

A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man at Royal
Hallamshire Hospital on 25 November 2010 while in
the custody of HMP Doncaster**

Our Vision

*'To be a leading, independent investigatory body,
a model to others, that makes a significant contribution to
safer, fairer custody and offender supervision'*

This is a report of the investigation into the death of a man who died at Royal Hallamshire Hospital, Sheffield on 25 November 2010. The man had been in custody at HMP/YOI Doncaster since 15 November. He was transferred to Doncaster Royal Infirmary on 24 November, suffering from suspected malaria, and immediately transferred to Royal Hallamshire Hospital for treatment. Despite the best efforts of medical staff the man was pronounced dead at 12.12am on 25 November 2010. The man was 28 years old. I offer my condolences to the man's family and friends for their loss.

The investigation was carried out by an investigator. A clinical reviewer carried out a review of the clinical care the man received in prison. I am sorry that this report has been delayed while the police first carried out a lengthy investigation. The report of their findings is currently with the Crown Prosecution Service.

The man was remanded into custody on 15 November after being arrested at Heathrow Airport on his return from Sierra Leon on 13 November. He then spent time in police custody, after being transferred from London to Bradford. While in police custody the man was seen by nursing staff on at least three occasions, after complaining of feeling unwell and telling staff that he felt that he had the symptoms of malaria.

The man continued to raise these concerns on a number of occasions after arriving at Doncaster, with various staff, but it was not until 24 November, 11 days after returning from Africa and nine days after arriving at the prison, that a GP decided that he should be sent to hospital for further assessment.

Following initial assessment at Doncaster Royal Infirmary it was confirmed that the man was suffering from malaria and his condition had deteriorated. He was transferred to Royal Hallamshire Hospital later the same evening. However, at 11.35pm on 24 November the man went into cardiac arrest following a fit and despite the best efforts of medical staff, the man did not respond to treatment and he was pronounced dead at 12.25am on 25 November. A later post mortem gave the cause of death as cerebral malaria which is considered to be the most serious and life threatening form of malaria if left untreated.

The clinical reviewer concludes that the man's death was preventable as if dealt with appropriately at the earliest opportunity, Malaria is a treatable illness. A recommendation is made in respect of awareness training for medical staff in recognising and treatment of such diseases and a further recommendation relating to the use of restraints and risk assessments for seriously ill or dying prisoners.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation

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SUMMARY

1. The man was remanded into custody on 15 November after being arrested at Heathrow Airport on his return from Sierra Leon on 13 November. He then spent time in police custody, after being transferred from London to Bradford. While in police custody the man was seen by nursing staff on at least three occasions, after complaining of feeling unwell and telling staff that he felt that he had the symptoms of malaria.
2. On arrival at HMP Doncaster it was not recorded that the man had been seen by medical staff while in police custody despite the information arriving with him. However, his concerns about possibly having malaria were recorded during an initial healthscreen. The investigation found that while in custody the man raised these concerns on a number of occasions, and with various staff, but it was not until 24 November, 11 days after returning from Africa, that a GP decided that he should be sent to hospital for further assessment.
3. Following initial assessment at Doncaster Royal Infirmary it was confirmed that the man was suffering from malaria and his condition had deteriorated. As a result he was transferred to Royal Hallamshire Hospital later the same evening. At 11.35pm on 24 November the man went into cardiac arrest following a fit. Nursing staff intervened but despite their best efforts the man's condition continued to deteriorate and he was pronounced dead at 12.25am on 25 November. A later post mortem gave the cause of death as cerebral malaria which is considered to be the most serious and life threatening form of malaria if left untreated.
4. The investigation heard that malaria can be difficult to diagnose and requires blood samples to be taken. However, despite the man stating numerous times that he felt that he may have malaria, and disclosing his recent history no attempts to confirm this and provide treatment were made until 9 days after arriving at Doncaster. The clinical reviewer has concluded that the man's death was preventable as if dealt with appropriately at the earliest opportunity, Malaria is a treatable illness.
5. The report makes two recommendations, relating to healthcare staffs awareness of malaria and the use of restraints and completion of risk assessments on seriously ill or dying prisoners.

