



**National Offender
Management Service**

[REDACTED]
**Safer Custody and Public
Protection Group**
National Offender Management Service
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Email [REDACTED]

Dear Mr Tweddle,

Inquest into the death of Michelle Barnes

Thank you for your Regulation 28 Report of 24 October 2016 following the conclusion of the Inquest into the death of Michelle Barnes at HMP/YOI Low Newton. Your report has been passed to Safer Custody and Public Protection Group in the National Offender Management Service (NOMS), as we are responsible for policy on suicide prevention and for sharing learning from deaths in prison custody. I am responding on behalf of the Chief Executive of NOMS and the Governor of Low Newton. I note that G4S Medical Services, the County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust have responded to you separately in letters dated 10 November, 15 December, and 16 December respectively.

I have responded to the points in your report in the order that you raised them.

I would like reassure you that in response to the matters raised in your report, the Governing Governor has taken action to ensure that both physical and mental health staff are invited to attend the daily senior management meetings. Since November 2016, these meetings have been minuted, with attendees recorded. Additionally, the prison's Healthcare Governance Board is held bi-monthly and attended by representatives from dentistry, GP, mental health, nursing and pharmacy services as well as physical healthcare.

In the wider prison estate, all establishments usually hold a 'morning meeting' in which operational issues for the day are discussed. Governing Governors will determine the appropriate attendees and agenda items for these meetings based on the needs of their establishment.

You raised the concern that Ms Barnes' birthing plan document was inadequate and incomplete, and that appropriate and timely consideration was not given to alternative plans.

As you will be aware from the inquest, the birthing plan arrangements at Low Newton have now been replaced by the pregnancy pathway which was introduced in May 2016, and updated in October to include mental health provision. This pathway provides clear guidance to staff on a range of issues, including how to support a prisoner during her pregnancy, the parameters of contact between the mother and her baby and who can be present at the birth. It also provides clear guidance to staff escorting women to hospital for the purpose of giving birth.

The needs of pregnant women are considered at the weekly, multi-disciplinary pregnancy pathway meetings. Attendees are responsible for drawing up and reviewing a care plan for each pregnant woman, detailing what will happen after the birth and how the mother will be supported emotionally and practically, particularly if their baby is removed from their care. The care plan will take into account input from a number of professions, ensuring the most appropriate care plan is put into place for mother and baby. A lead co-ordinator, already familiar with the prisoner is allocated to support the prisoner throughout the pregnancy, providing continuity of care and ensuring an understanding of their individual circumstances.

Systems have also been reviewed to ensure that contributions from the local authority are carefully considered at the outset when reviewing applications to the Mother and Baby Unit to ensure appropriate decision making. The care plan further supports pregnant women by assisting them to access legal advice where they are contesting local authority decisions regarding care proceedings.

Additionally, in November 2016 Low Newton updated its local policy on suicide and self-harm to take into consideration and place additional emphasis on safer custody issues surrounding pregnant prisoners before and post-delivery, taking into account the potential risks associated with their baby being taken into care.

In response to your concern that birthing arrangements in other establishments are appropriate, I can confirm NOMS conducted a review of birthing plan arrangements across the female estate and is confident that that these are being implemented appropriately.

You have expressed concerns regarding the way in which the extremely upsetting news that Ms Barnes would not be able to keep her baby was given to her, and the subsequent decision not to open an Assessment, Care in Custody and Teamwork (ACCT) plan after Ms Barnes was given this news. You also queried whether other forms of support, short of opening an ACCT, are available to prisoners in similar circumstances.

It is fully recognised that thorough consideration must be given to how distressing news is given to prisoners in such situations, and appropriate action has been taken to ensure that this is appropriately undertaken in the future. Guidance was issued to Low Newton staff in December 2016 about the process for delivering difficult news to prisoners with children or babies. Where the mother is pre-natal it instructs staff who are informed of potentially upsetting news to refer this to the pregnancy pathway to ensure that the appropriate staff member, who is known to the prisoner and best placed to deliver the news, is involved. The decision on the timing and delivery of the message will initially be made by the Duty Governor. Annual Refresher Safer Custody training provided to staff includes the new guidelines on delivering difficult news to mothers of babies or young children.

ACCT case managers at Low Newton were reminded in November 2016 of the importance of opening an ACCT document when a prisoner is at risk of suicide or self-harm, and the importance of recording this accurately and clearly, and making sure there is a multi-disciplinary approach to ACCT reviews.

