

Action Plan-Jordan Hullock. HMP Doncaster. NC. 30/06/2015

| | Recommendation | Accepted/ Not Accepted | Response | Target date for completion and function responsible |
|---|--|------------------------------|--|--|
| 1 | <p>The Director and Head of Healthcare should ensure that in line with PSO 3050:</p> <ul style="list-style-type: none"> • prisoners are offered a secondary health screening; and | Accepted | <p>Director's response: Operationally the Prison will help facilitate prisoners' attendance at appointments that are booked with Healthcare. This will be managed through the Local Operational and Health partnership board that meets each month. At this meeting attendance at health care appointments is a standing agenda item and healthcare appointments that are not attended will be monitored. Immediate follow up action will be discussed to ensure that any non-attendance issues are understood and if need rectified.</p> <p>Head of Health Care response: All prisoners entering HMP & YOI Doncaster are now offered second-stage health assessment within 7 days of entering the Prison. This was a national change introduced in late 2017. This facilitates the opportunity to assess prisoners' health problems which can be explored in more detail than during the initial health assessment and the prisoner can receive the necessary treatment and support. During the assessment appropriate testing can be discussed and if the prisoner is due to undergo any routine health screening this can be arranged. For prisoners with multi morbidities or long-term conditions, this is an opportunity to discuss their conditions and ensure that the correct care and treatment are provided. During this assessment the clinicians can offer or refer prisoners for treatment and support for identified health problems and identify any screening that is due. Clinicians provide information and</p> | <p>Completed Director</p> <p>Completed Head of Health Care</p> |

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| | <ul style="list-style-type: none"> community GP records and other relevant records are passed to prison GPs for a clinical assessment to ensure continuity of healthcare. | | <p>support to maintain and improve health, including where prisoners can obtain additional information.</p> <p>All prisoner GP Summary Care Records are routinely requested from Community services within 24hrs of arriving at the establishment. Once received the Summary Care Record is reviewed by the Advanced Nurse Practitioner (ANP) for any clinical concerns, outstanding medical appointments and medication requirements. The ANP refers all complex cases or any clinical concerns to the GP for review.</p> | |
| 2 | <p>The Head of Healthcare should ensure that nurses attend quickly to assess prisoners when wing staff have serious concerns about their wellbeing and that prisoners with symptoms of serious conditions are taken to hospital immediately.</p> | Accepted | <p>All clinicians on site are aware of immediate response requirements should they be alerted to deteriorating health conditions of prisoners.</p> <p>A Local Operating Procedure for prisoners requiring discharge to secondary care is embedded into practice. All clinicians are aware of the procedure to immediately discharge prisoners to secondary care should the prisoner's clinical presentation require further investigation and specialist care input.</p> <p>The Prison operates a framework for calling a medical emergency consistently over the establishment radio network detailing the Emergency response codes of Red or Blue depending on the severity of the presenting clinical need. The intention is to ensure timely, appropriate and effective response to medical emergencies</p> | <p>Completed</p> <p>Head of Health Care</p> |

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| | | | <p>and thereby to maximise the likelihood of a positive outcome for the prisoner. It is also designed to ensure compliance with relevant legal (including health and safety) obligations.</p> <p>All healthcare staff are trained to delivery emergency response and the use of AED. Paramedics are available 24hrs a day and respond to all emergencies within expected time frames. Paramedics attend all emergency responses and provide immediate emergency care which is equitable to care received in Community.</p> | |
| 3 | <p>The Director, working with NHS Nottinghamshire Trust, should:</p> <ul style="list-style-type: none"> • review the adequacy of current healthcare processes at HMP Doncaster to ensure that the shortcomings identified by this investigation have been addressed; and | Accepted | <p>Director's response: The health care provider changed to Care UK in September 2017 and therefore the Director will work with this provider. The Director is fully committed to raising any emerging issues with healthcare delivery directly with Care UK through monthly partnership meetings.</p> <p>The Director whilst not managing the healthcare contract, works closely with all key stakeholders to ensure risks are identified and where appropriate concerns are escalated to the MOJ Controllers Team and NHS England Commissioners. The Director receives assurance from monthly and quarterly meetings with the health provider whereby any issues about quality of health services are raised and data is analysed to identify any trends or significant findings that need to be addressed. The assurance of clinical care</p> | Completed Director |

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| | | | <p>is completed through the contract review meeting and health care audits via the NHS England commissioning team, with the Director supporting any actions in relation to enabling services within the establishment.</p> <p>The Director working with Care UK has been assured that the short comings in the investigation have been addressed by Care UK as detailed below. NHS Nottinghamshire Healthcare Trust who delivered health care services at the time, have been clear that some of the actions of some healthcare staff were not appropriate and staff were disciplined as a result of this.</p> <p>Head of Health Care response: Healthcare processes and procedures were reviewed and updated, underpinned by National Institute of Clinical Excellence guidelines. All updated processes were disseminated to the Healthcare Team. The Healthcare team signed a declaration of understanding for assurance and audit of clinical governance expectations. The following actions were implemented:</p> <ul style="list-style-type: none"> • Record keeping training; • Physical health screening including the use of NEWs and Map of Medicines, which are defined as tools to identify and suggested possible diagnoses for deteriorating physical health; | <p>Completed</p> <p>Head of Health Care</p> |

