RESPONSE TO 'AE' INDEPENDENT INVESTIGATION

Please note that Nottinghamshire Healthcare NHS Foundation Trust no longer provides healthcare services to HMP Nottingham. The current healthcare provider, Northamptonshire Healthcare NHS Foundation Trust, has considered and responded to the recommendations directed to Nottinghamshire Healthcare NHS Foundation Trust.

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
A	For HM Prison and Probation Service (HMPPS) The practice of the Duty Governor checking daily that reception processes have been properly applied should be introduced in all local prisons.	Not accepted	The Early Days policy sets out that Governors must ensure that staff employed on reception, first night and induction duties carry out the mandatory actions set out in this Prison Service Instruction. Annex E of the policy provides an example of a checklist that governors may wish to use to aid the management of reception and the pre-first night lock-up period, focusing on suicide and self-harm prevention. However, the Early Days policy does not mandate that Duty Governors in all local prisons should conduct daily checks that reception processes have been properly applied and HMPPS does not propose to introduce this requirement.	N/A	N/A
B	For Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) must ensure there are clear plans of care that describe each prisoner's	Accepted	Northamptonshire Healthcare NHS Foundation Trust (NHFT) work in line with NICE guidance (2016) in relation to the physical healthcare of people in prisons. On reception into custody a healthcare professional undertakes a first reception healthcare screening assessment. The screening tool identifies any immediate health care needs.	Head of Healthcare, NHFT	Completed

	healthcare needs and associated interventions by healthcare professionals. Where there is evidence of physical disability, an evidence-based assessment should be carried out and it should include information from previous support Services. Clear plans of care should be established, including the provision of aids.		The screening assessment maintains continuity of care for people transferring from one custodial setting to another by accessing relevant information from the patient clinical record, the prisoner escort record and cell sharing risk assessment and checking medicines and any outstanding medical appointments. A second healthcare screen is completed within 7 days in line with national guidance. Reporting requirements for this data is recorded and submitted to NHS England (NHSE) with exception reporting if NICE guidelines are not met. Where it has been identified that a patient has a long-term condition and requires ongoing physical and mental health support, appropriate care plans are formulated with patient involvement and stored in the patien'ts Clinical record. The Trust uses SystmOne which is a clinical IT system. SystmOne generates the Trust's Care plan templates which have been developed from the national guidance and templates. Clinicians are expected to adapt these templates to ensure they are individualised or there is the option to create a new Care plan. The Trust also provides SystmOne training to all new starters as part of induction In relation to patient social care needs, there is an interim Service Level Agreement between the Trust and the Local Authority. Where a patient has identified		

			care and support needs a referral will be made to the Local Authority and arrangements are made to undertake a social care needs assessment. The Local Authority inform the prison if an arriving prisoner already receives care and support and will share appropriate details of the most recent assessment and care and support plan to ensure continuation of care. HMP Nottingham has access to a wheelchair that can be accessed in urgent situations until a personalised mobility aid could be suitably assessed and ordered. If a patient is admitted who already utilises a mobility aid it would be normal practice that this would travel with them. Where this does not happen then mobility aids can be ordered via the Red Cross and they can be delivered on the next working day.		
C	For Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) should ensure that all physical health recordings are documented and recorded consistently, and that there are clear triggers for action if measurements fall outside of normal limits.	Accepted	The National Early Warning Score (NEWS2) was developed to improve the detection of and response to deteriorating patients. NEWS2 has been widely implemented across the NHS. The NEWS2 was created to standardise the process of recording, scoring and responding to changes in routinely measured physiological parameters in patients where there are concerns around their health and any deterioration in their presentation The NEWS2 is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, already recorded in routine practice, when patients present to, or are being monitored in hospital. Six simple physiological parameters form the	Head of Healthcare, NHFT	Completed

			basis of the scoring system; respiration rate; oxygen saturation; systolic blood pressure; pulse rate; level of consciousness or new confusion and temperature and staff are required to complete the NEWS2 template on SystmOne and provide appropriate response In addition, there is an Escalation Score Flow Chart and associated guidance available for all staff and in all prison sites and is routinely available at HMP Nottingham. Specialist and secure care delivery pathway also have a Standard Operating Protocol (SOP) relating to Emergency Response and Emergency bags. This SOP clearly outlines the roles and responsibilities for those staff involved in a Healthcare emergency and all staff will be sighted on the operating procedure.		
D	For NHS England There should be explicit guidance in healthcare provider policies regarding the type of professional input to be made to the ACCT process; and clear standards for recording when healthcare staff participate in ACCT reviews.	Partially accepted	HMPPS published the revised Prison Safety Policy Framework in November 2024. This includes a section on managing risk of self-harm and suicide (Section 4.162) which covers the ACCT process and clearly sets out healthcare involvement, role and responsibility, including opening an ACCT, requirement to attend first case review and other follow-up meetings. Section 4.184 states: Healthcare or mental health staff must attend the first case review. If in exceptional circumstances they cannot attend, a verbal or written contribution must be provided. A further ACCT case review must then be convened as soon as possible to allow for their attendance where there are physical or mental health issues.	Director of Health & Justice, Armed Forces and Sexual Assault Services, NHS England	October 2026

