Mr A Tweddle
HM Senior Coroner for County Durham & Darlington
HM Coroner's Office
PO Box 282
Bishop Auckland
Co Durham
DL14 4FY

Your Ref: AT.LD.1975.14

9 February 2016

Dear Sir

Inquest touching the death of James Bewick Graham
Date of death: 2 November 2014 – HMP Frankland

I write in response to your report dated 17 December 2015 made under paragraph 7, Schedule 5 of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.

G4S Forensic & Medical Services (UK) Ltd took over responsibility for provision of healthcare services at HMP Frankland on 1 April 2015.

G4S Forensic & Medical Services (UK) Ltd is responsible for primary care and substance misuse care at HMP Frankland and employs a team made up of qualified registered general nurses, mental health nurses and healthcare support workers, together with separate administration staff, for this work.

An organisation called Spectrum Community Health CIC is contracted separately to provide GP and Pharmacy Services at HMP Frankland.

Mental health services at HMP Frankland are provided by Tees, Esk and Wear Valley NHS Trust. As part of its responsibilities, the mental health team is responsible for conducting mental health assessments.

Podiatry services at HMP Frankland are provided by Premier Physical Healthcare.

Following Mr Graham's death, my predecessor wrote to the Gables Medical Practice, which was until 1 April 2015 responsible for providing GP services at HMP Frankland, to ensure that all clinicians understood and used the appropriate referral process and to ensure that all urgent referrals to secondary services were recorded and monitored.

The computerised medical records system, SystmOne is used at HMP Frankland. SystmOne is a centrally hosted clinical computer system used by healthcare professionals in the UK predominantly in Primary Care. The system is one of the accredited systems in the government's programme of modernising IT in the NHS and is used across the entire Prison Estate to ensure consistency and full access for medical personnel regardless of which prison at which the prisoner is residing. It is important that the procedures in place regarding referrals are complied with consistently to ensure optimum treatment and to avoid any possibility of relevant matters being overlooked. As part of the procedures in operation, SystmOne incorporates an

electronic referral system to help ensure referrals are accurately and promptly made and appropriately monitored.

The procedure in place for referrals to secondary care, both routine and urgent, involve the GP handwriting a referral or typing the contents of the referral onto an electronic task. If handwritten, the GP would hand the document to the administrator responsible for secondary care or if an electronic task, would send this to the administrator. The administrator types the referral up on to SystmOne. The referral is then saved in the referrals section of the clinical tree.

The typed referral is printed by the administrator and returned to the GP for consideration and signature. The referral is then sent to the Central Appointments Bureau.

The method of communicating the referral by the GP would depend on each GP's preference and other factors such as workload.

For urgent referrals to secondary care, the GP should highlight the urgency of the referral to the administrator, to enable the process to be fast tracked or so the referral can be sent direct to a hospital department, to ensure it is prioritised.

All referrals into secondary care are reviewed by a senior nurse or above to ensure they are within the right pathway.

The following steps have been taken to address your concerns surrounding the manner in which referrals to secondary care are made and monitored:-

- An instruction was sent to the Medical Director of The Gables Medical Offender Health Ltd by the former Head of Healthcare at HMP Frankland to instruct GPs that all urgent referrals to secondary care are discussed with the senior administrator and senior nurse in order to ensure that patients are managed through the correct process which will ensure clear management plans when ensuring pathways are monitored both clinically and with regard to security issues by the Security Department.

- Following the commencement of the new contract arrangements relating to the provision of healthcare services at HMP Frankland on 1 April 2015, the former head of healthcare at HMP Frankland is now employed by Spectrum Community Health CIC and therefore the current provider of GP Services at HMP Frankland is aware and informed of the requirements relating to referrals to secondary care.

I trust my response addresses the nursing concerns outlined in your recent report.

Yours sincerely

Paul McTague
Head of Healthcare at HMP Frankland

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17th February 2016

Response to Regulation Report 28

Mr Graham was seen by Premier Physical Healthcare Podiatrist for a fungal nail infection. On assessment it was identified that the wounds were subungual therefore requiring a secondary referral to a vascular specialist.

Current care pathways require referral back to the GP for a secondary care referral to be made. Current communication is made through SystmOne and in this case an urgent task was raised for the GP to refer the patient to secondary care.

It was not possible for the Podiatrist to leave the treatment room at the time of the clinic due to the high security environment.

On reviewing this case it is felt that the podiatrist followed the protocol set at that time for the high security environment as it was not possible to speak to the GP. In order to prevent future similar situations occurring Premier Physical Healthcare have introduced the following procedures into the offender healthcare policies.

- Should a secondary care referral be assessed as necessary, communication must be made with the referring GP via SystmOne and a task must be raised to the resident GP and doctor group to highlight the request.
- Where the clinician deems that a GP review is required, the patient can be added to the GP waiting list marked as Urgent
- In Urgent cases in addition to the SystmOne procedures, the treating clinician should make every attempt to have verbal communication with the GP.

Report Written by Emma Elstead- Director of Operations – Premier Physical Healthcare

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Regulation 28 Report

This report is written in response to the regulation 28 issued by the Coroner (Andrew Tweddle) on 27 December 2015.

The Regulation 28 report was issued following the death of James Bewick Graham (11.11.2014) whilst a patient of Dr Ravi in HMP Frankland Prison. The inquest on 17 December 2015 concluded that death was due to natural causes. However, concerns were raised with regards timely interventions and outcomes and the Regulation 28 required Spectrum Community Health CIC to provide assurances of actions, which give assurances that the risk of future deaths from this set of circumstances has been addressed.