THE INVESTIGATION PROCESS

6. The Ombudsman's office was notified of the man's death on 25 November 2010. The investigator issued notices informing staff and prisoners of the investigation and asking them to contact him with any relevant information. No responses were received.
8. The investigator obtained copies of the man's medical record and relevant prison records. Doncaster Primary Care Trust conducted a review of the clinical care the man received at Doncaster.
9. The investigator visited Doncaster in December 2010 to conduct interviews with four members of staff.
10. The investigator informed HM Coroner for South Yorkshire of the investigation. A copy of this report has been sent to the Coroner to assist his enquiries.
11. One of the Ombudsman's family liaison officers, contacted his mother to outline the purpose of the investigation and ask if there were any issues she wished the investigation to consider. The investigator and family liaison officer visited the family on 21 December 2010. The man's mother was concerned about the apparent lack by all involved with her son to act on his concerns about malaria at an earlier stage. It was pointed out to the family that the remit of our office only extended to the care provided once the man arrived into prison custody.
7. The investigator was informed by South Yorkshire police on 16 December 2010 that they were pursuing their own investigation and therefore requested that the PPO investigation was suspended during this time. The investigator remained in regular contact with the police officer leading the enquiries as to there progress. However, the decision was taken on 22 November 2013 by my office that we should issue our draft report due to the length of time elapsed since the man's death. We do not feel that at this stage any findings from the police enquiries will change the findings of this report.
8. The man's mother received a copy of the draft report as part of the review period. Having considered the investigation findings, his mother indicated to my family liaison officer that she was very unhappy her son could have been let down so desperately by healthcare professionals. She explained she was struggling to understand how healthcare staff failed to diagnose his condition of malaria. The man's mother added she would look to pursue what she deemed negligence with the GMC, at inquest and via her MP. In the feedback provided it was also noted that the man's name had been spelt incorrectly, this has now been corrected throughout the report

HMP/YOI DONCASTER

9. HMP & YOI Doncaster is a privately run prison operated under contract by Serco. It opened in 1994 as a local prison, and accommodates up to 1,145 prisoners. Its principal function is to serve the local courts and the majority of its population are sentenced prisoners. The Governor of a private prison is known as a Director. In prisons managed by the private sector, there is also a Controller employed by the Ministry of Justice to ensure that the terms of Serco's contract with the government are adhered to. If the contract is breached, measures can be levied on the company.
10. The prison consists of three houseblocks, each made up of four separate wings. In addition to the residential units and healthcare unit, the prison also has a Re-orientation unit, formally, known as the segregation unit. The prison contains its own in-patient facility and has both mental health and substance misuse teams.

Her Majesty's Inspectorate of Prisons

11. HM Inspectorate of Prison's (HMIP) last inspection of Doncaster was in November 2010. Inspectors noted no immediate concerns with the delivery of primary and mental healthcare at the prison. However, the report stated that despite reasonable conditions prisoners generally spent too long in reception, which was in part due to the long wait for initial medical assessments.

Independent Monitoring Board

12. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who oversee all aspects of prison life to help ensure that prisoners are treated fairly and decently. In their annual report for the year to the end of September 2010, the IMB commented that the prison had overcome a number of challenges within the healthcare department and reflected on the fact that in their opinion prisoners were having to wait too long to receive vital medication.

Previous deaths

13. There were four deaths at Doncaster during 2010, including that of the man. Recommendations made as a result of earlier investigations have related to the quality of communication, healthcare provision, and highlighted good practice in family liaison.

KEY EVENTS

14. On 13 November 2010, the man was arrested by the Metropolitan Police at Heathrow Airport after returning to the country from Sierra Leon. He was 28 years old. The man had been wanted by police in Bradford in relation to an alleged robbery. After his arrest at Heathrow he was transferred into the custody of West Yorkshire Police and taken to Bradford.
15. A police risk assessment indicates that on arrival at the police station in Bradford at 8.52pm on 13 November, the man told police that he felt that he may have symptoms of malaria. He was seen by a nurse at 10.07pm at the police station who recorded that the man was complaining of a cough, blocked nose and feeling weak. He had no temperature and was provided with paracetamol and Loratidine, an antihistamine medication. The nurse advised him to drink plenty of water and he was observed every 30 minutes. The nurse also recorded that if the man developed a temperature he would need to be taken to hospital for further assessment as maybe possible malaria. His blood pressure was recorded as 110/70 and his temperature 35.7C. A normal blood pressure is considered to be 120/80 and the medically accepted average body temperature is 37C.
16. The man remained in police custody throughout 14 November and was seen twice more by nurses during this time. On each occasion it was recorded that his temperature and blood pressure remained normal and that there were no visible insect bites. The man did however continue to complain of a blocked nose and was provided with paracetamol.
17. On 15 November the man appeared at Bradford Magistrates court and was remanded into custody until 25 November. Under normal circumstances following his court appearance the man would have been taken to HMP Leeds as the local prison serving that court. However, Leeds had no available spaces and as a result escort staff took the man to HMP/YOI Doncaster.
18. On his arrival at the prison the man was seen and assessed by a member of the prison medical staff. The information relating to the medical care and concerns recorded while in police custody was also made available. As part of the initial medical assessment, the nurse recorded that he had seen a doctor in the past few months querying possible malaria and that he had recently returned from Africa. The man's blood pressure was 118/72 and his pulse was 63bpm. It was recorded that in relation to the man's history of serious illness, he replied yes and mentioned weight loss. Despite recent concerns about malaria, the nurse recorded that the man indicated that he had no concerns regarding infectious diseases. He was referred to the prison GP and the nurse recorded again the man's concerns about possible malaria. No other actions were recorded at this time.
19. The nurse confirmed that her role at Doncaster was that of an RMN and that she specialised in blood borne viruses, infections and vaccinations. The nurse was asked what the man had actually said about his concerns regarding malaria during her assessment. She said he told her that he had previously

