



# Ministry of JUSTICE

National Offender  
Management Service

Head of Safer Custody Casework  
Equality, Rights & Decency Group  
National Offender Management Service  
4.15 Clive House  
70 Petty France  
London SW1H 9HD

Patricia Harding  
HM Senior Coroner for the Area of Mid Kent and  
Midway

13 March 2015

Dear Ms Harding

Thank you for your Regulation 28 Report to Prevent Future Deaths addressed, amongst others, to the Secretary of State for Justice and the Governor of HMYOI Cookham Wood, concerning the inquest into the death of Alex Kelly on 25 January 2012. Your report has been passed to Equality Rights and Decency (ERD) Group in the National Offender Management Service (NOMS), as we have responsibility for policy on suicide prevention and self-harm management, and for sharing learning from deaths in custody. I am responding on behalf of the Secretary of State for Justice, NOMS and HM Young Offender's Institution (YOI) Cookham Wood. I am grateful to you for allowing us an extension to enable us to provide a comprehensive response to the concerns raised in your report.

You will be aware that the death of Alex Kelly was one of three tragic deaths of young people that occurred in 2011-2012, and that in response to these deaths a range of actions were taken to improve the care and management of young people. This letter will focus on the actions that are relevant to your concerns, but before doing so it may be helpful to provide you with some information about a broader programme of reform currently being undertaken in the NOMS Young People's Estate (YPE). This touches on a wide range of operational policies and practices, and will see fundamental changes made to the way in which the core day is structured in the YPE in order to support delivery of an enhanced regime that will provide young people with increased access to education and twice as much time in the open air each day.

The reforms include the introduction of a standardised casework model in all establishments within the YPE, addressing the inconsistencies in the current provision of this key service. This multi-disciplinary model will ensure that young people are better supported during their time in custody and that plans for their resettlement into the community or transition into adult custodial services are developed and implemented more effectively.

Our caseworkers will be at the heart of the model, co-ordinating the contributions of all internal and external stakeholders to the plans for a young person's time in custody and the preparation for their transition or resettlement. Agreements will be put in place to emphasise the obligation on all involved to work proactively together in order to secure the specialist input required for each individual young person. Casework managers will have a particularly important role to play in overseeing this function of the model, making frequent management checks of the information recorded by casework teams and addressing any issues that arise.

I will now proceed to address the concerns in your report that were directed to the Secretary of State and the Governor of HMYOI Cookham Wood.

The first of your concerns addressed to the Secretary of State is that children in custody may not have had a forensic psychiatric assessment.

I am aware that in response to your report Oxleas NHS Foundation Trust (which, as you are aware, was not the provider of healthcare services at the time of Mr Kelly's death) explained that the Comprehensive Health Assessment Tool (CHAT) is in use for all new admissions at HMYOI Cookham Wood.

The CHAT is a validated screening and assessment tool for use with children aged 10-18 held in secure settings on youth justice or welfare grounds. The CHAT has been rolled out across the YPE and has five parts:

1. Reception screen
2. Physical Health
3. Substance Misuse
4. Mental health
5. Neuro-disability

Part 1 is delivered by healthcare within 2 hours of reception. This ensures that areas of concern are identified immediately and measures required to ensure safety are taken promptly. This may include one or more of the further assessments, which will all be undertaken within 10 days in any event.

All healthcare staff at HMYOI Cookham Wood are trained in the use of the CHAT, and a set of standards is in place to monitor the effectiveness of its use. All young people admitted to the establishment are offered these assessments, and, as the response from Oxleas NHS Trust indicated, the take up is currently over 98%. For the small number of young people who decline, arrangements are in place for staff to discuss with them their reasons for doing so and to encourage them to undertake the assessment at a later date. Following the completion of the assessment each young person will be assigned a named nurse. The nurses are supported by Support, Time and Recovery workers and Healthcare Assistants. Issues identified during the assessment process are addressed through a referral to a nurse or GP, or to a relevant specialist intervention within or beyond the prison.

You may be aware of the wider context of the 2011 commitment by the Secretaries of State for Justice and Health to develop Liaison and Diversion services across the country. The national Liaison and Diversion Programme is being taken forward in partnership by the Department of Health, Ministry of Justice, the Home Office, NHS England, Public Health England, and the various relevant criminal justice agencies.

Liaison and Diversion services will include services in the following settings: police engagement with adults, children and young people in the community; police custody suites and voluntary attendances at police stations; magistrates' and youth courts and the Crown Court; the National Probation Service; and youth offending teams.

Liaison and Diversion services aim to identify, assess and refer people with mental health, learning disability, substance misuse and social vulnerabilities into treatment or support services, when they first come into contact with the police and criminal justice system (CJS). When a person is assessed as having single or multiple vulnerabilities, they will be referred to the appropriate treatment or support service and an appropriate package of care and/or support will be instigated. Accurate, timely information on the person will be shared with police and the courts to ensure that any charging, sentencing or disposal decisions are based upon an authoritative

assessment of their mental health, any learning disability and whether they have a substance misuse issue. Liaison and Diversion services support the most appropriate outcome for those individuals. For many this contact with criminal justice agencies will be the first time they will have been assessed and diagnosed.

