

Chief Executives Office
The Resource
Highbury Hospital
Bulwell
Nottingham
NG6 9DR

2 June 2026

Private and Confidential
HM Assistant Coroner Pountney

Dear Ms Pountney

Regulation 28 Response: Mr. Jonathan Thornton

I write in response to the inquest which was concluded on 17 February 2026 into the death of Mr. Thornton and the Regulation 28 Report to Prevent Deaths received on 8 April 2026. We extend our sincere condolences to the family of Mr Thornton. The Trust is committed to learning from this case and ensuring that the issues identified by the coroner are addressed in full to reduce the risk of future deaths.

Please find below the Trust response in relation to the relevant matter of concern and actions taken.

Information sharing between the Community Forensic Team (CFT) and Prison Healthcare

The coroner found that:

- There were barriers to information sharing between the CFT and Prison Healthcare.
- There was no formal system for handover at the time of the death or at the conclusion of the inquest.
- Prison Healthcare staff were often unavailable or uncontactable for handover discussions.
- The lack of structured information sharing created a risk of future deaths, particularly given the complexity and risk profile of individuals known to the CFT.

The Trust accepts these findings.

Actions Taken to Date

1. Introduction of a Formal Information-Sharing Guidance Document (December 2025)

The Trust developed and implemented a formal guidance document titled: Community Forensic Services – Quick Reference Guide: Sharing information following transfer to prison. The document sets out the process for staff to follow in the event a patient is remanded or sentenced to prison and requires that staff share relevant risk and clinical information with the receiving healthcare professionals in the custodial setting.



2. Guidance Embedded Within the CFT Internal Working Instruction

This guidance now forms part of the CFT Internal Working Instruction and is therefore embedded within the team's core operational framework. It is subject to annual review, ensuring that the process remains current, robust, and aligned with national standards and local operational needs.

3. Guidance Shared with all CFT Staff

The guidance has been circulated to all Community Forensic Team staff, discussed in team meetings, and incorporated into supervision and induction processes to ensure consistent understanding and application.

4. Guidance Agreed with Northamptonshire Healthcare NHS Foundation Trust

As Prison Healthcare at HMP Nottingham has now transferred to Northamptonshire Healthcare NHS Foundation Trust, the guidance has been shared with and agreed by the new provider. This ensures continuity and shared expectations across organisational boundaries.

5. Guidance Shared across HMP Reception Prisons

Although the inquest related specifically to HMP Nottingham, the Trust has also extended the guidance with HMP Lincoln, recognising that it is another reception prison where Nottinghamshire residents may be transferred. Extending the guidance ensures that the same standards of information sharing apply across both sites. Prison Healthcare at HMP Lincoln has now also transferred to Northamptonshire Healthcare NHS Foundation Trust.

6. Clear Requirements for When and How Information Must Be Shared

The guidance mandates:

- Immediate liaison with Prison Healthcare upon remand or sentence
- Prioritisation of contact when transfers occur outside normal hours
- Use of secure email and telephone confirmation
- Password-protected documents and separate password transmission
- Recording the purpose and rationale for information sharing in the Electronic Patient Record

7. Standardised Documentation for Handover

The following documents must now be shared as standard:

- CORE Assessment
- Risk and Safety Assessment
- Summary and Care Plan
- HCR-20
- Medication Card and current prescriptions
- Family or carer contact information



8. Escalation Routes

Where contact cannot be made, staff must escalate to Service Managers and the Operational Manager, ensuring that communication failures are addressed promptly.

Actions Planned or Underway

1. Appointment of a Dedicated CFT Link Worker

A Community Forensic Team Link Worker has been appointed as an additional, consistent point of contact for Prison Healthcare teams. This role is a qualified and registered mental health nurse (RMN) and will:

- Have oversight of information-sharing activity
- Ensure timely responses to enquiries
- Provide continuity when other staff (care Co-ordinators) are unavailable
- Act as a reliable interface between services

The Link Worker will also arrange and chair a bimonthly interface meeting with Prison Healthcare teams at HMP Nottingham. These meetings will:

- Review shared cases
- Address communication issues
- Monitor adherence to the guidance
- Identify and escalate emerging risks to senior operational leads within respective organisations
- Strengthen collaborative working

2. Embedding the Guidance Through Training and Supervision

The guidance is being embedded through:

- Team briefings
- Clinical supervision
- Induction for new staff

3. Joint Working with Prison Healthcare Providers

The Trust is working with Northamptonshire Healthcare NHS Foundation Trust to ensure:

- Shared understanding of roles and responsibilities
- Agreed expectations for availability and responsiveness
- Clear escalation pathway

4. Quarterly Audit and Reporting



A quarterly audit will monitor:

- Timeliness of information sharing
- Completeness of documentation
- Evidence of escalation where contact was not achieved

Findings will be reported to:

- Community Forensic Services *Quality Safety and Experience* and *Performance and Accountability* Group

5. Development of Read-Only RIO Access for Prison Healthcare Teams

Nottinghamshire Healthcare NHS Foundation Trust is actively exploring the feasibility of enabling read-only access to RIO Local for the Prison Healthcare mental health teams. This work is being developed collaboratively with colleagues at Northamptonshire Healthcare NHS Foundation Trust, the new provider of healthcare services at HMP Nottingham.

If achievable, this development will significantly strengthen the availability and timeliness of clinical and risk information for mental health practitioners operating within the prison environment. It will also reduce reliance on manual information-sharing processes and further support safe continuity of care for individuals transferring from the community into custody.

This work remains in development, and the Trust will continue to progress it as a priority area for system improvement.

Assurance

The Trust recognises the critical importance of robust information sharing between community forensic services and prison healthcare. The introduction of the formal guidance, its integration into the Community Forensic Team Internal Working Instruction, its agreement with the new Prison Healthcare provider, its extension to HMP Lincoln, and the appointment of a dedicated Community Forensic Team Link Worker and the potential development of read only access collectively represent a significant strengthening of communication and risk-sharing arrangements. We are confident that these actions will materially reduce the risk of future deaths arising from gaps in information sharing.

It is hoped that this response provides you, Mr. Thornton's family and the other parties involved with reassurance in terms of the ongoing plans to improve this important area of patient care moving forward

Yours sincerely,



Chief Executive Officer



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