Nottinghamshire Healthcare
NHS Foundation Trust

Chief Executive's Office
The Resource
Duncan Macmillan House
Porchester Road
Nottingham
NG3 6AA

[redacted]

Date: 14 February 2023

Private and Confidential

Miss. Bower
HM Area Coroner for Nottingham and Nottinghamshire
Nottinghamshire Coroner's Office
The Council House
Old Market Square
Nottingham
NG1 2DT

Dear Miss. Bower,

Please find below the organisational response to the recently received Preventing Future Deaths Report, following the unfortunate death of Mr. Braund. In responding, we have worked closely in conjunction with HMP Nottingham. We offer our condolences to Mr. Braund's family, and we hope this response and the subsequent improvement plan goes someway to reassuring you and Mr. Braund's family that we take this very seriously and will improve our services to prevent such reoccurrences.

Matters of concern raised in the report:

1.**(HEALTHCARE) Lack of safe system, supported by training, guidance, and compliance auditing, for the provision of physical healthcare assessment and monitoring by NEWS2 for acutely unwell patients in a secure setting.**

"Staff were not consistently assessing acutely unwell patients using the NEWS2 system, despite the scoring system having been adopted across the NHS over the past decade and having been adopted by this Trust many years prior.

The inconsistent application of NEWS2 by staff, an inconsistent awareness of NEWS2 across the staff body, and an absence of clear and robust training supported by guidance, ensuring staff were aware of the expectations of their employer with regards to the use of NEWS2 in monitoring acutely unwell patients.

Newly implemented compliance audit plans for NEWS2 are not safe or robust because the audit is limited to monitoring the emergency review template on SystmOne, which staff are routinely failing to utilise, instead preferring to add free text entries to the running record, which cannot be audited with ease. If the Trust is incapable of monitoring compliance with the initiative, there will be repeated missed opportunities to provide support and guidance to Directorates, wards or individual staff who are deviating from expected practice with regards to NEWS2."

Response

Subsequent to receiving the Regulation 28 Report on 21st December 2022, all Trust employees of Offender Health were emailed in regard to the findings and in particular the outcome of NEWS2 failures.

In the first instance employees were requested to ensure they had completed the online training by 31st December 2022. To date, as of 13th February 2023, across the Offender Health Directorate we have achieved 86% in relation to staff who have completed the training. This is for those staff currently working and not absent.

Following this, the Heads of Healthcare have weekly communication to all employees to ensure they have undertaken the training, with audits in place to monitor compliance. To support this process of monitoring training, Heads of Healthcare are provided with weekly updates on their teams' compliance and a requirement to provide an exception report to the Divisional Management Team (DMT) for non-compliance. This will alert the DMT to any hot spot areas and identify where to dedicate further support to allow training. Nottinghamshire Healthcare NHS Foundation Trust Learning and Development Department are working closely with the Offender Health DMT to ensure essential training on NEWS2, and physical healthcare meets the requirements to teach staff how to use NEWS2 in practice.

In addition, the Clinical Lead for Physical Healthcare has provided a training tool regarding NEWS2 and SEPSIS. This has been circulated to all sites for the clinical matrons to deliver this training during CPD sessions.

A cleansing of the training database is being undertaken by the ESR Team (Workforce database) to ensure those that have left the Offender Health Directorate are removed and those absent are not forgotten on their return. This process will have been completed by the end of March 2023 across all Offender Health sites.

It has been recognised that the NEWS2 Emergency Template located in SystmOne was not easily accessible. Therefore, the emergency template is now located on the Clinical Tree where staff have easy access (Appendix 1).

To support Trust employees, a NEWS2 Flashcard and paper templates have been reviewed and distributed across all sites and will be available in all emergency response bags as an aide memoire and working documents (Appendix 2). This is to support ease of access and act as a reminder during emergency situations across the sites, communicating clear expectations and requirements for patient safety. The NEWS2 observation template is also clearly visible on the Clinical Tree and should link to the observations template within SystmOne.

It is recognised that training alone is not sufficient to assess individuals' learning and understanding of the toolkit and responses required for unwell patients. The Trust essential training will assess employees' understanding of the News2 toolkit. In addition, Clinical Leads will be attending all sites on a rolling basis to assess competency of staff using NEWS2 and provide further support/ training where required. We are currently working with the wider Trust to look at how this can be delivered regularly to the all the teams across Offender Health.

Heads of Healthcare and Clinical Matrons undertake regular audits on SystmOne as part of monitoring staff compliance to the training with NEWS2. We have engaged with the Trustwide resuscitation trainers to explore using live simulations on sites to ensure that emergency responses are fully tested with our Prison colleagues. These will be scheduled throughout the next twelve months on all sites.

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The Trust offer a robust induction programme to all new starters. Alongside this the Directorate has introduced a two-day programme specifically for Offender Health. This will be signed off by line managers within the initial three months of new employee start dates and will seek to identify any further training. A record of this will be kept on their personnel file on completion (Appendix 3).

The Clinical Leads for Offender Health, alongside the Head of Nursing are currently undertaking a training gap analysis exercise with a view to identifying the critical training needs for all healthcare staff and develop a robust training programme for Offender Health on a rolling 12 monthly basis. This has been planned on Prison lockdown days and we have identified critical topics that need to be addressed including but not exhaustive, emergency response to NEWS2, Mental Capacity Record Keeping and Assessment, Care in Custody and Team work, Suicide and Self Harm training (Appendix 4).

The wider Trust is committed to providing bespoke training to support staff in Offender Health to ensure they have the correct skills required to work in the environment.

