

Action Plan in response to the PPO Report into the death of Mr Kien Vuong on 10 October 2024 at HMP Leeds

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare should ensure that those individuals who are newly prescribed antidepressants due to low mood are monitored and if compliance is poor, a referral to the mental health team is considered.	Not accepted	<p>The monitoring of antidepressants is undertaken in line with NICE guidelines and in Mr Vuong's case he was reviewed within that by the same clinician.</p> <p>TAG referrals to the mental health team are utilised at HMP Leeds along with a daily service meeting to discuss patients so clinicians have the opportunity to refer patients to the mental health team.</p> <p>In Mr Vuong's case a referral had been done initially with him opting not to engage, following some difficulties in the duration of taking the antidepressant when Mr Vuong was reviewed the decision was made to restart these medications and follow up again in 4 weeks' time to give the medication opportunity to work. It is standard practice in the community general practice to allow anti-depressants to commence in isolation</p>	Head of Healthcare PPG	

			and not in conjunction with referrals to Mental health teams, The GP did note a previous referral to the team and reports would have further considered this at the follow up consultation that was scheduled in 4 weeks' time after a stabilisation period of medication.		
2	The Head of Healthcare should ensure that medical investigation results are reviewed in a timely manner and that this is audited on a regular basis to ensure test results do not get delayed in being actioned.	Not Accepted	<p>This follows a note in the report that <i>On 15 September 2024, blood tests results were reported on that had been completed on 22 July 2024. This is a significant delay and is highlighted in recommendations later in the clinical review.</i></p> <p>The bloods were taken on the 15th September and reported on the 17th September.</p> <p>I can see no entry that bloods were taken on the 22nd July, it appears the Mr Vuong did not attend for either of the 2 scheduled appointments for his bloods at that time.</p> <p>The bloods then taken on the 15th September were because he was unwell with suspected kidney stones so routine bloods for inflammation and renal function were undertaken. The Doctor reviewed these on the 17th September and agreed expected abnormality due to inflammation with kidney stone and possible infection, he asked for them to be repeated in 4 week recheck and these were booked for 25th October 2024.</p>	Head of Healthcare PPG	

3	<p>The Head of Healthcare should ensure that the workload of clinical teams is reviewed and that if demand is impacting on completion of reviews, that this is escalated and also a plan is put in place to deal with the increased demand.</p>	Accepted	<p>Clinical effectiveness is monitored through a daily management meeting which allows the opportunity to prioritise competing priorities and the opportunity to ask for additional support if this is unmanageable. There has also been a recently successful business case supported by NHSE for additional staffing in the form of:</p> <p>1 x WTE Unscheduled care Nurse</p> <p>1 x WTE HCA</p> <p>1 x WTE Night Nurse</p> <p>2 x WTE RMN's (already supporting the team)</p> <p>1 x WTE Pharmacy technician</p> <p>6 sessions of GP</p> <p>Once recruited to this will significantly support the work of the service following an increase in population pressures.</p>	Head of Healthcare PPG	Completed
4	<p>The Head of Healthcare should ensure that healthcare applications are available in other languages, particularly those that are spoken widely within the prison.</p>	Accepted	<p>We agree that patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others.</p> <p>We are currently in a pilot scheme trialling some AI technology that can't be used for diagnostic</p>	Head of Healthcare PPG	Aug 2025

		<p>purposes but will support the understanding of people's language barriers and needs.</p> <p>In addition to this PPG are working through their governance meeting some workstreams of making applications available in more languages, the difficulty at present is having the technology to then translate back anything we may receive from a non-English speaking patient. Whilst this work is underway, we continue to utilise language line and big word alongside the new AI tablets.</p>		
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