and where) the prisoner is to be transferred so that a verbal telephone handover can be given to the receiving establishment. The physical healthcare team also provides the receiving prison with a verbal handover for prisoners with complex needs.

Handover of healthcare information during prisoner transfers (including primary and secondary mental health) (HMP Lincoln)

Prisoners' medical records are retained electronically on SystmOne and can be accessed by the receiving prison immediately the prisoner is registered at the receiving establishment. A paper summary sheet detailing relevant current medical history, medications and transfer details (e.g. fitness to travel) [is sent with the prison escort and passed to the reception nurse on the patients arrival at the receiving prison. A verbal handover is provided to the receiving prison in cases where a prisoner has specific mental health or complex health needs.

Healthcare screening always undertaken by clinically qualified staff (HMP Ranby)

Since NHS England's inception on 1st April 2013 robust healthcare screening at HMP Ranby is undertaken by a qualified member of staff. Currently, general nurses undertake the healthcare screening at HMP Ranby. Nottinghamshire Healthcare NHS Foundation Trust is working to ensure that the full complement of general nursing staff at HMP Ranby have undertaken mental health WAareness training; this is a rolling programme and will continue to be delivered as new staff take up post.

Requirements for the scope of reception screening (HMP Ranby)

In accordance with Prison Service instruction (PSI) 07/2015 'Early Day in Custody' and PSO 3050 'Continuity of Healthcare for Prisoners,' all incoming prisoners must be medically examined by a qualified member of the Healthcare team, or a competent and trained Health Care Assistant, who has been trained in ACCT procedures, to determine whether they have any short or long term physical or mental health needs, including disability, drugs or alcohol issues, and ensure that any follow up action is taken, that anyone who needs to know about individual prisoners' ongoing healthcare requirements is informed, and that actions taken are recorded in the appropriate record.

At HMP Ranby, the healthcare professional carrying out the reception/first night screen will seek the consent of the prisoner to undertake the health screen. If the reception health screen is refused, the reason why is recorded and repeated

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attempts will be made to complete the process. It is expected that a prisoner will be referred to the substance misuse / mental health service on the same day if they are identified at reception as either:

1. already participating in a substance misuse treatment programme; or
2. already under the care of mental health services.

Prisoners presenting at reception, or at the general health assessment stage, who identify an active substance misuse but are not currently on a substance misuse clinical programme will undertake a drugs test. HMP Ranby has put in place systems with the substance misuse team to enable this to be undertaken in a timely fashion.

Systems are in place to ensure that prisoners arriving with medication at HMP Ranby are able to maintain access to their medication in line with their treatment regime. This should usually include completion of an In-Possession risk assessment in line with the healthcare provider's medicines management policies. Under no circumstances should prisoners be denied access to their medication or be made to have an enforced break in their medication regime.

Within one working day of reception the healthcare provider will initiate contact with the transferring prison where it is possible to verify patient engagement with healthcare services

The health screening service is available within the agreed hours of reception at HMP Ranby. In cases where transfer or reception of prisoners for operational reasons falls outside of these times then all efforts are made to accommodate the screening at that time. When a prisoner is identified as at risk of harm to self or others, the healthcare provider informs and shares information with the relevant agencies and takes action in line with local safeguarding and risk management procedures.

Ensure all prisoners receive a full healthcare assessment by a qualified physician within 72 hours (HMP Ranby)

All patients are offered a more in-depth health assessment during the reception health screen which, if accepted, must be completed within 72 hours of reception (in accordance with PSO 3050). The full assessment screening is completed and is considered to be the equivalent of the Community GP practice offering.

The healthcare provider advises the prisoner of the range of health services available within the establishment and offers information about:

1. how healthcare services can be accessed
2. current waiting times
3. how to make a complaint or submit a compliment (internally and externally)
4. how to get involved in patient engagement activities.

The health assessment is based on best practice and utilises recognised screening tools which include assessments for physical and mental health problems including urine test and blood pressure.

Outcomes for individuals undergoing a health assessment screen include, as a minimum:

1. A full assessment of their healthcare requirements whilst within the establishment
2. Ordering of appropriate diagnostic tests
3. Ensuring medication is identified and available
4. Making and receiving referrals. There must be a clear pathway for managing referrals where a health need is indicated.
5. Liaison with the mental health and substance misuse teams where concerns are identified.
6. Arranging admission to the inpatient unit where there is a significant health need.
7. Accurate documentation regarding decision-making, care and treatment and the sharing of ethical and practical information with other services within the establishment.

