



HM Prison & Probation Service

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Mr D M Salter, Senior Coroner
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05th August 2019

Dear Mr D M Salter

Thank you for your Regulation 28 Report dated 16 May 2019, following the inquest into the death of Mr Daniel Davey at HMP Bullingdon. I am also grateful to you for granting a short extension to the usual deadline for reply.

I know that you will share a copy of this response with Mr Davey'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 was pleased to read that you were reassured by the evidence that you heard at the inquest that improvements had been made at the prison. You have raised two outstanding matters of concern: the attendance of healthcare staff at Assessment, Care in Custody and Teamwork (ACCT) reviews; and reviews of in possession medication risk assessments, with a related question about the policy for cell searches for stockpiled medication. I will deal with each concern in turn.

In June 2019 a new way of operating the ACCT case management system was implemented at Bullingdon, with a specific case manager being allocated to each ACCT case. This system allows ACCT reviews to be booked by the case managers on a spreadsheet that is overseen by the safer custody department. Reviews can be organised earlier through this booking system, giving healthcare better capability to ensure attendance at all reviews, and each day an identified member of healthcare staff is responsible for attending each review or allocating an attendee to go in their place. If there are any issues with healthcare attendance, case managers are asked to inform the safer custody department and remedial action is taken.

Although this new process is still being embedded, early indications are that healthcare staff are now attending all reviews. The allocation of a dedicated case manager allows for a consistent review and key information is much more likely to be available. Additionally, once the key worker model, in which officers are responsible for managing a small number of offenders, is fully implemented, these staff will have a good knowledge of the individual and will be able to feed into the ACCT reviews. Where possible this will be by attending, but it could also include a verbal or written submission to be included in the review.

New electronic quality assurance checks are to be introduced and embedded by the end of August 2019, and these will include checking healthcare attendance at reviews. In the meantime, the safer custody department is performing spot checks to monitor progress.

At national level we are working to improve the ACCT case management system and piloted a new version of the form and associated guidance in ten prisons during the spring of 2019. We realise the importance of the healthcare contribution to ACCT, and NHS England, and their Welsh equivalents, have been involved in this pilot project. The revised form and guidance are clearer about the expectations of healthcare staff. We are currently evaluating the pilot and plan to implement the new model nationally during 2020. We will ensure that the learning from this case is used to inform the development of the materials that are used to inform the national roll out of the new model.

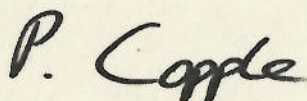
Your second concern relates to reviews of in possession medication risk assessments. I understand Care UK and Midlands Partnership NHS Foundation Trust will be replying to you separately on this point. At Bullingdon, if the ACCT case manager is concerned about the immediate welfare of an individual they are required to conduct a review immediately, and to ensure that there is healthcare input to that review. The prison has issued guidance to all case managers stating that in possession medication is one of the topics that should routinely be discussed in ACCT reviews, and that a risk assessment must be conducted, informed by the advice of healthcare staff. If this advice is not immediately available then ACCT case managers can at their discretion remove in possession medication until they can confirm that it is safe for the prisoner to continue to have it in their own possession.

Lastly, you asked about the policy for cell searches for stockpiled medication. The safer custody department has distributed a safety briefing on in possession medication to all staff to ensure that they are aware of the risks and know what action to take if they discover unusual amounts of in possession medication when conducting fabric checks or cell searches. In future, the issue of stockpiled medication will also be covered in the local ACCT case manager training so that, when immediate actions plans are completed, consideration is given to the need to check for and remove in possession medication as a temporary measure before a full assessment and review has taken place.

This is in line with existing national policy, and we will ensure that this continues to be the case, and that it is prominent in the guidance that is issued when the revised version of ACCT is rolled out, so that the learning from Mr Davey's tragic death is shared as widely as possible.

Thank you again for bringing these matters of concern to my attention. I hope this response has provided reassurance that they are being fully addressed at Bullingdon and at national level.

Yours sincerely,



PHIL COPPLE

Director General for Prisons