			The current NHS national specification for primary care service – medical and nursing in prisons (2020) and integrated mental health specification (2018) makes clear that healthcare must work with prison staff for support risk management processes, including ACCT. It provides an outline of roles and responsibilities for healthcare in ACCT process and standards for associated assessments aligned to the HMPPS Policy Framework. Appendix 3 GP and Advanced Nurse Practitioner standards includes the requirement for GP or ANP to attend and actively participate in multi-disciplinary team reviews including ACCT reviews. All prison national specifications include the requirement for all healthcare roles to comply with good record keeping practice, as defined by their professional body and the provider must undertake regular record keeping audits, the results of which must be shared, in writing, with the commissioner within agreed timescales. The provider must adhere to standard record keeping practices mandated by NHS England, including the use of standard templates where appropriate. NHS England are currently undertaking a review of all the prison national specifications. This will include alignment with all relevant HMPPS policy frameworks, such as Prison Safety Policy Framework. This work is due to complete in June 2026		

E	For NHS England Guidance for healthcare staff in prisons should encourage contact with families where this may assist in assessment and treatment.	Accepted	**National Partnership Agreement (2022-2025)** • Establishes joint accountability for commissioning and delivering healthcare in prisons and probation. • While not family-specific, it promotes patient-centred approaches and collaborative care—which can include family involvement when beneficial to the patient's treatment and recovery. This would be managed with local processes and procedures. Additionally, in terms of concerns about prisoners and their health, the following has been implemented to allow better access to safer custody in prisons by families. The NHS England national integrated mental health specification (2018) includes active engagement by healthcare with family and friends in patients care planning under objective 1 Improved Mental health and emotional wellbeing. The national specifications for prison healthcare are currently undergoing a review. This report and recommendation will be shared with the specification leads with a view to strengthening the requirement for family and friends involvement in assessments and care planning. NHS England also updated the current knowledge article used by staff in their frontline Customer Contact Centre to help families of prisoners who contact them with concerns about a prisoner to speak to the right	Director of Health & Justice, Armed Forces and Sexual Assault Services, NHS England	October 2026

			person to raise these by directing them to the Prisoner Family Helpline pages Worried about a loved one in prison? | Prisoners' Families Helpline (prisonersfamilies.org) This work has developed alongside HMPPS activity which has included: • **Redevelopment of the Prisoners' Families Helpline (PFH) website** to ensure greater accessibility and functionality for families, with the inclusion of a 'safer custody portal' to guide families with concerns to the right source of support • **The development of a Safer Custody Toolkit**. working with national Prison Safety leads, Chaplaincy HQ and NHS Health and Justice team, as well as the Safer Custody teams (and other relevant functions such as healthcare and chaplaincy) to develop consistent and effective family engagement in Safer Custody processes, including: recording, responding to and acting on safer custody concerns. Also looking to deliver staff training to embed the developed approaches. The Toolkit will incorporate the learning and resources that are developed and tested at the pilot sites.		
F	For HMP Nottingham and HM Prison and Probation Service (HMPPS) Consideration should be given to clarifying the circumstances in which an	Accepted	HMPPS implemented the Intelligence Collection, Analysis and Dissemination Policy Framework on 18 March 2019. Whilst not an exhaustive list, the framework provides a range of examples for when an intelligence report may be submitted. Furthermore, the framework also sets out the good practice of what the intelligence report should entail. This policy, as well as	SOCT, HMPPS	March 2028

	Intelligence Report should be submitted and ensuring staff are fully aware of these, at HMP Nottingham and across the Prison Estate.		the Intelligence Sharing Policy Framework that was published in July 2025 ,is being reviewed as part of a broader Intelligence Policy Framework review. This review is scheduled to conclude by late 2027/early 2028. Additionally, HMPPS has introduced the new Intelligence Management Service (IMS), which has replaced the Mercury Intelligence System. As part of the IMS project, improvements have been made to the intelligence report submission form which provides staff with improved guidance on what information they should be including. Alongside this, a video has been created which talks staff through the intelligence report process. In addition to policy, work has recently commenced on reviewing the intelligence training that is provided. This includes training for all staff on what intelligence is to targeted training for those staff who work with intelligence. Prison officers are taught about intelligence report submissions whilst completing their POELT training. Prisons are also encouraged to inform both operational and non-operational staff groups about submitting intelligence reports as part of induction and security/key-talk induction processes. HMP Nottingham provides a security and key talk specific to the operating of HMP Nottingham during staff inductions. As part of this, the process of submitting intelligence reports is explained and demonstrated. During the induction process, new staff are also introduced to all functions of the prison	SOCT, HMPPS People Hub and Head of Security, HMPPS	December 2027 Completed