Requirements for the assessment and review of prisoners in segregation (HMP Ranby)

The Nottinghamshire Healthcare NHS Foundation Trust's Mental Health team are responsible for the medication of prisoners within the segregation unit at HMP Ranby. The team review see all prisoners in the segregation unit on a daily basis *to check they are well and have no immediate healthcare needs or suicidal intent or self-harm ideation, this includes a review of medication concordance.* A GP or the most senior nurse on duty conducts an additional review every 72 hours as per Prison Service Order 1700 and Prison Service Instruction 64/2011. The safety algorithm for segregation on SystemOne is completed by a member of healthcare (mental health if on duty) prior to a prisoner being located in cellular confinement within the segregation unit.

Clinical Quality Review visits, both scheduled and unscheduled, are undertaken by NHS England's Health & Justice Clinical Quality and Patient Safety Manager, accompanied by a wider visiting team of subject matter experts, including responsible commissioners, at least on an annual basis as part of contract performance management and clinical quality assurance. This is in addition to HMCIP, CQC and the providers own clinical quality audits and reviews (as per their contractual requirements)

Recommendation 2

You recommended that NHS England and HMPPS:

1. take note of the findings in Chapter 11, and consider jointly in the light of this investigation whether the lessons of this investigation have a wider application;
2. in particular, that they consider whether they are satisfied that adequate arrangements are now in place to ensure that consistent standards of delivery are achieved by diverse healthcare providers throughout the prison estate in the following areas:

- (a) continuity of care when prisoners are transferred between

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establishments, including the transfer of records, guidance on 'clinical hold', and the circumstances in which summary written or oral handover is required;

(b) induction of healthcare staff, including temporary staff, so that they are familiar with the protocols and standards that govern procedures in prison that do not apply in community settings: particular areas are reception, segregation, administration of medication, and the identification of, and support for, prisoners at risk of self-harm.

Continuity of care for people who move across the criminal justice system is a key area of improvement work for NHS England. To support this NHS England has procured a new clinical IT system which will include GP to GP transfer of care records. This will allow the transfer of the patients full community GP records both into and out of the secure setting upon registration with the prison GP services if the patient chooses to register with the prison GP services. Access to the high level summary care record by secondary care will also be enabled through this enhanced system. NHS England anticipates that the contract for this system will be commenced in summer 2017 and that the improvements to the functionality described above will be implemented progressively throughout 2017 and 2018.

Should a patient choose not to register with the prison practice the healthcare staff will be able to access the patients' community summary care record. Whilst this will not give full access to the entire patient record, it will allow for key information to be available, including current medication, allergies information, long term conditions and the last few acute appointments.

NHS England is supporting HMPPS with its review of the Person Escort Record (PER). This revised form ensures that all current and relevant information, including health information, is held in one document and transfers with the prisoner from police custody through to reception into prison and during any subsequent prison transfer or release. The roll out of the paper form pilot is still ongoing and work is being undertaken to ensuring PER training will be available to all operational staff. This is expected to be launched by March 2017.

Where prisoners have complex health needs, then the healthcare team provides the receiving prison with a verbal handover.

In respect of the induction of healthcare staff, NHS England procures and commissions healthcare services from third party healthcare providers. The procurement process uses an outcomes focused service specification. These specifications require all third party healthcare providers to ensure that their healthcare staff are aware and understand all Prison Service Instructions and Prison Service Orders relating to their area of work. For all healthcare staff working in prison this would include a working knowledge of:

- *PSI 64/2011 Safer Custody* which includes assessing the individuals a prisoners risk of suicide/self-harm and implementing the ACCT process;
- *Early days in custody – reception in, first night in custody, and induction to custody* which provides guidance on the healthcare first night screen

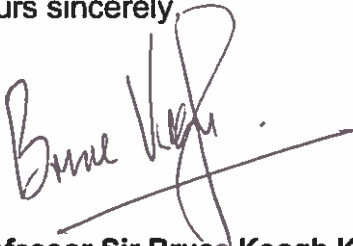
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during the reception process, assessing for risk of suicide and self-harm during the early days and use of the ACCT process where required.

All healthcare provider staff undergo both prison and internal health trust induction and a period of shadowing an experienced member of staff.

I hope that the above response addresses the findings and recommendations made in the Article 2 investigation report. I would like to assure the Ministry of Justice that NHS England are working to address the issues raised in support of the State's obligations under Article 2 ECHR.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Bruce Keogh', written over a horizontal line.

Professor Sir Bruce Keogh KBE, MD, DSc, FRCS, FRCP
National Medical Director
NHS England