£25 million has been invested during 2014-15 in police stations and courts in ten areas of the country to fund Liaison and Diversion professionals in police stations and courts. During this trial period, schemes have been developing a range of Liaison and Diversion activities such as improving youth provision towards an all age service, providing identification, assessment and referral services at all times to reflect need and developing partnerships between judiciary, police and mental health agencies.

From 1 April 2015, these services will be extended to a further 12 areas of the country, bringing coverage to over 50% of the population of England. Almost 12,000 adults and over 1,500 children and young people have engaged with Liaison and Diversion trial services in the 9 months to 31<sup>st</sup> December 2014. The expanded trial sites will continue to run for 12 months and, if successful following a business case to be submitted to the Treasury later this year, the model will be extended to all areas, aiming to cover the population of England by 2017.

Addressing vulnerabilities is expected to lead to greater efficiency in the CJS, and improved criminal justice outcomes for vulnerable individuals. The CJS itself will benefit from the provision of information at an earlier stage, which could reduce the duration of detention where appropriate disposals are an option; inform charging and disposal decisions by the police and CPS; assist YOTs with assessments of health needs to divert young people away from the CJS; and ensure earlier provision of reports to the courts system. These reports to court will contain relevant and informed health related information and offer proposals which take account of the particular needs of the individual concerned (for example, a recommendation for a community sentence involving a Mental Health Treatment Requirement). Where Liaison and Diversion interventions are successful and the particular needs of an individual are identified and addressed it is anticipated that their treatment will improve their health which could contribute to a reduction in re-offending.

Vulnerable individuals should benefit from better-informed charging, sentencing and appropriate disposal decisions by the police, Youth Offending Teams (YOTs), the Crown Prosecution Service (CPS), magistrates' and youth courts and the Crown Court. Vulnerable individuals would also be enabled to better engage in proceedings, through the provision of reasonable adjustments.

The core set of operational components are:

- Early Intervention - by ensuring that an individuals' (adult and youths) health and social care needs are identified and assessed as early as possible following contact with police under suspicion of committing an offence.
- Information Sharing - making information on an individuals' health and social care needs available at all subsequent stages of the CJS, including police custody, the CPS, courts, YOTs and probation. This will ensure that key decision makers in the can make informed decisions about justice disposals; and improve timeliness and efficiency of the justice process.

- Appropriate Referrals - ensuring that where health and social care needs are identified, an individual is referred to appropriate treatment services
- Referrals Followed Up - ensuring that where referrals are made, they are followed up both assertively, and flexibly, to ensure engagement with services.

The second concern that you have addressed to the Secretary of State is the apparent conflict between the Assessment, Care in Custody and Teamwork (ACCT) process and disciplinary procedures, and this is addressed in the section on ACCT below.

The first concern that you have addressed to the Governor of HMYOI Cookham Wood is about communication with outside agencies.

The planned improvements to the management of casework described above are of relevance here, and NOMS believes that they will ensure more effective information sharing and better integrated care and management of young people.

Prison Service Instruction (PSI) 08/2012 Care and Management of Young People sets out a requirement for each under 18 YOI to have an information sharing policy to ensure that relevant information is shared with professionals, parents or carers, and others, at appropriate intervals. HMYOI Cookham Wood has such a policy, and the Governor is currently conducting the annual review that is undertaken to ensure that it always reflects current legislation and best practice. It mandates that information is shared with families and other appropriate bodies or persons (for example, the YOT), on each of the following occasions:

- On first reception;
- At the conclusion of the initial sentence planning process;
- After each important review;
- On transfer to another establishment;
- Prior to release, within the purpose of encouraging their contribution;
- Where force has been used on the young person;
- Where a child protection referral is made; and
- Following other significant events such as illness, victimisation or self harm.

The policy also states that information about a young person is not shared where to do so would put that young person or others at increased risk of significant harm, or an adult at risk of serious harm, or if it would undermine the security of the establishment or the prevention or detection of a serious crime.

PSI 08/2012 also makes it clear that any concerns about prisoners raised by visitors or others must be passed to relevant staff.

All NOMS staff are required to complete annual information assurance training which covers the principles of data protection and information sharing, including the importance of sharing risk-relevant information. Additionally, all staff in YOIs have been provided the Department of Health's best practice guidance on when to share information with other agencies in the youth justice system, and receive local safeguarding training which highlights the need to share information pertinent to risk.

PSI 64/2011 provides detailed guidance on information sharing with respect to safer custody concerns. It sets out the procedures that staff should follow to ensure that reliable and accurate information is shared between relevant agencies to inform appropriate decision making.

The second concern that you have addressed to the Governor of HMYOI Cookham Wood relates to the local implementation of **the ACCT process**.