had malaria although he was quite vague about who he had seen and where and said he thought that he had it again but did not go into any depth as to why he thought this. The nurse said that in her opinion the man did not seem too concerned about it.

20. The documentation that had been completed by the police indicating the treatment the man had received while in their custody was discussed with the nurse and she was asked whether she had this with her when she completed her assessment. She said that she had not seen this and had no documentation other than the Prisoner Escort Record (PER) form. The nurse said that if such information had arrived with the man then it should have been passed to her as the reception nurse.
21. In confirming the actions that she had taken the nurse said that she had checked the man's blood pressure, but not taken his temperature as there was no thermometer available, and the man had not stated that he felt unwell and if he had she would have explored this further. As it was she referred the man to the GP for the following day which he seemed happy with.
22. Although the documentation from the police was not seen by the nurse, the man had mentioned that he felt that he may be suffering from malaria and she was asked whether she had asked him what led him to believe this to be the case. The nurse said that he had told about his recent return from Africa and that while there he had not taken any anti-malaria medication. Based on this information the nurse said that she had made the appointment for him to be seen the following day by a GP.
23. Following the referral by the nurse, the man was assessed on 16 November by a doctor. The doctor was not interviewed as part of the investigation due to the case being suspended for police investigation. However, the doctor recorded that the man mentioned recent flu like symptoms and had felt 'poorly' for a few days with sickness and diarrhoea for which he had taken paracetamol and ibuprofen. The doctor made no mention of the malaria, the concerns for which the nurse had referred him.
24. The man completed an induction on 18 November and a Prison Custody Officer (PCO) recorded that his family were aware that he was in custody and that he may receive visits. The man told the PCO that he used the gym regularly and intended to do so while at Doncaster. When interviewed the PCO said that he recalled the man and that during his contact with him he appeared fit and well and mentioned no concerns about his health.
25. On 21 November another PCO was on duty and said that he recalled the man had been in bed in his cell for most of the day. When he spoke with the man he said that he told him that he felt unwell and the PCO said that he was sweating and had what he described as flu like symptoms. The PCO told him that he should see a nurse when they attended the wing from treatments. He said that he had seen the man around the wing and therefore felt that he was mobile, however if this had not been the case then he would have asked a nurse to visit him in his cell. The PCO said that the man remained in his cell during the

afternoon and had pressed his cell call bell which the PCO answered. He said that at this time the man was out of bed and standing in his cell, but visibly sweating. He asked the PCO if he could use the shower, which the PCO said that he agreed to.

