

Chief Executive's Office

Trust Headquarters
Littlemore Mental Health Centre
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Littlemore
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Private & Confidential

The Right Honourable Lord Justice Fulford
Royal Courts of Justice
Strand
London
WC2A 2LL

9 July 2024

Dear Judge Fulford,

**The Forbury Gardens Inquests
Report on Action to Prevent Future Deaths
Response of Oxford Health NHS Foundation Trust**

Thank you for your letter of 20 May 2024. I write to respond to your concerns.

Paragraph 45 of your report is directed at Oxford Health NHS Foundation Trust ("OHFT"). My colleague [REDACTED], Forensic Service Manager, provided a statement to the inquests in which she explained that OHFT has held the contract for provision of integrated mental health services into Bullingdon and Huntercombe prisons since October 2022. The contract that OHFT signed to provide integrated mental health services is between OHFT and a company called Practice Plus Group, rather than direct between OHFT and the Prison Service. Practice Plus Group holds the contract with the Prison Service for overall provision of medical care into the prison.

Paragraph 45 records –

As regards MPFT, they no longer provide secondary healthcare services in HMP Bullingdon and Huntercombe. Therefore, this Report (in this context) is directed primarily at OHFT; nonetheless it will be provided to MPFT who continue to provide services in other prison establishments. I have also directed that it is sent to NHS England so that appropriate national action in this area can be considered. [REDACTED], service manager for OHFT, was specifically asked to address the "*tracking*" of prisoners as they moved between prisons. It became clear during the evidence that there were wider issues with the shortage of staff in prisons to provide psychological treatment and with the processes to prioritise and track prisoners on the waiting list to ensure that they were seen (regardless of whether they transferred or not). As a result, and without criticism of her statement, [REDACTED] does not address the current position on the level of psychological services at HMP Bullingdon and HMP Huntercombe against the background of the previous failure by MPFT to provide these to KS at any stage whilst he was in prison. I suggest that for a prisoner demonstrating KS's risk factors, he should have been offered, within the limits of available resources, the opportunity to participate in long term psychology sessions. I request that this issue is addressed by OHFT in its response to this Report, in order to prevent future deaths.

OHFT currently provide psychological services for HMP Bullingdon and HMP Huntercombe as part of the integrated mental health team. The evidence based psychological interventions are delivered based on clinical need and sentence length, in line with the NHS Stepped Care Model and National Institute of Clinical Excellence guidance. These include psychotherapy, cognitive behavioural therapy [CBT], trauma focussed-CBT, and eye movement desensitisation and re-processing.

Any staff who work within the prison can make referrals into the mental health team, as well as self-referrals from any prisoners themselves. All referrals made to the team will have a face-to-face triage appointment. A multidisciplinary team (MDT) discussion follows each referral. If the MDT identifies a need for psychology that person will receive a full assessment through which their needs and treatment pathway will be determined. Anyone who is waiting to start psychological treatment will be placed on an electronic waiting list on SystmOne, and assigned a mental health nurse who will meet with that person monthly until their appropriate psychological treatment has commenced. Mental health nurses also deliver emotional management and coping skills groups, which can be offered during the waiting period. The waiting list is managed by the psychology staff, and when a prisoner is discharged after they finish their treatment, the next person on the waiting list will then be offered a place to start their treatment. The waiting list is determined on a first come first served basis. The exception to that is when a prisoner is a veteran of HM Forces, which is standard practice across all prisons.

If a prisoner has commenced a psychological treatment, they would be placed on a medical hold to prevent a transfer to another prison. That is so they can finish their treatment. If a prisoner is transferred elsewhere whilst waiting to start psychology, the receiving prison would be informed that the prisoner in question was on the waiting list through detailed handovers, and both oral and email confirmation. Standard process would be for the prisoner to then be placed on the waiting list (for psychology) at the receiving prison. The prisoner would then be seen by the receiving prison's psychologist for a triage assessment, subject to the receiving prison having a psychology provision. Timescales vary at establishments based on demand.

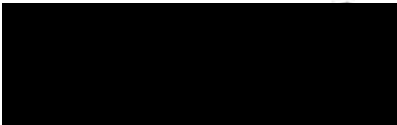
At HMP Bullingdon the current staffing model is a 0.8 whole time equivalent (WTE) band 7 psychotherapist, a 0.3 WTE band 8a forensic psychologist, and two band 5 psychological wellbeing practitioners who are currently due to start in the service in July 2024. In the past 12 months there have been 116 referrals for psychology, 17 patients are engaged in therapy currently, and 34 patients waiting. The average waiting time is around 14 weeks. We also have a Consultant Forensic Psychologist who oversees the governance of the psychological therapies pathways within the mental health teams, including managing caseloads of the psychologists and psychological therapists.

At HMP Huntercombe the current staffing model is one WTE band 4 assistant psychologist and 0.3 WTE band 8a psychologist. The service has not been able to fill these posts and a business case was submitted by the service to commissioners that proposed three alternatives to the staffing model. The purpose of the business case is to give us the best chance to recruit into posts, to increase the provision for psychology and to expand the service which can be offered. The business case has been submitted and we hope to receive a decision in July 2024. There are high levels of trauma within the establishment and the focus will be to treat the trauma and any associated symptoms.

In terms of actions that it will be helpful for the Trust to consider, the service will consider if they should introduce guidance for psychological therapy staff about what to record when an individual declines treatment in the prison pathway, to include guidance that declined offers of treatment are always considered in caseload management supervision.

I hope that this response provides you with the information that you require, but of course please do not hesitate to contact me if OHFT can assist further.

Yours sincerely,

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Interim Chief Executive