



# Ministry of JUSTICE

National Offender  
Management Service

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3 June 2016

Dear Mr Williams

Thank you for your Regulation 28 report dated 7 April 2016 addressed to the Government Legal Department concerning the recent inquest into the death of Matthew Sargent on 26 September 2014 at HMP Long Lartin. Your letter has been passed to the Equality, Rights and Decency Group in NOMS as we have policy responsibility for suicide prevention and self harm management and for sharing learning from deaths in custody. I have consulted with the Governor at HMP Long Lartin in formulating this response.

As you will be aware, we work hard to learn lessons from each death in custody, and in particular look to recommendations from recent investigations by the Prisons and Probation Ombudsman and Coroner's Inquests to help us identify areas for improvement. I would like to thank you for drawing our attention to the issues you raise in your report and assure you that these have been considered by the prison. The actions that have been, or are soon to be, implemented are set out below.

### **Personal Officer Scheme**

Long Lartin's Personal Officer policy states that that Personal Officers will meet with prisoners on an informal or formal basis weekly to discuss any issues or concerns and that a record of these discussions will be made in the case-notes on PNOMIS so that all information is appropriately shared. For staff absences of over two weeks, one of the supporting Personal Officers in the team will take on the role.

Following your concerns regarding the operation of the Personal Officer scheme at HMP Long Lartin the prison will ensure that all staff are reminded of the policy. This will be achieved through a range of communications with staff including the issuing of a Safer Custody Bulletin and dissemination through Custodial Managers.

The effectiveness of the Personal Officer scheme is monitored on a monthly basis, with Supervising Officers checking all case-note entries and ensuring that support officers are in place. Custodial Managers also carry out quality checks on both management checks and case-note checks. This is completed monthly and these checks will be recorded on PNOMIS.

**Historical information was not reviewed by officers and healthcare staff**

Your report raises the concern that staff did not access historical information when Mr Sargent first presented at the prison and suggested that an instruction be issued that staff should make enquiries regarding this information.

I can confirm that in response to this concern, a process has been put in place to ensure that staff gain access to historical information where this information is available. Offender Management Unit staff are now responsible for ensuring that historical risk indicators are disseminated to Healthcare, Reception and the Safer Prisons team. This information is drawn from the pre-transfer report (a document which includes all the prisoner's details including ACCT information and case notes), which is sent to the receiving establishment before a prisoner is transferred.

**Healthcare staff were not made aware of prisoners who arrive with an ACCT history**

Consideration has been given as to how to ensure Healthcare staff are made aware of prisoners who arrive with an ACCT history, and action taken to resolve this. It is now the case that when a new prisoner who has an ACCT history is received into Long Lartin, reception staff notify healthcare by phone in the first instance.

Following this, Healthcare will also receive a copy of the first night induction paperwork, which is completed with the prisoner and gives details of any ACCT history. This documentation is sent with the prisoner as part of the Prisoner Escort Record (PER) when they attend Healthcare, ensuring that any information regarding relevant issues are available to staff.

**The Prisoner Escort Record (highlighting concerns and risks) was not supplied to the Healthcare Department**

On completion of Mr Sargent's inquest a new process was implemented in the reception department whereby the PER form is now copied and taken to the healthcare department with the prisoner.

Once staff have completed the first night induction paperwork with the prisoner, reception staff will send a copy of this immediately to healthcare with the PER form. This provides healthcare with all the known details of the prisoner's risks including any history of self-harm.

I hope this provides you with assurance that the matters of concern you have identified have been addressed.

Yours sincerely

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