

Action Plan – Mark Ridehalgh at HMP Wymott – Natural Causes on 01/10/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	The Head of Healthcare should put a system in place to ensure that repeat blood tests are appropriately scheduled and take place.	Accepted	As of June 2020 a new procedure has been put in place for booking bloods. The clinician will determine if the patient requires any future blood tests booking at the time of the assessment/appointment. If they do then it will be clearly documented as to what test is required, why and the month that the bloods need taking. The patient will then make the appointment at the reception desk situated outside the clinic room with a member of the administration team as long as they have the capacity to do this. If not, then the blood tests will be made by the clinician during the clinic appointment as previously done. The patient will be able to book an appointment on a day that is convenient to them and reduce any did not attend rates.	Complete Head of Healthcare
2	The Governor should ensure that all staff understand PSI 03/2013 and radio a medical emergency code appropriately.	Accepted	<p>Staff are fully aware of the procedure regarding emergency codes, there has been extensive training and notices to staff of the correct radio procedures. The control room staff are also fully aware that once the emergency code is called then they are straight on to the ambulance service with the information.</p> <p>In line with the recommendations we have issued previous notices to staff in 2017, 2018 and 2019 regarding Emergency Response Codes.</p> <p>All staff undergoing the new Suicide and Self-Harm (SASH) training are made aware of the Emergency Response Information Criteria (ERIC) response codes. They are given an information card with details of what the different codes represent. This training will be given to all staff including operational and non-operational, the prison aims to provide 3 sessions per week however this has not been possible in recent months due to COVID-19. The aim was to roll out the training between September and December/by the end of this year (subject to COVID-19) however due to COVID 19 all Staff training has been cancelled so we have been unable to complete this recommendation. A precise date cannot be given as to when we can recommence training as COVID 19 prevents us from any</p>	July 2022 Head of Safety

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			certainly and we are dependent on national instructions. Therefore this will be ongoing with estimated dates for commencement in 2021 with a target completion date of July 2022 and this will only be dependent on national instructions and our delivery going back to normal. At present 423 staff have completed modules 1-5 in SASH and 294 members of staff have completed module 6, this training figure was recorded at the end of May 2020.	
3	The Governor should ensure that this report is shared with Officer B and with Officer A (if she is still employed by HMPPS) and that a senior manager discusses the Ombudsman’s findings with them.	Accepted	Officer A is no longer Employed by the Service. The Ombudsman’s findings were shared and discussed with Officer B (in June 2020) who confirmed that he understood the ERIC guidelines. Discussion focused on what actions he would take in any future incidents and he was also re-issued him with an ERIC Card for him to refer to for guidance.	Complete Head of Safety & Equality
4	The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints 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><u>Head of Healthcare</u> Healthcare staff understand there is a requirement for their medical input to the risk assessments with regards to providing information about the prisoner’s mobility and physical health conditions at the time.</p> <p>All prisoners are risk assessed on an individual basis when due to attend hospital. In emergency situations prisoners will be risk assessed using clinical judgement by a qualified health professional. The use of restraints is a decision specific to the patient; many factors will be taken into account, such as the reason to attend hospital, consciousness of patient, mobility, frailty, and need for treatment investigations required such as X-ray, CT/MRI Scan, when the use of restraints may be reassessed.</p>	Complete Head of Healthcare Complete Head of Security

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			<p><u>Head of Security</u> Staff understand the requirements of the legal judgment, namely that the prisoner’s mobility and physical health must also form part of the risk assessment.</p> <p>All escorts by Prison staff will be risk assessed as detailed in Local Security Strategy. This is derived from The National Security Framework. Normal practice for escorts is that Category C prisoners are single cuffed and all prisoners are risk assessed prior to escort. This will identify the use of restraints and restriction to be followed by the escort staff, any intelligence, known risk factors, previous behaviour and any threat posed to staff, the public or healthcare professionals. The Officer I/C the escort must follow these instructions unless circumstances change and a further dynamic assessment is required (i.e. risk to life). At which point the Duty Manager must be informed immediately. Within this risk assessment as noted above Healthcare update the risk assessment with any medical reasons for restraints not to be applied, along with information about the mobility of the prisoner.</p> <p>Restraints are not required:</p> <ul style="list-style-type: none"> • A tetraplegic or paraplegic prisoner must not be handcuffed under any circumstances without the personal approval of the NOMS’ Chief Executive Officer, or the Group Director for High Security. • When prisoners are being moved to an open prison. • On a mentally disordered prisoner who is subject to an order or direction for compulsory detention under the Mental Health Acts, unless the Governor, with the agreement of a healthcare professional, directs that handcuffs must be used because the prisoner poses a security risk. 	

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			<ul style="list-style-type: none"> On prisoners being moved outside the prison if the prisoner's medical condition or advanced age or physical impairment renders restraints inappropriate. Restraints will not normally be necessary for example, when the prisoner's mobility is severely limited, e.g. due to advanced age or disability unless there are grounds for believing that an escape attempt may be made with external assistance. 	
5	The Governor should ensure that a copy of this report is shared with a prison manager and that a senior manager discusses the Ombudsman's findings with her.		The Ombudsman's report has been discussed with the prison manager (in June 2020), in particular covering the decision she made to authorise an escort chain by way of restraint for Mr Ridehalgh.	Complete Head of Safety