

Action Plan- Simon John Regis. HMP Thameside. NC. 26/08/2016

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	The Head of Healthcare should ensure that patients with infections, who are at risk of sepsis, should have their vital signs taken when there is a clear decline in their health.	Accepted	<p>A new MEWs (Modified Early Warning Score) has been introduced, in order to provide all staff with a clear framework for the identification and management of patients at risk of physiological deterioration.</p> <p>All new arrivals have their vital signs checked as part of reception procedures, a MEWS score is established at this point, those who are identified with abnormal scores will be followed up by Nursing staff at a frequency depending on their score.</p> <p>Oxleas NHS Foundation Trust are supporting and training staff to Think Sepsis as part of their assessments with a campaign led by the Practice Development Nurses which is now on-going.</p>	Complete Head of Healthcare
2	The Head of Healthcare should ensure that detailed information about a prisoner's health is clearly documented in the System One record to facilitate continuity of care.	Accepted	<p>A new reception form is currently under pilot at Thameside. This is managed by the SystemOne team and in preparation for a new version of the clinical record, this assessment supports nurses to identify presenting physical, mental and substance misuse concerns in greater detail than previous version and allows more robust care planning. The pilot form, is structured to ensure all areas of health are documented.</p> <p>A review of Audit and Care planning arrangements has been completed and identified gaps in training for staff identified. As a result:</p> <ul style="list-style-type: none"> All band 6 Nurses and above will now be trained to undertake Audits as part of their mandatory training, with continuous update training arrangements in place. 	Complete Head of Healthcare

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			<ul style="list-style-type: none"> • All qualified nursing staff will now receive training in care plan development and evaluation as part of their Induction and mandatory training arrangements. • Long Term Conditions register is now in place on SystmOne with QOF indicators to support Nurses and GPs in care planning and completion of necessary blood tests and reviews • All patients now have individualised care plans developed and documented on their SystmOne record. Those with long term conditions receive regular reviews by the Long Term Conditions Nurse likewise for those with Severe and Enduring mental health concerns managed by the Prison in reach team and those with substance misuse concerns by our partner substance misuse services provider Addaction. • Audit results now have action plans for improvement attached to them with a named lead on each action, monitored by the Operational Manager and reporting into the Quality board. 	
3	The Head of Healthcare should appoint a named healthcare worker for vulnerable patients to monitor their health needs and ensure continuity of care	Accepted	<p>A new Band 6 Nurse has been appointed to lead interventions in the early days centre and support in the early identification and management of vulnerable patients as part of their 1st and secondary health assessments / early days in prison centre.</p> <p>Once the recruitment/security exercise has been completed and the post holder is in place he/she will monitor the health needs of vulnerable patients and ensure continuity of their care.</p>	<p>Complete</p> <p>Head of Healthcare</p> <p>March 2018</p> <p>Band 6 Nurse</p>

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			<p>The Handover sheet has been reviewed, to cover all healthcare service delivery. There are three handovers in twenty four hours. Vulnerable patients are discussed, care plans and actions agreed. This may involve a named worker or a team</p>	<p>Post holder</p>
4	<p>The Head of Healthcare should ensure that there are procedures in place to investigate why a patient with an acute illness has repeatedly not attended for treatment</p>	<p>Accepted</p>	<p>The procedure for monitoring patients not attending for medication has been reviewed in partnership with Serco. Prison officers are now given a list of patients per wing who require medication to ensure these are unlocked timely, Nurses follow up those who do not attend to establish the reason and ensure that this is documented.</p> <p>A system has also been put in place whereby Nurses can escalate to the Assistant Director responsible of any issues with officers unlocking patients or if a particular patient requires medication but is not attending so that a joint management plan can be put in place.</p> <p>The Operational Manager and House block Custodial manager now meet regularly to ensure that this process is working well and address any operational problems immediately.</p> <p>A wing based Walk in Service will be introduced on House Block one in November 2017 allowing patients to drop into a clinic either with appointment or reporting unwell on the day.</p> <p>Telephone triage algorithms have been developed and staff are now able to contact patients in their cell by telephone in instances where the</p>	<p>December 2018</p> <p>Head of Healthcare</p>

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			application is unclear or the nurse seeks to clarify a patient request. Telephone triage will also prevent the need for some clinic face to face appointments which will ensure a more efficient use of face to face clinic appointments available.	