

Andrew Tweddle  
HM Coroner for County Durham & Darlington  
HM Coroner's Office  
PO Box 282  
Bishop Auckland  
Co Durham  
DL14 4FY

23 DEC 2015

Dear Sir

**Inquest touching the death of Kevin Anthony Forster**  
**Date of death: 14 September 2014 – HMP Durham**

I write in response to your report dated 28 November 2015 made under paragraph 7, Schedule 5 of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

In response to your concerns relating to the existence and applicability of a substance misuse policy at HMP Durham, I confirm the following:

G4S Forensic & Medical Services (UK) Ltd took over responsibility for provision of healthcare services at HMP Durham on 1 April 2015. The contract does not include provision of GP and Pharmacy Services and as from 1 April 2015, Spectrum Community Health CIC was appointed to provide GPs, specialist substance misuse GPs and Pharmacy Services at HMP Durham.

Between 2011 and 31 March 2015, Care UK were the healthcare providers at the prison. Prior to 2011, healthcare services were provided by NHS England.

I understand NHS England operated a "Drugs Overdose" policy at the prison and it is my understanding this policy document was considered at the inquest touching the death of Mr Forster. This policy was written prior to 2011 by a specialist substance misuse nurse employed by the NHS.

Following their appointment, Care UK produced new policy documents in relation to a number of practices and procedures at the prison. The "Drugs Overdose" policy document was not updated or re-written by Care UK. My recollection is that Care UK did not make a "Drugs Overdose" policy document available on the intranet or in the Healthcare folder containing hard copies of written policy documents.

It is my belief that the absence of an updated policy document is the reason why there appeared to be confusion on the part of the healthcare witnesses at the inquest regarding the existence and applicability of a "Drugs Overdose" policy. In particular, whilst those nurses employed at the prison by the NHS prior to 2011 would have known about the existence and content of the policy, they were confused as to its application once Care UK took over the contract, and the policy document was not readily available on the intranet or in the Healthcare folder.

After G4S took over the contract in April 2015, it became clear to me that the situation relating to the "Drugs Overdose" policy required clarification. The previous policy was too rigid and did not allow specialist practitioners to exercise their expertise and manage individuals as safely and appropriately as possible. I therefore updated the Substance Misuse policy. The draft policy document was submitted to and approved by the G4S Clinical Governance Lead, prior to formal introduction and implementation at the prison. Once approved, the Substance Misuse Policy was introduced to all healthcare staff. A copy of the policy was sent by email to every member of healthcare staff.

Some months after the introduction of the new Substance Misuse Policy, however, towards the beginning of September 2015, I was made aware there had been changes in clinical practice which meant the Policy was outdated in some respects. It was felt at this stage that clinical guidelines, would be a preferable, more flexible "policy", preferable to a formal Policy document, because clinical guidelines envisage all different situations and respond accordingly.

Spectrum Community Health and G4S, in liaison with NHS England, therefore began a joint project, working together to update the procedures in operation at the prison.

A GP employed by Spectrum Community Health, Dr Bray, and the Substance Misuse Clinical Lead, Deb Miller, have been tasked to work together to produce clinical guidelines relating to all substance misuse issues, including the treatment and care to be delivered to any patient presenting as under the influence of illicit drugs. The work is being undertaken in conjunction with NHS England.

A draft report and overarching pathway for Drugs and Alcohol Recovery Teams was produced at the end of November 2015. Following consultation between all contributors, including NHS England, the pathway is not designed to be a weighty document, but one that all practitioners and prison staff can use to understand the Drugs and Alcohol Recovery Team pathway, guidance, protocols and interventions. It is proposed the pathway features space to embed documents and to hyperlink to guidance.

A final briefing session is scheduled for 22 December 2015 to discuss the pathway and next steps, to ensure key leaders are fully briefed on the content of the pathway and the next steps, prior to wider circulation.

The belief in the clinical team is that clinical guidelines are preferable to an inflexible written policy, as given the varying circumstances of how individual incidents can present, clinical guidelines will not restrict the ability of doctors and nurses to utilise clinical discretion and decision making, taking into account all the aspects of the patient's presentation, clinical observations and other external factors. Clinical guidelines will enable the healthcare professionals to respond with absolute clarity to ensure individual patients receive the most appropriate treatment and care for their precise circumstances and symptoms.

The clinical guidelines are intended for implementation at all prisons within the North East Cluster and therefore it is essential that the guidelines are suitable and safe for implementation at each of the different establishments within the North East Cluster, before they are implemented. This will ensure consistency and suitability of approach, regardless of the establishment at which the patient is resident. It is also an important reason why clinical guidelines are preferable to an inflexible policy document, to allow more flexibility in terms of treatment and care, to suit an individual's needs, within the structure of the clinical guidelines.

G4S has appointed, on a consultancy basis, a substance misuse specialist doctor, Dr Martin Von Fragstein, to oversee the content, form and appropriateness of the clinical guidelines and to act as G4S' advisor on any substance misuse issue.

The following further steps have been taken to address your concerns surrounding other issues arising at the request:-

1. A request has been made to prison officers' Line Management to inform officers at staff meetings that they are advised to report any suspicions of substance misuse (whether alcohol or drugs) to healthcare staff. If there is any suspicion whatsoever then a report should be made to healthcare.
2. We have introduced, under the leadership of Dr Bray, a monthly training event specific to all aspects of substance misuse issues which is held monthly on a Friday afternoon in the Prison Training Centre. The training event is open to all staff at the prison from all disciplines of the various organisations within the prison and wider region, both healthcare staff and discipline staff. Each session usually lasts for a couple of hours. The training is a mixture of white board training, discussion, group work, multi-disciplinary discussions, sharing information and experiences and clinical reviews. This training reinforces the seriousness of substance misuse and overdose issues and emphasises the inappropriateness and unacceptability of attitudes of complacency and acceptance towards the issues.

Clinical and non-clinical staff attend the training which improves knowledge, liaison and understanding on all aspects of substance misuse within the custodial environment, as well as learning and intelligence from the wider community, regionally and nationally.

3. Substance misuse training is also being provided by the organisation, Lifeline, which employs the non-clinical Drugs and Alcohol Recovery Team at HMP Durham, which focuses on psycho-social issues, undertaking a similar role to one undertaken by counsellors, and which provides psychosocial support in relation to addictions within the prison.
4. The clinical guidelines being developed for substance misuse issues will include a treatment plan template to be included on SystemOne for use in substance misuse cases. The treatment plan will include all relevant care options, including the requirement for a care plan and regular observations.
5. Healthcare staff have been reminded of the requirement and importance of making full and contemporaneous notes in each patient's medical records.
6. It is my understanding that if any individual is found in medical distress, the first person to find the individual has responsibility for calling the correct emergency code. As soon as "code blue" is called, it automatically triggers the calling of an ambulance by the prison's control room staff. On 4 November 2015, at a full staff meeting of the prison, Mr Tim Allen emphasised the need for the correct codes to be called in an emergency. It is also planned that posters will be sited for use in discipline staff areas and training repeated to prison officers in the correct allocation of codes in a healthcare emergency.
7. Recent incidents related to a significant increase in the illicit use of new psychoactive substances at the prison, have demonstrated a high degree of cooperation and joint working between both discipline and healthcare staff, with patients being closely monitored in a wing environment or if deemed necessary for the individual patient's circumstances, transferred to the healthcare in-patient department or external hospital, until clinically stable.

I trust my response addresses the concerns outlined in your recent report.

Yours sincerely

**Eric Stephens**  
Head of Healthcare at HMP Durham

