

## Action Plan in response to the PPO Report into the death of Ms Ann Browning on 30 November 2025 - HMP Send

| Rec No | Recommendation                                                                                                                                                                                                                              | Accepted / Not accepted | Response Action Taken / Planned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Responsible Owner and Organisation                                  | Target Date |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------|
| 1      | The Head of Healthcare should ensure that a robust system is in place to monitor missed healthcare appointments and that staff routinely explore and record reasons for non-attendance, to identify and address any barriers to attendance. | Accepted                | <p>Development of a Local DNA Policy:</p> <p>The existing Health and Justice Do Not Attend (DNA) policy will be used to develop a robust local DNA policy for HMP Send Healthcare. This policy will clearly define processes for monitoring, recording, and escalating DNAs, with particular focus on repeated and high-risk non-attendance.</p> <p>Routine Monitoring and Daily Oversight:</p> <p>At the end of each GP clinic, a handover will take place from the GP to Hotel 1 staff to highlight any missed appointments, with specific identification of high-risk DNAs or immediate clinical concerns.</p> <p>Hotel 1 staff will review DNAs at the end of each day to ensure operational oversight and that appropriate follow-up actions are taken.</p> <p>contemporaneous and auditable record of DNAs, identified risks, and agreed actions.</p> | Head of Healthcare<br>Central and North<br>West London NHS<br>Trust | June 2026   |

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|  |  | <p>Healthcare staff will also identify and collate all missed GP appointments and report this information to the monthly Healthcare Prison Partnership Meeting to provide oversight, identify trends, and address any systemic barriers to attendance. This information will also be reported at the daily operational meeting at 0915hrs.</p> <p>High-Risk DNAs and MDT Review:</p> <p>Patients with repeated DNAs or identified high-risk clinical concerns will be discussed at the weekly multidisciplinary team (MDT) meeting. Reasons for non-attendance will be explored and documented, and targeted actions agreed to address any identified barriers to attendance.</p> <p>Audit and Assurance:</p> <p>A quarterly DNA audit will be undertaken to provide assurance. This will include a snapshot review of high-risk and low-risk missed appointments, identification of recurring themes or barriers to attendance, and confirmation that appropriate follow-up actions have been implemented.</p> |  |  |
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