

NHS England  
Skipton House  
80 London Road  
London  
SE1 6LU

May 2018

Dear Ms Stow

**Re: Independent investigation into the case of WA.**

Thank you for your letter which you addressed to Her Majesty's Prison and Probation Service dated 31 January 2018 which I received on 12 February 2018. Your letter was in regard to the ongoing independent investigation into the attempted serious self-harm by WA at HMP Ranby on 18 February 2012, and requested NHS England to provide additional supporting information and assurance in respect of the current arrangements at HMP Lincoln and HMP Ranby from the healthcare provider Nottinghamshire Healthcare NHS Foundation Trust (NHFT). NHS England wrote to the Executive Director of Forensic Services at NHFT to ask for the additional supporting information and assurance as requested in your letter. The letter and responses are attached making reference to each of the recommendations made within the previous correspondence.

As part of this response it may be useful to provide an overview of the role played by NHS England (North Midlands) Health and Justice Commissioning Team ("NHS England (North Midlands)") in the provision of healthcare at HMP Lincoln and HMP Ranby. NHS England has the role of the responsible Commissioner with a statutory duty to arrange for the provision of healthcare services. As part of its commissioning responsibility, NHS England (North Midlands) holds quarterly Contract Review Meetings (CRM). A standing item on the agenda includes the review of any Serious Incidents and Prison and Probation Ombudsman recommendations along with the healthcare provider's action plans to ensure the relevant concerns raised by Coroners or HMIP/CQC inspections are being adequately addressed and mitigated against. Progress against agreed actions is also monitored through and signed off at the CRM once completed.

NHS England (North Midlands) receives monthly Quality Reports which are reviewed and any concerns identified through this process or raised by partners will be responded to according to the contract provisions.

In addition to the above, NHS England has an annual clinical quality visit process which supports Commissioners to obtain assurance that all the recommendations from the action plans have been adhered to and that, where required, practice has changed/improved. This will be evidenced by reviewing policies, procedures,

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reviewing practice and service delivery.

I hope the information provided addresses the additional queries you raised within your letter and provides assurances that NHS England is working with our healthcare providers to make sure recommendations are implemented within healthcare at both HMP Lincoln and HMP Ranby, and the wider prison estate.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. Powis', written in a cursive style.

**Professor Stephen Powis**  
**National Medical Director**  
**NHS England**

Our Ref: EM  
Your Ref: PW

**BY E-MAIL**

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**Peter Wright**  
Executive Director of Forensic  
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Dear Peter

14 March 2018

**Article 2 Independent Investigation: Incident of attempt of Serious Self Harm, Prisoner WA.**

With respect to the ongoing Article 2 Independent investigation into the attempt of serious self-harm by prisoner WA at HMP Ranby on 18 February 2012, NHS England have been approached by the Independent Investigator for additional supporting information and assurance in respect of current arrangements for elements of healthcare delivery and processes at HMP Lincoln and HMP Ranby.

It would be helpful if Nottinghamshire Healthcare NHS Foundation Trust (NHFT) could support NHS England to respond to this request. Elements of the confidential correspondence received have been extracted. The comments of the Independent Investigator are in *italics*

**WA Further considerations request:**

**Recommendation 1**

**Ranby (d) - defining requirements for the assessment and review of prisoners in Segregation**

*The response from NHS England says that the segregation safety algorithm is completed by a nurse but gives no further detail. I should like to draw your attention to the particular concern in this case, which was the need to comply with the instruction on the algorithm that it should be completed after:*

- *A discussion with the prisoner;*
- *Reference to his / her clinical record and any other relevant documentation e.g. incident report and ACCT if appropriate;*
- *Gathering information from other members of the care team/discipline staff;*

- *Reviewing the nature of the incident, which led to segregation being necessary to check for indicators of mental distress.*

