



National Offender Management Service

WRITING HEALTHCARE REPORTS FOR THE PAROLE AND RECALL PROCESSES

This instruction applies to:-		Reference:-
Prisons		PSI 12/2016
Issue Date	Effective Date Implementation Date	Expiry Date
8 August 2016	8 August 2016	N/A
Issued on the authority of	NOMS Agency Board	
For action by	<p>All staff responsible for the development and publication of policy and instructions (<i>Double click in box, as appropriate</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> NOMS HQ <input checked="" type="checkbox"/> Public Sector Prisons <input checked="" type="checkbox"/> Contracted Prisons* <input type="checkbox"/> National Probation Service (NPS) <input type="checkbox"/> Community Rehabilitation Companies (CRCs) <input type="checkbox"/> NOMS Immigration Removal Centres (IRCs) <input type="checkbox"/> Other Providers of Probation and Community Services <input checked="" type="checkbox"/> Governors <input type="checkbox"/> Heads of Groups <input type="checkbox"/> NOMS Rehabilitation Contract Services Team <p>* If this box is marked, then in this document the term Governor also applies to Directors of Contracted Prisons</p>	
Instruction type	Service specification support	
For information	Governors, Heads of OMU, OMU staff, prison healthcare staff	
Provide a summary of the policy aim and the reason for its development / revision	<p>The purpose of this instruction is to introduce an updated template for healthcare reports to be used in all cases subject to the Generic Parole Process (PSI 22/2015 / PI 14/2015) and recall reviews. The instruction also clarifies the requirements of healthcare to participate in the parole process. The Parole Board is a court-like body and its directions must be treated as 'business as usual' under the terms of existing healthcare contract. The instruction and the template have been agreed with NHS England and NHS Wales.</p>	
Contact	<p>ppcs.policy@noms.gsi.gov.uk (preferred point of contact)</p> <p>kevin.breame@noms.gsi.gov.uk</p> <p>helen.watson@noms.gsi.gov.uk</p>	
Related instructions	<p>PSI 22/2015 PI 14/2015 AI 11/2015 – Generic Parole Process for Indeterminate and Determinate Sentenced Prisoners (GPP)</p> <p>PSI 30/2014 PI 27/2014 AI 22/2014 – Recall, review, re-release of recalled offenders</p>	

Replaces the following documents which are hereby cancelled: The previous version of the

SPR-F template (Annex O of PSI 36/2012) must no longer be used for reports and any locally held versions must be destroyed

Audit/monitoring: *Public Protection Casework Section in NOMS will monitor compliance with this instruction in the course of its normal work overseeing the parole process. Problems with individual cases will be escalated to senior managers as and when required.*

Introduces amendments to the following documents: N/A

Notes: *All Mandatory Actions throughout this instruction are in italics and must be strictly adhered to.*

CONTENTS

Hold down 'Ctrl' and click on section titles below to follow link

Section	Subject	For reference by:
1	Executive Summary	All staff involved in parole or recall reviews
1.1	Background	All staff involved in parole or recall reviews
1.4	Desired Outcomes	All staff involved in parole or recall reviews
1.5	Application	All staff involved in parole or recall reviews
1.7	Mandatory Actions	All staff involved in parole or recall reviews
1.8	Resource Impact	All staff involved in parole or recall reviews
2	Operational Instructions	All staff involved in parole or recall reviews
2.1	Background	All staff involved in parole or recall reviews
2.4	Providing a Healthcare Report	All staff involved in parole or recall reviews
2.12	New Healthcare Report Template	All staff involved in parole or recall reviews
2.17	Consent and Confidentiality	All staff involved in parole or recall reviews
Annex A	SPRF – Healthcare Report Template	All staff involved in parole or recall reviews
Annex B	Sample Consent Form	All staff involved in parole or recall reviews

1. **Executive summary**

- 1.1 This is a new instruction that has been written to clarify the existing requirement for prison healthcare staff to provide written reports to the Parole Board and to attend the oral hearing to give evidence when directed to do so. It also introduces an amended SPR-F template for the written report which has been drafted in consultation with colleagues in the National Health Service and is compatible with the existing prison health care contracts. *The previous version of the SPR-F, which was issued as Annex O of PSI 36/2012, must no longer be used.*

