

**Action Plan – Mr Bryan Tuckwell at HMP Elmley on 24/07/2018**

<b>No</b>	<b>Recommendation</b>	<b>Accepted/Not Accepted</b>	<b>Response</b>	<b>Target date for completion and function responsible</b>
1	<p>The Head of Healthcare should ensure that healthcare staff obtain community medical records for newly arrived prisoners, in line with PSO 3050.</p>	Accepted	<p>NHS England’s National revised templates improve the screening processes and identification of past medical history. Staff working in reception are subject to competency assessment for this area of work. The Summary Care Record can now be accessed on S1 and enables nursing staff to access additional information about a patient’s health conditions, avoiding delays in continuing treatment and re-prescribing medication if required. This process was introduced in August 2018</p>	<p>Complete Head of Healthcare</p>
2	<p>The Head of Healthcare should ensure that healthcare staff:</p> <ul style="list-style-type: none"> <li>• promptly follow-up on requests from doctors for investigations and secondary care;</li> <li>• carry out an ECG and arrange for a follow-up review when a prisoner presents with chest pain and shortness of breath; and</li> </ul>	Accepted	<p>The existing process for prisoners with shortness of breath is they receive an urgent referral to our resident GP who would assess / investigate and refer the prisoner to external hospital if required.</p> <p>When an urgent referral is made it is entered into the Healthcare Appointment ledger which escalates any issue and ensures the prisoner is seen by the GP. If out-of-hours, the duty medical staff would call 111 services for triage advice which results in a blue light ambulance or using the established call-in GP Protocol.</p> <p>If a prisoner has abnormal physical observations IC24 staff follow the National Early Warning System [NEWS]; this system requires the taking of observations and is scored against the NEWS criteria. This system will advise to monitoring at which frequencies for the healthcare team, including accessing urgent medical opinion if the observations do not improve.</p> <p>Staff were reminded of all the above explained processes via a notification in March 2018 and reminded in November 2018. There was a full staff meeting that discussed the process in August 2018 and it was minuted.</p> <p>Medical records are audited of prisoners complaining of breathlessness.</p>	<p>Completed Head of Healthcare</p>

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	<ul style="list-style-type: none"> <li>• maintain accurate medical records, including the results of any investigations.</li> </ul>		<p>A notification was sent out to the medical and nursing staff on 3 June to ensure that the GPs complete outstanding actions, tasks, prescriptions and ensure that follow up appointments are made for patients.</p>	
3	<p>The Governor should ensure that control room staff call an ambulance immediately when a medical emergency code is called.</p>	Accepted	<p>Procedures around the calling of medical emergency code is covered in SASH (Suicide and Self-Harm) training which all staff receive. Information cards were also handed out in May 2019 and available for all staff, with a responsibilities notice informing staff of their roles and the importance of immediately calling an ambulance put in the control room during June 2019. The Safer Custody team will speak with staff quarterly from June 2019 or during Induction to ensure awareness and complete quality assurance checks on the timings of Codes and Ambulances being called.</p>	<p>Complete Awareness/QA checks ongoing Governor/Head of Safety</p>