Recommendation	Prison	Response from NHFT
<p>Identify the requirements of good practice in the light of the problems that occurred in this case and taking account of NHS and [HMPPS] policies.</p>	<p><b>HMP Ranby</b></p>	<p>The prisoner is seen by a qualified nurse within 2 hours as per the PSI 1700.</p> <p>The Nurse should ascertain the reason for segregation.</p> <p>The Nurse should view the prisoner's medical record to look for relevant physical and or mental health needs including medication and risk issues.</p> <p>On arrival at the segregation unit the Nurse should ask to view any ACCT documentation if relevant and any incident forms for e.g. the F213 regarding injury.</p> <p>The nurse should then be escorted to see the prisoner and converse with the prisoner asking questions regarding :</p> <ul style="list-style-type: none"> <li>• Current health status?</li> <li>• Any injuries?</li> <li>• Any medication?</li> <li>• Are they under the Mental health team?</li> <li>• Have they got any history of self harm/suicide?</li> <li>• How are they currently feeling?</li> </ul> <p>The nurse should then make an assessment of the prisoner's suitability to be segregated and complete the Prison's hard copy of the algorithm and hand over any relevant information to the segregation staff.</p> <p>The Nurse should then make any necessary referrals to other pathways if necessary and document the conversation and algorithm within the prisoner's medical record.</p>
<p>Review their current arrangements and amend them if necessary to meet the requirements of good practice</p>	<p><b>HMP Ranby</b></p>	<p>The process and arrangements within HMP Ranby are as documented in the above good practice process section.</p>

<p>Check that effective processes are in place to ensure common expectations and compliance by all staff who undertake these procedures including Temporary staff.</p>	<p><b>HMP Ranby</b></p>	<p>The Mental Health Matron is the link Nurse for the segregation unit and liaises closely with the Safer custody Governor.</p> <p>The Governor carries out their own audit on the algorithm to ensure completion as per the PSI and any breaches are raised with the Matron.</p> <p>The electronic algorithm includes a mandatory section which asks if the prisoner has any thoughts of self-harm or suicide.</p> <p>The electronic algorithms are logged on systmone and reports can be run to ensure the algorithm is fully completed.</p> <p>All Matrons have been tasked to audit 10 random case notes per month as part of the local audit programme this is planned to start in April 2018.</p> <p>It will be beneficial for the Matron to add segregation algorithm to his local audit programme to ensure conversations are being documented .</p> <p>In HMP Ranby it is usual practice where possible that the segregation unit contact the Mental Health team to complete algorithms.</p>
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### HMP Lincoln

#### ***Lincoln (b) - considering the circumstances in which to flag a patient for 'clinical hold'***

*The response from NHS England indicates that a recommendation for clinical hold would be made if a prisoner was in mid treatment and it would be beneficial for them to continue to receive treatment in prison.*

*The response does not mention expressly the possibility of clinical hold if a prisoner was the subject of a pending referral for transfer to a secure hospital. The issue in the case of WA was that he was in mid assessment. Even in the more systematic arrangements now in place for assessment for secure hospital I can envisage that transfer during consideration of a referral might be disruptive, and I would expect this to justify consideration of a request of 'clinical hold'.*

