

Action Plan in response to the PPO Report into the death of Mr Ming Jiang on 21 July 2024 HMP Swaleside

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Governor and Head of Healthcare should review the systems and processes for prison staff to request a healthcare review of a prisoner with deteriorating health including how to apply the policy for calling emergency codes.	Accepted	<p>The Governors and the Head of Healthcare have reviewed the current processes for prison staff to request a healthcare review of a prisoner and are content that the process is correct.</p> <p>A notice to staff (NTS) has been issued to remind staff of the correct process to follow and how to escalate concerns.</p> <p>A NTS was also issued as a reminder to all staff of the medical emergency codes and when they should be used.</p> <p>An assurance process has been introduced whereby any healthcare concerns are now included in the daily report which is reviewed during the daily senior leaders team (SLT) briefing attended by healthcare partners, enabling further actions, escalation or investigations to be conducted where appropriate.</p>	<p>Head of Safer Custody and Head of Drug Strategy HMPPS</p> <p>Head of Healthcare Oxleas NHS Trust</p>	Completed

			Any medical concerns are recorded in observation books, case-notes and the daily report.		
2	The Head of Healthcare should review the role of Hotel 1 to ensure that all healthcare staff that hold the Hotel 1 radio are aware of their role and responsibilities including how to manage situations when multiple codes are being called in the prison.	Accepted	<p>The nurse carrying the Hotel 1 or equivalent emergency response radio is responsible for coordinating healthcare staff and delegating actions during an emergency. This nurse must remain at the incident until it is fully resolved, which includes supervising any paramedics on-site and providing leadership throughout the situation. They will serve as the communication link between the prison and the paramedics to ensure a smooth transition of care and handover. GP cover is only during core hours and therefore nursing staff take the lead in emergency response situations. This is indicated in the Kent wide Standard Operating procedure for emergency responses.</p> <p>There is now monthly training sessions incorporate emergency response and simulation training of emergency response. Resuscitation simulation training is a critical component in preparing healthcare staff for emergencies within the prison environment, focusing on developing both clinical skills and leadership abilities. During these simulations, participants engage in realistic scenarios that require them to respond to cardiac arrest and other life-threatening situations effectively. The training emphasizes the importance of teamwork, clear communication, and decisiveness, allowing staff members to</p>	Head of Healthcare Oxleas NHS Trust	Completed

			<p>practice taking the lead during high-pressure situations. By fostering an understanding of each team member's role and encouraging proactive leadership, the training ensures that healthcare professionals can coordinate their efforts seamlessly, ultimately improving patient outcomes in real-life emergencies. This comprehensive approach not only enhances individual competency but also cultivates a culture of accountability and preparedness within the healthcare team.</p> <p>Oxleas NHS Trust provide mandatory immediate Life support training. This is being mandated to yearly in 2025 for all prison nurses.</p>		
3	The Head of Healthcare should review the systems and processes for training and supporting staff to complete escort risk assessments for patients requiring emergency hospital admission.	Accepted	<p>Healthcare staff complete the prisoner escort record using information from the patients' medical records on all escorts out of HMP Swaleside. The record is completed the night before the escorts are due for planned escorts the following day or as required for unplanned.</p> <p>The healthcare reception staff also complete the paperwork a day in advance which indicates the need for restraints and whether the prisoner's condition and mobility mean that they will be able to escape as per the requirement of the legal Graham judgement.</p>	Head of Healthcare Oxleas NHS Trust	Completed

			<p>A governor signs off the risk assessment and will take into account the information provided by healthcare in relation to the cuffing arrangements.</p> <p>Training is provided to all nursing staff who will be completing risk assessments, this is completed in the first 4-6 weeks of the staff members induction period. The practice development nurse is in the process of compiling core competencies dependant on role. Escort risk assessments will form part of the competency for all new starters into prison.</p>		
4	The Governor should review whether the quality assurance process for escort risk assessments is sufficiently robust and consider introducing SLT review of a random sample to identify any ongoing issues.	Accepted	<p>The quality assurance process for escort risk assessments was reviewed by the Senior Leadership Team (SLT) and considered sufficiently robust. Individual assessments and subsequent decisions are addressed via staff performance reviews.</p> <p>All escort risk assessments are approved by an operational band 7 or above and are subject to a secondary check by another operational band 7 or above.</p> <p>The SLT have been briefed about the relevant considerations for authorising cuffing levels for escorts, including the expectations of the Graham judgement and the requirement for healthcare to contribute to the escort risk assessment.</p>	Head of Safer Custody and Head of Drug Strategy HMPPS	Completed