[redacted]
Director General Operations
HM Prison and Probation Service
8th Floor Ministry of Justice
102 Petty France
London
SW1H 9AJ

HM Prison & Probation Service

Caroline Topping
Assistant Coroner
HM Coroner's Court
Station Approach
Woking
Surrey
GU22 7AP

14 February 2025

Dear Ms Topping,

Thank you for your Regulation 28 report of 20 December 2024, addressed to the Minister of State for Prisons, Probation and Reducing Reoffending, and to the Governor of HMP Coldingley. I am responding as Director General of Operations for His Majesty's Prison and Probation Service (HMPPS).

I know that you will share a copy of this response with the family of Mr Jefferies, and I would first like 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.

Following evidence heard at the inquest, you have raised concerns about the recording and sharing of key risk information and around mental health awareness. I will address each of your concerns that relate to HMP Coldingley in turn.

Firstly, I wish to clarify that the prison sent an updated copy of the safer custody policy document, named the Safety Strategy, by the agreed deadline of 18 December 2024. As you have been provided with a copy, I will not detail the changes made to the policy but can assure you that the strategy does set out relevant action which addresses the concerns you raised during the inquest.

You have raised concerns that there is no system in place to record welfare concerns about prisoners when they are reported into the prison, and that when matters of concern are recorded this is not always documented in the same place. I have received assurance from the Governing Governor of HMP Coldingley that the prison has developed and embedded a new process to ensure that important information relating to the welfare of prisoners is recorded and shared appropriately. Any contact from a concerned relative or friend of a prisoner must be logged as a case note on P-NOMIS, the National Offender Management Information System used by the prison service, and the Safety team must be informed. That information is then added to the daily briefing sheet and discussed at the next Safety Intervention Meeting (SIM), a weekly multi-disciplinary meeting where the most at risk

prisoners are discussed. This requirement has been added to the updated local Safety Strategy. You may wish to note that in response to Mr Jefferies' death, the prison now discuss prisoners serving an Imprisonment for Public Protection (IPP) sentence at the SIM.

I understand that your concern that relevant risk information was not consolidated in one place and disseminated in daily briefing sheets was addressed by the prison in a letter sent to you on 18 December 2024. I do not wish to duplicate the response but can assure you that the prison remains committed to ensuring that relevant information is identified and shared appropriately.

You have raised a concern that there is no composite document for clinicians to review which contains relevant information recorded by prison staff about prisoners in the Care and Separation Unit (CSU). There is now a morning briefing for CSU staff, attended by healthcare and the mental health team which takes place prior to healthcare's rounds, when all CSU prisoners are reviewed. Documented concerns are shared each morning at the briefing. Collaborative working and communication between prison staff, healthcare and mental health colleagues has improved through multi-disciplinary meetings which support the sharing of relevant risk information and actions to help prisoners identified as at risk of suicide and self-harm.

Your final concerns relate to prison staff's awareness of mental health, including making referrals to the mental health team and recognising when a prisoner's mental health is declining. Following Mr Jefferies' death, the mental heath referral process was reviewed and the referral form was redesigned to simplify the process. The form is now available electronically so that staff can easily access it when needed, and when a referral has been requested by a senior member of staff they must document that this request has been made and record the name of the staff member tasked with completing the referral. Through improved multi-disciplinary working, there are more opportunities to check that referrals to the mental health team have been completed and received by the mental health team.

The prison is piloting an online e-learning course called 'introduction to Mental Health' for all staff working in the CSU to support staff in identifying indicators of declining mental health and to upskill staff to complete the mental health referral forms with relevant risk information. All new staff applying to work in the CSU must complete this course.

The prison's Safety Strategy also sets out that all managers, particularly night Orderly Officers and those in charge of the prison when healthcare colleagues are not available must consider using out of hours options when concerns for a prisoner's mental health have been raised. This includes phoning 111 – the NHS emergency non-life threatening phone number which now offers mental health crisis support.

In addition to the action taken locally at HMP Coldingley, I can confirm that all new prison officers complete a training module called 'Introduction to Mental Health Awareness' as part of their initial prison officer training.

Thank you again for bringing your concerns to my attention. I trust that this response provides assurance that action has been taken to address your concerns.

Yours sincerely

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Director General of Operations