			and cover topics such as safety, reception, corruption prevention and working on the residential units. Intelligence reporting and violence reduction is covered during these discussions. Separately, HMP Nottingham encourages staff to submit intelligence reports by setting monthly tasking and target intelligence objectives.		
G	For HMP Nottingham The Violence Reduction Strategy should be amended to clarify that the kind of generalised threats to prisoners and staff made by FG should be recorded as incidents and where appropriate be subject to a Violence Reduction Investigation.	Accepted	In November 2018, the challenge, support and intervention plan (CSIP) was introduced across the adult prison estate. CSIP is the national case management model for managing those who are violent or pose a raised risk of harming others through violent behaviours. It focuses on those who pose a raised risk of being violent and works to challenge these behaviours and support individuals towards positive change. This is achieved by: • working with the individual to identify the reasons behind their behaviour • creating a plan to address the root causes of their behaviour • facilitating positive changes to help prevent an ongoing circle of violence CSIP referrals can be completed by any member of staff if they have reason to believe that a prisoner is under threat or has been involved in violence. The Safety Team considers all referrals to decide what action should be taken next and whether the referral needs an investigation.	Head of Safety, HMPPS	Completed

			Where a Support and Intervention Plan is created, it is important that a whole-prison approach is taken. HMP Nottingham seeks input from offender managers and other partners, such as the mental health team. The weekly Safety Intervention meeting quality assures a sample of CSIPs to ensure that processes have been followed and that individuals considered to pose a significant risk to others or themselves are managed and supported appropriately. HMP Nottingham's Violence Reduction Strategy was updated in December 2024 and implemented in January 2025. It reflects the current Safety policy which requires staff to consider a challenge or support intervention, but with all acts of serious violence or serious self-harm, they do require enquiry.		
H	For HM Prison and Probation Service (HMPPS) Guidance should be reviewed about the type of information which should be entered on NOMIS case notes in the context of the other records available to staff.	Accepted	HMPPS has issued 'The Prison Officers' Guide 2025' which has been developed by experienced prison officers for use by prison officers. It promotes the consistent delivery of daily tasks to clearly specified standards and includes a section on writing NOMIS/DPS case notes. This sets out that case notes are a way of building up a picture of a prisoner's conduct and behaviour during their time in custody. It also explains that case notes can be accessed by different organisations involved in a prisoner's care and management and can contribute to decisions made about a prisoner's progression. In order to support staff in sharing clear, concise and focussed information, staff are encouraged to use the SBAR (situation, background, assessment and recommendation) tool when writing case notes.	Improvement Support Group, HMPPS	Completed

I	For Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) Guidance and Training are needed on the purpose of the Healthcare Risk Assessment, how it should be completed and what actions should follow. NHCFT must ensure that Healthcare Risk Assessments are accurate and reflect the degree of risk presented, and that threats to harm staff members should be recorded and discussed with the individuals, and risk management plans instigated.	Accepted	As part of the Northamptonshire Foundation Healthcare NHS Foundation Trust (NHFT) healthcare staff are expected to work in line with National PSI (Prison Standard Instructions) Where there is risk identified towards staff and/or others as part of those assessments the risks are recorded within both the System1 patient record and the Prison safety reporting system and shared with the relevant staff members at the earliest opportunity. In addition, this information is shared with the prison operator security department and advice is provided to the individual staff member and the Line Manager to ensure the staff member is always kept safe. These situations are managed on an individual basis and action is taken as required. Healthcare staff will attend weekly prison led Safety intervention meetings and safety custody meetings, where any risk related Where risk incidents occur involving prisoners and healthcare are expected to report this on Datix (NHFT safety incident reporting system) alongside reporting this onto the prison risk safety system (mercury)	Head of Healthcare, NHFT	Completed
J	For HMP Nottingham Each wing should develop a clear policy about prisoners' access to different landings.	Not accepted	HMP Nottingham secured funding to introduce gates onto each landing (other than induction and the VPU), which are locked off to restrict opportunity for unsupervised access to other landings. Cell doors are locked between activities, which prevents inappropriate in-cell association.	Head of Residence, HMPPS	N/A

