



National Offender  
Management Service

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**Equality, Rights and Decency  
Group**

National Offender Management Service  
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Coroner Mr Richard Travers  
HM Coroner for Surrey

18 December 2014

Dear Mr Travers,

**Re: the death of Cherylin Angela Maria Norrell- Goldsmith on 22 July 2013 whilst in HMP  
Downview**

Thank you for your Regulation 28 Report of 27 October 2014 to the Secretary of State, the Governor of HMP Downview and others, concerning the recent inquest into the death of Cherylin Angela Maria Norrell-Goldsmith. 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, self-harm management and for sharing learning from deaths in custody.

You will be aware that since Ms Norrell-Goldsmith's death HMP Downview no longer has a population of female prisoners and is currently being re-rolled to provide accommodation for Category C male prisoners. The prison will reopen in Spring 2015.

I am responding to the concerns you have raised in your report as follows:

(1) Open pipe work within the cell- removal of easily accessible ligature points may serve to reduce the risk of self harm and suicide to vulnerable prisoners

The Ministry of Justice Estate Directorate (MoJ ED) are responsible for the delivery of prison and construction projects. MoJ ED now routinely provide 'safer cells' in all new prison construction projects. "Safer cells" are specifically designed to remove known ligature points thereby reducing the opportunities for a prisoner to self-harm by means of ligature. MoJ ED also routinely provide "safer cells" when refurbishing existing accommodation wherever it is physically possible to do so. The programme of new construction and planned refurbishments means that the numbers of safer cells are increasing across the prison estate.

If a particular establishment identifies that a cell presents opportunities for self harm, the Governor of that establishment may commission the establishment's local works team to refurbish it to reduce the risk. However, it must be noted that no cell can be described as "safe" and while one ligature point may be removed, there will be others which remain. A "safer cell" provides staff with a location to relocate a prisoner in immediate crisis. MoJ ED, as attached, publishes a guide to safer cell design which sets out the specific requirements for a cell to be a designated "safer cell". Most establishments maintain some designated safer cells which can be used to accommodate prisoners identified at risk of self harm.

(2) Multi-disciplinary attendance and input at Assessment Care in Custody and Teamwork (ACCT) Reviews

PSI 64/2011 on Safer Custody aims to support effective multi-disciplinary case management and sharing of information to reduce incidents of harm. In line with PSI 64/2011 Safer Custody, HMP Downview when it re-opens in 2015, will issue a notice to staff explaining the importance of and procedures for conducting multi-disciplinary ACCT case reviews. Particular emphasis will be given to the fact that multi-disciplinary case reviews are to be held at the appropriate times, and where possible, a consistent case manager and

relevant personnel must attend the reviews. Where a relevant member of staff cannot attend an ACCT review, then in exceptional circumstances, and per the instructions of PSI64/2011, a written report will be submitted. When HMP Downview was a female prison, a system was in place to ensure that all staff who arrived for duty were provided with a list of prisoners subject to an ACCT and the date of the next ACCT case review in order that they could arrange to attend the review if they were involved in that prisoner's care. This system will be reintroduced in Spring 2015. In addition, case managers will record in the ACCT document any significant personnel who are involved with the offender, including, health care, offender management and interventions or learning and development. The case manager will also email relevant persons prior to the case review requesting their input to add to the details of the review and report.

Prior to the re-opening of HMP, Downview, all prison staff, including personnel employed by partnership agencies within the prison will receive initial training or refresher training in the application of the ACCT procedures as part of their induction programme. The 2.5 hour training package will then be delivered by trained facilitators to each member of staff every 2 years, and the programme of training will be monitored by the HR hub at the prison.

(3) Retention of primary source data within the Phoenix Programme - Consideration should be given to ensuring that all primary source data should be either kept in hard copy format or by way of faithfully recording all the detail contained on the Prisoner's System One record

The local policies and procedures at HMP Downview have been reviewed and strengthened where necessary. The NHS England Area Team has produced data sharing Agreements which set out the required standard for sharing data between clinicians and also for a non-clinical (secondary) purpose.

NHS England is responsible for managing the audit and reporting for access to records in the clinical system (TPP SystemOne and its successor) and for the appropriate use of patient information.

Providers are required to undertake spot checks of their own adherence to these Agreements either directly or through monitoring of the standards referred to above. Any resulting report on the findings of the audits concerning these Agreements can be reasonably requested by any Party to the agreement.

(4) Recording significant medical events on a prisoner's non-medical records

All staff, including health care staff, will be reminded of the ACCT procedures and the requirement to record significant information about an individual's self-harm or suicide risks, on Cnomis (Custodial National Offender Management Information System) in addition to recording the information on SystemOne- (the electronic medical records system). The induction pack available for health care staff has also been updated to include governance information about ACCT procedures and what information can be shared with non healthcare professionals.

I hope this provides assurance that the specific issues identified in this case, both at the inquest and by the Prisons and Probation Ombudsman, are being addressed.

Yours sincerely,



NOMS Equality, Rights and Decency Group