Recommendation	Prison	Response to NHFT
<p>Identify the requirements of good practice in the specific area in the light of the problems that occurred in this case and taking account of NHS and [HMPPS] policies.</p>	<p><b>HMP Lincoln</b></p>	<p>Any patients requiring assessment for potential referral to secure hospitals are placed on the complex case register.</p> <p>A discussion and agreement at complex case meetings identifies the assessment and puts a hold on any transfer to another prison.</p> <p>The establishment would be notified of the patient being on 'medical hold'.</p> <p>The information relating to a patient being on 'medical hold' would be documented in the complex case meeting notes within the patient records.</p> <p>In the event of a prisoner not reaching the criteria for transfer following assessment, further discussion is held at complex case meetings and decisions made, based on presenting symptoms, as to when medical on hold could be removed.</p>
<p>Review their current arrangements and amend them if necessary to meet the requirements of good practice</p>	<p><b>HMP Lincoln</b></p>	<p>Arrangements to ensure 'medical on hold' for those awaiting assessments/mid assessment or awaiting transfer to secure services should be documented in the patient's record as part of the complex case meeting.</p> <p>A review of records has shown that the record keeping of these decisions are not as clear as they could be.</p>
<p>Check that effective processes are in place to ensure common expectations and compliance by all staff who undertake these procedures including Temporary staff.</p>	<p><b>HMP Lincoln</b></p>	<p>The Mental Health Matron to review records of those discussed in complex case meetings and ensure 'medical on hold' decisions are clearly documented. This will be done following each meeting, and any anomalies to this to be shared with the team members.</p>

## HMP Lincoln

### ***Lincoln (c) – the scope of the assessment of fitness for transfer and the process to be followed***

*Professor Keogh's letter says that fitness for transfer assessment is carried out by the physical healthcare team, that it involves seeing the prisoner and reviewing the clinical record and that relevant cases are discussed with the mental health team. The case in point, a nurse was asked to confirm fitness for transfer late on a Sunday afternoon when she had no opportunity to review clinical records or consult the mental health team before the end of her shift for a transfer the next morning.*

*I understand that there may sometimes be overriding need for urgent transfers - though there appeared to be no reason for such in this case - but in the unusual event that a proper assessment cannot be completed there is a need for timely follow-up to check that nothing significant has been missed.*

<b>Recommendation</b>	<b>Prison</b>	<b>Response from NHFT</b>
Identify the requirements of good practice in the specific area and taking into account NHS and [HMPPS] policies.	<b>HMP Lincoln</b>	<p>Good practice requires:</p> <ul style="list-style-type: none"> <li>• Review of patient records</li> <li>• Discuss with MDT colleagues if for example the patient is on the mental health caseload</li> <li>• Mental health colleagues to review the case</li> <li>• Patient to be seen and assessed for transfer</li> <li>• Transfer of care to the receiving establishment</li> <li>• Medications to be transferred to reception awaiting transport to leave</li> <li>• PER form to be signed</li> <li>• Medical records to be completed.</li> </ul>
Review their current arrangements and amend them if necessary to meet the requirements of good practice	<b>HMP Lincoln</b>	<p>Mon – Fri all transfers and releases are reviewed by the mental health team.</p> <p>Currently, at the weekend the mental health team is not available*</p> <p>Wider health colleagues such as those from the Physical health team review the patients. The use of documented evidence on the patients records in relation to 'medical on hold' will be seen within complex case register reviews and decisions based on this used.</p> <p>*A business case is currently with NHSE</p>

		to extended mental health services to a 7 day week cover, allowing mental health colleagues to be available every day for fitness to transfer assessments to take place. The business case has been well received and NHFT are currently negotiating the funding requirements.
Check that effective processes are in place to ensure common expectations and compliance by all staff who undertake these procedures including Temporary staff.	<b>HMP Lincoln</b>	<p>The practice is not currently as robust as it could be, based on record keeping of medical on hold status.</p> <p>The Mental Health Matron to review records of those discussed in complex case meetings and ensure 'medical on hold' decisions are clearly documented. This will be done following each meeting, and any anomalies to this to be shared with the team members.</p> <p>Monthly audit has been initiated to review 20 transfer cases and consider evidence of process being completed fully and documented appropriately, with action taken if this is found not to be the case.</p>

For further assurance, please could NHFT support to provide a response to the following specific questions:

<b>Prison</b>	<b>Recommendation</b>	<b>Additional Questions</b>	<b>Response from NHFT</b>
<b>HMP Ranby</b>	<b>Ranby (d) - defining requirements for the assessment and review of prisoners in Segregation</b>	<p>1. NHFT confirmed that a safety algorithm is completed by a Nurse which defines the requirement for an assessment and review of prisoners in the Segregation Unit. Can you confirm that this is completed after:</p> <ul style="list-style-type: none"> <li>• A discussion with the prisoner;</li> <li>• Reference to his / her clinical record and any other relevant documentation e.g. incident report and ACCT if appropriate;</li> </ul>	NHFT can confirm that the process followed is as outlined in recommendation 1 on page 2 of this document and therefore does include discussion with the prisoner, reference to clinical records including ACCT, gathering information and reviewing the nature of the incident.

