

Equality, Rights & Decency Group
National Offender Management Service
4.12 Clive House
70 Petty France
London SW1H 9HD
Telephone:

Mr A G Eastwood Assistant Coroner for Teesside

21 March 2014

Dear Mr Eastwood

INQUEST INTO THE DEATH OF MR ANDREW HALL AT HMP HOLME HOUSE ON 27 MARCH 2009

Thank you for your Regulation 28 report dated 12 March 2014, which has been passed to Equality, Rights and Decency Group in the National Offender Management Service (NOMS), as we have policy responsibility for suicide prevention and self-harm management, and for sharing learning from deaths in custody.

I am responding on behalf of NOMS and HMP Holme House, and will address each of the points that you have made that refer to prison staff or the prison service.

You are concerned that information about risk provided by mental healthcare nursing staff to prison staff was not correctly documented (point 1). ACCT reviews are chaired by supervising officers who record any information about risk that is received from the mental health team. Where a prisoner has mental health issues, a member of the mental health team is invited to attend all ACCT reviews. The mental health team has received ACCT training, and further training sessions are arranged when new members join the team. Mental health staff play an active role in the management of ACCT plans, and a significant number of ACCTs are opened by the team. The prison's regular management checks confirm that members of the mental health team attend reviews and that their contributions are recorded.

You are concerned that a post-closure review of the ACCT was not conducted (point 7). A system is now in place within the safer custody department to ensure that all post-closure reviews take place within the seven day period mandated in Prison Service Instruction (PSI) 64/2011 Safer Custody. A local policy that an additional post-closure review is conducted after one month has been introduced.

You raise a number of concerns about the effectiveness of the arrangements to observe prisoners in cells in the healthcare centre using CCTV (points 9-12, 15 and 16). Cameras have been removed from all cells and any prisoner assessed as requiring high levels of observation is located in a constant observation cell and subject to constant supervision in accordance with the arrangements set out in chapter 6 of PSI 64/2011.

You are concerned about the adequacy of the induction and training on the ACCT process provided to visiting psychiatrists (point 13). All new staff who work with prisoners are provided with an induction that includes guidance on the ACCT process. Training on ACCT has been provided to all visiting psychiatrists, and further courses will be arranged as required.

I hope this provides you with assurance that the points that you have raised for prison staff and/or the prison service have been fully addressed.

Yours sincerely