Summary of Main Concerns

1. Reliance on electronic communication did not afford opportunity for full and timely assessment of risk and impact on health outcomes. Verbal communication and consultation should have taken place between the GP and podiatrist

2. Responsibility of patient referral was delegated. Ownership and responsibility for patients care should have remained with GP who delegated referral

3. The referral letter had not been dispatched. The task was delegated from primary GP to secondary GP and lastly to administrative function.

Based on the Coroners' recommendations, Prison and Probation Ombudsman (PPO) report and Root Cause Analysis (RCA) a priority was the clinical practice of the referring GP which was not conducted (on this occasion) in accordance of standards required by Spectrum.

Spectrum Community Health CIC took over the contract for GPs and Pharmacists from Care UK in April 2015. Some immediate changes to infrastructure and management oversight took place from this date and subsequent actions have taken place which will achieve the risk management and assurances required by the requirement of Regulation 28.

The infrastructure supporting GPs has increased management oversight, and introduced structured CPD and support with fulfilling requirements of annual GP appraisal through introduction of formal clinical supervision overseen by Spectrum's Responsible Officer. In addition the GP service has a Head of Operational Management and a Lead GP for the service. Continual Professional Development

(CPD) and learning is proactive, with monthly CPD sessions and closely monitored management supervisions and responsible officer meetings.

The findings of the Coroner, PPO and RCA demonstrated that the practice of the individual GP, fell below the standards set in this guidance, and as a priority we have worked with the GP on individual responsibilities and conduct which may be considered by the GMC. Responsibility and accountability for total patient care has been addressed including assessment, communication, delegation of duties and patient safety. The Responsible Officer conducted an internal review which triangulated complaints and incidents with the Doctors practice. We conducted a colleague assessment of the individuals practice and were assured that this was an isolated error. The gravity of the error was not underestimated and the Doctor undertook a period of re-training and review with closer supervision. He accessed educational modules on peripheral vascular disease, was asked to do a period of reflection with regards Serious Incidents in line with guidance from the Royal College of GPs. His annual appraisal will add an additional review of the GPS practice and competencies and all aspects of the process will be transparent and feature in the annual assessment of his fitness to practice.

The Head of Operations now provides oversight to case management and we have an annual programme of audit which includes record keeping and case management. In addition we have employed a Senior Nurse Practitioner who is expert in long term conditions, and is developing processes for complex care management and multidisciplinary working. In this case the responsibility and accountability clearly sat with the GP whose practice fell below expected standards. We continue to monitor the GP practice, but we now have an early warning system, with monitoring in place and a Head of Operations.

In addition, there is an established multiagency clinical govemance board which reviews all the data required, incidents, complaints and performance data. This acts as an early warning system and a horizon scanner for practice that falls below the required standards.

The Organisation has taken the opportunity to remind all practitioners of their duty to follow up on referrals and the importance of collaborative working with other health professionals and verbal communication and not relying on electronic system between services.

A Directive has been issued by Spectrum Community Health CIC, that states;

"As a result of a clinical incident we are circulating guidance to Doctors regarding their responsibilities when referring of patients.

The Doctor making the decision to refer a patient should complete the referral letter.

The letter should be completed in a timely manner:

- Before leaving the establishment for urgent referrals
- By the end of the next working day for all other referrals

On the rare occasion where a Doctor delegates the referral to another Doctor, the Doctor making the initial decision to refer remains responsible for ensuring that the referral letter has been completed within the timescales detailed above.

The reasons for delegating the completion of a referral letter to another Doctor need to be clearly detailed in the clinical records. Urgent referrals will not be delegated."

Once completed the referral letter should be passed to administrative staff to action in line with the local referral system. Doctors should ensure that administrative staffs are aware of the referral and its urgency. It should be recorded in the clinical records when a referral letter is completed. The referring GP will ensure completion of task and monitor outcome as part of patient journey.

Referral letters should include all relevant information about the patient's condition and history. The referral information will be sourced via electronic entries and a consultation with relevant members of the multidisciplinary team. This will ensure comprehensive risk management. Effective communication is essential to the assessment process and a discussion with the MDT member is required where possible

The GMC guidelines regarding delegation and referral have been circulated and discussed as part of Continuing Professional Development.

Work is now ongoing led by the Head of Medical operations and Lead GP to look to standardise the structure of all referrals so that there is a consistency of information transfer covering;

- Reason for referral
- Current symptoms and signs
- Results of related diagnostics signs
- Any scanned letters of relevance
- Request of specialist or emergency services
- Copies of any completed NEWS scores or SARB forms
- Multidisciplinary discussion summary

The organisation is very clear on expectations and responsibilities' of GPs and an investigation into the circumstances and professional practice of the individual has taken place with remedial action and learning required. Deaths in custody and subsequent reports are progressed through the governance committees with oversight from Spectrum Board. The Quality Assurance and Patient Safety Committee will receive this report and subsequently monitor actions and outcomes including the quarterly Responsible Officer report which assures the organisation that the GPs are receiving management oversight and are exercising their

professional obligations in accordance with GMC requirements. In addition the RCA and PPO report have been progressed through G4S and a joint Integrated Governance Forum which addresses issues of risk and assures positive and timely outcomes for patients, this forum will ensure the cascaded learning to the staff across the North East prisons, and Spectrum will ensure the learning takes place across our organisation as a whole.

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Linda Harris

Executive Nurse for Quality and Patient Safety

Chief Executive