Background

- 1.2 The Parole Board for England and Wales has statutory authority to direct the release on licence of all parole-eligible and recalled prisoners. Release can only be directed where the Parole Board is satisfied that it is no longer necessary, on the grounds of public protection, for the prisoner to be detained in custody. In reaching their decision, the Board are concerned with the prisoner's risk of committing serious further violent or sexual offences. In some cases, information from prison healthcare departments will be relevant to the Board's assessment of risk. For example, where the prisoner is elderly or infirm, or where they have received treatment for mental health issues or drug addiction.
- 1.3 The parole process is administered by Public Protection Casework Section (PPCS) in the Offender Management and Public Protection Group in NOMS headquarters. In carrying out its duties, the Parole Board is a court-like body and, as such, any Directions should be treated as coming from a Court. The Directions are binding (unless subsequently varied or revoked), but on occasion PPCS has experienced difficulties in getting prison healthcare departments to provide written reports or attend oral hearings due to perceived uncertainty over the requirements to do so. This has caused delays to the parole process which must be avoided where possible.

Desired outcomes

- 1.4 This instruction aims to ensure that Governors and relevant staff have a clear understanding of:
- The expectation to provide written evidence to the Parole Board, and also to attend the oral hearing in person when the written evidence alone is not sufficient to reach a decision.
 - The nature of the evidence that healthcare staff are expected to provide
 - The process of how to challenge Parole Board directions that are considered to be unclear or unachievable

Application

- 1.5 This instruction applies to all Parole Board Directions requesting factual reports about a prisoner's health or the treatment they have received while in custody. These include all reviews carried out under the Generic Parole Process in accordance with [PSI 22/2015 PI 14/2015 AI 11/2015 Generic Parole Process for Indeterminate and Determinate Sentenced Prisoners](#) and all recall reviews carried out in accordance with [PSI 30/2014 PI 27/2014 AI 22/2014 Recall Review and Re-Release of Recall Offenders](#). It does not apply to Directions for psychological or psychiatric risk assessments, or any other type of specialist report.

- 1.6 Prison healthcare staff should discuss any concerns that they have regarding the requirements outlined in this PSI with their NHS England or Welsh NHS commissioners. Any questions about this Instruction should be sent to ppcs.policy@noms.gsi.gov.uk

Mandatory actions

- 1.7 *Governors must ensure that OMU and prison healthcare staff are aware of this instruction and that they are provided with such enabling support as needed to comply with it. The key requirements are:*
- *Parole Board directions for healthcare reports must be complied with using the template at [Annex A](#) and within the timescale specified by the Parole Board;*
 - *The report template must be completed in as much detail as possible, including answering any specific questions posed by the Parole Board;*
 - *Prison healthcare staff must attend the oral hearing to give evidence when directed to do so. Comprehensive written reports that fully answer the Board's questions may reduce the likelihood of being called to give oral evidence;*
 - *OMU staff or Heads of Healthcare must notify PPCS immediately on receipt of new directions if they foresee any difficulty in providing the information requested so that consideration can be given to asking the Parole Board to vary or revoke them.*

Resource Impact

- 1.8 The requirements laid out are designed to have a minimal impact on resources. They do not place new obligations on prison or healthcare staff. Rather, the Instruction confirms existing obligations to provide healthcare reports and give oral evidence, which are already being complied with in many establishments, with a view to ensuring that they are applied consistently across all of the prison estate.
- 1.9 The Parole Board already direct healthcare reports when necessary and this Instruction will have no bearing on the frequency of requests. By updating the template and issuing clear guidance, the aim is to improve the quality and timeliness of reports for parole and recall reviews. Ultimately, it means that parole eligible prisoners are properly considered for release and where appropriate, released without delay, which in turn has a positive impact in respect of prison population pressures (as well as the just delivery of the sentence of the court).

(Approved for Publication)

Phil Copple
Chief Operating Officer, NOMS

2. Operational Instructions

Background

- 2.1 Healthcare information is likely to be required by the Parole Board where the prisoner's physical or mental health is relevant to his/her risk of harm. For example, it may have an impact on their physical ability to commit another serious violent offence, or the prisoner may need specialist care and/or accommodation to be available before they can be safely released on licence.
- 2.2 Prison healthcare staff will be asked to provide evidence to the Parole Board on a professional basis, not an expert basis. This means that they are required to provide factual evidence about the prisoner's health, such as the diagnosis, their physical capacity, the treatment being provided, and, where appropriate, their prognosis. They are not required to provide an opinion on the prisoner's risk of harm and should not offer one. The task of assessing risk is the responsibility of the Offender Manager, the Offender Supervisor and in some cases, a psychologist or other expert.
- 2.3 This Instruction does not apply to directions for specialist risk assessments such as psychological or psychiatric reports. The former are normally completed by NOMS psychology and the latter have to be commissioned by the holding prison on a case by case basis.
- 2.4 The parole and recall processes are overseen by the Public Protection Casework Section (PPCS) in NOMS headquarters.