		<ul style="list-style-type: none"> <li>• Gathering information from other members of the care team/discipline staff;</li> <li>• Reviewing the nature of the incident, which led to segregation being necessary to check for indicators of mental distress.</li> </ul>	
<b>HMP Lincoln</b>	<b>Lincoln (b) - considering the circumstances in which to flag a patient for 'clinical hold'</b>	<ol style="list-style-type: none"> <li>1. Describe the clinical process for clinical hold including the clear eligibility. What criterion determines whether a Clinical Hold is required or not undertaken?</li> <li>2. In the instance stated, (i.e. mid assessment) would a patient be considered for clinical hold.</li> </ol>	<ol style="list-style-type: none"> <li>1. Unfortunately there does not appear to be a national standard for clinical hold of patient's potential transfer. This would be welcomed in the future. NHFT view the following as criteria for medical on hold: <ul style="list-style-type: none"> <li>• Patients with imminent surgery/secondary care appointments (who would need re-referring to another hospital if moved).</li> <li>• Patients on the 2 week wait pathway</li> <li>• Patients who have unstable mental health conditions</li> <li>• Patients waiting / mid mental health assessment.</li> </ul> <p>Once we determine that it is necessary to place medical on hold, an entry is made on the patient's records and colleagues are advised in MDT, handovers, complex case meetings. The Governor, Head of Residence and Head of Safer Custody are notified.</p> </li> <li>2. Yes, the patient would be considered medical on hold in this instance</li> </ol>

<p><b>HMP Lincoln</b></p>	<p><b>Lincoln (c) – the scope of the assessment of fitness for transfer and the process to be Followed</b></p>	<p>1. What is the process for fitness for transfer:-</p> <p>a. To another establishment</p> <p>b. Both in and out of Core Working Hours.</p>	<ul style="list-style-type: none"> <li>• Review of patient records; ascertain imminent secondary care appointments, 2 week wait status, mental health assessments, mental health stability, risks, drug and alcohol use, vulnerabilities</li> <li>• Discuss with MDT colleagues if for example the patient is on the mental health caseload</li> <li>• Mental health colleagues to review the case if required</li> <li>• Patient to be seen and assessed for transfer based on review of clinical records as noted above and discussion with prisoner</li> <li>• Transfer of care to the receiving establishment</li> <li>• Medications to be transferred to reception awaiting transport to leave</li> <li>• PER form to be signed</li> <li>• Medical records to be completed.</li> </ul> <p>If the patient is not fit for transfer, this information shared with the prison staff.</p> <p>This is the process in hours. Out of core working hours, staff will use the complex case meetings for mental health to ascertain any requirements for medical on hold. The Mental Health service should become a 7 day service in the coming months following negotiation with NHSE.</p>
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To comply with the request for more information, NHS England would be grateful if NHFT could respond directly to [ellen.martin1@nhs.net](mailto:ellen.martin1@nhs.net). by 31 March 2018.

If you have any queries, please do not hesitate to contact me.

Yours sincerely;

A handwritten signature in black ink, appearing to read 'E. Martin', followed by a period.

**Ellen Martin**

Interim Head of Health & Justice  
NHS England; Health & Justice; North Midlands

c.c Paul Brewer Health & Justice Commissioning Manager; NHS England  
Jade Richards Health & Justice Commissioning Manager; NHS England