			There has also been a restructuring of the activities available to prisoners on the wings and what was previously referred to as 'association' is no longer in place. The focus has instead shifted to a decency regime centred on domestics activities and key worker engagement. Structured on-wing activities require a small number of prisoners to move between landings. However, during these periods, cell doors remain locked and staff are present on the wings engaging with prisoners. Where prisoners are found in unauthorised areas, staff may issue a verbal instruction followed by a record on NOMIS. In cases where individuals are believed to be deliberately accessing such areas, more formal action may be taken, including a written warning (IEP) or an adjudication for breach of prison rules.		
K	For HM Prison and Probation Service (HMPPS) The Prison Service should make it clear in an Instruction that an F213 should be completed in all cases of injury.	Accepted	HMPPS updated the Incident Management Policy Framework to make it a requirement that any reported incident that identifies a potential or actual injury to a prisoner must result in a record of injury form (F213) being completed and retained. A letter was sent to Governors/Directors in September 2023 to inform them of this update.	Security Directorate & Safety Group, HMPPS	Completed
L	For HMP Nottingham The number of staff allocated to different wings should be reviewed to ensure safety.	Accepted	All establishments operate under 'Safe, Decent and Secure' operating levels set out under HMPPS delivery plan. HMP Nottingham has reprofiled several times since the incident, ensuring priorities are met, staffing capabilities are safeguarded and there is a	Head of Business and Assurance, HMPPS	Completed

			decent regime for prisoners to live and work during their time in custody. A review of the 2022 reprofile was undertaken in 2024, alongside a review of the regime management plan, to ensure each wing is sufficiently resourced to deliver a purposeful regime and that staff are in position on the wings at key unlock times.		
M	For HM Prison and Probation Service (HMPPS) Measures should be taken to provide adequate protection for prisoners in need of additional support who are located in specialist wings or areas such as the former Enhanced Care Area a) at HMP Nottingham and b) in all local prisons that receive detainees directly from court.	Not accepted	There are currently no plans to introduce additional measures for specialist wings or areas, as a comprehensive range of existing policies already guide staff in identifying and responding to prisoners with additional support needs. We have recently set out our approach in the HMPPS Adult Safeguarding Charter: HMPPS_Adult_Safeguarding_Charter.pdf	Prison Operational Policy and Delivery Group, HMPPS	N/A
N	For HM Prison and Probation Service (HMPPS) HMPPS should commission research to identify the most effective ways of designating wings for different types of prisoner; and whether remand and	Not accepted	The remand population has grown rapidly in recent years, placing considerable strain on accommodation in reception prisons. It is impractical to envisage keeping remand prisoners in separate wings from sentenced prisoners in this context. Even if the remand population falls and it was achievable in accommodation units, the normal configuration of reception prisons means that it would not be possible to separate these populations in terms of access to regime and services. Accordingly, reviewing the evidence for this model is not an effective use of	Deputy Director, Custodial Capacity, HMPPS	N/A

	sentenced prisoners should be accommodated separately.		resources as it could not be implemented within current constraints faced by HMPPS.		
O	For HMP Nottingham and NHS England A hot debrief should be held and a short record made when a serious incident takes place, including all occasions when a prisoner is taken to hospital by ambulance as an emergency.	Accepted	HMP Nottingham has put in place a system to ensure that hot debriefs are held when a prisoner has been taken to hospital as a result of a serious incident of assault or self-harm. The duty governor will chair the hot debrief and all staff involved in the incident, including healthcare staff and any staff who were working on the periphery and may have been affected, will be invited to attend the hot debrief.	Head of Operations, HMPPS	Completed
P	For Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) and HMP Nottingham Incidents in which prisoners sustain serious injuries should be recorded and investigated in line with policies.	Accepted	Where a resident is injured a prison form Report of Injury to Prisoner F213 is completed which details the patients' demographics, the time, date and place of the incident, a brief report of the circumstances in which the injury was sustained and the medical officers report following examination along with completion of the body mapping to show where injuries were sustained. In addition to the report an Incident Report is recorded on both the Prison system and Trust's system. Within NHFT Trust this is Datix. Incidents are reported in accordance with the NHFT Trust Risk Management Protocols. Any patient-on-patient assault should also be considered within a Safeguarding context and all staff receive mandatory Safeguarding training. Referrals will be to be made to the Prison Safeguarding team as required as part of the statutory duty under the Care Act 2014 and will also be recorded on the Trust Datix incident reporting system.	Healthcare management, NHFT	Completed

			There are very clear processes in place as outlined above and a governance structure around such processes to ensure incidents are recorded, timely investigations are carried out, learning is identified and quality improvement plans are developed and implemented with opportunities for shared learning		
Q	HMP Nottingham, HM Prison and Probation Service (HMPPS), Nottinghamshire Healthcare NHS Foundation Trust (NHCFT) and NHS England and NHS Improvement (NHSE & NHSI) should regularly review the implementation of those recommendations in this report which they accept and publish the outcomes.	Not accepted	The action plan is being published four years after work on the recommendations began. We are satisfied that they have been fully implemented and that the action plan reflects the current position, taking into account various other changes that have occurred during this period. Therefore, we do not propose to revisit the responses to the recommendations and publish further updates.	HMPPS, NHS England, NHFT	N/A