



National Offender
Management Service

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Group

National Offender Management Service
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Coroner Andrew A Haigh
Senior Coroner Staffordshire (South)
No.1 Staffordshire Place
Stafford
Staffordshire ST16 2LP
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30 September

Dear Mr Haigh,

RE: the death of Adam Amos Williams on 2 June 2012 in HMP Featherstone.

Thank you for your Regulation 28 Report of 14 July 2014, addressed to the Governor of HMP Featherstone, concerning the recent inquest into the death of Adam Amos Williams on 2 June 2012 at HMP Featherstone. Your letter has been passed to Equality, Rights and Decency (ERD) Group, in the National Offender Management Service (NOMS), as we have the policy responsibility for suicide prevention and self-harm management, and for sharing learning from deaths in custody.

I have noted the conclusion of the jury and am responding to your concerns in the order in which they were raised.

- (1) Training need for nursing staff at the prison regarding communication between healthcare staff in the event of an emergency.

The sharing of medical information over the radio has been considered by the prison and healthcare provider who are conscious that a secure bandwidth would need to be available for the prison to be able to share confidential information over the airways. However, at present two members of healthcare staff are expected to attend emergency calls throughout the day, and at weekends when staffing is reduced a single staff member attends emergency calls. In the future, Healthcare staff will ensure two members of staff attend all health emergencies called over the radio. Where nurses are completing tasks alone and are called to attend a Code Red or Code Blue emergency, they should request another colleague to attend by making the request over the radio.

- (2) If the 'dynamic assessment' referred to in the PPO Report takes into account the need for a prisoner to be restrained.

At HMP Featherstone a standard risk assessment proforma is in place for all external escorts, which is audit compliant. This is completed on an individual basis for each prisoner which considers various risk factors, such as criminal history, behaviour in prison, risk to the public, risk to the victim and escape potential. Where it is confirmed

that a prisoner is in a life threatening condition then cuffs will not routinely be applied. Where medical professionals or our staff are in doubt about the physical condition of the prisoner, a risk assessment will be completed to ascertain whether cuffs will be applied. This can be reviewed at any point following advice from medical professionals. Since the inquest, all Duty Managers have received advice and guidance on emergency escorts, and this issue is regularly reviewed at morning operational meetings by the Senior Management Team (SMT) to discuss whether the level of restraint applied at recent hospital visits was appropriate.

For your interest, I am attaching the National Concordat between NOMS and the NHS which explains the nationally agreed arrangements for prison escorts to hospitals and the bed watch function.

(3) The benefits of having more CCTV in common areas of the prison such as the gym or Cardio-Vascular (CV) rooms

The requirement for CCTV in common areas of the prison is risk assessed, and dependant on the need in that area. It is not possible to install CCTV in every area of the prison due to the resource implication; however the location of unsupervised CV rooms enables staff to promptly attend when required. The effectiveness of CCTV is dependant on staff being available to simultaneously watch the CCTV camera, which cannot be resourced. An analysis of reported incidents for the year to date shows that incidents in CV rooms are extremely rare and therefore there are no plans at present to extend the use of CCTV cameras at Featherstone.

I hope this provides assurance that the specific issues identified in this case, both at the inquest and by the PPO, have now been addressed adequately at a local level.

Yours sincerely,



NOMS Equality, Rights and Decency Group