There are a number of support mechanisms available at Low Newton for prisoners who are in distress, other than through the ACCT process. These include the use of the personal officer scheme, whereby prisoners are encouraged to positively engage with their designated personal

officer to disclose issues and for added support. The chaplaincy team also provides pastoral care and support to prisoners, when required. There are trained Listeners available at the establishment 24 hours a day, alongside the dedicated Samaritans telephone line which prisoners can request access to at any time. All prisoners are informed of these services on their arrival at the prison, and information on the support available is further promoted by the workers on the Prisoner Information Desk on the First Night Centre and in induction sessions delivered by Listeners themselves. There are notices promoting Samaritans and Listeners around the establishment displayed on notice boards and at every telephone point on wings.

You express concern that safer custody practices do not consider prisoners in a holistic manner. As you are aware, prisoners considered at risk of suicide and self-harm are managed through the ACCT process. The review of the ACCT process undertaken in 2015, found that the policy and system are sound, but that work is needed on improving compliance with policy and the quality of delivery of care. It is recognised that when used effectively ACCT is a holistic tool, bringing together multi-disciplinary teams to contribute to the management of an individual's risk, which may include mental health concerns, substance abuse and a range of other factors. The other support mechanisms described above also form part of the holistic approach, alongside everyday interaction, support and challenge by staff.

I have been copied to the response from the Tees, Esk and Wear Valley NHS Foundation Trust concerning the continuity of mental health care when healthcare staff are absent so I will not repeat that information here. However, I can confirm that there is currently a review of continuity of mental health provision across the women's estate. Work is ongoing to produce an action plan for each prison which will identify further progress required, the delivery of which will be overseen by the Deputy Director of Custody for the women's estate. A Safer Custody summit meeting for the women's estate is taking place on 1 February 2017, at which mental health provision will be one of the topics discussed.

You refer to your concern that the breakdown of delivery of aspects of care to a prisoner, and the subsequent separate representation at inquests dilutes the concept of state responsibility. Healthcare services for prisoners in England are commissioned by NHS England as required by the Health & Social Care Act 2012 and set out in the NHS Mandate. This approach is regarded internationally as best practice, and the commitment to the approach was re-affirmed by recently in the white paper Prison Safety and Reform, alongside our commitments to strengthen joint working arrangements between health commissioners and prison governors in their co-commissioning relationship. NOMS works closely in partnership with NHS England and Public Health England and a National Partnership Agreement sets out arrangements for joint governance and delivery alongside the roles and responsibilities of each agency.

In order to improve joined-up working to manage and support prisoners at risk of suicide or self-harm, new guidance around multi-disciplinary working and ACCT was issued by NOMS in October 2016 and disseminated to all prisons. The guidance aims to ensure that professionals carefully consider a prisoner's care needs and that they are provided with continuity of care, even when support will be delivered by different individuals or providers.

At Low Newton, the importance of effective integrated working is well understood, and various multi-disciplinary forums exist to ensure close working between providers. Meetings attended by representatives from mental and physical health, midwifery, DART (drug treatment programme)

and the Psychology Team take place daily to share details of clinical interactions and discuss complex cases and ACCT reviews.

In May 2016, Low Newton introduced a 'complex case risk register' to ensure that patients with complex mental or physical needs were discussed on a weekly basis by members of the multi-disciplinary team. This is comprised of staff from Tees, Esk and Wear Valleys NHS Foundation Trust, G4S, and DART as well as operational staff.

Your final issue concerns the wording in the Prison Service Instruction relating to ACCT and the wording on the ACCT document itself and whether this may create confusion as to the circumstances in which an ACCT should be opened. As you are aware, ACCT is the process by which risks of suicide and self-harm are managed, once such a risk has been identified, rather than more general feelings of distress which will be addressed by other methods of support. Prisoners may express suicidal intent directly, or it can be inferred from their behaviour and mood, recent history or risk factors. The boxes on the Concern and Keep Safe form are designed to capture this, record why the person opening the form considers that the prisoner may be at risk of suicide or self-harm, and to support the ACCT process.

Thank you for bringing these matters of concern to our attention. I hope that the contents of this letter have been helpful in providing some national context, as well as assurance that the concerns that you have raised have been addressed locally at Low Newton.

Yours sincerely

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