All staff at HMYOI Cookham Wood who are in direct contact with young people receive the Introduction to Safer Custody training as part of prison officer entry level training or during their induction. This is an introductory course that gives a general introduction to safer custody, including suicide prevention, self-harm management and violence, and the different roles and processes related to it.

ACCT refresher training continues to be delivered to both directly and non-directly employed staff as part of the wider ongoing training programme. Most recently, ACCT case manager training has been delivered to all Supervising Officers because it is their responsibility to undertake this role. These training courses cover all aspects of the ACCT process, including the requirements to record all relevant and significant information.

As you may be aware, in 2013, following a recommendation from the Prisons and Probation Ombudsman, NOMS established a working group to review the effectiveness of the ACCT process for young people. This included representatives from the Ministry of Justice, Youth Justice Board, Home Office and NHS England. The review found that there is nothing in principle that makes the ACCT process unfit for use within the under 18 estate. However, it found some deficiencies in the implementation of the ACCT process and these were addressed in guidance that was sent to Governors of under 18 YOIs in 2013. In January 2015 a further letter to the Governors of under 18 YOIs set out a number of actions, including a requirement to ensure that a quality assurance process is in place to identify and rectify any deficiencies in the ACCT process. As a result a more rigorous quality assurance process has been introduced at HMYOI Cookham Wood, and this includes individual feedback to case managers. These quality assurance checks include ensuring that all appropriate information has been recorded and that due consideration has been given to the involvement of relevant outside agencies in the care of the young person at risk.

In your report you also expressed your concern about information not being shared with the safer prisons meeting. New terms of reference have been developed for this meeting and a broader range of professionals now attend the safer regimes meeting, including practitioners from physical and mental healthcare providers, the psychology department, the substance misuse service, the education provider and the chaplaincy, as well as representatives from the residential, safeguarding and security functions within the establishment. The meetings are chaired by the Head of Residence who is responsible for ensuring that all members have all the information that they require, as well as agreeing the minutes of the meetings before they are published.

The third concern that you have addressed to the Governor of HMYOI Cookham Wood relates to what you describe as a **conflict between regimes**, in the sense that the ACCT process and behaviour improvement plan were not sufficiently joined up with the adjudications process.

A staff notice was published at Cookham Wood in November 2014 to remind staff of the requirement to take ACCT plans to adjudications to ensure that adjudicators are aware that a young person placed on report is being supported by the ACCT process. This allows adjudicators to take into account any issues raised in the care map or triggers for self-harm in order to ensure that adjudication awards do not increase the risk of further self-harm.

The behaviour improvement plans in use at HMYOI Cookham Wood have been revised and are reviewed at the safer regimes meeting described above to ensure that there is no conflict between the plan developed to support a young person and the use of the adjudications process.

The planned improvements to the management of casework described above will ensure that all assessments and individual department plans are co-ordinated. There will be a single sentence plan that is reviewed in line with the requirements set out in the YJB's National Standards as a minimum, and more often where necessary, and this will ensure that the various different processes, such as ACCT and adjudications, complement each other.

The fourth concern that you have addressed to the Governor of HMYOI Cookham Wood relate to early release.

All cases in which early release is a possibility are subject to a formal review. This is conducted by a Board consisting of the young person's establishment-based caseworker, the YOT casework manager and the custodial manager, and is informed by a contribution from the young person's home/external YOT worker. The Board considers the young person's custodial behaviour, progress against their training plan, their resettlement plan and the recommendation of their external YOT, as well as any security information. The Board makes a recommendation which is considered by a senior manager within the establishment who makes the decision on whether or not early release is approved.

The fifth concern that you have addressed to the Governor of HMYOI Cookham Wood concerns cell entry.

Night operating procedures state that under normal circumstances the authority to unlock a cell will be given by the duty Night Orderly Officer and requires the presence of three operational members of staff. However, where there is, or appears to be, an immediate threat to life, cells may be opened by a single member of staff. For this reason, night patrol staff carry a sealed pouch containing a cell key to allow them to unlock cells in an emergency. All staff performing night patrol duties at HMP Cookham Wood are issued with a pack explaining this and other relevant procedures, and are briefed to this effect at the start of their shift.

The responses from Oxleas NHS Trust and the Central and North West London (CNWL) NHS Foundation Trust have responded in detail to the concerns that you addressed to healthcare at HMYOI Cookham Wood, but I would like to add one point with regard to the sharing of information.

In addition to the requirement for healthcare staff to complete mandatory information governance training that covers the information sharing guidelines, I can confirm that as an additional safeguard an information sharing protocol between all relevant agencies providing services at HMYOI Cookham Wood is being formulated and we anticipate that this will be signed in the near future.

I hope that this letter has been helpful in explaining the action that is being taken to address your concerns and provides reassurance that they are being taken very seriously by staff and management at HMYOI Cookham Wood and across NOMS.

Yours sincerely

  
Chris Barnett-Page