NHS England
Skipton House
80 London Road
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SE1 6LU

3 December 2018

Dear Mr Allen

Report of an Independent Investigation into the Case of AD commissioned by the Secretary of State for Justice in accordance with Article 2 of the European Convention on Human Rights

I am writing to you in response to the report of the independent investigation into circumstances surrounding the serious assault of AD at HMP Bristol on 26 June 2014 which was shared with NHS England on 22 August 2018. In your investigation report you have made a number of recommendations to the healthcare provider at HMP Bristol.

Introduction

I thought it would be helpful to begin this response by providing an overview of the role played by NHS England (South) Health and Justice Commissioning Team ("NHS England (South)") in the commissioning of healthcare at HMP Bristol.

In its role as the responsible commissioner NHS England has a statutory duty to arrange for the provision of healthcare services. Inspire Better Health, a strategic partnership between Bristol Community Health, Hanham Health and Avon and Wiltshire Mental Health Partnership NHS Trust, was commissioned in 2016 to provide healthcare services at HMP Bristol with Bristol Community Health being the lead provider.

At the time of the incident, in 2014, NHS England (South) held multiple, independently operating contracts with healthcare providers for the delivery of healthcare at HMP Bristol. During the 2014/15 commissioning cycle, detailed Health & Social Care Needs Assessments were carried out in preparation for a full healthcare procurement across five establishments (HMPs Bristol, Eastwood Park, Leyhill, Ashfield and Erlestoke). The Procurement Board overseeing the process decided that a Prime Provider model was the preferred model of service delivery for the re-commissioned

service, and a full, open procurement commenced. The rationale for pursuing a prime provider model was to remove the fragmentary and often overlapping responsibilities of multiple providers and to ensure the implementation of a single operational system and process. A single lead provider delivering the core healthcare requirements under a consistent management structure has enabled improved interagency information sharing, partnership working and communication, thus improving health outcomes for patients.

The contract sets-out the Commissioners' expectations in terms of how the provider will ensure that all healthcare staff work together with operational partners to address the health needs of the patients and improve outcomes.

As set out in the Health and Social Care Act 2012 NHS England has a statutory function to monitor the quality of care provision, and patient safety issues, with all providers of healthcare. NHS England (South) review performance data on a structured monthly, quarterly and annual basis, to ensure full oversight. Quarterly Data Scrutiny, Contract and Performance Review Meetings held with the healthcare provider are chaired by the NHS England (South) Health & Justice Commissioning Manager and include membership from the NHS England (South) Nursing & Quality Team. These meetings report to the Local Prison Partnership Board, chaired by the Senior Health & Justice Commissioner.

The Head of Health and Justice Commissioning (South) has recently appointed a Senior Quality Lead who is working to establish an enhanced approach to management of quality across the south of England. This includes quarterly contract and quality meetings. All Serious Incidents (SIs) are reviewed by a newly formed Health and Justice (South) SI Panel and signed off by quarterly Health and Justice (South) Quality Surveillance Group chaired by the Regional Medical Director (South).

Oversight of action plans following an SI are monitored through the quarterly Contract and Performance Meetings. Any concerns regarding the progress being made against the action plan are escalated using our established governance structure, including to the Quality Surveillance Group (QSG), and where applicable the NHS England Health and Justice Oversight Group. We have close links with NHS England Nursing and Quality Directorate for support and who are members of our QSG.

In addition to the above, NHS England (South) operates a clinical quality visit process which supports commissioners to obtain assurance that recommendations from independent investigations and other action plans have been adhered to and that, where required, practice has changed/improved. This is evidenced by reviewing policies, procedures, reviewing practice and service delivery. Additionally, the healthcare provider at HMP Bristol has undertaken a detailed transformation project which included a review of the mental health care pathway. The aim of the review is to ensure the delivery of an equitable mental health service delivery model across the prison.

Investigation response

I would now like to provide information in support of recommendations J and K of your investigation report.

Recommendation J: Reports prepared by the Court Assessment and Referral Service (CARS) team should be sent in hard copy to the Reception Nurse at HMP Bristol who should also have access to the RIO record system.

Avon and Somerset police force area formed part of the first tranche of 10 Liaison and Diversion (L & D) services chosen by NHS England to pilot the new national L & D service specification, commencing operation on 1 April 2014. This replaced and built upon a previously locally commissioned Court Assessment and Referral Services (CARS) which was in operation at Bristol Magistrates' Court at the time of the remand hearing on 3 January 2014. Avon and Wiltshire Mental Health Partnership NHS Trust have been the provider for both services.

The national L&D service specification makes the following provision:

2.7.9 Custodial settings
Where an individual is remanded or sentenced to custody, the service shall liaise with the receiving establishment and provide a copy of any L&D report. The service must inform immediately the receiving establishment by telephone and in writing of any concern relating to the individual's risk of suicide and self-harm.

The Person Escort Record is recognised as the official documentation for recording and sharing health, security and risk issues of prisoners. This is accessible by all those involved in the prisoner journey and gives a single tool for passing information. NHS England's health and justice central commissioning team is assisting HMPPS in the development of the digital Person Escort Record (digital PER).

NHS England (South) are finalising a key programme of work to enhance the health component of the PER. A dedicated team is working with key partner organisations to review the pathway of care and transfer of health information from police custody and courts to prison reception. This was instigated following Prison and Probation Ombudsman (PPO) reports into deaths in prison custody that identified poor communication and lack of immediate risk information had potentially contributed to some of the early days deaths in custody. NHS England commissioners have been working with Police Forces, Courts, L&D services, GeoAmy and other partners to:

- review the information contained in the PER
- identify key information required and how all healthcare professionals who see detainees and prisoners are made aware of and contribute to the PER.

The aim is to agree the key information (including information relating to risk) required by healthcare staff in reception to ensure prison healthcare can ensure the immediate healthcare needs of a prisoner are met and the necessary risks identified.

This programme is working closely with the Ministry of Justice PER team and ePER (electronic PER) team and a new paper PER is being piloted and links are being made with the ePER.

The Programme Report is due to be published in December 2018. A programme of work will then commence to agree and implement recommendations in services across the South.

Recommendation K: Court Assessment and Referral Service (CARS) reports on individuals charged with grave offences of violence should contain a clear summary of likely risk to self and others

In 2015 NHS England agreed the format of a national L&D Court Report Template, with Her Majesty's Courts and Tribunal Services (HMCTS) and the Senior Presiding Judge. This template report was revised in 2018 (attached at appendix a). The form is designed to provide courts with relevant information from an L&D assessment. HMCTS have not been able to confirm a timeline to incorporate the L&D report template on their 'common platform' which is still in the development stage. I understand that once complete there will be a phased roll-out.

Where an individual is sentenced for a 'grave offence of violence' it is likely that the court will be relying on a court commissioned full psychiatric report, rather than an L&D report. HMCTS have produced guidance on the content and format of these reports.

I hope the information above addresses the concerns you raised within your report and provides assurance that NHS England is working with HMPPS to make improvements to the assessment and sharing of key information of people who come into contact with the Criminal Justice System.

Yours sincerely,

Professor Stephen Powis
National Medical Director
NHS England