



National Offender Management Service

Equality Rights and Decency Group
National Offender Management Service
Ministry of Justice
Post Point 4.11, 4th Floor
70 Petty France
London
SW1H 9HD

Ms Caroline Sumeray
Assistant Coroner to the Coroner Area of Manchester City
County of Greater Manchester.
Coroner's Office
Crown Square
Manchester
M60 1PR

27 January 2014

Dear Ms Sumeray

Thank you for your Regulation 28 report addressed to both the National Offender Management Service (NOMS) and the Governor of HMP Manchester. Equality, Rights and Decency Group responds to all Regulation 28 correspondence as we have the policy responsibility for suicide prevention and self-harm management, and for sharing learning from deaths in custody.

You identified a number of issues in your letters which I have addressed below.

Process for reviewing Risk of Suicide and Self-Harm documents (points 1–3)

Staff may open a Risk of Suicide and Self-Harm (ROSH) document when they deem a person to be at risk of suicide or self-harm and they are outside of a prison establishment, for example at court. The ROSH document travels with a prisoner and is expected to be available for prison reception staff and healthcare staff undertaking the first reception health screen. These staff will consider the information within the document and any other available risk related information contained within other documentation or received directly from the prisoner, to assess whether the prisoner is at risk. If a prisoner is deemed to be at risk, staff will open an ACCT plan, in which they are required to record any key information about the risk and the reasons for opening the ACCT. If an ACCT is not opened, staff are advised to use the NOMIS case notes to record the existence of the ROSH document, the fact that consideration was given to opening an ACCT, and the reasons that it was deemed unnecessary. The ROSH document is then filed on the F2050 (prisoner's core record).

If an ACCT is not opened in reception, but is opened at a later date, the ACCT Assessor gathers and reviews all available risk related information including that contained within the NOMIS notes, the F2050 (prisoner's core record), and any recent ACCTs etc, to inform the assessment. All relevant risk information is recorded within the ACCT. Attendees at the first ACCT case review meeting are expected to be familiar with the contents of the ACCT, and Prison Service Instruction (PSI) 64/2011 "Management of prisoners at risk of harm to self, to others and from others (Safer Custody)" requires that consideration is given at the meeting to the need for a mental health referral. Similarly, those attending subsequent ACCT case review meetings are expected to be familiar with the ACCT contents and will discuss and record progress against the initial CAREMAP, consider how the prisoner presents and decide whether or not to update the CAREMAP to reflect any additional needs.

The Person Escort Record (PER) contains a risk indicator page for staff to annotate where they have identified a risk of suicide/self harm. If the ROSH document does not arrive with a

newly received prisoner, reception staff contact the court and/or escort staff to obtain the key risk related information. They then consider the risk the prisoner poses on the basis of this and any other available information. If the ROSH document is received at the prison after the prisoner's arrival, for example with the pre-sentence report when it arrives in the Offender Management Unit (OMU), the receiving member of staff will inform the relevant wing supervisor by telephone and by email (which contains the content of the ROSH), and complete a Security Information Report. The wing supervisor will ensure that a member of staff interviews the prisoner to consider the risk of suicide or self-harm in the light of the contents of the ROSH document. The Governor of HMP Manchester will shortly issue a notice to staff to clarify this expectation concerning risk-related information received after the arrival of a prisoner.

CNOMIS entries (point 4)

PSI 73/2011 "Prison-NOMIS (Prison National Offender Management Information System)" explains the purposes of NOMIS case notes: "case notes provide a central repository for all reports or comments about an offenders behaviour, progress or other information of note... (and)... a single continuous and up to date record of information about an offender which can present information for boards and other review meetings". The policy requires that "all staff who have contact with an offender and who have access to Prison-NOMIS must update case notes on a regular basis". Since Mr Meyler's death, the Governor of HMP Manchester has issued a notice to staff (in January 2013) to remind colleagues of the need to make regular entries on NOMIS. This will be reinforced in the local personal officer policy in due course.

The PSI also requires that "an ACCT alert must be updated when an ACCT is opened and must be reviewed in accordance with PSI 09/2011 Cell sharing risk assessment", and "a Self-harm alert must be updated when an incident of self-harm occurs in accordance with PSI 09/2011 Cell sharing risk assessment".

The policy also requires that "management checks must be put in place to ensure frequency and quality of entries in Case Notes". The HMP Manchester personal officer policy states that: "there will be a weekly assurance check of 10 random samples of NOMIS entries by Supervising Officers on each unit (10% in smaller units such as HCC and Seg etc) who will record this check on case notes stating they are satisfied with the frequency and quality of Personal Officer and prisoner contact. Custodial Managers will randomly check 50% of the Supervising Officers checks and record so accordingly on NOMIS". In the healthcare centre, the NHS Band 6 undertakes the management checks on NOMIS.

It is not possible for the supervising officer routinely to read all NOMIS case notes on prisoners being moved on to a wing. The movements officer on each wing will review the file (buff folder) of newly received prisoners on that wing, the contents of which include the Cell Sharing Risk Assessment (CSRA), Induction booklet and any ROSH.

Review of ROSH by healthcare staff (point 5)

Healthcare colleagues at HMP Manchester have advised that any documents received in paper form are scanned onto SystmOne, including treatment cards, prescriptions etc, and are attached to the patient's paper clinical record. Any risk related information that is received in reception is reviewed by the nurse. Any relevant information is recorded on a SystmOne template and scanned onto SystmOne to ensure that it is available immediately for all other clinicians.

When risk related information, such as a ROSH document, is received by healthcare staff at any other time, they will pass it to the relevant wing supervisor. Or, if the prisoner is located in the healthcare centre, they will interview the prisoner to consider the risk of suicide or self-harm in the light of the contents of the document.

I hope you find this letter helpful.

Yours sincerely,

A large black rectangular redaction box covers the signature area. A small handwritten mark, possibly a flourish or the letter 'Z', is visible above the top right corner of the redaction.