PAM

HM Prison & Probation Service

Received

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H.M. Coroner

Michael Spurr
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André Rebello OBE
Senior Coroner Liverpool and Wirral Area
HM Coroner's Court
Gerard Majella Courthouse
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18 September 2017

Dear Mr Rebello

Thank you for your Regulation 28 Report of 14 July 2017 following the recent inquest into the death of Edwin Lewis (Ned) O'Donnell on 23 October 2016. The matters of concern that you have raised are primarily the responsibility of HMPPS, but the issue of information sharing and recording is one that we manage in partnership with colleagues from NHS England and they have contributed to this response.

I know that you will share a copy of this response with Mr O'Donnell's family and I would like first to express my condolences for their loss. Every death in custody is a tragedy and the safety of those in our care is my absolute priority.

I am grateful to you for bringing to my attention your concerns about: the sharing of information between prison and healthcare staff in reception and the recording of that

information; the timing of the second health screening; and suicide and self-harm prevention training for probation staff. I will address each of these issues in turn.

Information Sharing and Recording

Your first concern is that the member of healthcare staff carrying out the first health screening for Mr O'Donnell did not have access to the Person Escort Record (PER). Following the investigation into Mr O'Donnell's death, the Governor tasked the Heads of Operations and Healthcare at the prison with devising a process to address this. The Senior Officer in reception now provides a copy of the Person Escort Record (PER) to the healthcare member of staff based there, ensuring that they have access to all the relevant information. All reception staff, and healthcare staff who may work in reception, have been made aware of this process, and the Head of Operations carries out spot checks to ensure that it is being followed.

In addition, you have suggested that receipt of the PER, Suicide and Self Harm forms, prints from SystmOne (the electronic patient record) and prescriptions should be recorded on NOMIS, and that a note should be made on NOMIS that copies of the documents have been handed to healthcare staff in reception. This would be time consuming for reception staff, and could involve changes to the NOMIS system that would come with a cost. On the basis that the system for sharing information with healthcare staff described above has been implemented, and that a PER is received with every prisoner who arrives at the prison, we do not believe it to be necessary to make these notes on NOMIS.

As well as highlighting any self-harm or suicide risk, the PER includes a healthcare assessment, and a record of any prescribed medication. Any open ACCT document also travels with the prisoner. An entry is made on NOMIS whenever an ACCT is opened or closed and the current and previous ACCT history is therefore available to view by the receiving prison when a prisoner is transferred. The SystmOne record is also available to the receiving establishment on a terminal in the reception area. We are therefore confident that the system that has been introduced at Liverpool ensures that the relevant information is routinely available, shared with healthcare staff and recorded. The operation of this system is assured by management checks by the Head of Operations, and an additional copy of the PER is sent to the Safer Custody department who cross-reference it with the information held on NOMIS to ensure that nothing has been missed.

Your final suggestion is that SystmOne be updated with mandatory fields to ensure that nurses carrying out the first health reception screening record the documentation provided by the Prison staff which accompanied the prisoner. I understand that NHS England is piloting the use of a set of six national clinical templates for SystmOne, including one for the reception screening process, that support the recently published NICE Guidelines NG57 (Physical Health of People in Prison and NG66 (Mental Health of Adults in Contact with the Criminal Justice System). The development of the templates and the user guides that accompany them has been informed by learning from investigations into serious incidents, including deaths in custody, and will reinforce the need for nurses carrying out the first health reception screening to record the documentation that accompanied the prisoner. An evaluation and review of feedback from the pilot will take place this autumn prior to a full national rollout during 2018.

Timing of the Second Health Screening
Your second concern relates to the delay in Mr O'Donnell's second health screening. I understand that the Head of Healthcare at Liverpool and a member of the prison's senior management team are meeting shortly to re-evaluate current practices and implement revised procedures to ensure that second health screenings take place within 24-48 hours.

Suicide and Self-Harm Prevention Training for Probation Staff
Your final concern is that a Probation Officer at the prison had received ACCT training but was unaware of the threshold for opening an ACCT. The individual concerned has been reminded of the circumstances under which it is appropriate to open an ACCT.

You have drawn attention to the importance of training for probation officers, and noted that HMPPS is rolling out revised suicide and self-harm training for staff. I can reassure you that this training is being rolled out at pace to all staff with prisoner contact, including probation officers. At Liverpool the training is being delivered at the 'Academy Training Days' which take place twice monthly.

Thank you again for bringing these matters of concern to my attention. We will ensure that learning from this tragic incident is shared widely across the prison estate.

Yours sincerely

Michael Spurr

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