

Action Plan in response to the PPO Report into the death of

Mr Emlyn Francis on 18 July 2022 at HMP Dovegate

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare should ensure that staff create care plans for prisoners at risk of cardiovascular disease.	Accepted	<p>In August 2022 staff were reminded in a communication, patients who present as at risk of developing cardiovascular disease need to be managed by the quality outcome framework (QOF).</p> <p>Q-risk scoring is also used to identify patients most at risk. Patients who are deemed at risk and who present with unstable / complex cardiovascular disease are discussed at the weekly MPCCC (multi professional complex case conference) meeting and care plans are generated which includes self-management support plans.</p>	Head of Healthcare, Practice Plus Group	Complete
2	The Head of Healthcare should investigate why one of Mr Francis's medications was not prescribed when he arrived at Dovegate and introduce any changes necessary to prevent a recurrence of this issue.	Accepted	<p>The investigation was completed in August 2022 and it was clear that the process for reviewing and prescribing ongoing medication was followed in this instance, however it is evident that a non critical medication was not continued at this point. The reason for this is unclear from the medical records and it can only</p>	Head of Healthcare, Practice Plus Group	Complete

			<p>be assumed that this was an oversight rather than a process failure. This medication is important when a patient is undergoing dialysis and we can confirm that this was prescribed during this treatment.</p> <p>The process for prescribing is as follows; on arrival at the prison the patient will undergo a full health assessment and any critical / life-threatening medications will be prescribed immediately.</p> <p>Within 48 working hours the pharmacy team carry out a full medicines reconciliation to ensure that any ongoing medications prescribed in the community are reviewed and prescribed appropriately.</p>		
3	The Head of Healthcare should ensure that prisoners who are unwell and require clinical monitoring are reviewed overnight.	Accepted	<p>Where patients present as unwell and who require clinical monitoring overnight, patients are placed on a night ledger and a written and verbal handover is given to the night nurse.</p> <p>Where regular monitoring is required the prison will be informed via their senior officer (Oscar 1) to allow access. A review of the patient is then completed in the morning. A staff communication was shared to this effect on 19 July 2022.</p>	Head of Healthcare, Practice Plus Group	Complete