Providing a healthcare report

- 2.5 Healthcare reports are not a mandatory requirement for either parole or recall dossiers and are only needed if directed by the Parole Board. Directions are sent to prisons via e-mail, usually via the OMU functional mailbox.
- 2.6 In some cases, the need for such reports may already have been identified in decisions from previous Parole Board reviews or through Sentence Planning Review Meetings (SPRM). Pre-empting the requirement for these reports could negate the need for additional work at a later stage and avoid delay or deferral of the current review. It is therefore not always necessary for a Parole Board direction to be issued before preparing a report.
- 2.7 During the Generic Parole Process (GPP) and the recall oral hearing process, the Parole Board may issue directions at any point during a review but will do so most commonly:
 - In GPP cases, at the initial paper assessment stage (the Member Case Assessment [MCA]) if the Parole Board Member decides that an oral hearing is required, or where further information is required before an assessment can be made;
 - In recall cases, at the point the Parole Board directs that that an oral hearing must take place, or where further information is required before an assessment can be made;
 - Once the case is listed and assigned to a panel the Panel Chair may issue directions;
 - Directions will normally be issued if the case is deferred or adjourned at any point.

- 2.8 *On receipt of Parole Board directions that require a healthcare report OMU staff must:*
- *Immediately send the request on to Healthcare staff along with the new template ([Annex A](#));*
 - *Ensure that prison Healthcare staff are aware of the target date for completion, as prescribed by the Parole Board, and chase responses as necessary.*
- 2.9 *If there are any concerns with meeting the target date or any uncertainty about what information is required in the report then the OMU or Healthcare staff must contact the PPCS case manager for advice. PPCS will consider the circumstances and may submit a request to clarify, vary or revoke the direction if necessary. Under no circumstances must prison or healthcare staff contact the Parole Board directly about varying or revoking directions. The Parole Board's decision is final and if they refuse the request then the original direction will need to be complied with. Failure to complete a report fully, or meet the Parole Board target date may result in the parole review being delayed or deferred.*
- 2.10 *On some occasions Healthcare staff have erroneously refused to comply with Parole Board directions on the basis that they are not contracted to provide written reports or give evidence at oral hearings. PPCS have consulted NHS England and NHS Wales about this Instruction and they both have agreed that requests by the Parole Board for evidence, including oral evidence, are covered by existing healthcare contracts and therefore should be completed as 'business as usual' tasks. In the event that Healthcare staff raise issues about their contractual requirements they should be referred to this Instruction and advised to seek guidance from their local commissioning team in the first instance. If concerns persist then OMU staff must escalate the matter to the PPCS Case Manager.*
- 2.11 *Upon being notified of any dispute about the completion of a report, PPCS will seek to resolve the matter in conjunction with colleagues in the NHS England/Wales as necessary.*
- 2.12 *On completion of the healthcare report, OMU staff must:*
- *Ensure that any specific questions posed in the directions are covered in the report*
 - *Ensure that the prisoner's consent has been obtained (see para 2.17 onwards)*
 - *Upload the report to PPUD, add it to the electronic dossier and disclose a copy to the prisoner and his/her legal representative as normal.*
- 2.13 *More information about the management of Parole Board directions can be found in [PSI 22/2015 PI 14/2015 AI 11/2015 - Generic Parole Process for Indeterminate and Determinate Prisoners \(GPP\)](#).*

New healthcare report template

- 2.14 *The updated Healthcare report template can be found at [Annex A](#). It should be completed with contributions from any staff or teams that have had contact with the prisoner. The report must include details of any physical health conditions as well as any care received from Mental Health Teams, Psychological Services and Substance Misuse Services. If a question on the template is not relevant to the prisoner concerned then this must be indicated clearly by stating 'Not applicable' on the report.*
- 2.15 *A comprehensive report that answers all of the Parole Board's questions in sufficient detail may prevent the need for a member of healthcare to attend the hearing in person. The new report template sets out clearer questions than the previous version (which was issued as Annex O of PSI 36/2012) and there are also prompts within each question to guide report writers on providing sufficiently detailed information. The final question on the template should be used to answer any specific questions posed by the Parole Board directions.*

Where available, any recent clinical assessments and the prisoner's care plan should be appended to the report.