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| | <ul style="list-style-type: none"> consider whether the actions of all healthcare staff were appropriate in relation to Mr Hullock's care. | | <ul style="list-style-type: none"> Consultation template on the electronic medical record reviewed and adapted to assist clinicians to make comprehensive documentation regarding prisoners deteriorating physical health; Review of handover process to ensure all staff on duty are sighted on complex cases and deliver follow up care to prisoners of concern; and Reflective practice to be embedded in to practice to enable learning and improvement of current clinical practice. <p>Regular audits of new procedures were and are completed for quality assurance purpose.</p> <p>Nottinghamshire NHS Foundation Trust completed RCA report and formulated a comprehensive action plan outlining all identified shortcomings. This action plan was signed off by the Trust Clinical Governance Board at Director level as complete and shortcomings were satisfactorily addressed January 2016.</p> <p>All Nurses are governed by the NMC - The Code, Professional Standards of Practice and behaviour for Nurses. The Code contains the professional standards, values and principles that registered nurses and midwives must uphold, they are not negotiable or discretionary.</p> | |

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| | | | Nottinghamshire NHS Foundation Trust commissioned an investigation into the conduct of clinicians who were identified as not delivering care to expected standards, values and principles. As a result the identified Nurses were subjected to disciplinary procedures and referred to the NMC Conduct Council. | |
| 4 | <p>The Director should:</p> <ul style="list-style-type: none"> • commission a review of the way in which concerns raised about Mr Hullock’s welfare and reports of inappropriate comments on social media were managed, addressing the adequacy of systems and the actions of staff; and | Accepted | <p>The Director completed a review of the way in which concerns were raised about Mr Hullocks’s welfare in 2015 and a number of areas were identified where further support and intervention for staff as follows:</p> <ol style="list-style-type: none"> 1. Observation books are subject to weekly management checks in order to ensure that relevant information is documented; 2. Handovers take place to ensure that incoming staff are briefed; 3. Concerns about prisoners can now be raised by anyone who works in the prison and action taken through the Safeguarding Policy; and 4. Guidance has been sent out to all staff about the correct escalation route for health care issues. <p>The above guidance and actions were implemented between July 2017 and present. Staff and managers have been briefed on the above listed actions and reminders are sent out via email and in</p> | Completed Director |

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| | <ul style="list-style-type: none"> consider whether disciplinary action should be initiated as a result. | | <p>the form of notices to staff to ensure compliance. A further notice to all staff reminding them of their responsibilities regarding social media was issued in January 2016 and is included on induction training for all new staff.</p> <p>Three members of operational and management staff were disciplined as a result of a delay in communicating concerns and/or lack of appropriate escalation of concerns. The reports of inappropriate comments were addressed with the individual concerned who was also disciplined for this matter making it clear that it is not acceptable practice.</p> | |
| 5 | <p>The Director should ensure that;</p> <ul style="list-style-type: none"> a prisoner's next of kin is informed at the earliest opportunity after admission to hospital with a serious illness; and an appropriate member of staff is appointed to engage with families when a | Accepted | <p>The Director has ensured that the relevant managers understand their responsibility concerning informing the next of kin at the earliest opportunity after a prisoner is admitted to hospital with a serious illness. This was completed in 2015. However a further instruction has been sent out to all Custodial Operations Managers and Duty Directors in February 2018 and is available for anyone carrying out either of these roles for reference. The reference guide is available to all Duty Managers via computer and in hard copy and they have been reminded about the process. Guidance can be sought from the Safer Custody Team should there be any queries.</p> <p>The Prison has a number of Family Liaison Officers (FLOs) trained who are appointed in line with Prison Service Instruction (PSI). This</p> | <p>Completed</p> <p>Assistant Director Safer Custody</p> |

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| | prisoner is diagnosed with a serious illness and that after their death, a family liaison officer is appointed without delay and carries out the role in line with Prison Service guidance. | | is managed by the Safer Custody team and FLOs have been successfully deployed appropriately since October 2016. The Safer Custody team monitor the training and compliance of the PSI to ensure that the guidance is followed. | |
| 6 | The Director and Head of Healthcare should ensure that staff who undertake risk assessments for prisoners taken to hospital understand the legal position and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time. | Accepted | <p>Director's response: The Assistant Director for Security reviewed the risk assessment and has made changes to the operational aspect of the assessment. All Duty Directors who complete the risk assessment understand the legal obligations. Each individual prisoner is assessed according to the risk they pose at the time of escort, including whether the use of restraints for the escort is necessary and appropriate. This risk assessment is informed taking into account clinical recommendations presented by health care. The risk assessment is subject to review as and when the risks change and/or there is any change to the medical condition of the prisoner.</p> <p>Head of Health Care response: Healthcare has a Standard Operating Procedure that dictates the process for assessing prisoner's risk(s) when considering the use of restraints. All clinicians have signed a declaration of understanding to confirm they have read and understood the process.</p> | <p>Completed Assistant Director Security</p> <p>Completed Head of Health Care</p> |

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| | | | All clinicians received email correspondence outlining the importance of appropriately assessing a prisoner's risk(s) at point of discharge linked to learning the lessons. | |
| 7 | The Deputy Director for Operational Contracts should satisfy himself that effective action is taken to address the findings of this investigation. | | The Head of Operational Contracts will, in consultation with the Ministry of Justice Controller, the NHS Commissioner and HMPPS Health and Well-being Co-commissioning colleagues, satisfy himself that effective action is taken to address the findings of this investigation. This will take the form of an immediate review of progress to be completed by the end of April 2018, followed by two further reviews at six monthly intervals to ensure that effective action is not only taken but that it remains embedded. The immediate review will also identify any additional compliance checks that will be undertaken by the Controller Team in response to the recommendations made in this report. | April 2018 Head of Operational Contracts |