The Trust has developed a comprehensive Quality Improvement Plan for Offender Heath that identifies areas of learning and development requirements and is committed to ensuring these areas are improved for our patients to ensure better outcomes (Appendix 5).

2) **(HEALTHCARE AND HMP) The absence of a safe joint system of care (between discipline and healthcare staff) for supporting and managing acutely unwell patients who remain in the prison setting, rather than being transferred to a dedicated healthcare facility.**

Response

The strategic and operational relationship between Nottinghamshire Healthcare NHS Foundation Trust and HMP Nottingham is well embedded at both strategic and operational levels. This is evidenced strategically with the Head of Healthcare being a contributory member of the HMP Nottingham senior management team (SMT).

Staff receive a daily briefing sheet to highlight any issues and concerns overnight and for the next 24 hours. There is always a healthcare representative at the daily morning operational meeting. The daily briefing sheet is circulated to all Prison and Healthcare staff to provide a dynamic operational briefing daily.

In addition, the Head of Healthcare and Governor will meet regularly to discuss strategic and operational issues. This is generally monthly, although has been much more frequent and issue driven in recent months.

Locally, we have formal quarterly meetings that are held by way of a Local Delivery Board (LDB) meeting, which is a tripartite meeting with the Nottinghamshire Healthcare NHS Foundation Trust, The Prison and NHS England Health and Justice Commissioners. This forum includes Head of Healthcare and Clinical Matrons alongside Senior Management from the Prison and senior commissioners and formalises our joint priorities, operational management, service delivery, procedures and identifies any operational or strategic issues and concerns that could impact on service delivery across healthcare and the prison, with the aim of these being jointly resolved. In recent months this has focused on staffing recruitment and retention, self-harm and suicide responses, emergency response procedures,

including at night, enabling issues, assessments, contingency planning during recent strike actions and lessons learned following serious incidents.

In support of this meeting the Head of Drug Strategy integrates operationally with healthcare managers weekly to address and provide assurance on key performance and delivery areas.

The Senior Commissioning Manager (Health & Justice NHS England – East Midlands) also holds a quarterly Contract Review Meeting with Nottinghamshire Healthcare NHS Foundation Trust with representation by the Governor at HMP Nottingham. This meeting focuses on performance, quality and contractual compliance. This is further supported with regular monthly contact with the Health and Justice Senior Commissioners, Heads of Healthcare and Divisional Management team for Offender Health

More recently HMP Nottingham have established a monthly Death in Custody meeting which is attended by a Healthcare representative. This meeting focuses on our responsibilities to address repeat PPO recommendations after a death in custody. This meeting provides a strategic overview of our progress in addressing issues in support of preventing further deaths. This meeting reviews the DIC database and actions across the prison related to improving actions and gaining assurance against repeat recommendations. In addition to this Offender Health hold their own internal weekly Death in Custody meeting which provides an opportunity to share learning from recent inquests and reflect on how these are embedded into practice alongside opportunities to discuss and learn immediate lessons from serious incidents and opportunities for reflective debriefs. Any themes from this will also be taken to the joint monthly Death in Custody meeting facilitated but the prison

A weekly Safety Intervention Meeting (SIM) is held and chaired by the Head of Safety for HMP Nottingham, Healthcare representation is in attendance at this meeting. This forum offers opportunity to identify those prisoners who are acutely unwell, may be at high risk of suicide and/or self-harm alongside prisoners who may be vulnerable and offer a structured forum to discuss joint management strategies required including care planning and interventions to support the individual prisoner/s. This demonstrates our continued collaborative working between healthcare colleagues and the prison.

Reduction of self-harm and suicide is a critical daily consideration addressed in the daily morning meeting. This is facilitated by the Prison and attended daily by healthcare. This process enables both the prison and healthcare to identify any concerns with specific prisoners that may have arisen overnight or the previous day and opportunity to discuss and agree the interventions and support needed to keep the prisoner safe which may include instigation of additional support mechanisms including use of ACCT (Assessment, Care in Custody and Teamwork). ACCT is a function which requires multi-agency involvement between the prison and healthcare in the management of individuals who present as a high risk to themselves. This process requires collaborative working and the devising of individualised care maps or plans to support prisoners in crisis to manage the risks they are presenting to themselves.

Healthcare also holds a daily handover meeting at lunchtime with all healthcare staff. Any prisoner, clinical issues or concerns raised at this meeting are then shared with the prison for discussion and follow up, if required.

The Head of Healthcare and the Prison Governor are working in partnership to devise a joint training programme for all staff, ensuring the learning from the Regulation 28 Notice has been prioritised.

Joint training opportunities will focus on repeat PPO recommendations, ACCT training, segregation protocols, emergency response protocols including code blue/code red, out of hours emergency response processes, violence reduction strategies. There is also a plan to undertake scenario-based training exercises for the whole site to monitor and evaluate staff understanding of processes and learning from training, as stated above.

The joint protocol for the urgent assessment process for the deteriorating patient is to be updated and re-circulated to all prison and healthcare staff. This includes the PSO 1300 emergency response and the management of code red and code blue. Joint training is to be provided to Prison staff to ensure they are familiar with the process and are confident in its use.

We hope the information contained within this response provides reassurance that the Trust has been considering these recommendations seriously and has taken action to improve the quality and safety of care being delivered to men in custody. We are committed to improving our healthcare in these environments and will continue to work through the actions described to ensure these improvements are made and maintained moving forward.

Yours sincerely,

[redacted]

[redacted]
Chief Executive

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