26. On 22 November the man submitted a medical application form requesting to see a nurse due to having a migraine and loss of appetite. When a prisoner wishes to see a nurse they are required to submit an application form, which is processed by nursing staff and an appointment arranged. The man was assessed the same day by another nurse who recorded that the man was complaining of a headache and symptoms of influenza. His blood pressure was recorded as 102/64, pulse 108bpm and his temperature was 38.4, which was slightly raised. The man said that he had been sweating a lot at night and had lost his appetite over the weekend. He told the nurse that he had recently spent two months in Sierra Leon and while there had not taken any anti malaria medication. The nurse noted that there were several insect bites visible on the man's body. The nurse referred the man to the GP for the following day.
27. When he returned from seeing the nurse, the man went to speak with wing staff. The PCO was on duty and said that he recalled the man was polite but clearly annoyed. He told the PCO that he had seen the nurse and requested a blood test as he felt that he had malaria, as he had had it previously. The man said that this had been refused and asked the PCO what he could do about this. The PCO told him that if he was unhappy with the actions that had been taken then he should submit a formal complaint. The PCO said that this was the first time that he could recall the man mentioning anything to him about having malaria.
28. Also on 22 November, the man telephoned his mother in the early afternoon. The transcript of the conversation was provided during the investigation and it is evident that the man had shared his concerns about the possibility of having malaria with his mother. He explains the symptoms that he has been having and his mother replies that given that he has only just returned from Sierra Leon it sounds very much like malaria. He asks his mother whether Ibuprofen will cure it and she tells him that it is only for the pain and that he will require proper treatment. The man's mother tells him that he must tell nursing staff, but he says that he has and that they just said that he has not got malaria. The call ends with the man telling his mother that he will be alright and that he will call her the following day.
29. As advised by the PCO, the man submitted a request complaint form the following day. When a prisoner is unhappy with a decision or actions by staff that they feel were incorrect then they will submit a request complaint form. The complaint will initially be dealt with internally but if the matter is not resolved then prisoners can submit their complaints to the Prisons and Probation Ombudsman, but must have exhausted all internal procedures before doing so.
30. The form submitted by the man stated that he had symptoms of malaria and had spoken with nursing staff, he said implied that he was lying. He said that

he had been unable to eat for several days and he felt that no one was taken his condition seriously.

31. The same day it was recorded in his medical record that he had not attended the healthcare wing for an appointment with a doctor. The doctor recorded that the man would be seen the following day but task nursing staff to check his temperature and other observations in the meantime. The nurse visited the man on the wing later that evening and he told her that he was feeling unwell. His blood pressure was recorded as 105/80, pulse 105bpm and his temperature was 39. Due to these observations and the man's continued complaints of feeling unwell it was arranged for him to be provided with a bed on the healthcare wing, so that his condition could be monitored overnight.
32. During the night of 23 November the man was checked by a nurse on three occasions. On each occasion she recorded his temperature which remained at around 38, blood pressure 101/57 – 102/50, he was encouraged to continue to drink plenty of fluids and was advised that he would be seen by the GP the following day.
33. On 24 November, the doctor assessed the man on the healthcare wing. He recorded that he had recently returned from Africa and had been experiencing influenza like symptoms, feeling very weak and had a sore throat. The doctor wrote that on the balance of probability it was unlikely to be malaria, but the man should be referred to Doncaster Royal Infirmary so that this could be ruled out.
34. The doctor told the investigator that he had first had knowledge of the man on 23 November when he had been due to see him, but the man had failed to attend the appointment. He said that he was aware that he had been complaining of flu like symptoms, headaches and had recently returned from Sierra Leon. The doctor said that it was for this reason that he had arranged to see him the following day on 24 November, but the man had been admitted to the upper healthcare in the meantime.
35. When he assessed the man on 24 November, the doctor said that it was clear that he had flu like symptoms with muscle aches and pains and also felt weak. However, he said that he could find nothing specific to indicate a serious infective process, hence the quote he made on the medical notes regarding 'balance of probabilities.' The doctor said that despite this he wanted to rule out malaria and arranged for the man to be escorted to the medical assessment unit at Doncaster Royal Infirmary (DRI.)
36. The doctor was asked about the appointment that the man failed to attend with him on 22 November. The doctor said that on reflection the information recorded by the nurse regarding the man's temperature and insect bites, it would have been beneficial for him to be brought up to healthcare for that appointment. The doctor was also asked whether he felt that action could have been taken earlier given the way in which the man was presenting. He said that malaria is a very difficult condition to diagnose and in Britain doctors still have little experience of it. Nevertheless, from the moment the man came into

police custody all the way through to his arrival at HMP Doncaster, the doctor said that he felt there was an opportunity to materially affect the outcome for the man.

