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National Medical Director
NHS England
Wellington House
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29 March 2023

Dear Mr Harris

Re: Regulation 28 Report to Prevent Future Deaths – Nathan Forrester who died on 2 July 2019

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 30 January 2023 concerning the death of Nathan Forrester on 2 July 2019. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Mr Forrester's family and loved ones. NHS England is keen to assure the family and the Coroner that the concerns raised about Mr Forrester's care have been listened to and reflected upon.

NHS England is the responsible organisation for the commissioning of healthcare into prisons, which is devolved to regional teams. Commissioning healthcare in prisons is done on a principle of equivalence, which has been defined by the Royal College of General Practitioners (RCGP) and broadly states the aim is to ensure people detained in prisons in England, are offered provision of and access to appropriate services and treatment, considered to be at least consistent in range and quality, with that available in the wider community.

I have considered the concerns raised in your report and I will respond to each of them in turn below.

1. Deaths on top bunks (HMPPS)

Responsibility for training of prison officers in respect of the management of a prisoner on a top bunk lies with HMPPS and I understand that they will respond to this concern directly.

2. Training of nurses in CPR (NHS England)

NHS England is the responsible organisation for the commissioning of healthcare in prisons, which is done on a principle of equivalence as defined by the Royal College of General Practitioners (RCGP) [Royal College of General Practitioners \(RCGP\)](#). This definition, agreed by the Prison Healthcare Partnership Board, broadly states the aim is to ensure people detained in prisons in England are afforded provision of, and access to appropriate services and treatment, which is at least consistent in range and quality, with that available in the wider community.

The Service Specification, 'primary care service, medical and nursing for prisons in England,' published in March 2020, includes a [section on unplanned and emergency](#). This outlines the requirements for the healthcare provider to develop and implement protocols, specific to each prison, for responding to and managing emergencies including training for staff in CPR. Immediate Life Support (ILS) training provides healthcare professionals with the skills needed to respond in an emergency.

The Service Specification also details exclusion criteria of injuries or illnesses that require medical or emergency intervention, beyond the scope and practice of primary care nursing and general medical practice.

This reflects the Resuscitation Council UK '[Quality Standards: Primary care Resuscitation Council UK](#)' which state:

“training must be in place to ensure clinical staff can undertake CPR. Training and facilities must ensure that, when cardiorespiratory arrest occurs, as a minimum all clinical staff can:

- Recognise cardiopulmonary arrest (ABCDE approach)
- Summon help.
- Start CPR and defibrillation (manual and/or AED) and simple airway manoeuvres) with a minimum of delay, whenever possible within minutes of collapse.”

The Resuscitation Council UK also outlines that Advanced Life Support (ALS), which includes the use of supraglottic airway devices such as an iGel, is appropriate for healthcare professionals who would undertake ALS as part of their clinical duties.

This includes doctors, paramedics and nurses working in acute care areas such as Emergency Departments, Coronary Care Units, Intensive Care Units, High Dependency Units, operating theatres, acute medical admissions units or, on resuscitation/medical emergency Critical Care outreach Teams.

This level of life support involves some specialist clinical procedures which, to be clinically effective and cause no harm, must be performed as a regular part of clinical duties.

Healthcare professionals working in prisons (primary care), do not fall within the specified categories for ALS and therefore these procedures, if conducted, may lead to staff working outside of their registered professional clinical competencies.

I understand shortcomings in training have been addressed locally and all nurses in Oxleas NHS Trust are trained annually to ILS level.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors and other clinical and quality colleagues from across the regions. This ensures key learnings and insights around events, such as the sad death of Mr Forrester, are shared across the NHS at both a national and regional level and helps

us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,




National Medical Director
NHS England