Action Plan – Mr William Nixon Sartain at HMP Wakefield – Natural Causes on 01/02/2020				
No	**Recommendation**	**Accepted/ Not Accepted**	**Response**	**Target date for completion and function responsible**
1	The Head of Healthcare should ensure that clinical risk assessments and nursing care plans are updated when there are any changes in a patient's condition.	Accepted	All patients on the Gold Standard Framework and Dying well in custody charter are discussed as a cohort monthly. Those who are deteriorating are discuss weekly and then added to the weekly Multi Professional Complex Case Clinic for a Multi-Disciplinary Team discussion.	Completed Leigh Humpleby
2	The Head of Healthcare should ensure that that patients with palliative care needs are invited to multidisciplinary team meetings about their care.	Not Accepted	We continue to refuse to accept this recommendation on the basis of the evidence below. The Head of Healthcare and one of the supporting Consultants have already challenged the content and recommendations within the initial version of the Clinical Review. The Senior Quality Manager within the NHSE&I Health & Justice Team supported the discussion between Spectrum CiC (Provider of the Clinical Review service) and Care UK (Provider of Healthcare at HMP Wakefield) to request a review of the initial Clinical Review (validated by evidence shared by Care UK) to support their challenges. The Clinical Reviewer was kind enough to review the initial report and some changes were made prior to the final version we now have as part of the PPO report. However, the recommendations within Clinical Review, even in its amended form, still do not fully reflect the care that the patient received at HMP Wakefield or the national guidance on which the recommendations are based. In this particular case, the patient had a DNACPR in place from July 2018 (the Clinical Review states July 2016 which is factually incorrect) The patient was routinely invited to discuss and agree any care plans, location of care delivery, the status of his DNACPR and this is well documented within his Clinical Record. However, the patient was adamant he did not wish to discuss his declining health / palliative care needs and routinely refused to discuss his impending death with Healthcare staff. Healthcare staff worked in partnership with a number of Consultants; Prison staff and the wider	

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			Multi - Disciplinary Team to ensure that the patient received the best possible care. The patient was invited to a number of these meetings, however, he refused on each occasion. The routine process at HMP Wakefield is that all patients being discussed at the MPCCC (Multi-disciplinary Meeting) would be either invited to attend in person wherever practical or visited by the Consultant to discuss their care needs prior to the MPCCC, with the Consultant acting as the patient advocate within the meetings. The Clinical Reviewer has made the recommendation on the basis that the Dying Well in Custody Charter, 2018 states that the patient should be present at any MDT reviews and included within decision making regarding their care. With relation to the patient being involved within the decision making, it is clear within the clinical recorded that the patient was included in all aspects of decision making unless he actively refused to engage – this is a patients' right. Furthermore, the patient was invited to transfer into the Healthcare wing within the Prison, however, he wished to remain on normal location as this was his home – the patient's wishes in relation to his care were respected at all times and provides further evidence of the fact that the patient was at the centre of his care planning and decision making. In relation to the Dying Well in Custody Charter, 2018 stating that patients should be in attendance at MDT meetings, this is not the case. The Charter states "Each prison has a palliative end of life register to identify individuals and enable care, support and holistic needs to be met." This is supported by additional expectations "Evidence that the prison has Palliative End of Life Care Guidance for all involved in the care of the individual. Guidance should be compliant with NICE standards." AND "Evidence that the individual is involved in their personalised care planning. Evidence the approach to personalised care planning aligns with (then a list of guidance documents)" AND "Evidence that all staff are aware and key staff (health, safer custody, managers)	

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			understand the approach to: Recording and communicating decisions around Cardio-Pulmonary Resuscitation.” We are unable to find reference to the fact that a Patient should be in attendance at MDT meetings within the Dying Well in Custody Charter, 2018. Indeed, this is not the routine practice in the community services either, thus in the interest of equivalence, we are unclear as to why this is an expectation within the Prison environment. Despite this, where practical and in line with the patients’ wishes, we endeavour to facilitate patient attendance at the MPCCC or ensure their views are included in any discussions – this has been standard practice at HMP Wakefield for many years.	