37. Before the man was taken to DRI on 24 November an escort risk assessment was completed. This indicated that the man would be 'double' handcuffed. This refers to the use of two sets of handcuffs, one used on the prisoner and an additional set used to attach the prisoner to the escorting officer. Double handcuffing is the most secure level of restraint used by the prison service when escorting a prisoner.
38. On arrival at DRI the man underwent a series of tests including a blood smear, which indicated positive for malaria bacteria. Arrangements were then made for the man to be transferred to the infectious disease unit at Royal Hallamshire Hospital, Sheffield.
39. Following his arrival at DRI and admittance, the man's handcuffs were replaced with an escort chain by escorting staff. The PCO who was in charge of the escort, said in a statement that during the time that he was with the man he and a fellow PCO had to help him with moving around and while being examined by doctors, due to the pain he was in. At approximately 6.30pm the escort staff were relieved by two other PCO's. The man was treated with Quinine and transferred by ambulance to Royal Hallamshire Hospital at 8.20pm.
40. The man arrived at Royal Hallamshire Hospital at 9.20pm and provided with a bed on the infectious disease unit. Nursing staff continued to monitor him and his condition remained stable. However, at 11.35pm while a nurse was completing routine observations on the man, he began fitting, and further medical assistance was requested. Nursing staff told the escort that it was likely that a defibrillator would need to be used and therefore the restraints would need to be removed, which the escort staff did, before updating the prison via telephone of their actions and the reasons for this.
41. Nursing staff continued to treat the man who had gone into cardiac arrest, but he failed to respond to treatment, at 12.20pm a nurse informed the escort staff that the man's next of kin should be notified as he may not recover. At 12.25pm the decision was taken to stop treatment and the man was pronounced dead.

Actions following the man's death

42. Due to the distance to the man's family home, Doncaster requested the assistance of the Metropolitan Police to initially inform them of his death. The investigation understands that a message was relayed via telephone to the man's mother by the police asking that she attended her local police station. On doing so she was informed that her son had died, but little other information was given.

43. A PCO was appointed by Doncaster to act as their liaison with the man's family, and was in contact with them and arrangements were made for the prison to contribute towards funeral expenses.
44. Due to the lengthy delay caused by the ongoing police investigation it is unclear for how long the family liaison officer's contact with the family continued, but South Yorkshire police appointed their own liaison officer to engage with the family and update them on the progress of their investigation.

ISSUES

Medical care

45. A clinical reviewer carried out the review of the medical care offered to the man while in prison custody. In his review the clinical reviewer summarises the man's care and what were in his opinion missed opportunities to act earlier to his symptoms.
46. The clinical reviewer says that the man disclosed on first night reception that he had concerns regarding malaria, despite this his temperature was not recorded and his Body Mass Index (BMI) was not calculated from his height and weight recordings. The clinical reviewer is of the opinion that the failure to record the man's temperature despite concerns regarding malaria was a serious failing in clinical practice and was a missed opportunity to more actively monitor the man's health.
47. During an appointment the day after arrival at Doncaster, with the doctor, the man again disclosed a recent flu-like illness. Despite this his temperature was not recorded. Whilst reference was made in the medical record to the weight recording which had been taken the previous day, the BMI was again not calculated and in the clinical reviewers opinion presented a further missed opportunity. The clinical reviewer also comments that an entry on the medical record by the doctor of "+GU med" is an inadequate entry as this was not supported by a history, examination or clear plan of care.
48. During the clinical consultation conducted on 22 November 2010 the man again made a further reference to concerns regarding malaria having expressed initial concerns one week earlier on 15 November 2010, insect bites were noted on clinical examination and the temperature was recorded as 38.4 degrees Celsius. He also disclosed that he had not taken anti-malarial medication on a recent visit to Sierra Leone. The clinical reviewer says that all of these signs and symptoms are suggestive of a diagnosis of malaria in which the patient should have been referred for urgent review by a prison based medic. With such a history, The clinical reviewer comments that in his opinion a reasonable and acceptable practice would have been any one of the following courses of action: either refer urgently to hospital for urgent assessment; discuss the case urgently with an on-call medic with responsibility for infectious diseases; or undertake an urgent blood film test to confirm a diagnosis of malaria.
49. The clinical reviewer says that although the history taking and examination was in his opinion adequate during this consultation and should have raised the index of suspicion of possible malaria, he was unable to find any care plan undertaken following the consultation
50. On 23 and 24 November 2010 the man was reviewed on a further four occasions by healthcare staff and on each occasion pyrexia (fever) was recorded yet not acted upon within the boundaries of reasonable and acceptable behaviour. The clinical reviewer again comments that in his

opinion such missed opportunities for urgent referral represent serious failings in clinical practice.

