

Action Plan in response to the PPO Report into the death of Mr Anthony Kadri on 03/06/2021 at HMP Norwich

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare should ensure that key staff, particularly clinical staff, are aware of all prisoners with an active order not to be resuscitated and understand that they should not be resuscitated during an emergency response.	Accepted	A notice to all Healthcare Care Resourcing Group (HCRG) staff will be distributed highlighting the need to check clinical records and the noticeboard in the category C site to ensure that DNAR procedures are followed.	Head of Healthcare HCRG	14.01.2022
2	The Governor and Head of Healthcare should ensure that: <ul style="list-style-type: none"> control room staff who telephone the ambulance service provide them with contact details for the prison and as much information as possible before transferring the call; and 	Accepted	Upon an emergency code being used, the control room operator(s) will seek the required medical emergency response information simultaneous to telephoning the emergency services as required under PSI 03/2013 this will consist of 6 questions; Breathing, Conscious, Chest pains, Bleeding, Brief description, and approximate age. This information along with the establishment location will then be handed to the emergency services allowing for appropriate response. This will form part of the local training package delivered to all	Head of Operations	1.2.2022



	<ul style="list-style-type: none"> when there is a medical emergency, staff at the scene remain in contact with staff on the call to the ambulance service and provide timely updates about the prisoner's condition. 		<p>control room operators and quality assured through performance management.</p> <p>When appropriate to the situation the ambulance service will be contacted by healthcare staff to give appropriate medical information to further support the initial emergency call.</p> <p>Ambulance protocol will be reviewed by regional safety lead and ambulance service this will then be implemented across BCN establishments.</p>	<p>Head of Healthcare HCRG</p> <p>Regional Safety Lead</p>	<p>1.2.2022</p> <p>1.2.2022</p>
3	<p>The Governor and Head of Healthcare should ensure that staff notify a prisoner's next of kin as soon as possible when they become seriously ill, in line with Prison Service Instruction (PSI) 64/2011.</p>	Accepted	<p>With the prisoner's agreement, the family will be kept informed and updated on the prisoner's condition particularly if there is deterioration in their condition by the HCRG team, this will be recorded on SystemOne and quality assured during the monthly terminally ill/adult social care needs Multi-Disciplinary Team meeting.</p>	<p>Head of Healthcare. HCRG / Head of SaSH (Suicide and Self Harm)</p>	1.2.2022
4	<p>The Governor and the 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 in all cases:</p> <ul style="list-style-type: none"> Healthcare staff complete the medical information section of the escort risk assessment to say whether the prisoner's current medical condition 	Accepted	<p>Operational senior managers were reminded of their legal responsibilities on the use of restraints and the completion of the risk assessment documentation</p> <p>HCRG staff will continue to assist with risk assessments for prisoners taken to hospital and will advise on issues around mobility, disability and skin integrity. This will assist on advising risk</p>	<p>Governor</p> <p>Head of Healthcare HCRG</p>	<p>January 22</p> <p>14.01.2022</p>



	<p>affects their mobility and risk of escape; and</p> <ul style="list-style-type: none"> • Authorising managers show that they have taken this information into account when assessing a prisoner's current level of risk. 		<p>factors enabling HMP escorting staff to make any further decisions regarding the use of restraints.</p> <p>Authorising managers will note medical information during their assessment of risk within the risk assessment document. This will be assured through the Operations department escort quality assurance.</p>	<p>Head of Operations / All authorising managers</p>	<p>1.2.2022</p>
5	<p>The Governor and Head of Healthcare should ensure that applications for early release on compassionate grounds for prisoners with terminal illnesses are prioritised, and that a record is kept of action taken.</p>	<p>Accepted</p>	<p>A monthly terminally ill/adult social care multi-disciplinary team meeting will be formed to discuss ongoing management and care of those prisoners noted as terminally ill and/or adult social care needs. This meeting will action appropriate applications under compassionate grounds. The compassionate release document will be coordinated and held by the safety department and submitted to the Public Protection Group (HMPPS) for a decision.</p>	<p>Head of Healthcare (HCRG) / Head of SaSH</p>	<p>1.2.2022</p>
6	<p>The Governor should ensure that all evidence about a death in custody, including electronic evidence, is retained and promptly made available to the Prisons and Probation Ombudsman, in line with PSI 58/2010.</p>	<p>Accepted</p>	<p>All documents including electronic documents relevant to the Death In Custody(DIC) investigation will be held by the safety department and shared with the Ombudsman's office at the earliest convenience. Relevant departments will be contacted within 48hrs following the DIC to ensure documents are received in a timely manner. This will be assured by the Head of Safety.</p>	<p>Safety Department / Head of SaSH</p>	<p>Complete</p>

