**Miss Laurinda Bower**
HM Area Coroner
Nottingham City and Nottinghamshire
Coroner's Service
The Council House
Old Market Square
Nottingham
NG1 2DT

**National Medical Director**
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

[redacted]

3 April 2025

[redacted]

Dear Coroner,

**Re: Regulation 28 Report to Prevent Future Deaths – Anthony Binfield, David William Richards and Rolandas Karbauskas who died at HMP Lowdham Grange between the dates of 6 and 25 March 2023**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 7 February 2025 concerning the deaths of Anthony Binfield, David William Richards and Rolandas Karbauskas on 6, 13 and 25 March 2023 respectively. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to the families and loved ones of Anthony, David and Rolandas. NHS England are keen to assure the families and the Coroner that the concerns raised about their care have been listened to and reflected upon.

I have responded to the concerns raised that sit within NHS England's remit below.

**1. Recruitment, retention and training of prison and healthcare staff**

Providers of adult healthcare within the prison estate in England experience the same types of recruitment and retention workforce issues that are experienced by acute and community services.

However, vacancy rates within the prison estate are significantly higher, which can be due to the perceived risk and stigma attached to prison environments, and these unfilled vacancies can increase pressures on existing healthcare and prison staff, leading to elevated levels of stress, high turnover and increased absenteeism.

To help address workforce demands within prisons, nursing within the criminal justice system (CJS) needs to be widely promoted as a career option and NHS England is supporting this promotion with the 'We Are Prison Nurses" campaign and nursing preceptorship (a period of structured transition where newly qualified nurses are supported by an experienced practitioner).

The 'We Are the NHS" recruitment campaign has been in operation since 2018 and was developed with the aim of increasing positive perceptions of, and pride in, working for the NHS across a diverse range of roles. It aims to motivate target audiences to undertake a career in the NHS including nursing, the Allied Health Professions and as Healthcare Support Workers (HCSWs).

To target support on recruitment into prison healthcare and retention of healthcare staff, NHS England's National Health and Justice Team undertook a programme of work alongside the 'We Are the NHS' campaign, specifically relating to prison healthcare which forms the basis of the 'We Are Prison Nurses" campaign. This campaign started in December 2023 and targets student nurses to encourage them to consider a career in prisons, by increasing awareness of, and exposure to, prison nursing roles. The campaign toolkit contains a wide range of resources designed to support providers and employers with the recruitment of nurses into prison healthcare services: We are Prison Nurses | We Are The NHS | Campaign Resource Centre.

In February 2024, NHS England also published the 'Nursing preceptorship in adult prison healthcare – best practice guidance'. Preceptorship is a period where all newly qualified practitioners are given guidance and support in their transition from student to autonomous practitioner.

A good preceptorship programme undertakes the following:

- Effectively supports newly qualified nurses to become competent and confident practitioners
- Ensures nurses and nursing associates feel valued by their organisation and have a positive experience during their first 12 months.
- Enhances patient care and experience.
- Supports organisations to recruit and retain registered nursing staff.

The best practice guidance is designed to support staff and organisations in the design and delivery of effective preceptorship programmes within adult prison healthcare services. It is also for registered nurses who are new to prison healthcare. The guidance ensures these professionals understand how an evidence-based preceptorship programme can support, develop, and value them in their first year of clinical practice.

To support the quality performance assurance and oversight of prison healthcare providers, there are quality measures in place. The measures identified and included are aligned to standard NHS contract quality measures, to ensure consistency in approach, while avoiding increasing the burden of any reporting.

Recent data from quality schedules indicates a noticeable increase in compliance with mandatory training at HMP Lowdham Grange. This is monitored closely through contract review meetings (CRM) with clinical quality oversight.

CRMs take place for each site every quarter and review the performance and quality (covering safety, effectiveness, and experience) of healthcare services commissioned within prison settings, based on key indicators. There will be agreement of remedial actions where required.

Quality and performance (Q&P) meetings also cover the clinical quality of the contract monitored under the NHS England Direct Commissioning Assurance Framework. Review meetings and/or clinical quality site visits are determined by the level of surveillance required. By exception, clinical quality representatives from both

organisations may be invited to attend the Q&P meeting to discuss any quality related matters arising that require in depth review.

There is also a monthly Rapid Improvement Group (RIG) meeting. The RIG is an improvement methodology where an intense improvement activity occurs over a short period. It is hoped that this approach will bring about a significant improvement in performance that can encompass a small number of different work teams or processes without a high degree of complexity. This relies on the fact that the participants, who do the job every day, are the people best placed to identify process improvements. The methodology identifies the change required, offers solutions, and allows participants to plan the actions required for implementation. NHS England provides oversight from both commissioning and quality perspectives, with additional support for the Trust from NHS England's improvement teams.

Healthcare services are commissioned based on patient need and there should be equivalence to services available in the community. Healthcare services outside of the core working day are commissioned by Nottingham & Nottinghamshire Integrated Care System (ICS). In January 2018, 24-hour healthcare was implemented when there was an escalation in the use of psychoactive substances at HMP Lowdham Grange and this was continued as a response to the Covid-19 pandemic, to reduce the healthcare impact on the wider health community.

In September 2022, a Health Needs Assessment focused on the provision of 24-hour healthcare across the prison estate in the East Midlands was undertaken. The findings for HMP Lowdham Grange did not support continuation of this service, with funding invested to support a longer core day to enable patients to access healthcare services prior to the prison entering night state.

**2. A complete failure to identify and share risk pertinent information between prison and healthcare staff, and within those teams**

I recognise that effective information sharing is essential to support the ongoing care provided to patients across the whole of the CJS and information sharing is most important when an individual is managed by both healthcare and secure estate staff.

All staff have a common interest in the wellbeing of patients, reducing risk, keeping them safe and treating them appropriately, which requires routine information sharing.

In 2023, NHS England's national quality function for health and justice developed the Information Sharing Position Statement (ISPS). This supports a common understanding between NHS England and partners across the CJS about patient confidentiality and the sharing of health information (UK GDPR) which is considered more sensitive and therefore amounts to 'special category' data.

The ISPS sets out NHS England's position on information sharing and consent and supports healthcare staff to make decisions about sharing information.

The ISPS only relates to the general and routine sharing of health information for purposes connected with the care of individuals in the CJS and is not intended to cover the sharing of health information in situations where there is an urgent need to share

information for the purposes of providing care, or where there is a safety risk to either an individual or others. In all cases where there is a safety risk, local safeguarding processes should be followed.

Additionally, there are several platforms locally to enable effective sharing of information. These are morning briefings, through CRMs as mentioned above and local delivery boards (LDB). Oversight from the clinical quality team at CRMs will inform quality visits to ensure information sharing is embedded in practice.

The findings, information and any learning from this Report will be tabled at a future NHS England Health and Justice Delivery Oversight Group (HJDOG). The HJDOG is the senior leadership forum, which holds responsibility for the oversight of delivery and continuous improvement in Health and Justice commissioned services, through both national and regional teams. All Health and Justice related Reports to Prevent Future Deaths are shared and discussed at the HJDOG, and assurance is sought from regions where learning and action is identified.

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 that key learnings and insights around events, such as the sad deaths of Anthony, David and Rolandas, 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