51. In summarising his report the clinical reviewer says that it is his opinion that the death of the man was preventable and that over the period of 15 November 2010 to 23 November 2010 many opportunities were missed for urgent assessment and onward referral to exclude a diagnosis of malaria. Such actions represented serious failings in clinical practice which the clinical reviewer feels ultimately contributed to the man's death. He says that from his experience, during training of medical staff malaria is taught as a possible medical emergency, yet the man's case was not treated as such.
52. To reduce the possibility of re-occurrence the clinical reviewer recommends that training is provided to all clinical staff regarding the presentation, diagnosis and subsequent management of possible malaria.

The Head of Healthcare should ensure that all clinical staff are provided with awareness training regarding the presentation, diagnosis and subsequent management of possible malaria.

Escort, restraints and bedwatch

53. The Prison Service has a duty to protect the public when escorting prisoners to hospital and a responsibility to balance this by treating prisoners with humanity and maintaining their dignity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes into account factors such as the prisoner's health and mobility. A judgement in the High Court in 2007 made it clear that a distinction needs to be made between the risk of escape (and the risk to the public in the event of an escape) posed by a prisoner when fit and those risks posed by the same prisoner when suffering from a serious medical condition.
54. The judgement indicated that medical opinion regarding the prisoner's ability to escape must be considered as part of the assessment process. It deemed that handcuffing a prisoner receiving chemotherapy (and, by implication, other life saving treatment) was degrading and that such restraint would be likely also to be regarded as inhumane unless justified by other relevant considerations. During the investigation, it was apparent that the risk assessment completed for the man had not been completed against these guidelines and was in parts incomplete.
59. British Medical Association guidance is that there should be a presumption that prisoners are examined and treated without restraints, unless there is a high risk of escape or the prisoner represents a threat to himself, the health team, or others. We acknowledge that public protection is paramount, but security measures must be proportionate to a prisoner's individual circumstances. The man was believed to be suffering from malaria when he was discharged to hospital. Records indicate that he was considered to be 'very weak.' He was

assessed as a medium risk of escape and to the public should he do so yet this risk level is not supported by any evidence as to the reasons for this. When he was taken to hospital on 24 November, he was very seriously ill, yet restraints were still used. They were not removed until shortly before his death to facilitate medical treatment. The man's physical health and medical information were not sufficiently taken into account in the escort risk assessments and the level of restraints used was not appropriately justified.

The Director should ensure that risk assessments for hospital escorts take into account accurate, up to date and relevant information, including age, state of health and mobility as well as a meaningful assessment by healthcare staff.

RECOMMENDATIONS

1. The Head of Healthcare should ensure that all clinical staff are provided with awareness training regarding the presentation, diagnosis and subsequent management of possible malaria.
2. The Director should ensure that risk assessments for hospital escorts take into account accurate, up to date and relevant information, including age, state of health and mobility as well as a meaningful assessment by healthcare staff.

ACTION PLAN

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and function responsible	Progress (to be updated after 6 months)
1	The Head of Healthcare should ensure that all clinical staff are provided with awareness training regarding the presentation, diagnosis and subsequent management of possible malaria.	Accepted	<p>Nottingham NHS Trust, (the current provider of HMP Doncaster's primary and inpatient services), will source malaria training and ensure this is delivered to all clinicians.</p> <p>A current training programme of advanced nursing skills has been rolled out. This training incorporates establishing and flagging signs and symptoms of common infections and diseases, as well as signposting or referring patients for appropriate follow-up care where required. Baseline observations will be completed on all patients presenting acute symptoms.</p>	<p>31 October 2014</p> <p>Clinical Manager</p>	
2	The Director should ensure that risk assessments for hospital escorts take into account accurate, up to date and relevant information, including age, state of health and mobility as well as a meaningful assessment	Accepted	<p>Risk assessments for prisoners taken to hospital are based on a consideration of the individual's circumstances and the actual risk the prisoner presents at the time. There is an underpinning regard to not only the individual's risk of escape but also their risk to the public.</p> <p>Risk assessments for prisoners in hospital are</p>	<p>Completed and ongoing</p> <p>Head of Security / Clinical Manager</p>	

	by healthcare staff.		dynamic and the use of restraints is reviewed, as necessary, to take into account any significant changes in circumstances. Specific ongoing consideration is given to medical opinion as to the use of restraints and the prisoner's condition and treatment, with reductions in the level of restraint as necessary. Such reviews form not only part of the daily management check, but are conducted on the basis of continuous assessment of risk by the escorting staff in attendance.		
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