- 2.16 *The report must be countersigned by the Head of Healthcare or an equivalent manager. The countersignature will be taken as a declaration that the report represents a full and accurate record of the prisoner's health and treatment.*

Consent and Confidentiality

- 2.17 *A healthcare report must not be written without the prisoner's consent. The consent should normally be obtained before the report is written and the prisoner should be given a clear explanation of the purpose of the report and who it will be disclosed to. A copy of the signed consent form must be retained locally on the prisoner's file. A sample consent form is attached at [Annex B](#) and contains a brief explanation of the purpose of the report.*
- 2.18 *Once the report is completed, the OMU department must add it to the electronic dossier and disclose it to all parties as normal. Should the prisoner disagree with any of the content then the issue can be explored in the course of the parole review.*
- 2.19 *If the prisoner refuses to give their consent, or if there are any concerns about the prisoner's capacity to give informed consent, then OMU staff must notify PPCS immediately via e-mail. PPCS will then consider how to respond to the direction.*



National Offender
Management Service

**Sentence Planning and Review Report By Healthcare
SPR F**

H M P/Y O I:

**Sentence Planning and
Review Report Date:**

Forename/s:

Family Name:

Prison Number:

Security Category:

Information disclosed within this report must be within the limits of patient confidentiality. It may be completed by a member of healthcare staff, but must be countersigned by the Head of Healthcare or equivalent

Report Template

This report should be completed with contributions from any staff or teams that have had contact with the prisoner and include information of any care received from Mental Health In-Reach Team, Psychological Services and Substance Misuse Services (and Maternity Services if applicable)

Please append copies of any recent clinical assessments and/or the prisoner's current CPA care plan to this report if applicable

- 1. Knowledge of the prisoner and source of information**

- 2. Summary of contact with mental health services during current sentence**

- 3. Progress including insight and current mental state (if applicable)**

- 4. Previous history of risk:**
 - a. Harm to self – (to include any reports of self-harm or being on an ACCT in the past 12 months, if known).
 - b. Harm to others, including fantasies, related to mental disorder including personality traits / disorder in the past 12 months.

- 5. Any current significant substance misuse problems**

- 6. Ongoing healthcare needs/ current active physical and mental health conditions**
 - a. Diagnosis / presenting problems; and
 - b. Summary of any care and treatment that is ongoing and will be required on transfer or release.
 - c. Any specific conditions such as carries an epipen, on warfarin, takes methotrexate, etc.

- 7. Medication and treatment**
 - a. A list of all current repeat treatments and medications that will be required on transfer or release including indications for prescribing.
 - b. A list of current acute medications or treatments and indications for prescribing
 - c. A summary of compliance with all medications particularly any prescribed for mental health and substance misuse

d. Does the prisoner have any known allergies or reactions to any medications?

8. Treatments, other than medication, received during current sentence

- a. Treatments received (This must include but not limited to Mental Health, psychological and SMS treatment)
- b. Compliance with the above treatments

9. External appointments

Please provide details of any external appointments that are currently planned **OR** referrals awaiting appointment confirmation

10. Treatments that will require a referral to externals service on release

11. Community GP registration

Name and address of the community GP the person is to be registered with if/when they are to be released. Having full registration with a GP will be vital for ensuring continuity of care between any of the community providers such as mental health and substance misuse services after release. Without being registered with a GP these could be undermined.

12. Summarise any discussions that have taken place regarding aftercare in community if released

13. Address any specific questions raised in the Parole Board's directions that have not already been covered above

Names & Roles of healthcare providers

	Required Yes/No	Name	Role	Signature	Date
GP					
SMS					
Primary mental health					
Other					

Countersignature (Head of Healthcare or equivalent)

Name:

Role:

Date:

I, **[insert prisoner's name and number]** hereby give consent for healthcare staff at **[insert current establishment]** to prepare a report for the Parole Board of England and Wales based on my medical records.

I understand that the report will be submitted to the Parole Board for England and Wales for the purpose of helping to assess my suitability for release, re-release and/or progression to open conditions. It will be used for my current parole or recall review and may be used for any future reviews but it will not be used or disclosed for any other purpose without my consent.

Signed.....

Date.....

Witnessed by:

Signed.....

Print.....

Role:.....

Date.....

A COPY OF THIS FORM MUST BE RETAINED ON THE PRISONER'S RECORD